

2025

# Drug Formulary

Formulario de Medicamentos

## HMO – 1 Tier

Imperial Giveback (HMO) 014



IMPERIAL HEALTH PLAN  
OF CALIFORNIA

# **Imperial Giveback (HMO) 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 25225, Version Number 8.

This formulary was updated on 01/21/2025. 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\_506 H5496 Drug Formulary 1T\_C ENG 09/13/24

# Contents

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? .....	4
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 Imperial Giveback (HMO)'s Formulary? .....	6
What can I do if my drug is not on the formulary or has a restriction? .....	6
For more information .....	7
Imperial Giveback (HMO)'s Formulary .....	7
Imperial MAPD 2025 1-Tier (List of Covered Drugs) List of Drugs by Medical Condition .....	16
Legend.....	20
Imperial MAPD 2025 1-Tier (List of Covered Drugs).....	22
Index of Drugs.....	295

**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 Giveback (HMO).

This document includes a Drug List (formulary) for our plan which is current as of 01/21/2025. 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 Giveback (HMO) 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 Giveback (HMO) 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Imperial Giveback (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year 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 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 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 Imperial Giveback (HMO)’s 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. 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, 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 Imperial Giveback (HMO)’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 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 01/21/2025. To get updated information about the drugs covered by Imperial Giveback (HMO) 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 21. 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 295. 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 Giveback (HMO) 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 Giveback (HMO) before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Imperial Giveback (HMO) 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 Giveback (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 21. 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 Imperial Giveback (HMO)’s 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 Giveback (HMO) does not cover your drug, you have two options:

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive 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.

Generally, Imperial Giveback (HMO) 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 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 Giveback (HMO) 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 Giveback (HMO)'s Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Giveback (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 295.

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 Giveback (HMO)**

## **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 25225, Version Number 8.

Este formulario se actualizó el 21/01/2025. 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\_506 H5496 Drug Formulary 1T\_C ENG 09/13/24

# Contenido

¿Qué es el formulario de Imperial Giveback (HMO)? .....	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 Giveback (HMO)? .....	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 Health Plan of California.....	15
Imperial MAPD 2025 1 Tier (Lista de Medicamentos Cubiertos) Lista de medicamentos por condición médica.....	18
Leyenda.....	21
Imperial MAPD 2025 1-Tier (Lista de medicamentos cubiertos).....	159
Índice de drogas .....	295

**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 Giveback (HMO).

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 21/01/2025. 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 Giveback (HMO)?

En este documento, los términos Lista de medicamentos y Formulario significan lo mismo. Un Formulario es una Lista de medicamentos cubiertos seleccionados por Imperial Giveback (HMO) 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, nuestro plan cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Imperial Giveback (HMO) y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

## ¿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 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 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 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 Giveback (HMO)?”

- **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. 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, 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 Giveback (HMO)?”

**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 21/01/2025. Para recibir información actualizada sobre los medicamentos cubiertos por Imperial Giveback (HMO) 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 21. 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 295. 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 Giveback (HMO) 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 Giveback (HMO) antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que no cubramos el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Imperial Giveback (HMO) 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 Giveback (HMO) no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces cubriremos el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 21. 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 Giveback (HMO)?” 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 Giveback (HMO) no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a nuestro Departamento de Membresía una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por Imperial Giveback (HMO).
- Puede solicitarnos que hagamos 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 Giveback (HMO)?

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

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que no apliquemos una restricción de cobertura, incluidos la autorización previa, el tratamiento escalonado o el límite de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Imperial Giveback (HMO) 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 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?**

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 Giveback (HMO), 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 Health Plan of California

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos que cubre Imperial Giveback (HMO). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 295.

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 Giveback (HMO) tiene algún requisito especial para la cobertura del medicamento.



# Imperial MAPD 2025 1-Tier (List of Covered Drugs)

## List of Drugs by Medical Condition

<b>Analgesics .....</b>	<b>22</b>
<b>Anesthetics.....</b>	<b>24</b>
<b>Anti-Addiction/Substance Abuse Treatment Agents .....</b>	<b>25</b>
<b>Antianxiety Agents .....</b>	<b>25</b>
<b>Antibacterials .....</b>	<b>26</b>
<b>Anticancer Agents .....</b>	<b>31</b>
<b>Anticonvulsants .....</b>	<b>45</b>
<b>Antidementia Agents.....</b>	<b>49</b>
<b>Antidepressants.....</b>	<b>49</b>
<b>Antidiabetic Agents .....</b>	<b>52</b>
<b>Antifungals .....</b>	<b>56</b>
<b>Antigout Agents .....</b>	<b>57</b>
<b>Antihistamines .....</b>	<b>57</b>
<b>Anti-Infectives (Skin And Mucous Membrane).....</b>	<b>57</b>
<b>Antimigraine Agents.....</b>	<b>58</b>
<b>Antimycobacterials.....</b>	<b>59</b>
<b>Antinausea Agents .....</b>	<b>59</b>
<b>Antiparasite Agents.....</b>	<b>60</b>
<b>Antiparkinsonian Agents .....</b>	<b>60</b>
<b>Antipsychotic Agents.....</b>	<b>61</b>
<b>Antivirals (Systemic) .....</b>	<b>66</b>
<b>Blood Products/Modifiers/Volume Expanders .....</b>	<b>71</b>
<b>Caloric Agents.....</b>	<b>73</b>
<b>Cardiovascular Agents.....</b>	<b>73</b>
<b>Central Nervous System Agents.....</b>	<b>81</b>

<b>Contraceptives .....</b>	<b>84</b>
<b>Dental And Oral Agents .....</b>	<b>91</b>
<b>Dermatological Agents.....</b>	<b>91</b>
<b>Devices.....</b>	<b>94</b>
<b>Enzyme Cofactors/Chaperones .....</b>	<b>128</b>
<b>Enzyme Replacement/Modifiers.....</b>	<b>129</b>
<b>Eye, Ear, Nose, Throat Agents .....</b>	<b>129</b>
<b>Gastrointestinal Agents .....</b>	<b>132</b>
<b>Genitourinary Agents .....</b>	<b>135</b>
<b>Heavy Metal Antagonists .....</b>	<b>135</b>
<b>Hormonal Agents, Stimulant/Replacement/Modifying .....</b>	<b>136</b>
<b>Immunological Agents .....</b>	<b>139</b>
<b>Inflammatory Bowel Disease Agents .....</b>	<b>147</b>
<b>Metabolic Bone Disease Agents .....</b>	<b>148</b>
<b>Miscellaneous Therapeutic Agents .....</b>	<b>148</b>
<b>Ophthalmic Agents.....</b>	<b>149</b>
<b>Replacement Preparations .....</b>	<b>150</b>
<b>Respiratory Tract Agents.....</b>	<b>151</b>
<b>Skeletal Muscle Relaxants.....</b>	<b>155</b>
<b>Sleep Disorder Agents .....</b>	<b>155</b>
<b>Vasodilating Agents .....</b>	<b>155</b>
<b>Vitamins And Minerals .....</b>	<b>156</b>

# Imperial MAPD 2025 1 Tier (Lista de Medicamentos Cubiertos)

## Lista de medicamentos por condición médica

Agentes Anti Cáncer .....	159
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias .....	172
Agentes Antiansiedad .....	173
Agentes Antidemencia .....	174
Agentes Antidiabetico .....	174
Agentes Antigota .....	178
Agentes Antimigraña.....	179
Agentes Antinausea .....	180
Agentes Antiparasitarios .....	180
Agentes Antiparkinson .....	181
Agentes Antipsicóticos.....	182
Agentes Calóricos .....	187
Agentes Cardiovasculares .....	187
Agentes De Enfermedad Intestinal Inflamatoria .....	195
Agentes De Enfermedad Ósea Metabólica .....	195
Agentes De Trastorno De Sueño .....	196
Agentes Del Sistema Nervioso Central.....	196
Agentes Del Tracto Respiratorio.....	199
Agentes Dentales Y Orales .....	202
Agentes Dermatológicos .....	203
Agentes Gastrointestinales .....	206
Agentes Genitourinarios.....	208
Agentes Hormonales, Estimulante/Reemplazo/Modificador .....	209
Agentes Inmunológicos.....	212
Agentes Oftálmicos .....	220

<b>Agentes Para Los Ojos, Oídos, Nariz, Garganta</b> .....	<b>221</b>
<b>Agentes Terapeuticos Misceláneos</b> .....	<b>224</b>
<b>Agentes Vasodilatadores</b> .....	<b>225</b>
<b>Analgésicos</b> .....	<b>226</b>
<b>Anestésicos</b> .....	<b>228</b>
<b>Antagonistas De Metales Pesados</b> .....	<b>229</b>
<b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b> .....	<b>229</b>
<b>Antibacterianos</b> .....	<b>229</b>
<b>Anticonceptivos</b> .....	<b>234</b>
<b>Anticonvulsivos</b> .....	<b>241</b>
<b>Antidepresivos</b> .....	<b>245</b>
<b>Antifúngicos</b> .....	<b>247</b>
<b>Antihistamínicos</b> .....	<b>249</b>
<b>Antimicobacteriales</b> .....	<b>249</b>
<b>Antivirales (Sitémico)</b> .....	<b>249</b>
<b>Dispositivos</b> .....	<b>254</b>
<b>Non-FRF</b> .....	<b>288</b>
<b>Preparaciones De Reemplazo</b> .....	<b>288</b>
<b>Productos Sanguíneos/Modificadores/Expansores De Volumen</b> .....	<b>289</b>
<b>Reemplazo/Modificadores De Enzima</b> .....	<b>291</b>
<b>Relajantes Musculares Esqueléticos</b> .....	<b>292</b>
<b>Vitaminas Y Minerales</b> .....	<b>292</b>

# Legend

## 1: Covered Medications

**Age (Max x Years):** Age Limit - Limits use of medication dependent on age.

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

**EX:** Excluded Drug - 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.

**LA:** Limited Access - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 877-391-1105, 24/7; 7 days a week. TTY/TDD users should call 711.

**QL:** Quantity Limit - A form of utilization management (UM) that specifies quantity limitations or restrictions on prescriptions over time. Quantity limitations can take on various forms, the most typical being daily and monthly restrictions on the quantity issuance or re-issuance of a prescription.

**NDS:** Non-Extended Day Supply - Plans can elect to limit specific drugs to a 30 day supply.

**NM:** Non-Mail Order Drug - This drug is not available via mail order.

**PA:** Prior Authorization Applies - 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.

**PA BvD:** 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.

**PA NSO:** 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.

**PA-HRM:** Prior Authorization (High Risk Medications) - This drug has been deemed by CMS to be potentially harmful and therefore a High-Risk Medication for Medicare beneficiaries 65 years or older. Without prior authorization, this drug may not be covered.

**PA NSO-HRM:** Prior Authorization (New Starts Only – High Risk Meds) - If you are a new member, you (or your physician) are required to get a prior authorization before you fill your prescription for this drug. This drug has been deemed by CMS to be potentially harmful and therefore a High-Risk Medication for Medicare beneficiaries 65 years or older. Without prior authorization, this drug may not be covered.

**ST: Step Therapy** - Before Imperial Health Plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

# Leyenda

## 1: Medicamentos cubiertos

**Edad (Máx x Años):** Límite de Edad - Restringe el uso del medicamento según la edad.

**CB: Beneficio Limitado** - Este medicamento tiene un límite específico por mes y no permite resurtidos anticipados.

**EX: Medicamento Excluido** - Este medicamento recetado no está normalmente cubierto por un Plan de Medicamentos Recetados de Medicare. La cantidad que pague cuando surta la receta de este medicamento no contará para su costo total de medicamentos (es decir, el monto pagado no lo ayudará a calificar para la cobertura catastrófica). Además, si recibe ayuda adicional para pagar sus medicamentos, es posible que no sea elegible para recibir ayuda adicional para este medicamento a través de otros programas.

**LA: Acceso Limitado** - Es posible que este medicamento solo esté disponible en ciertas farmacias. Para obtener más información, consulte su Directorio de Farmacias o llame a Servicios para Miembros al 877-391-1105, disponible 24/7 los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 711.

**QL: Límite de Cantidad** - Una forma de gestión de utilización (UM) que especifica limitaciones o restricciones de cantidad en las recetas con el tiempo. Las limitaciones de cantidad pueden adoptar diversas formas, siendo las más comunes las restricciones diarias y mensuales en la emisión o reemisión de recetas.

**NDS: Suministro No Extendido** - Los planes pueden limitar ciertos medicamentos a un suministro de 30 días.

**NM: Medicamento No Disponible por Pedido por Correo** - Este medicamento no está disponible a través de pedido por correo.

**PA: Se Requiere Autorización Previa** - Usted (o su médico) debe obtener autorización previa antes de surtir su receta para este medicamento. Sin la aprobación previa, es posible que no cubramos este medicamento.

**PA BvD: Autorización Previa (Parte B vs. Parte D)** - Este medicamento recetado puede estar cubierto por Medicare Parte B o D, dependiendo de las circunstancias. Es posible que se necesite información adicional que describa el uso y el entorno del medicamento para tomar una determinación.

**PA NSO: Autorización Previa (Solo para Nuevos Usuarios)** - Usted (o su médico) debe obtener autorización previa antes de surtir su receta para este medicamento, a menos que ya lo haya usado previamente. Si tiene un historial de uso de este medicamento, no necesitará autorización previa.

**PA-HRM: Autorización Previa (Medicamentos de Alto Riesgo)** - Medicare (CMS) ha determinado que este medicamento puede ser potencialmente dañino y, por lo tanto, es considerado un Medicamento de Alto Riesgo para los beneficiarios de Medicare de 65 años o más. Sin autorización previa, es posible que este medicamento no esté cubierto.

**PA NSO-HRM: Autorización Previa (Solo para Nuevos Usuarios – Medicamentos de Alto Riesgo)** - Si es un nuevo miembro, usted (o su médico) debe obtener una autorización previa antes de surtir su receta para este medicamento. Medicare (CMS) ha determinado que este medicamento puede ser potencialmente dañino y, por lo tanto, es considerado un Medicamento de Alto Riesgo para los beneficiarios de Medicare de 65 años o más. Sin autorización previa, es posible que este medicamento no esté cubierto.

**ST: Terapia Escalonada** - Antes de que Imperial Health Plan cubra este medicamento, primero debe intentar usar otro(s) medicamento(s) para tratar su condición médica. Este medicamento solo puede estar cubierto si el(los) otro(s) medicamento(s) no funcionan para usted.

## Imperial MAPD 2025 1-Tier (List of Covered Drugs)

Drug Name	Requirements / Limits
<b>ANALGESICS</b>	
<b><i>Analgesics, Miscellaneous</i></b>	
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	QL (180 per 30 days)
<i>buprenorphine transdermal patch weekly</i> 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule</i> 50-300-40 mg (Fioricet)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg (Esgic)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminop hen)	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminop hen)	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminop hen)	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle 1,200 mcg, 1,600 mcg, 400 mcg,</i> <i>600 mcg, 800 mcg</i>	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle 200 mcg</i>	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i> 10-325 mg/15 ml, 7.5-325 mg/15 ml	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 7.5-325 mg	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 5-325 mg	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg,</i> <i>8 mg</i> (Dilaudid)	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	QL (120 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>methadone oral tablet 5 mg</i>	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	QL (300 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	PA; NM; NDS; QL (224 per 28 days)



Drug Name		Requirements / Limits
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 50-200 mg-mcg</i>	(Arthrotec 50)	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 75-200 mg-mcg</i>	(Arthrotec 75)	
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	(Lodine)	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg</i>		
<i>ibu oral tablet 400 mg</i>	(ibuprofen)	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	(ibuprofen)	
<i>ibuprofen oral tablet 400 mg</i>	(IBU)	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	(IBU)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>		PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		
<i>nabumetone oral tablet 500 mg, 750 mg</i>		
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	(Naprosyn)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	(EC-Naprosyn)	
<i>sulindac oral tablet 150 mg, 200 mg</i>		
<b>ANESTHETICS</b>		
<b>Local Anesthetics</b>		
<i>dermacinrx lidocan 5% patch outer</i>	(lidocaine)	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i>	(lidocaine hcl)	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	(Glydo)	QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i>	(DermacinRx Lidocan)	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>		PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	(lidocaine hcl)	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>		PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i>	(lidocaine)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %		PA; QL (90 per 30 days)

Drug Name	Requirements / Limits
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>	
acamprosate oral tablet, delayed release (dr/ec) 333 mg	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg (Suboxone)	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	
disulfiram oral tablet 250 mg, 500 mg	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	
naloxone nasal spray, non-aerosol 4 mg/actuation (Narcan)	QL (4 per 30 days)
naltrexone oral tablet 50 mg	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg (56 pack)	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (Chantix)	QL (336 per 365 days)
varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	
<b>ANTI-ANXIETY AGENTS</b>	
<b>Benzodiazepines</b>	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)	QL (120 per 30 days)
alprazolam oral tablet 2 mg (Xanax)	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg (Klonopin)	QL (90 per 30 days)
clonazepam oral tablet 2 mg (Klonopin)	QL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	QL (90 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>clonazepam oral tablet, disintegrating 2 mg</i>	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	QL (60 per 30 days)
<b>ANTIBACTERIALS</b>	
<b>Aminoglycosides</b>	
<i>amikacin injection solution 500 mg/2 ml</i>	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PA; NM; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	
<i>neomycin oral tablet 500 mg</i>	
<i>streptomycin intramuscular recon soln 1 gram</i>	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225% nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	PA BvD; NM; NDS

Drug Name	Requirements / Limits
<i>tobramycin sulfate injection solution</i> 10 mg/ml, 40 mg/ml	
<b>Antibacterials, Miscellaneous</b>	
<i>clindamycin hcl oral capsule</i> 150 mg, 300 mg, 75 mg (Cleocin HCl)	
<i>clindamycin phosphate injection solution</i> 150 mg/ml (Cleocin)	
<i>colistin (colistimethate na) injection recon soln</i> 150 mg (Coly-Mycin M Parenteral)	NM; NDS
<i>daptomycin intravenous recon soln</i> 350 mg, 500 mg	NM; NDS
<i>linezolid in dextrose 5% intravenous piggyback</i> 600 mg/300 ml (Zyvox)	
<i>linezolid oral suspension for reconstitution</i> 100 mg/5 ml (Zyvox)	NM; NDS
<i>linezolid oral tablet</i> 600 mg (Zyvox)	
<i>methenamine hippurate oral tablet</i> 1 gram	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i> 500 mg/100 ml (Metro I.V.)	
<i>metronidazole oral tablet</i> 250 mg, 500 mg	
<i>nitrofurantoin macrocrystal oral capsule</i> 100 mg, 50 mg	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule</i> 100 mg (Macrobid)	QL (60 per 30 days)
<i>trimethoprim oral tablet</i> 100 mg	
<i>vancomycin intravenous recon soln</i> 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg	
<i>vancomycin oral capsule</i> 125 mg (Vancocin)	QL (56 per 14 days)
<i>vancomycin oral capsule</i> 250 mg (Vancocin)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	PA; NM; NDS; QL (90 per 30 days)
<b>Cephalosporins</b>	
<i>cefaclor oral capsule</i> 250 mg, 500 mg	
<i>cefadroxil oral capsule</i> 500 mg	
<i>cefadroxil oral suspension for reconstitution</i> 250 mg/5 ml, 500 mg/5 ml	
<i>cefazolin injection recon soln</i> 1 gram, 10 gram, 500 mg	
<i>cefdinir oral capsule</i> 300 mg	
<i>cefdinir oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml	

<b>Drug Name</b>	<b>Requirements / Limits</b>
cefepime injection recon soln 1 gram, 2 gram	
cefixime oral capsule 400 mg	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	
cefpodoxime oral tablet 100 mg, 200 mg	
cefprozil oral tablet 250 mg, 500 mg	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	
cefuroxime axetil oral tablet 250 mg, 500 mg	
cefuroxime sodium injection recon soln 750 mg	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	
cephalexin oral capsule 250 mg, 500 mg	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
tazicef injection recon soln 1 gram, 2 gram, 6 gram (ceftazidime)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	NM; NDS
<b>Macrolides</b>	
azithromycin intravenous recon soln 500 mg (Zithromax)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
clarithromycin oral tablet 250 mg, 500 mg	
DIFICID ORAL TABLET 200 MG	NM; NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)	
erythromycin oral tablet 250 mg, 500 mg	

Drug Name	Requirements / Limits
<b>Miscellaneous B-Lactam Antibiotics</b>	
aztreonam injection recon soln 1 gram, 2 gram (Azactam)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PA; NM; LA; NDS
ertapenem injection recon soln 1 gram	
imipenem-cilastatin intravenous recon soln 250 mg	
imipenem-cilastatin intravenous recon soln 500 mg (Primaxin IV)	
meropenem intravenous recon soln 1 gram, 500 mg	
<b>Penicillins</b>	
amoxicillin oral capsule 250 mg, 500 mg	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	
amoxicillin oral tablet 500 mg, 875 mg	
amoxicillin oral tablet, chewable 125 mg, 250 mg	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg	
amoxicillin-pot clavulanate oral tablet 500-125 mg (Augmentin)	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	
ampicillin oral capsule 500 mg	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram (Unasyn)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	

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	Requirements / Limits
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	
<b>Quinolones</b>	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	
<i>levofloxacin oral solution 250 mg/10 ml</i>	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
<i>moxifloxacin 400 mg/250 ml bag</i>	
<i>moxifloxacin oral tablet 400 mg</i>	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	
<b>Sulfonamides</b>	
<i>sulfadiazine oral tablet 500 mg</i>	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	

Drug Name	Requirements / Limits
sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)	
<b>Tetracyclines</b>	
demeclocycline oral tablet 150 mg, 300 mg	
doxy-100 intravenous recon soln 100 mg (doxycycline hyclate)	
doxycycline hyclate intravenous recon soln 100 mg (Doxy-100)	
doxycycline hyclate oral capsule 100 mg	
doxycycline hyclate oral capsule 50 mg (Morgidox)	
doxycycline hyclate oral tablet 100 mg, 20 mg	
doxycycline hyclate oral tablet 150 mg, 75 mg (Acticlate)	
doxycycline hyclate oral tablet 50 mg (Targadox)	
doxycycline monohydrate oral capsule 100 mg (Mondoxyne NL)	
doxycycline monohydrate oral capsule 150 mg	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg (Monodox)	
doxycycline monohydrate oral capsule 75 mg (Mondoxyne NL)	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	
doxycycline monohydrate oral tablet 100 mg (Avidoxy)	
doxycycline monohydrate oral tablet 50 mg	
minocycline oral capsule 100 mg, 50 mg, 75 mg	
tetracycline oral capsule 250 mg, 500 mg	
tigecycline intravenous recon soln 50 mg (Tygacil)	NM; NDS
<b>ANTICANCER AGENTS</b>	
<b>Anticancer Agents</b>	
abiraterone oral tablet 250 mg, 500 mg (Zytiga)	PA NSO; NM; NDS; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml (fluorouracil)	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	PA NSO; NM; NDS; QL (60 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.



<b>Drug Name</b>	<b>Requirements / Limits</b>
ALECENSA ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (240 per 30 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	NM; NDS
BALVERSA ORAL TABLET 3 MG	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	PA NSO; NM; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeke)	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	PA NSO; NM; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML	PA NSO
BOSULIF ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
BOSULIF ORAL CAPSULE 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	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)	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	PA NSO; NM; NDS; QL (112 per 28 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	PA NSO; NM; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	NM; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	PA NSO; NM; NDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	
<i>etoposide intravenous solution 20 mg/ml</i>	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	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)	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (Iomustine)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (Iomustine)	NM; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram (Ifex)</i>	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	
<i>imatinib oral tablet 100 mg (Gleevec)</i>	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg (Gleevec)</i>	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	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	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	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	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	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)	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)	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	
LEUKERAN ORAL TABLET 2 MG	NM; NDS

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	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)	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; NDS; QL (90 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	
<i>methotrexate sodium oral tablet 2.5 mg</i>	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg (Nilandron)</i>	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	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)	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	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	PA NSO; NM; NDS



<b>Drug Name</b>	<b>Requirements / Limits</b>
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	PA NSO; NM; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	PA BvD; NM; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	NM; NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	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)	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	NM; NDS
QINLOCK ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	PA NSO; NM; NDS; QL (120 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
REVUFORJ ORAL TABLET 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	PA NSO; NM; NDS
SCSEMBLIX ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	PA NSO; NM; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	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)	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
TABRECTA ORAL TABLET 150 MG, 200 MG	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml (etoposide)</i>	
<i>toremifene oral tablet 60 mg (Fareston)</i>	NM; NDS
<i>torpenz oral tablet 10 mg (everolimus (antineoplastic))</i>	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg (everolimus (antineoplastic))</i>	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	PA NSO

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	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)	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
VORANIGO ORAL TABLET 10 MG, 40 MG	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	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)	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)	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	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)	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (240 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	PA NSO; NM; NDS; QL (20 per 28 days)
<b>ANTICONVULSANTS</b>	
<b><i>Anticonvulsants</i></b>	
APTIOM ORAL TABLET 200 MG, 400 MG	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	ST; NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)</i>	
<i>carbamazepine oral suspension 100 mg/5 ml (Tegretol)</i>	
<i>carbamazepine oral tablet 200 mg (Epilex)</i>	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)</i>	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	
<i>clobazam oral suspension 2.5 mg/ml (Onfi)</i>	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg (Onfi)</i>	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	PA NSO; NM; NDS; QL (180 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.

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	
EPRONTIA ORAL SOLUTION 25 MG/ML	ST
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	
<i>felbamate oral suspension 600 mg/5 ml</i>	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	PA NSO; NM; NDS
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	ST; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>levetiracetam oral solution 100 mg/ml (Keppra)</i>	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)</i>	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)</i>	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg (Celontin)</i>	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal)</i>	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)</i>	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	PA NSO-HRM; AGE (Max 64 Years)
<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>	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml (Dilantin-125)</i>	
<i>phenytoin oral tablet, chewable 50 mg (Dilantin Infatabs)</i>	
<i>phenytoin sodium extended oral capsule 100 mg (Dilantin Extended)</i>	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg (Phenytek)</i>	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg (Lyrica)</i>	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg (Lyrica)</i>	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml (Lyrica)</i>	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	
<i>primidone oral tablet 250 mg, 50 mg (Mysoline)</i>	
<i>rufinamide oral suspension 40 mg/ml (Banzel)</i>	ST; NM; NDS
<i>rufinamide oral tablet 200 mg (Banzel)</i>	ST
<i>rufinamide oral tablet 400 mg (Banzel)</i>	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	ST



<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	
<i>valproic acid oral capsule 250 mg</i>	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	NM; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	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)	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	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)	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>zonisamide oral capsule 50 mg</i>	
ZTALMY ORAL SUSPENSION 50 MG/ML	PA NSO; NM; NDS; QL (1080 per 30 days)
<b>ANTIDEMENTIA AGENTS</b>	
<b>Antidementia Agents</b>	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)</i>	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	
<i>donepezil oral tablet, disintegrating 5 mg</i>	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>	ST; QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 7 mg (Namenda XR)</i>	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)</i>	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>	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	ST; NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)</i>	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)</i>	
<i>citalopram oral solution 10 mg/5 ml</i>	
<i>citalopram oral tablet 10 mg (Celexa)</i>	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg (Celexa)</i>	QL (30 per 30 days)

Drug Name	Requirements / Limits
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin oral concentrate 10 mg/ml</i>	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	
<i>flvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
MARPLAN ORAL TABLET 10 MG	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	
nortriptyline oral solution 10 mg/5 ml	
paroxetine hcl oral suspension 10 mg/5 ml (Paxil)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	
perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4- 10 mg, 4-25 mg, 4-50 mg	
phenelzine oral tablet 15 mg (Nardil)	
protriptyline oral tablet 10 mg, 5 mg	
sertraline oral concentrate 20 mg/ml (Zoloft)	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg (Parnate)	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	QL (30 per 30 days)
venlafaxine oral capsule, extended release 24hr 150 mg (Effexor XR)	QL (30 per 30 days)
venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg (Effexor XR)	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	
vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	PA NSO; NM; NDS; QL (14 per 14 days)

Drug Name	Requirements / Limits
<b>ANTIDIABETIC AGENTS</b>	
<b><i>Antidiabetic Agents, Miscellaneous</i></b>	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	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	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	QL (90 per 30 days)

Drug Name	Requirements / Limits
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)	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	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	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	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	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	PA; QL (2 per 28 days)
<i>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG</i> (dapaglifloz propaned-metformin)	QL (30 per 30 days)
<i>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG</i>	QL (30 per 30 days)
<i>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG</i>	QL (60 per 30 days)
<i>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG</i> (dapaglifloz propaned-metformin)	QL (60 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.

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

Drug Name	Requirements / Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION (insulin glargine-yfgn) 100 UNIT/ML	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN (insulin glargine-yfgn) 100 UNIT/ML (3 ML)	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN (insulin glargine u-300 300 UNIT/ML (3 ML) conc)	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN (insulin glargine u-300 300 UNIT/ML (1.5 ML) conc)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN (insulin degludec) 100 UNIT/ML (3 ML)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN (insulin degludec) 200 UNIT/ML (3 ML)	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION (insulin degludec) 100 UNIT/ML	max \$35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	max \$35 copay per month supply; QL (15 per 28 days)
<b>Sulfonylureas</b>	
<i>glimepiride oral tablet 1 mg, 2 mg</i>	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg (Glucotrol XL)</i>	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg (Glucotrol XL)</i>	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	QL (120 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.



<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PA-HRM; AGE (Max 64 Years)
<b>ANTIFUNGALS</b>	
<b>Antifungals</b>	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	PA BvD; NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	
<i>clotrimazole topical solution 1 %</i>	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	
<i>ketoconazole oral tablet 200 mg</i>	
<i>ketoconazole topical cream 2 %</i>	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	QL (360 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>micafungin intravenous recon soln</i> 100 mg, 50 mg (Mycamine)	
<i>miconazole-3 vaginal suppository</i> 200 mg	
<i>nyamyc topical powder</i> 100,000 unit/gram (nystatin)	QL (60 per 30 days)
<i>nystatin oral suspension</i> 100,000 unit/ml	
<i>nystatin oral tablet</i> 500,000 unit	
<i>nystatin topical cream</i> 100,000 unit/gram	QL (60 per 30 days)
<i>nystatin topical ointment</i> 100,000 unit/gram	QL (60 per 30 days)
<i>nystatin topical powder</i> 100,000 unit/gram (Nyamyc)	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream</i> 100,000-0.1 unit/g-%	
<i>nystop topical powder</i> 100,000 unit/gram (nystatin)	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release</i> (dr/ec) 100 mg (Noxafil)	PA; NM; NDS
<i>terbinafine hcl oral tablet</i> 250 mg	
<i>voriconazole intravenous recon soln</i> 200 mg (Vfend IV)	PA BvD; NM; NDS
<i>voriconazole oral suspension for</i> <i>reconstitution</i> 200 mg/5 ml (40 mg/ml) (Vfend)	PA; NM; NDS
<i>voriconazole oral tablet</i> 200 mg	
<i>voriconazole oral tablet</i> 50 mg (Vfend)	
<b>ANTIGOUT AGENTS</b>	
<b>Antigout Agents, Other</b>	
<i>allopurinol oral tablet</i> 100 mg (Zyloprim)	
<i>allopurinol oral tablet</i> 300 mg	
<i>colchicine oral capsule</i> 0.6 mg (Mitigare)	QL (60 per 30 days)
<i>colchicine oral tablet</i> 0.6 mg (Colcrys)	QL (120 per 30 days)
<i>febuxostat oral tablet</i> 40 mg, 80 mg (Uloric)	ST; QL (30 per 30 days)
<i>probenecid oral tablet</i> 500 mg	
<i>probenecid-colchicine oral tablet</i> 500-0.5 mg	
<b>ANTIHISTAMINES</b>	
<b>Antihistamines</b>	
<i>hydroxyzine hcl oral tablet</i> 10 mg, 25 mg, 50 mg	
<i>levocetirizine oral tablet</i> 5 mg (24HR Allergy Relief)	
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>	
<b>Anti-Infectives (Skin And Mucous Membrane)</b>	
<i>clindamycin phosphate vaginal cream</i> 2 % (Cleocin)	

Drug Name	Requirements / Limits
<i>metronidazole vaginal gel 0.75 %</i> (37.5mg/5 gram) (Vandazole)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
<b>ANTIMIGRAINE AGENTS</b>	
<b>Antimigraine Agents</b>	
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	PA; QL (16 per 30 days)

Drug Name	Requirements / Limits
<b>ANTIMYCOBACTERIALS</b>	
<b>Antimycobacterials</b>	
dapsone oral tablet 100 mg, 25 mg	
ethambutol oral tablet 100 mg, 400 mg	
isoniazid oral tablet 100 mg, 300 mg	
PRIFTIN ORAL TABLET 150 MG	
pyrazinamide oral tablet 500 mg	
rifabutin oral capsule 150 mg	
rifampin intravenous recon soln 600 mg (Rifadin)	
rifampin oral capsule 150 mg, 300 mg	
SIRTURO ORAL TABLET 100 MG, 20 MG	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	
<b>ANTINAUSEA AGENTS</b>	
<b>Antinausea Agents</b>	
aprepitant oral capsule 125 mg	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg (Emend)	PA BvD; QL (4 per 28 days)
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2) (Emend)	PA BvD
compro rectal suppository 25 mg (prochlorperazine)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg	
meclizine oral tablet 25 mg (Dramamine (meclizine))	
ondansetron hcl oral tablet 4 mg, 8 mg	PA BvD
ondansetron oral tablet, disintegrating 4 mg, 8 mg	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	
prochlorperazine maleate oral tablet 10 mg, 5 mg (Compazine)	
prochlorperazine rectal suppository 25 mg (Compro)	
promethazine injection solution 25 mg/ml (Phenergan)	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg (Promethegan)	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg (promethazine)	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days (Transderm-Scop)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)

Drug Name	Requirements / Limits
<b>ANTIPARASITE AGENTS</b>	
<b>Antiparasite Agents</b>	
<i>albendazole oral tablet 200 mg</i>	NM; NDS
<i>atovaquone oral suspension 750 mg/5 ml (Mepron)</i>	
<i>atovaquone-proguanil oral tablet 250-100 mg (Malarone)</i>	
<i>atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)</i>	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	
COARTEM ORAL TABLET 20-120 MG	
<i>hydroxychloroquine oral tablet 100 mg</i>	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg (Plaquenil)</i>	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg (Sovuna)</i>	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg (Stromectol)</i>	
<i>mefloquine oral tablet 250 mg</i>	
<i>nitazoxanide oral tablet 500 mg (Alinia)</i>	NM; NDS; QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg (Humatin)</i>	
<i>pentamidine inhalation recon soln 300 mg (Nebupent)</i>	PA BvD
<i>pentamidine injection recon soln 300 mg (Pentam)</i>	
<i>praziquantel oral tablet 600 mg (Biltricide)</i>	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	
<i>pyrimethamine oral tablet 25 mg (Daraprim)</i>	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg (Qualaquin)</i>	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	
<b>ANTIPARKINSONIAN AGENTS</b>	
<b>Antiparkinsonian Agents</b>	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>bromocriptine oral tablet 2.5 mg</i>	
<i>cabergoline oral tablet 0.5 mg</i>	
<i>carbidopa-levodopa oral tablet 10-100 mg (Sinemet)</i>	
<i>carbidopa-levodopa oral tablet 25-100 mg (Dhivy)</i>	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>entacapone oral tablet 200 mg</i>	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	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>	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	
<i>selegiline hcl oral capsule 5 mg</i>	
<i>selegiline hcl oral tablet 5 mg</i>	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	PA; NM; NDS; QL (560 per 28 days)
<b>ANTIPSYCHOTIC AGENTS</b>	
<b><i>Antipsychotic Agents</i></b>	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	NM; NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	NM; NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	ST; QL (60 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	NM; NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> 10 mg, 2.5 mg, 5 mg (Saphris)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution</i> 25 mg/ml	
<i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml	
<i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	
<i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	
<i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 25 mg	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 150 mg	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 200 mg	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	ST; NM; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	ST
<i>fluphenazine decanoate injection solution</i> 25 mg/ml	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	QL (30 per 30 days)



<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>lurasidone oral tablet 80 mg</i> (Latuda)	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	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)	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	
<i>quetiapine oral tablet 150 mg</i>	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)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	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)	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)	NM; NDS; QL (2 per 28 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>risperidone oral solution 1 mg/ml (Risperdal)</i>	
<i>risperidone oral tablet 0.25 mg</i>	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)</i>	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)</i>	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	NM; NDS; QL (1 per 28 days)
<b>ANTIVIRALS (SYSTEMIC)</b>	
<b>Antiretrovirals</b>	
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	
<i>abacavir oral tablet 300 mg</i>	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE (cabotegravir) 600 MG/3 ML (200 MG/ML)	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	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	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	NM; NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	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>Drug Name</b>	<b>Requirements / Limits</b>
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	
DOVATO ORAL TABLET 50-300 MG	NM; NDS
EDURANT ORAL TABLET 25 MG	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	
<i>efavirenz oral tablet 600 mg</i>	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg (Atripla)</i>	NM; NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg (Symfi Lo)</i>	NM; NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg (Symfi)</i>	NM; NDS
<i>emtricitabine oral capsule 200 mg (Emtriva)</i>	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg (Truvada)</i>	NM; NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg (Truvada)</i>	
EMTRIVA ORAL SOLUTION 10 MG/ML	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	
<i>etravirine oral tablet 100 mg, 200 mg (Intelligence)</i>	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	NM; NDS
INTELENCE ORAL TABLET 25 MG	
ISENTRESS HD ORAL TABLET 600 MG	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	NM; NDS
ISENTRESS ORAL TABLET 400 MG	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	
JULUCA ORAL TABLET 50-25 MG	NM; NDS
<i>lamivudine oral solution 10 mg/ml (Epivir)</i>	
<i>lamivudine oral tablet 100 mg</i>	
<i>lamivudine oral tablet 150 mg, 300 mg (Epivir)</i>	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	
LEXIVA ORAL SUSPENSION 50 MG/ML	

Drug Name	Requirements / Limits
<i>lopinavir-ritonavir oral solution</i> 400-100 mg/5 ml <i>(Kaletra)</i>	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> <i>(Kaletra)</i>	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> <i>(Kaletra)</i>	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> <i>(Selzentry)</i>	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	QL (60 per 30 days)
<i>nevirapine oral tablet extended release</i> <i>24 hr 100 mg</i>	QL (90 per 30 days)
<i>nevirapine oral tablet extended release</i> <i>24 hr 400 mg</i>	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	
NORVIR ORAL SOLUTION 80 MG/ML	
ODEFSEY ORAL TABLET 200-25-25 MG	NM; NDS
PIFELTRO ORAL TABLET 100 MG	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	
REYATAZ ORAL POWDER IN PACKET 50 MG	NM; NDS
<i>rilpivirine intramuscular suspension,</i> <i>extended release 600 mg/2 ml</i> <i>(300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	NM; NDS
<i>ritonavir oral tablet 100 mg</i> <i>(Norvir)</i>	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; NDS
SELZENTRY ORAL TABLET 25 MG	
SELZENTRY ORAL TABLET 75 MG	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg,</i> <i>30 mg, 40 mg</i>	
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	PA BvD; NM; NDS

<b>Drug Name</b>	<b>Requirements / Limits</b>
SYMTUZA ORAL TABLET 800-150-200-10 MG	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	
TIVICAY ORAL TABLET 10 MG	
TIVICAY ORAL TABLET 25 MG, 50 MG	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	
TRIZIVIR ORAL TABLET 300-150-300 MG	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	NM; NDS
VEMLIDY ORAL TABLET 25 MG	ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; NDS
VOCABRIA ORAL TABLET 30 MG	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	
<i>zidovudine oral tablet 300 mg</i>	
<b>Antivirals, Miscellaneous</b>	
LIVTENCITY ORAL TABLET 200 MG	PA; NM; NDS
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	\$0 copay until 2/28/25; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 copay until 2/28/25; QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	PA; NM; NDS; QL (28 per 28 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	QL (60 per 180 days)
<b>HCV Antivirals</b>	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	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)	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PA; NM; NDS
<b>Nucleosides And Nucleotides</b>	
<i>acyclovir oral capsule 200 mg</i>	
<i>acyclovir oral suspension 200 mg/5 ml (Zovirax)</i>	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	PA BvD
<i>adefovir oral tablet 10 mg (Hepsera)</i>	
<i>entecavir oral tablet 0.5 mg, 1 mg (Baraclude)</i>	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
<i>valacyclovir oral tablet 1 gram, 500 mg (Valtrex)</i>	
<i>valganciclovir oral recon soln 50 mg/ml (Valcyte)</i>	NM; NDS
<i>valganciclovir oral tablet 450 mg (Valcyte)</i>	

Drug Name	Requirements / Limits
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>	
<b>Anticoagulants</b>	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	
ELIQUIS ORAL TABLET 2.5 MG	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	QL (60 per 30 days)



Drug Name	Requirements / Limits
<b>Blood Formation Modifiers</b>	
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	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	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	PA; QL (4 per 28 days)
<b>Hematologic Agents, Miscellaneous</b>	
<i>anagrelide oral capsule 0.5 mg (Agrylin)</i>	
<i>anagrelide oral capsule 1 mg</i>	
<i>tranexamic acid oral tablet 650 mg</i>	
<b>Platelet-Aggregation Inhibitors</b>	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	
BRILINTA ORAL TABLET 60 MG, 90 MG	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	
<i>clopidogrel oral tablet 75 mg (Plavix)</i>	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	PA-HRM; AGE (Max 64 Years)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>pentoxifylline oral tablet extended release 400 mg</i>	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	QL (30 per 30 days)
<b>CALORIC AGENTS</b>	
<b>Caloric Agents</b>	
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	PA BvD
<b>CARDIOVASCULAR AGENTS</b>	
<b>Alpha-Adrenergic Agents</b>	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	PA; NM; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	

Drug Name	Requirements / Limits
<b>Angiotensin II Receptor Antagonists</b>	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)	
losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	
olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis)	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)	
<b>Angiotensin-Converting Enzyme Inhibitors</b>	
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	
benazepril oral tablet 5 mg	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	

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>Drug Name</b>	<b>Requirements / Limits</b>
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	
moexipril oral tablet 15 mg, 7.5 mg	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	
<b>Antiarrhythmic Agents</b>	
amiodarone oral tablet 100 mg, 200 mg, 400 mg (Pacerone)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	
MULTAQ ORAL TABLET 400 MG	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	
propafenone oral tablet 150 mg, 225 mg, 300 mg	
quinidine sulfate oral tablet 200 mg, 300 mg	
<b>Beta-Adrenergic Blocking Agents</b>	
acebutolol oral capsule 200 mg, 400 mg	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)	
atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	
labetalol oral tablet 100 mg, 200 mg, 300 mg	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	
metoprolol tartrate oral tablet 25 mg	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (sotalol)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg (sotalol)	
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	
sotalol oral tablet 240 mg (Betapace)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	
<b>Calcium-Channel Blocking Agents</b>	
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl)	
diltiazem 24hr er 360 mg cap once-a-day dosage (Tiadylt ER)	
diltiazem 24hr er 420 mg cap (Tiadylt ER)	
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg	
diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg (Tiadylt ER)	

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>Drug Name</b>	<b>Requirements / Limits</b>
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	
<i>diltiazem hcl oral tablet 90 mg</i>	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	
<i>tiadytl er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	
<b>Cardiovascular Agents, Miscellaneous</b>	
CORLANOR ORAL SOLUTION 5 MG/5 ML	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	PA; NM; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	NM; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PA; QL (30 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.

Drug Name	Requirements / Limits
<b>Dihydropyridines</b>	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	
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)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	
<b>Diuretics</b>	
amiloride oral tablet 5 mg	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	
chlorthalidone oral tablet 25 mg, 50 mg	
furosemide injection solution 10 mg/ml	
furosemide injection syringe 10 mg/ml	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	
hydrochlorothiazide oral capsule 12.5 mg	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	
indapamide oral tablet 1.25 mg, 2.5 mg	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	

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>Drug Name</b>	<b>Requirements / Limits</b>
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	
<b>Dyslipidemics</b>	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	
<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)	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-asparta me)	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	
<i>colestipol oral packet 5 gram</i>	
<i>colestipol oral tablet 1 gram</i> (Colestid)	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	QL (240 per 30 days)



<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	
NEXLETOL ORAL TABLET 180 MG	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	ST; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	
<i>niacor oral tablet 500 mg</i> (niacin)	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	QL (30 per 30 days)
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>	
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG	PA; QL (30 per 30 days)
<b>Vasodilators</b>	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	

Drug Name	Requirements / Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (nitroglycerin)</i>	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</i>	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)</i>	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	
<b>Central Nervous System Agents</b>	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg (Strattera)</i>	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg (Strattera)</i>	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	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)	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA; NM; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)</i>	PA; QL (60 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	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)	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	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)	PA; NM; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	PA; NM; NDS; QL (60 per 30 days)
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	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)	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	
<i>lithium carbonate oral tablet extended release 450 mg</i>	
<i>lithium citrate oral solution 8 meq/5 ml</i>	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	PA; 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>Drug Name</b>	<b>Requirements / Limits</b>
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	PA; NM; NDS
<i>methylphenidate hcl oral solution 10 mg/5 ml</i> (Methylin)	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	PA; NM; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	PA; NM; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	PA; NM; NDS; QL (120 per 30 days)

Drug Name	Requirements / Limits
<b>CONTRACEPTIVES</b>	
<b>Contraceptives</b>	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>apri oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>aviane oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>ayuna oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estradiol)</i>
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>
<i>camila oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>

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		Requirements / Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	<i>(norgestrel-ethinyl estradiol)</i>	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		
<i>cyred eq oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		
<i>deblitane oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(Azurette (28))</i>	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	<i>(Apri)</i>	
<i>dolishale oral tablet 90-20 mcg (28)</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	<i>(norgestrel-ethinyl estradiol)</i>	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	<i>(etonogestrel-ethinyl estradiol)</i>	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	
<i>emzahh oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	<i>(etonogestrel-ethinyl estradiol)</i>	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	<i>(levonorg-eth estrad triphasic)</i>	
<i>enskyce oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	
<i>errin oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	<i>(Kelnor 1/35 (28))</i>	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	<i>(Kelnor 1/50 (28))</i>	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	<i>(EluRyng)</i>	QL (1 per 28 days)

Drug Name		Requirements / Limits
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	<i>(etonogestrel-ethinyl estradiol)</i>	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	<i>(levonorgestrel-ethinyl estrad)</i>	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>isibloom oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	
<i>jencycla oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	<i>(levonorgestrel-ethinyl estrad)</i>	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estradiol)</i>	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(ethynodiol diac-eth estradiol)</i>	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	<i>(ethynodiol diac-eth estradiol)</i>	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	

Drug Name	Requirements / Limits	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	<i>(levonorg-eth estrad triphasic)</i>	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	<i>(Balcoltra)</i>	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	<i>(Afirmelle)</i>	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	<i>(Altavera (28))</i>	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	<i>(Amethyst (28))</i>	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	<i>(Iclevia)</i>	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	<i>(Enpresse)</i>	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	<i>(norgestrel-ethinyl estradiol)</i>	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>lyleq oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	



Drug Name	Requirements / Limits
lyza oral tablet 0.35 mg (norethindrone (contraceptive))	
marlissa (28) oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estradiol)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg (norethindrone ac-eth estradiol)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg (norethindrone ac-eth estradiol)	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estradi ol-iron)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (norethindrone-e.estradi ol-iron)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estradi ol-iron)	
mili oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	
mono-lynyah oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	
NEXPLANON SUBDERMAL IMPLANT 68 MG	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr (Xulane)	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (Tilia Fe)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	
norlyda oral tablet 0.35 mg (norethindrone (contraceptive))	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	

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	Requirements / Limits
nortrel 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	
nylia 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	
nymyo oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg	
pirmella oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)	
portia 28 oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)	
previfem oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	
reclipsen (28) oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)	
setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91) (levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
sharobel oral tablet 0.35 mg (norethindrone (contraceptive))	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradiol/e.estradiol)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	
sprintec (28) oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)	
sronyx oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4) (norethindrone-e.estradiol-iron)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) (norethindrone-e.estradiol-iron)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (norethindrone-e.estradiol-iron)	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (norgestimate-ethinyl estradiol)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (norgestimate-ethinyl estradiol)	

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		Requirements / Limits
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	<i>(levonorg-eth estradriphasic)</i>	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	<i>(norgestrel-ethinyl estradiol)</i>	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estradiol)</i>	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estradiol)</i>	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	<i>(norelgestromin-ethin.estradiol)</i>	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	<i>(norelgestromin-ethin.estradiol)</i>	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	<i>(ethynodiol diac-eth estradiol)</i>	

Drug Name	Requirements / Limits
<b>DENTAL AND ORAL AGENTS</b>	
<b>Dental And Oral Agents</b>	
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)
<b>DERMATOLOGICAL AGENTS</b>	
<b>Dermatological Agents, Other</b>	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	
<i>acyclovir topical ointment 5 %</i>	(Zovirax) QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>	
<i>ammonium lactate topical lotion 12 %</i>	(AmLactin)
<i>calcipotriene scalp solution 0.005 %</i>	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	(Efudex)
<i>fluorouracil topical solution 2 %, 5 %</i>	
<i>imiquimod topical cream in packet 5 %</i>	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled,rapid rel 10 mg</i>	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	NM; NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	PA NSO; NM; NDS

<b>Drug Name</b>	<b>Requirements / Limits</b>
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	
<b>Dermatological Antibacterials</b>	
clindamycin phosphate topical solution 1 %	QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	
clindamycin-benzoyl peroxide topical gel 1-5 %	
erythromycin with ethanol topical solution 2 %	
gentamicin topical cream 0.1 %	QL (90 per 30 days)
gentamicin topical ointment 0.1 %	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	
metronidazole topical gel 0.75 % (Rosadan)	
metronidazole topical gel 1 % (Metrogel)	
mupirocin topical ointment 2 % (Centany)	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 % (clindamycin-benzoyl peroxide)	
rosadan topical cream 0.75 % (metronidazole)	
selenium sulfide topical lotion 2.5 %	
silver sulfadiazine topical cream 1 % (SSD)	
ssd topical cream 1 % (silver sulfadiazine)	
<b>Dermatological Anti-Inflammatory Agents</b>	
ala-cort topical cream 1 % (hydrocortisone)	
betamethasone dipropionate topical cream 0.05 %	
betamethasone dipropionate topical lotion 0.05 %	
betamethasone dipropionate topical ointment 0.05 %	
betamethasone valerate topical cream 0.1 %	
betamethasone valerate topical lotion 0.1 %	
betamethasone valerate topical ointment 0.1 %	
betamethasone, augmented topical cream 0.05 %	
betamethasone, augmented topical gel 0.05 %	
betamethasone, augmented topical lotion 0.05 %	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	
<i>clobetasol scalp solution 0.05 %</i>	
<i>clobetasol topical cream 0.05 %</i>	
<i>clobetasol topical gel 0.05 %</i>	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	
<i>clobetasol topical ointment 0.05 %</i>	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	
<i>clobetasol-emollient topical cream 0.05 %</i>	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	
EUCRISA TOPICAL OINTMENT 2 %	
<i>fluocinolone topical cream 0.01 %</i>	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	
<i>fluocinonide topical cream 0.05 %</i>	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	
<i>fluocinonide topical gel 0.05 %</i>	
<i>fluocinonide topical ointment 0.05 %</i>	
<i>fluocinonide topical solution 0.05 %</i>	
<i>fluticasone propionate topical cream 0.05 %</i>	
<i>halobetasol propionate topical cream 0.05 %</i>	
<i>halobetasol propionate topical ointment 0.05 %</i>	
<i>hydrocortisone 2.5% cream</i>	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	
<i>hydrocortisone topical lotion 2.5 %</i>	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	
<i>hydrocortisone topical ointment 2.5 %</i>	
<i>hydrocortisone valerate topical cream 0.2 %</i>	
<i>mometasone topical cream 0.1 %</i>	
<i>mometasone topical ointment 0.1 %</i>	
<i>mometasone topical solution 0.1 %</i>	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	

Drug Name	Requirements / Limits
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	
<b>Dermatological Retinoids</b>	
<i>adapalene topical cream 0.1 %</i> (Differin)	
ALTRENO TOPICAL LOTION 0.05 %	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	
<i>tretinoin topical cream 0.025 %</i> (Avita)	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	PA
<b>Scabicides And Pediculicides</b>	
<i>malathion topical lotion 0.5 %</i> (Ovide)	
<i>permethrin topical cream 5 %</i> (Elimite)	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)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" (pen needle, diabetic)	PA; ST

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



Drug Name	Requirements / Limits
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic, safety)	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	PA; ST
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	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)	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	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.

Drug Name		Requirements / Limits
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"		PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	PA; ST
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		PA; ST

Drug Name		Requirements / Limits
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		PA; ST

Drug Name	Requirements / Limits
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic) PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic) PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic) PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) 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) PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic) PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic) PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic) PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic) PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic) PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic) PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic) 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.

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

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

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

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



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

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

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

Drug Name	Requirements / Limits
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30 (Ultra Comfort Insulin Syringe)	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE (Ultra Comfort Insulin Syringe)	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16" (Ultra Comfort Insulin Syringe)	PA; ST
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16" (Advocate Syringes)	PA; ST
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16 (Advocate Syringes)	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE (Ultra Comfort Insulin Syringe)	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	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.

Drug Name		Requirements / Limits
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"		PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insulin Syr(half unit))	PA; ST
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST

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

Drug Name		Requirements / Limits
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST

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



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

Drug Name	Requirements / Limits
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
NOVOFINE 30 NEEDLE	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" (Embrace Pen Needle)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" (CareFine Pen Needle)	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic)	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.

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

Drug Name	Requirements / Limits
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	PA; ST
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	PA; ST
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 (Ultilet Insulin Syringe)	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	PA; ST
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" (pen needle, diabetic)	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.

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

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

Drug Name		Requirements / Limits
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)	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	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)	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		PA; ST
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		PA; ST
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST

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



Drug Name	Requirements / Limits
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	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.

Drug Name	Requirements / Limits
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" (insulin syringe-needle u-100) 1 ML 30 GAUGE X 1/2"	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" (insulin syringe-needle u-100) 1 ML 30 GAUGE X 5/16"	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" (insulin syringe-needle u-100) 1 ML 31 GAUGE X 5/16"	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	PA; ST
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" (insulin syringe-needle u-100) 0.5 ML 30 GAUGE X 1/2"	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	PA; ST
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle u-100) 0.3 ML 29 GAUGE X 1/2"	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" (insulin syringe-needle u-100) 0.3 ML 30 GAUGE X 5/16"	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" (insulin syringe-needle u-100) 0.3 ML 31 GAUGE X 5/16"	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle u-100) 1/2 ML 28 GAUGE X 1/2"	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.

Drug Name		Requirements / Limits
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	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)	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		PA; ST

Drug Name		Requirements / Limits
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFE 0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFE 0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"		PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	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)	PA; ST

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

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

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

Drug Name	Requirements / Limits
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	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>Drug Name</b>	<b>Requirements / Limits</b>
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "	PA; ST
V-GO 20 DEVICE	QL (30 per 30 days)
V-GO 30 DEVICE	QL (30 per 30 days)
V-GO 40 DEVICE	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S, LARGE (alcohol swabs)	PA; ST
<b>ENZYME COFACTORS/CHAPERONES</b>	
<i>Enzyme Cofactors/Chaperones</i>	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	PA; NM; NDS; QL (90 per 30 days)

Drug Name	Requirements / Limits
<b>ENZYME REPLACEMENT/MODIFIERS</b>	
<b>Enzyme Replacement/Modifiers</b>	
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	
<i>javygtor oral tablet, soluble 100 mg (sapropterin)</i>	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)</i>	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	PA BvD; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg (Javygtor)</i>	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	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	
<b>EYE, EAR, NOSE, THROAT AGENTS</b>	
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>	
<i>atropine ophthalmic (eye) drops 1 % (Isopto Atropine)</i>	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)</i>	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	QL (30 per 28 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>	
<i>acetic acid otic (ear) solution 2 %</i>	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500- 10,000 unit/gram</i> (Polycin)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g</i> (Neo-Polycin)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml- 10,000 unit/ml-0.1 %</i> (Maxitrol)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i> (Maxitrol)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml</i>	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5- 10,000-1 mg/ml-unit/ml-%</i>	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5- 10,000-1 mg/ml-unit/ml-%</i>	

Drug Name	Requirements / Limits
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (neomycin-bacitracin-pol y-hc)	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (neomycin-bacitracin-pol ymyxin)	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	
ofloxacin otic (ear) drops 0.3 %	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram (bacitracin-polymyxin b)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	
sulfacetamide sodium ophthalmic (eye) drops 10 %	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	
tobramycin ophthalmic (eye) drops 0.3 %	
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %	
trifluridine ophthalmic (eye) drops 1 %	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>	
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 % (loteprednol etabonate)	ST
bromfenac ophthalmic (eye) drops 0.07 % (Prolensa)	
bromfenac ophthalmic (eye) drops 0.075 % (BromSite)	
bromfenac ophthalmic (eye) drops 0.09 %	
cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	
diclofenac sodium ophthalmic (eye) drops 0.1 %	
difluprednate ophthalmic (eye) drops 0.05 % (Durezol)	
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	QL (8.3 per 14 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i> (FML Liquifilm)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i> (Lotemax)	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %</i> (Alrex)	ST
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i> (Lotemax)	QL (15 per 19 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i> (Pred Forte)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	QL (60 per 30 days)
<b>GASTROINTESTINAL AGENTS</b>	
<b>Antiulcer Agents And Acid Suppressants</b>	
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	ST; QL (30 per 30 days)

Drug Name	Requirements / Limits
esomeprazole magnesium oral granules dr for susp in packet 40 mg (Nexium Packet)	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg (Acid Controller)	
famotidine oral tablet 40 mg (Pepcid)	
lansoprazole oral capsule, delayed release(dr/ec) 15 mg (Acid Reducer (lansoprazole))	QL (30 per 30 days)
lansoprazole oral capsule, delayed release(dr/ec) 30 mg (Prevacid)	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg (Protonix)	QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg (Protonix)	QL (60 per 30 days)
rabeprazole oral tablet, delayed release (dr/ec) 20 mg (AcipHex)	QL (30 per 30 days)
sucralfate oral tablet 1 gram (Carafate)	
<b>Gastrointestinal Agents, Other</b>	
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	PA; NM; NDS
constulose oral solution 10 gram/15 ml (lactulose)	
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	
dicyclomine oral capsule 10 mg	
dicyclomine oral solution 10 mg/5 ml	
dicyclomine oral tablet 20 mg	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml (lactulose)	
generlac oral solution 10 gram/15 ml (lactulose)	
glycopyrrolate oral tablet 1 mg (Robinul)	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml	
lactulose oral solution 10 gram/15 ml (Constulose)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	QL (60 per 30 days)

Drug Name	Requirements / Limits
metoclopramide hcl oral solution 5 mg/5 ml	
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder sps (with sorbitol) oral suspension 15-20 gram/60 ml	
ursodiol oral capsule 200 mg, 400 mg (Reltone)	NM; NDS
ursodiol oral capsule 300 mg	
ursodiol oral tablet 250 mg	
ursodiol oral tablet 500 mg (URSO Forte)	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	
XERMELO ORAL TABLET 250 MG	PA; NM; NDS; QL (84 per 28 days)
<b>Laxatives</b>	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram (peg 3350-electrolytes)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram (peg 3350-electrolytes)	
gavilyte-n oral recon soln 420 gram (peg-electrolyte soln)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (GaviLyte-G)	
peg-electrolyte soln oral recon soln 420 gram (GaviLyte-N)	
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	
<b>Phosphate Binders</b>	
calcium acetate(phosphat bind) oral capsule 667 mg	
calcium acetate(phosphat bind) oral tablet 667 mg	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	

Drug Name	Requirements / Limits
sevelamer carbonate oral tablet 800 mg (Renvela)	
sevelamer hcl oral tablet 400 mg, 800 mg	
<b>GENITOURINARY AGENTS</b>	
<b>Antispasmodics, Urinary</b>	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg (Toviaz)	
flavoxate oral tablet 100 mg	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	
oxybutynin chloride oral syrup 5 mg/5 ml	
oxybutynin chloride oral tablet 5 mg	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	
solifenacin oral tablet 10 mg, 5 mg (Vesicare)	
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg (Detrol LA)	
tolterodine oral tablet 1 mg, 2 mg (Detrol)	
tropium oral capsule, extended release 24hr 60 mg	
tropium oral tablet 20 mg	
<b>Genitourinary Agents, Miscellaneous</b>	
alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg (Avodart)	
finasteride oral tablet 5 mg (Proscar)	
tamsulosin oral capsule 0.4 mg (Flomax)	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	
<b>HEAVY METAL ANTAGONISTS</b>	
<b>Heavy Metal Antagonists</b>	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)	PA
penicillamine oral tablet 250 mg (Depen Titratabs)	PA; NM; NDS
trientine oral capsule 250 mg (Syprine)	PA; NM; NDS; QL (240 per 30 days)



Drug Name	Requirements / Limits
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING</b>	
<b>Androgens</b>	
danazol oral capsule 100 mg, 200 mg, 50 mg	
oxandrolone oral tablet 10 mg, 2.5 mg	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	PA
testosterone enanthate intramuscular oil 200 mg/ml	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) (AndroGel)	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	PA; QL (2 per 28 days)
<b>Estrogens And Antiestrogens</b>	
DUAVEE ORAL TABLET 0.45-20 MG	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	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)	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)	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	
estradiol vaginal tablet 10 mcg (Yuvafem)	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg (Mimvey)	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg (estradiol-norethindrone acet)	PA-HRM; AGE (Max 64 Years)

Drug Name	Requirements / Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	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	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg (Evista)	
yuvaferm vaginal tablet 10 mcg (estradiol)	QL (18 per 28 days)
<b>Glucocorticoids/Mineralocorticoids</b>	
dexamethasone oral solution 0.5 mg/5 ml	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	
fludrocortisone oral tablet 0.1 mg	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	
methylprednisolone acetate injection suspension 40 mg/ml (Depo-Medrol)	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)	
methylprednisolone oral tablet 32 mg	
methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak))	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	PA BvD
prednisolone oral solution 15 mg/5 ml	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	PA BvD
prednisone oral solution 5 mg/5 ml	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PA BvD
prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	

Drug Name	Requirements / Limits
<b>Pituitary</b>	
ACTHAR INJECTION GEL 80 UNIT/ML	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	PA; NM; NDS; QL (30 per 30 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PA; NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)</i>	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	PA; NM; NDS
NORDITROPIN FLEXPLO 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)	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)</i>	
ORGOVYX ORAL TABLET 120 MG	PA NSO; NM; NDS
ORLISSA ORAL TABLET 150 MG	PA; NM; NDS; QL (28 per 28 days)
ORLISSA ORAL TABLET 200 MG	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	PA NSO; NM; NDS; QL (0.2 per 28 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; NDS
<b>Progestins</b>	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg (norethindrone acetate)</i>	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)</i>	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)</i>	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)</i>	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg (Gallifrey)</i>	
<i>progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)</i>	
<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 (Euthyrox)</i>	
<i>levothyroxine oral tablet 300 mcg (Levo-T)</i>	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)</i>	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
<b>IMMUNOLOGICAL AGENTS</b>	
<b>Immunological Agents</b>	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	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)	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM; NDS

<b>Drug Name</b>	<b>Requirements / Limits</b>
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	PA BvD
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG (tacrolimus)	PA BvD; NM; NDS
<i>azathioprine oral tablet 50 mg (Imuran)</i>	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)</i>	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)</i>	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml (Gengraf)</i>	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)</i>	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PA; NM; NDS

Drug Name	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PA; NM; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	PA BvD; NM; NDS
<i>engraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	PA BvD
<i>engraf oral solution 100 mg/ml</i> (cyclosporine modified)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	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	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	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	PA; NM; NDS; Only NDCs starting with 00074

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>Drug Name</b>	<b>Requirements / Limits</b>
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PA; NM; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln 100 mg (Remicade)</i>	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)</i>	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg (CellCept)</i>	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)</i>	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg (CellCept)</i>	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg (Myfortic)</i>	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	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)	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	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	ST
REZUROCK ORAL TABLET 200 MG	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	PA; NM; NDS; QL (360 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PA; NM; NDS
<b>Vaccines</b>	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay



<b>Drug Name</b>	<b>Requirements / Limits</b>
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; \$0 copay

Drug Name	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; \$0 copay

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	Requirements / Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td) \$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 copay

<b>Drug Name</b>	<b>Requirements / Limits</b>
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 copay
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>	
<b><i>Inflammatory Bowel Disease Agents</i></b>	
<i>alosectron oral tablet 0.5 mg, 1 mg (Lotronex)</i>	
<i>balsalazide oral capsule 750 mg (Colazal)</i>	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	
<i>budesonide rectal foam 2 mg/actuation (Uceris)</i>	
<i>hydrocortisone rectal enema 100 mg/60 ml (Cortenema)</i>	
<i>mesalamine oral capsule, extended release 500 mg (Pentasa)</i>	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)</i>	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)</i>	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg (Azulfidine)</i>	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	
<b>METABOLIC BONE DISEASE AGENTS</b>	
<b>Metabolic Bone Disease Agents</b>	
<i>alendronate oral solution 70 mg/75 ml</i>	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	NM; NDS; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	PA; NM; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	
<i>paricalcitol oral capsule 4 mcg</i>	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	QL (60 per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PA; NM; NDS
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>	
<b>Miscellaneous Therapeutic Agents</b>	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PA; NM; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	PA; NM; NDS
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	PA; NM; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	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	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
MESNEX ORAL TABLET 400 MG	NM; NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	
<b>OPHTHALMIC AGENTS</b>	
<b>Antiglaucoma Agents</b>	
<i>acetazolamide oral capsule, extended release 500 mg</i>	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	
<i>acetazolamide sodium injection recon soln 500 mg</i>	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i> (Azopt)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	QL (5 per 30 days)
<b>REPLACEMENT PREPARATIONS</b>	
<b>Replacement Preparations</b>	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i> (potassium chloride)	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i> (potassium chloride)	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i> (potassium chloride)	

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	
<i>potassium chloride intravenous solution 2 meq/ml</i>	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	
<i>potassium chloride oral tablet extended release 10 meq (Klor-Con 10)</i>	
<i>potassium chloride oral tablet extended release 15 meq</i>	
<i>potassium chloride oral tablet extended release 20 meq (K-Tab)</i>	
<i>potassium chloride oral tablet extended release 8 meq (Klor-Con 8)</i>	
<i>potassium chloride oral tablet, er particles/crystals 10 meq (Klor-Con M10)</i>	
<i>potassium chloride oral tablet, er particles/crystals 15 meq (Klor-Con M15)</i>	
<i>potassium chloride oral tablet, er particles/crystals 20 meq (Klor-Con M20)</i>	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)</i>	
<i>potassium citrate oral tablet extended release 15 meq (Urocit-K 15)</i>	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	
<b>RESPIRATORY TRACT AGENTS</b>	
<b><i>Anti-Inflammatories, Inhaled Corticosteroids</i></b>	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION  (fluticasone propion-salmeterol)	QL (12 per 30 days)



Drug Name		Requirements / Limits
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	( <i>budesonide-formoterol</i> )	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	( <i>Pulmicort</i> )	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	( <i>Pulmicort</i> )	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	( <i>Breyna</i> )	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>		QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>		QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>		QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	( <i>Wixela Inhub</i> )	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	( <i>fluticasone propion-salmeterol</i> )	QL (60 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral tablet 10 mg</i>	( <i>Singulair</i> )	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	( <i>Singulair</i> )	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	( <i>Accolate</i> )	
<b>Bronchodilators</b>		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	( <i>Ventolin HFA</i> )	QL (17 per 30 days)

<b>Drug Name</b>	<b>Requirements / Limits</b>
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	QL (60 per 30 days)

Drug Name	Requirements / Limits
<b>Respiratory Tract Agents, Other</b>	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	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	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg (Esbriet)</i>	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg (Esbriet)</i>	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	PA; NM; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg (Esbriet)</i>	PA; NM; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg (Daliresp)</i>	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg (Daliresp)</i>	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PA; NM; NDS

<b>Drug Name</b>	<b>Requirements / Limits</b>
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM; NDS
<b>SKELETAL MUSCLE RELAXANTS</b>	
<b>Skeletal Muscle Relaxants</b>	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	
<i>dantrolene oral capsule 25 mg (Dantrium)</i>	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg</i>	
<i>tizanidine oral tablet 4 mg (Zanaflex)</i>	
<b>SLEEP DISORDER AGENTS</b>	
<b>Sleep Disorder Agents</b>	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)</i>	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)</i>	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg (Provigil)</i>	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg (Provigil)</i>	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml (Xyrem)</i>	PA; NM; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg (Ambien)</i>	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)</i>	QL (30 per 30 days)
<b>VASODILATING AGENTS</b>	
<b>Vasodilating Agents</b>	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg (tadalafil (pulm. hypertension))</i>	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg (Tracleer)</i>	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)</i>	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	PA
<i>tadalafil oral tablet 5 mg (Cialis)</i>	PA

<b>Drug Name</b>	<b>Requirements / Limits</b>
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	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	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	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>	
<i>bal-care dha essential pack 27 mg iron- 1 mg -374 mg</i>	
<i>c-nate dha softgel 28 mg iron- 1 mg -200 mg</i>	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	
<i>folivane-ob capsule 85-1 mg</i>	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>mynatal advance oral tablet 90-1-50 mg</i>	
<i>mynatal capsule 65 mg iron- 1 mg</i>	
<i>mynatal oral tablet 90-1-50 mg</i>	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	
<i>newgen tablet 32-1,000 mg-mcg</i>	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	
<i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	

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	Requirements / Limits
<i>pnv-omega softgel 28-1-300 mg</i>	
<i>pr natal 400 combo pack 29-1-400 mg</i>	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	
<i>pr natal 430 combo pack 29 mg iron- 1 mg -430 mg</i>	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	
<i>prenatabs fa tablet 29-1 mg</i>	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron, carb-folic)</i>
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>prenatal-u capsule 106.5-1 mg</i>	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	
<i>taron-c dha capsule 35-1-200 mg</i>	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	

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

## Imperial MAPD 2025 1-Tier (Lista de medicamentos cubiertos)

Nombre del Medicamento	Requerimientos / Límites
<b>AGENTES ANTI CÁNCER</b>	
<b>Agentes Anti Cáncer</b>	
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	PA NSO; NM; NDS; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (240 per 30 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	NM; NDS
BALVERSA ORAL TABLET 3 MG	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	PA NSO; NM; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	PA NSO; NM; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	

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>Requerimientos / Límites</b>
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	PA NSO
<i>bortezomib injection recon soln 3.5 mg (Velcade)</i>	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML	PA NSO
BOSULIF ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	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)	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	PA BvD; NM; NDS

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	PA NSO; NM; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	PA NSO; NM; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	NM; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	PA NSO; NM; NDS; QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>erlotinib oral tablet 150 mg</i>	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	PA NSO; NM; NDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	
<i>etoposide intravenous solution 20 mg/ml</i>	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	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)	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (Iomustine)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (Iomustine)	NM; NDS

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg (Hydrea)</i>	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram (Ifex)</i>	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	
<i>imatinib oral tablet 100 mg (Gleevec)</i>	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg (Gleevec)</i>	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	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	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	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	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	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)	PA NSO; NM; NDS; QL (28 per 28 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	
LEUKERAN ORAL TABLET 2 MG	NM; NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	NM; NDS

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	
<i>methotrexate sodium oral tablet 2.5 mg</i>	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; NDS; QL (96 per 28 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	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	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	PA NSO; NM; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	PA BvD; NM; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	NM; NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	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)	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	NM; NDS
QINLOCK ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
RETEVMO ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (300 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.

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	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)	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	
TABRECTA ORAL TABLET 150 MG, 200 MG	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISO ORAL TABLET 40 MG, 80 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	PA NSO; NM; NDS; QL (5 per 21 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>toposar intravenous solution 20 mg/ml (etoposide)</i>	
<i>toremifene oral tablet 60 mg (Fareston)</i>	NM; NDS
<i>torpenz oral tablet 10 mg (everolimus (antineoplastic))</i>	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg (everolimus (antineoplastic))</i>	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	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)	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	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)	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)	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	PA NSO; NM; NDS; QL (20 per 28 days)
<b>AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS</b>	
<b><i>Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias</i></b>	
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	QL (4 per 30 days)

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

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
lorazepam oral tablet 2 mg (Ativan)	QL (150 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg (Restoril)	QL (30 per 30 days)
temazepam oral capsule 7.5 mg (Restoril)	QL (120 per 30 days)
triazolam oral tablet 0.125 mg	QL (120 per 30 days)
triazolam oral tablet 0.25 mg (Halcion)	QL (60 per 30 days)
<b>AGENTES ANTIDEMENCIA</b>	
<b>Agentes Antidemencia</b>	
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	QL (30 per 30 days)
donepezil oral tablet, disintegrating 10 mg	
donepezil oral tablet, disintegrating 5 mg	QL (30 per 30 days)
ergoloid oral tablet 1 mg	
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	QL (60 per 30 days)
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg	ST; QL (30 per 30 days)
memantine oral capsule, sprinkle, er 24hr 7 mg (Namenda XR)	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	QL (30 per 30 days)
<b>AGENTES ANTIDIABETICO</b>	
<b>Agentes Antidiabeticos, Varios</b>	
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	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	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	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)	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PA; QL (30 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	Requerimientos / Límites
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	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	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	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin) QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin) QL (60 per 30 days)
<b>Insulinas</b>	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	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)	max \$35 copay per month supply; QL (24 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.

<b>Nombre del Medicamento</b>		<b>Requerimientos / Límites</b>
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	<i>(Novolog Mix 70-30FlexPen U-100)</i>	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>	<i>(Novolog Mix 70-30 U-100 Insuln)</i>	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	<i>(Novolog PenFill U-100 Insulin)</i>	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>	<i>(Novolog FlexPen U-100 Insulin)</i>	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	<i>(Novolog U-100 Insulin aspart)</i>	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)	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		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)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		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)	max \$35 copay per month supply

Nombre del Medicamento		Requerimientos / Límites
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max \$35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		max \$35 copay per month supply; QL (15 per 28 days)
<b>Sulfonilureas</b>		
glimepiride oral tablet 1 mg, 2 mg		QL (30 per 30 days)
glimepiride oral tablet 4 mg		QL (60 per 30 days)
glipizide oral tablet 10 mg		QL (120 per 30 days)
glipizide oral tablet 2.5 mg		QL (60 per 30 days)
glipizide oral tablet 5 mg		QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		PA-HRM; AGE (Max 64 Years)
<b>AGENTES ANTIGOTA</b>		
<b>Agentes Antigota, Otros</b>		
allopurinol oral tablet 100 mg		(Zyloprim)
allopurinol oral tablet 300 mg		
colchicine oral capsule 0.6 mg		(Mitigare)
colchicine oral tablet 0.6 mg		(Colcrys)
febuxostat oral tablet 40 mg, 80 mg		(Uloric)
probenecid oral tablet 500 mg		

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	Requerimientos / Límites
<i>probenecid-colchicine oral tablet</i> 500-0.5 mg	
<b>AGENTES ANTIMIGRAÑA</b>	
<b>Agentes Antimigraña</b>	
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray,</i> <i>non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> <i>20 mg/actuation, 5 mg/actuation</i>	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg,</i> <i>50 mg</i> (Imitrex)	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous</i> <i>cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen</i> <i>injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen</i> <i>injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> <i>solution 6 mg/0.5 ml</i> (Imitrex)	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	PA; QL (16 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<b>AGENTES ANTINAUSEA</b>	
<b>Agentes Antinausea</b>	
<i>aprepitant oral capsule 125 mg</i>	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 25 mg</i> (Promethegan)	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	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>	NM; NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	
COARTEM ORAL TABLET 20-120 MG	
<i>hydroxychloroquine oral tablet 100 mg</i>	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	QL (90 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	
<i>mefloquine oral tablet 250 mg</i>	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	NM; NDS; QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	
<b>AGENTES ANTIPARKINSON</b>	
<b>Agentes Antiparkinson</b>	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>bromocriptine oral tablet 2.5 mg</i>	
<i>cabergoline oral tablet 0.5 mg</i>	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>entacapone oral tablet 200 mg</i>	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	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>	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	
<i>selegiline hcl oral capsule 5 mg</i>	
<i>selegiline hcl oral tablet 5 mg</i>	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	PA; NM; NDS; QL (560 per 28 days)
<b>AGENTES ANTIPSICÓTICOS</b>	
<b>Agentes Antipsicóticos</b>	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	NM; NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	NM; NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	NM; NDS; QL (3.2 per 14 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>asenapine maleate sublingual tablet</i> 10 mg, 2.5 mg, 5 mg (Saphris)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution</i> 25 mg/ml	
<i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml	
<i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	
<i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	
<i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 25 mg	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 150 mg	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating</i> 200 mg	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	ST; NM; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	ST
<i>fluphenazine decanoate injection solution</i> 25 mg/ml	
<i>fluphenazine hcl injection solution</i> 2.5 mg/ml	
<i>fluphenazine hcl oral concentrate</i> 5 mg/ml	
<i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml	
<i>fluphenazine hcl oral tablet</i> 1 mg, 10 mg, 2.5 mg, 5 mg	
<i>haloperidol decanoate intramuscular solution</i> 100 mg/ml (1 ml), 50 mg/ml(1ml)	
<i>haloperidol decanoate intramuscular solution</i> 100 mg/ml, 50 mg/ml (Haldol Decanoate)	
<i>haloperidol lactate injection solution</i> 5 mg/ml	
<i>haloperidol lactate intramuscular syringe</i> 5 mg/ml	



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>haloperidol lactate oral concentrate</i> 2 mg/ml	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	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)	

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>Requerimientos / Límites</b>
olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	
paliperidone oral tablet extended release 24hr 1.5 mg	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	
prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	
quetiapine oral tablet 150 mg	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (Seroquel XR)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	ST; NM; NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml (Risperdal Consta)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml (Risperdal Consta)	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml (Risperdal)	
risperidone oral tablet 0.25 mg	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	
risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	NM; NDS; QL (1 per 28 days)

Nombre del Medicamento	Requerimientos / Límites
<b>AGENTES CALÓRICOS</b>	
<b>Agentes Calóricos</b>	
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	PA BvD
<b>AGENTES CARDIOVASCULARES</b>	
<b>Agentes Alfa-Adrenérgicos</b>	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	PA; NM; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	
<b>Agentes Antiarrítmicos</b>	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	
MULTAQ ORAL TABLET 400 MG	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	
propafenone oral tablet 150 mg, 225 mg, 300 mg	
quinidine sulfate oral tablet 200 mg, 300 mg	
<b>Agentes Bloqueadores Beta-Adrenérgicos</b>	
acebutolol oral capsule 200 mg, 400 mg	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	
atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)	
atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	
labetalol oral tablet 100 mg, 200 mg, 300 mg	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	
metoprolol tartrate oral tablet 25 mg	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (sotalol)	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
sotalol af oral tablet 120 mg, 160 mg, 80 mg (sotalol)	
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	
sotalol oral tablet 240 mg (Betapace)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	
<b>Agentes Bloqueadores Da Canal De Calcio</b>	
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl)	
diltiazem 24hr er 360 mg cap once-a-day dosage (Tiadylt ER)	
diltiazem 24hr er 420 mg cap (Tiadylt ER)	
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg	
diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg (Tiadylt ER)	
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	
diltiazem hcl oral tablet 90 mg	
dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl)	
taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (diltiazem hcl)	
tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl)	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	
verapamil oral tablet 120 mg, 40 mg, 80 mg	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	
<b>Agentes Cardiovasculares, Varios</b>	
CORLANOR ORAL SOLUTION 5 MG/5 ML	QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	PA; NM; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	NM; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	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)	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	
<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)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	

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	Requerimientos / Límites
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)	
<b>Dihidropiridinas</b>	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	
amlodipine-valsartan-hcthiiazid 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)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	
<b>Dislipidémicos</b>	
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg (Caduet)	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	
cholestyramine light oral powder in packet 4 gram (cholestyramine-aspartame)	
colesevelam oral powder in packet 3.75 gram (WelChol)	

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>Requerimientos / Límites</b>
<i>colesevelam oral tablet 625 mg</i> (WelChol)	
<i>colestipol oral packet 5 gram</i>	
<i>colestipol oral tablet 1 gram</i> (Colestid)	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	
NEXLETOL ORAL TABLET 180 MG	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	ST; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	
<i>niacor oral tablet 500 mg</i> (niacin)	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	ST; QL (6 per 28 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor)	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg	QL (30 per 30 days)
<b>Diuréticos</b>	
amiloride oral tablet 5 mg	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	
chlorthalidone oral tablet 25 mg, 50 mg	
furosemide injection solution 10 mg/ml	
furosemide injection syringe 10 mg/ml	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	
hydrochlorothiazide oral capsule 12.5 mg	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	
indapamide oral tablet 1.25 mg, 2.5 mg	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	
<b>Inhibidores De Enzima Convertidoras De Angiotensina</b>	
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	
benazepril oral tablet 5 mg	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	

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>Requerimientos / Límites</b>
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	
moexipril oral tablet 15 mg, 7.5 mg	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	
<b>Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona</b>	
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	
epplerenone oral tablet 25 mg, 50 mg (Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG	PA; QL (30 per 30 days)
<b>Vasodilatadores</b>	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg	
isosorbide dinitrate oral tablet 40 mg (Isordil)	
isosorbide dinitrate oral tablet 5 mg (Isordil Titrados)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (nitroglycerin)	

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>Requerimientos / Límites</b>
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	
<b>AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA</b>	
<b>Agentes De Enfermedad Intestinal Inflamatoria</b>	
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	
<b>AGENTES DE ENFERMEDAD ÓSEA METABÓLICA</b>	
<b>Agentes De Enfermedad Ósea Metabólica</b>	
<i>alendronate oral solution 70 mg/75 ml</i>	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	NM; NDS; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	PA; NM; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	
<i>paricalcitol oral capsule 4 mcg</i>	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	QL (60 per 30 days)
<i>teriparatide subcutaneous pen injector</i> <i>20 mcg/dose (620mcg/2.48ml)</i>	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PA; NM; NDS

## **AGENTES DE TRASTORNO DE SUEÑO**

### **Agentes De Trastorno De Sueño**

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

## **AGENTES DEL SISTEMA NERVIOSO CENTRAL**

### **Agentes Del Sistema Nervioso Central**

<i>atomoxetine oral capsule 10 mg, 18 mg,</i> <i>25 mg, 40 mg</i> (Strattera)	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg,</i> <i>80 mg</i> (Strattera)	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	PA; NM; NDS; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	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)	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA; NM; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	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)	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	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)	PA; NM; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	PA; NM; NDS; QL (60 per 30 days)
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	PA; NM; NDS; QL (30 per 30 days)
<i> glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	PA; NM; NDS; QL (30 per 30 days)
<i> glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	PA; NM; NDS; QL (12 per 28 days)
<i> glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	PA; NM; NDS; QL (30 per 30 days)
<i> glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	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)	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; NDS; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	
<i>lithium carbonate oral tablet extended release 450 mg</i>	
<i>lithium citrate oral solution 8 meq/5 ml</i>	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	PA; NM; NDS
<i>methylphenidate hcl oral solution 10 mg/5 ml</i> (Methylin)	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	PA; NM; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	PA; NM; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; NM; NDS
<i>riluzole oral tablet 50 mg (Rilutek)</i>	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)</i>	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	PA; NM; NDS; QL (120 per 30 days)
<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>	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	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	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; NM; NDS; QL (60 per 30 days)



Nombre del Medicamento	Requerimientos / Límites
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	PA; NM; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	PA; NM; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM; NDS
<b>Antiinflamatorios, Corticoesteroides Inhalados</b>	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	QL (32.1 per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	QL (60 per 30 days)
<i>breyndra inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	PA BvD; QL (60 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.

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	QL (60 per 30 days)
<b>Antileucotrinos</b>	
<i>montelukast oral tablet 10 mg</i> (Singulair)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	
<b>Broncodilatadores</b>	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (8 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>ipratropium bromide inhalation solution</i> 0.02 %	PA BvD
<i>ipratropium-albuterol inhalation solution</i> for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	
<i>theophylline oral tablet extended release</i> 12 hr 100 mg, 200 mg, 300 mg, 450 mg	
<i>theophylline oral tablet extended release</i> 24 hr 400 mg, 600 mg	
<i>tiotropium bromide inhalation capsule,</i> <i>w/inhalation device 18 mcg</i> ( <i>Spiriva with</i> <i>HandiHaler</i> )	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	QL (60 per 30 days)
<b>AGENTES DENTALES Y ORALES</b>	
<b>Agentes Dentales Y Orales</b>	
<i>cevimeline oral capsule 30 mg</i> ( <i>Evoxac</i> )	
<i>chlorhexidine gluconate mucous</i> <i>membrane mouthwash 0.12 %</i> ( <i>Periogard</i> )	
<i>denta 5000 plus dental cream 1.1 %</i> ( <i>fluoride (sodium)</i> )	
<i>dentagel dental gel 1.1 %</i> ( <i>fluoride (sodium)</i> )	
<i>fluoride (sodium) dental solution 0.2 %</i> ( <i>PreviDent</i> )	
<i>periogard mucous membrane mouthwash</i> <i>0.12 %</i> ( <i>chlorhexidine</i> <i>gluconate</i> )	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> ( <i>Salagen (pilocarpine)</i> )	
<i>sf 5000 plus dental cream 1.1 %</i> ( <i>fluoride (sodium)</i> )	
<i>sodium fluoride-pot nitrate dental paste</i> <i>1.1-5 %</i> ( <i>Denta 5000 Plus</i> <i>Sensitive</i> )	
<i>triamcinolone acetonide dental paste</i> <i>0.1 %</i> ( <i>Kourzeq</i> )	

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	Requerimientos / Límites
<b>AGENTES DERMATOLÓGICOS</b>	
<b>Agentes Antiinflamatorios Dermatológicos</b>	
<i>ala-cort topical cream 1 %</i>	<i>(hydrocortisone)</i>
<i>betamethasone dipropionate topical cream 0.05 %</i>	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	
<i>betamethasone valerate topical cream 0.1 %</i>	
<i>betamethasone valerate topical lotion 0.1 %</i>	
<i>betamethasone valerate topical ointment 0.1 %</i>	
<i>betamethasone, augmented topical cream 0.05 %</i>	
<i>betamethasone, augmented topical gel 0.05 %</i>	
<i>betamethasone, augmented topical lotion 0.05 %</i>	
<i>betamethasone, augmented topical ointment 0.05 %</i>	<i>(Diprolene (augmented))</i>
<i>clobetasol scalp solution 0.05 %</i>	
<i>clobetasol topical cream 0.05 %</i>	
<i>clobetasol topical gel 0.05 %</i>	
<i>clobetasol topical lotion 0.05 %</i>	<i>(Clobex)</i>
<i>clobetasol topical ointment 0.05 %</i>	
<i>clobetasol topical shampoo 0.05 %</i>	<i>(Clobex)</i>
<i>clobetasol-emollient topical cream 0.05 %</i>	
<i>clobetasol-emollient topical foam 0.05 %</i>	<i>(Olux-E)</i>
<b>EUCRISA TOPICAL OINTMENT 2 %</b>	
<i>fluocinolone topical cream 0.01 %</i>	
<i>fluocinolone topical cream 0.025 %</i>	<i>(Synalar)</i>
<i>fluocinolone topical ointment 0.025 %</i>	<i>(Synalar)</i>
<i>fluocinonide topical cream 0.05 %</i>	
<i>fluocinonide topical cream 0.1 %</i>	<i>(Vanos)</i>
<i>fluocinonide topical gel 0.05 %</i>	
<i>fluocinonide topical ointment 0.05 %</i>	
<i>fluocinonide topical solution 0.05 %</i>	
<i>fluticasone propionate topical cream 0.05 %</i>	

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>Requerimientos / Límites</b>
<i>halobetasol propionate topical cream</i> 0.05 %	
<i>halobetasol propionate topical ointment</i> 0.05 %	
<i>hydrocortisone 2.5% cream</i>	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	
<i>hydrocortisone topical lotion 2.5 %</i>	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	
<i>hydrocortisone topical ointment 2.5 %</i>	
<i>hydrocortisone valerate topical cream</i> 0.2 %	
<i>mometasone topical cream 0.1 %</i>	
<i>mometasone topical ointment 0.1 %</i>	
<i>mometasone topical solution 0.1 %</i>	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream</i> 0.025 %	
<i>triamcinolone acetonide topical cream</i> 0.1 %, 0.5 % (Triderm)	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	
<i>triamcinolone acetonide topical ointment</i> 0.05 % (Trianex)	
<b>Agentes Dermatológicos, Otros</b>	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	
<i>calcipotriene scalp solution 0.005 %</i>	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	QL (120 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.

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>fluorouracil topical cream 5 %</i> (Efudex)	
<i>fluorouracil topical solution 2 %, 5 %</i>	
<i>imiquimod topical cream in packet 5 %</i>	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled,rapid rel 10 mg</i>	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	NM; NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	PA NSO; NM; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	
<b>Antibacterianos Dermatológicos</b>	
<i>clindamycin phosphate topical solution 1 %</i>	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	
<i>erythromycin with ethanol topical solution 2 %</i>	
<i>gentamicin topical cream 0.1 %</i>	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	
<i>metronidazole topical gel 1 %</i> (Metrogel)	
<i>mupirocin topical ointment 2 %</i> (Centany)	QL (220 per 30 days)
<i>neuac topical gel 1.2 %(1 % base) -5 %</i> (clindamycin-benzoyl peroxide)	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	
<i>selenium sulfide topical lotion 2.5 %</i>	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	
<b>Escabicidas Y Pediculicidas</b>	
<i>malathion topical lotion 0.5 %</i> (Ovide)	
<i>permethrin topical cream 5 %</i> (Elimite)	QL (60 per 30 days)
<b>Retinoides Dermatológicos</b>	
<i>adapalene topical cream 0.1 %</i> (Differin)	
ALTRENO TOPICAL LOTION 0.05 %	PA

<b>Nombre del Medicamento</b>		<b>Requerimientos / Límites</b>
<i>tazarotene topical cream 0.1 %</i>	(Tazorac)	
<i>tretinoin topical cream 0.025 %</i>	(Avita)	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	PA
<b>AGENTES GASTROINTESTINALES</b>		
<b>Agentes Antiúlceras Y Supresores De Ácidos</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	(Acid Reducer (esomeprazole))	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	(Nexium)	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	(Nexium Packet)	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	(Nexium Packet)	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg</i>	(Acid Controller)	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	(Acid Reducer (lansoprazole))	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	(Prevacid)	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(Protonix)	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	(Protonix)	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(AcipHex)	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	
<b>Agentes Gastrointestinales, Otros</b>		
<i>carglumic acid oral tablet, dispersible 200 mg</i>	(Carbaglu)	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	(lactulose)	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	(Gastrocrom)	
<i>dicyclomine oral capsule 10 mg</i>		
<i>dicyclomine oral solution 10 mg/5 ml</i>		
<i>dicyclomine oral tablet 20 mg</i>		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	(Lomotil)	PA-HRM; AGE (Max 64 Years)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>enulose oral solution 10 gram/15 ml (lactulose)</i>	
<i>generlac oral solution 10 gram/15 ml (lactulose)</i>	
<i>glycopyrrolate oral tablet 1 mg (Robinul)</i>	
<i>glycopyrrolate oral tablet 2 mg (Robinul Forte)</i>	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i>	
<i>lactulose oral solution 10 gram/15 ml (Constulose)</i>	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	
<i>loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))</i>	
<i>lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)</i>	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)</i>	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	
<i>ursodiol oral capsule 200 mg, 400 mg (Reitone)</i>	NM; NDS
<i>ursodiol oral capsule 300 mg</i>	
<i>ursodiol oral tablet 250 mg</i>	
<i>ursodiol oral tablet 500 mg (URSO Forte)</i>	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	
XERMELO ORAL TABLET 250 MG	PA; NM; NDS; QL (84 per 28 days)
<b>Enlaces De Fosfato</b>	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)</i>	
<i>sevelamer carbonate oral tablet 800 mg (Renvela)</i>	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	
<b>Laxantes</b>	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>gavilyte-c oral recon soln</i> 240-22.72-6.72 -5.84 gram ( <i>peg 3350-electrolytes</i> )	
<i>gavilyte-g oral recon soln</i> 236-22.74-6.74 -5.86 gram ( <i>peg 3350-electrolytes</i> )	
<i>gavilyte-n oral recon soln</i> 420 gram ( <i>peg-electrolyte soln</i> )	
<i>peg 3350-electrolytes oral recon soln</i> 236-22.74-6.74 -5.86 gram ( <i>GaviLyte-G</i> )	
<i>peg-electrolyte soln oral recon soln</i> 420 gram ( <i>GaviLyte-N</i> )	
<i>sodium, potassium, mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram ( <i>Suprep Bowel Prep Kit</i> )	
<i>sodium, potassium, mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram 2 pack (480ml)	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	
<b>AGENTES GENITOURINARIOS</b>	
<b>Agentes Genitourinarios, Varios</b>	
<i>alfuzosin oral tablet extended release</i> 24 hr 10 mg ( <i>Uroxatral</i> )	QL (30 per 30 days)
<i>dutasteride oral capsule</i> 0.5 mg ( <i>Avodart</i> )	
<i>finasteride oral tablet</i> 5 mg ( <i>Proscar</i> )	
<i>tamsulosin oral capsule</i> 0.4 mg ( <i>Flomax</i> )	
<i>terazosin oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	
<b>Antiespasmódicos, Urinario</b>	
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	
<i>fesoterodine oral tablet extended release</i> 24 hr 4 mg, 8 mg ( <i>Toviaz</i> )	
<i>flavoxate oral tablet</i> 100 mg	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG ( <i>mirabegron</i> )	
<i>oxybutynin chloride oral syrup</i> 5 mg/5 ml	
<i>oxybutynin chloride oral tablet</i> 5 mg	
<i>oxybutynin chloride oral tablet extended release</i> 24hr 10 mg, 15 mg, 5 mg	
<i>solifenacin oral tablet</i> 10 mg, 5 mg ( <i>Vesicare</i> )	
<i>tolterodine oral capsule, extended release</i> 24hr 2 mg, 4 mg ( <i>Detrol LA</i> )	
<i>tolterodine oral tablet</i> 1 mg, 2 mg ( <i>Detrol</i> )	

Nombre del Medicamento	Requerimientos / Límites
<i>trospium oral capsule, extended release</i> 24hr 60 mg	
<i>trospium oral tablet 20 mg</i>	
<b>AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR</b>	
<b>Agentes Tiroideos Y Antitiroideos</b>	
<i>levothyroxine oral tablet 100 mcg,</i> 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)
<i>levothyroxine oral tablet 300 mcg</i>	(Levo-T)
<i>liothyronine oral tablet 25 mcg, 5 mcg,</i> 50 mcg	(Cytomel)
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
<b>Andrógenos</b>	
<i>danazol oral capsule 100 mg, 200 mg,</i> 50 mg	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	PA
<i>testosterone cypionate intramuscular oil</i> 100 mg/ml, 200 mg/ml	(Depo-Testosterone) PA
<i>testosterone cypionate intramuscular oil</i> 200 mg/ml (1 ml)	PA
<i>testosterone enanthate intramuscular oil</i> 200 mg/ml	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in</i> <i>metered-dose pump 12.5 mg/ 1.25 gram</i> (1 %)	(Vogelxo) PA; QL (300 per 30 days)
<i>testosterone transdermal gel in</i> <i>metered-dose pump 20.25 mg/1.25 gram</i> (1.62 %)	(AndroGel) PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet</i> 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel) 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	PA; QL (2 per 28 days)
<b>Estrógenos Y Antiestrógenos</b>	
DUAVEE ORAL TABLET 0.45-20 MG	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace) PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly</i> 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) PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
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)	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	
estradiol vaginal tablet 10 mcg (Yuvaferm)	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg (Mimvey)	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg (estradiol-norethindrone acet)	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	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	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg (Evista)	
yuvaferm vaginal tablet 10 mcg (estradiol)	QL (18 per 28 days)
<b>Glucocorticoides/Mineralocorticoides</b>	
dexamethasone oral solution 0.5 mg/5 ml	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	
fludrocortisone oral tablet 0.1 mg	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	
methylprednisolone acetate injection suspension 40 mg/ml (Depo-Medrol)	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)	
methylprednisolone oral tablet 32 mg	
methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak))	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	PA BvD

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>prednisolone oral solution 15 mg/5 ml</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	
<b>Pituitario</b>	
ACTHAR INJECTION GEL 80 UNIT/ML	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	PA; NM; NDS; QL (30 per 30 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PA; NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	PA; NM; NDS
NORDITROPIN FLEXPLO 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)	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	

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>Requerimientos / Límites</b>
<i>octreotide acetate injection solution</i> 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	
ORGOVYX ORAL TABLET 120 MG	PA NSO; NM; NDS
ORLISSA ORAL TABLET 150 MG	PA; NM; NDS; QL (28 per 28 days)
ORLISSA ORAL TABLET 200 MG	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; NDS
<b>Progestinas</b>	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	
<b>AGENTES INMUNOLÓGICOS</b>	
<b>Agentes Inmunológicos</b>	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	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)	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM; NDS

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	PA BvD
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG (tacrolimus)	PA BvD; NM; NDS
<i>azathioprine oral tablet 50 mg (Imuran)</i>	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)</i>	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)</i>	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml (Gengraf)</i>	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)</i>	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PA; NM; NDS

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PA; NM; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	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	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	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	PA; NM; NDS; Only NDCs starting with 00074

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PA; NM; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln 100 mg (Remicade)</i>	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)</i>	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg (CellCept)</i>	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)</i>	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg (CellCept)</i>	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg (Myfortic)</i>	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	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)	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	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	ST
REZUROCK ORAL TABLET 200 MG	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	PA; NM; NDS; QL (360 per 30 days)



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PA; NM; NDS
<b>Vacunas</b>	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay

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>Requerimientos / Límites</b>
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; \$0 copay

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; \$0 copay

Nombre del Medicamento	Requerimientos / Límites
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td) \$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 copay

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>Requerimientos / Límites</b>
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE (typhoid vi polysacch 25 MCG/0.5 ML vaccine)	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 copay
<b>AGENTES OFTÁLMICOS</b>	
<b>Agentes Antiglaucoma</b>	
<i>acetazolamide oral capsule, extended release 500 mg</i>	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	
<i>acetazolamide sodium injection recon soln 500 mg</i>	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, (Alphagan P) 0.15 %</i>	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	
<i>brimonidine-timolol ophthalmic (eye) drops (Combigan) 0.2-0.5 %</i>	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 % (Azopt)</i>	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>carteolol ophthalmic (eye) drops 1 %</i>	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	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>	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500- 10,000 unit/gram</i> (Polycin)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	

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	Requerimientos / Límites
<i>moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)</i>	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment (Neo-Polycin HC)</i> 3.5-400- 10,000 mg-unit/g-1%	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment (Neo-Polycin)</i> 3.5-400- 10,000 mg-unit-unit/g	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension (Maxitrol)</i> 3.5mg/ml- 10,000 unit/ml-0.1 %	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment (Maxitrol)</i> 3.5 mg/g- 10,000 unit/g-0.1 %	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i> 1.75 mg- 10,000 unit-0.025mg/ml	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension</i> 3.5- 10,000- 1 mg/ml-unit/ml-%	
<i>neomycin-polymyxin-hc otic (ear) solution</i> 3.5- 10,000- 1 mg/ml-unit/ml-%	
<i>neo-polycin hc ophthalmic (eye) ointment (neomycin-bacitracin-poly-hc)</i> 3.5-400- 10,000 mg-unit/g-1%	
<i>neo-polycin ophthalmic (eye) ointment (neomycin-bacitracin-polymyxin)</i> 3.5-400- 10,000 mg-unit-unit/g	
<i>ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)</i>	
<i>ofloxacin otic (ear) drops 0.3 %</i>	
<i>polycin ophthalmic (eye) ointment (bacitracin-polymyxin b)</i> 500- 10,000 unit/gram	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	
XDEMZY OPHTHALMIC (EYE) DROPS 0.25 %	PA; NM; NDS; QL (10 per 42 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	Requerimientos / Límites
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	
<b>Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta</b>	
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %	(loteprednol etabonate) ST
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	<i>(Prolensa)</i>
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	<i>(BromSite)</i>
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	<i>(Restasis)</i> QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	<i>(Durezol)</i>
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	QL (8.3 per 14 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	<i>(DermOtic Oil)</i>
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	<i>(FML Liquifilm)</i>
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	<i>(24 Hour Allergy Relief)</i> QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	<i>(Acular)</i> QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	<i>(Lotemax)</i> QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %</i>	<i>(Alrex)</i> ST



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>Ioteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i> (Lotemax)	QL (15 per 19 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i> (Pred Forte)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	QL (60 per 30 days)
<b>Agentes De Ojos, Oídos, Nariz Y Garganta, Varios</b>	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	
<b>AGENTES TERAPEUTICOS MISCELÁNEOS</b>	
<b>Agentes Terapeuticos Misceláneos</b>	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PA; NM; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	PA; NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	PA; NM; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	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	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
MESNEX ORAL TABLET 400 MG	NM; NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w) (Rectiv)</i>	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg (Mestinon)</i>	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	
<b>AGENTES VASODILATADORES</b>	
<b>Agentes Vasodilatadores</b>	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg (tadalafil (pulm. hypertension))</i>	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg (Tracleer)</i>	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)</i>	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	PA
<i>tadalafil oral tablet 5 mg (Cialis)</i>	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	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	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	PA; NM; NDS

Nombre del Medicamento	Requerimientos / Límites
<b>ANALGÉSICOS</b>	
<b>Agentes Antiinflamatorios No Esteroideos</b>	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	PA; NM; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	
<i>etodolac oral tablet 400 mg</i> (Lodine)	
<i>etodolac oral tablet 500 mg</i>	
<i>flurbiprofen oral tablet 100 mg</i>	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	
<i>naproxen oral tablet 250 mg, 375 mg</i>	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
<b>Analgésicos, Varios</b>	
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	QL (180 per 30 days)
<i>buprenorphine transdermal patch weekly</i> 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule</i> 50-300-40 mg (Fioricet)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg (Esgic)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminop hen)	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminop hen)	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminop hen)	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i> 10-325 mg/15 ml, 7.5-325 mg/15 ml	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 7.5-325 mg	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 5-325 mg	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	QL (180 per 30 days)
<i>morphine concentrate oral solution</i> 100 mg/5 ml (20 mg/ml)	PA; QL (180 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>morphine oral solution 10 mg/5 ml</i>	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg (MS Contin)</i>	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg (MS Contin)</i>	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg (Roxicodone)</i>	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)</i>	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg (Endocet)</i>	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg (Endocet)</i>	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	QL (300 per 30 days)
<b>ANESTÉSICOS</b>	
<b>Anestesia Local</b>	
<i>dermacinrx lidocan 5% patch outer (lidocaine)</i>	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 % (lidocaine hcl)</i>	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 % (Glydo)</i>	QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 % (DermacinRx Lidocan)</i>	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 % (lidocaine hcl)</i>	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 % (lidocaine)</i>	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	PA; QL (90 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<b>ANTAGONISTAS DE METALES PESADOS</b>	
<b>Antagonistas De Metales Pesados</b>	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)	PA
penicillamine oral tablet 250 mg (Depen Titratabs)	PA; NM; NDS
trientine oral capsule 250 mg (Syprine)	PA; NM; NDS; QL (240 per 30 days)
<b>ANTI INFECCIOSOS (MEMBRANA CUTÁNEA Y MUCOSA)</b>	
<b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>	
clindamycin phosphate vaginal cream 2 % (Cleocin)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram) (Vandazole)	
terconazole vaginal cream 0.4 %, 0.8 %	
terconazole vaginal suppository 80 mg	
<b>ANTIBACTERIANOS</b>	
<b>Aminoglicósidos</b>	
amikacin injection solution 500 mg/2 ml	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml	
neomycin oral tablet 500 mg	
streptomycin intramuscular recon soln 1 gram	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	
<b>Antibacteriales, Misceláneos</b>	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)	

Nombre del Medicamento	Requerimientos / Límites
<i>clindamycin phosphate injection solution</i> 150 mg/ml (Cleocin)	
<i>colistin (colistimethate na) injection recon soln</i> 150 mg (Coly-Mycin M Parenteral)	NM; NDS
<i>daptomycin intravenous recon soln</i> 350 mg, 500 mg	NM; NDS
<i>linezolid in dextrose 5% intravenous piggyback</i> 600 mg/300 ml (Zyvox)	
<i>linezolid oral suspension for reconstitution</i> 100 mg/5 ml (Zyvox)	NM; NDS
<i>linezolid oral tablet</i> 600 mg (Zyvox)	
<i>methenamine hippurate oral tablet</i> 1 gram	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i> 500 mg/100 ml (Metro I.V.)	
<i>metronidazole oral tablet</i> 250 mg, 500 mg	
<i>nitrofurantoin macrocrystal oral capsule</i> 100 mg, 50 mg	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule</i> 100 mg (Macrobid)	QL (60 per 30 days)
<i>trimethoprim oral tablet</i> 100 mg	
<i>vancomycin intravenous recon soln</i> 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg	
<i>vancomycin oral capsule</i> 125 mg (Vancocin)	QL (56 per 14 days)
<i>vancomycin oral capsule</i> 250 mg (Vancocin)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	PA; NM; NDS; QL (90 per 30 days)
<b>Antibióticos B-Lactam Misceláneos</b>	
<i>aztreonam injection recon soln</i> 1 gram, 2 gram (Azactam)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PA; NM; LA; NDS
<i>ertapenem injection recon soln</i> 1 gram	
<i>imipenem-cilastatin intravenous recon soln</i> 250 mg	
<i>imipenem-cilastatin intravenous recon soln</i> 500 mg (Primaxin IV)	
<i>meropenem intravenous recon soln</i> 1 gram, 500 mg	
<b>Cefalosporinas</b>	
<i>cefaclor oral capsule</i> 250 mg, 500 mg	
<i>cefadroxil oral capsule</i> 500 mg	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	
<i>cefdinir oral capsule 300 mg</i>	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	
<i>cefixime oral capsule 400 mg</i>	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	
<i>cefuroxime sodium injection recon soln 750 mg</i>	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	NM; NDS
<b>Macrólidos</b>	
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
DIFICID ORAL TABLET 200 MG	NM; NDS; QL (20 per 10 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	Requerimientos / Límites
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)	
erythromycin oral tablet 250 mg, 500 mg	
<b>Penicilinas</b>	
amoxicillin oral capsule 250 mg, 500 mg	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	
amoxicillin oral tablet 500 mg, 875 mg	
amoxicillin oral tablet, chewable 125 mg, 250 mg	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg	
amoxicillin-pot clavulanate oral tablet 500-125 mg (Augmentin)	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	
ampicillin oral capsule 500 mg	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram (Unasyn)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	
dicloxacillin oral capsule 250 mg, 500 mg	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	

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>Requerimientos / Límites</b>
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	
<b>Quinolonas</b>	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	
<i>levofloxacin oral solution 250 mg/10 ml</i>	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
<i>moxifloxacin 400 mg/250 ml bag</i>	
<i>moxifloxacin oral tablet 400 mg</i>	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	
<b>Sulfonamidas</b>	
<i>sulfadiazine oral tablet 500 mg</i>	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	
<b>Tetraciclinas</b>	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	

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>Requerimientos / Límites</b>
<i>doxycycline hyclate oral capsule 100 mg</i>	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	
<i>doxycycline monohydrate oral capsule 150 mg</i>	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	
<i>doxycycline monohydrate oral tablet 50 mg</i>	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	NM; NDS
<b>ANTICONCEPTIVOS</b>	
<b>Anticonceptivos</b>	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)	
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	
<i>abra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	

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	Requerimientos / Límites
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradi ol-iron)
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradi ol-iron)
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradi ol-iron)
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estradiol)
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estradiol)
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estr adiol)
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradi ol-iron)
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradi ol-iron)
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradi ol-iron)
camila oral tablet 0.35 mg	(norethindrone (contraceptive))
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estradiol)
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estradiol)

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>Requerimientos / Límites</b>
<i>elinest oral tablet 0.3-30 mg-mcg</i>	<i>(norgestrel-ethinyl estradiol)</i>	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	<i>(etonogestrel-ethinyl estradiol)</i>	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	
<i>emzahh oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	<i>(etonogestrel-ethinyl estradiol)</i>	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	<i>(levonorg-eth estrad triphasic)</i>	
<i>enskyce oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	
<i>errin oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	<i>(Kelnor 1/35 (28))</i>	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	<i>(Kelnor 1/50 (28))</i>	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	<i>(EluRyng)</i>	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradiol-iron)</i>	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	<i>(etonogestrel-ethinyl estradiol)</i>	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	<i>(levonorgestrel-ethinyl estrad)</i>	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>isibloom oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	

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>Requerimientos / Límites</b>
<i>jencycla oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	<i>(levonorgestrel-ethinyl estrad)</i>	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	<i>(desogestrel-ethinyl estradiol)</i>	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradi ol-iron)</i>	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradi ol-iron)</i>	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	<i>(norethindrone-e.estradi ol-iron)</i>	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estr adiol)</i>	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(ethynodiol diac-eth estradiol)</i>	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	<i>(ethynodiol diac-eth estradiol)</i>	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	<i>(norethindrone ac-eth estradiol)</i>	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	<i>(norethindrone-e.estradi ol-iron)</i>	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradi ol-iron)</i>	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(norethindrone-e.estradi ol-iron)</i>	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	<i>(levonorg-eth estrad triphasic)</i>	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> (Balcoltra)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	
<i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	
<i>lillow (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	
<i>mili oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	

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>Requerimientos / Límites</b>
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
NEXPLANON SUBDERMAL IMPLANT 68 MG		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	<i>(Xulane)</i>	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	<i>(Camila)</i>	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	<i>(Aurovela Fe 1-20 (28))</i>	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	<i>(Aurovela Fe 1.5/30 (28))</i>	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	<i>(Tilia Fe)</i>	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	<i>(Tri-Lo-Estarylla)</i>	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(Tri-Estarylla)</i>	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	<i>(Estarylla)</i>	
<i>norlyda oral tablet 0.35 mg</i>	<i>(norethindrone (contraceptive))</i>	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estradiol)</i>	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>		
<i>pirmella oral tablet 1-35 mg-mcg</i>	<i>(norethindrone-ethin estradiol)</i>	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	



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

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		Requerimientos / Límites
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	<i>(levonorg-eth estrad triphasic)</i>	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	<i>(norgestrel-ethinyl estradiol)</i>	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	<i>(levonorgestrel-ethinyl estrad)</i>	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estr adiol)</i>	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	<i>(desog-e.estradiol/e.estr adiol)</i>	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	<i>(norgestimate-ethinyl estradiol)</i>	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	<i>(norelgestromin-ethin.es tradiol)</i>	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	<i>(norelgestromin-ethin.es tradiol)</i>	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	<i>(ethynodiol diac-eth estradiol)</i>	

## ANTICONVULSIVOS

### Anticonvulsivos

APTIOM ORAL TABLET 200 MG, 400 MG		ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		ST; NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	<i>(Carbatrol)</i>	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	<i>(Tegretol)</i>	
<i>carbamazepine oral tablet 200 mg</i>	<i>(Epilex)</i>	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	<i>(Tegretol XR)</i>	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>		
<i>clobazam oral suspension 2.5 mg/ml</i>	<i>(Onfi)</i>	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	<i>(Onfi)</i>	QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
DIACOMIT ORAL CAPSULE 250 MG	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	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>	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	
EPRONTIA ORAL SOLUTION 25 MG/ML	ST
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	
<i>felbamate oral suspension 600 mg/5 ml</i>	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	PA NSO; NM; NDS
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	ST; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	QL (60 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.

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg (Subvenite)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg (Lamictal)	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg (Lamictal ODT)	
levetiracetam intravenous solution 500 mg/5 ml (Keppra)	
levetiracetam oral solution 100 mg/ml (Keppra)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	QL (10 per 30 days)
methsuximide oral capsule 300 mg (Celontin)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	PA NSO-HRM; AGE (Max 64 Years)
phenytoin oral suspension 125 mg/5 ml (Dilantin-125)	
phenytoin oral tablet, chewable 50 mg (Dilantin Infatabs)	
phenytoin sodium extended oral capsule 100 mg (Dilantin Extended)	
phenytoin sodium extended oral capsule 200 mg, 300 mg (Phenytek)	
phenytoin sodium intravenous solution 50 mg/ml	
phenytoin sodium intravenous syringe 50 mg/ml	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg (Lyrica)	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg (Lyrica)	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml (Lyrica)	QL (900 per 30 days)
primidone oral tablet 125 mg	
primidone oral tablet 250 mg, 50 mg (Mysoline)	
rufinamide oral suspension 40 mg/ml (Banzel)	ST; 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>Requerimientos / Límites</b>
<i>rufinamide oral tablet 200 mg</i> (Banzel)	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	
<i>valproic acid oral capsule 250 mg</i>	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	NM; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	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)	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	ST; QL (60 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	
<i>zonisamide oral capsule 50 mg</i>	
ZTALMY ORAL SUSPENSION 50 MG/ML	PA NSO; NM; NDS; QL (1080 per 30 days)
<b>ANTIDEPRESIVOS</b>	
<b>Antidepresivos</b>	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	ST; NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	
<i>citalopram oral solution 10 mg/5 ml</i>	
<i>citalopram oral tablet 10 mg</i> (Celexa)	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin oral concentrate 10 mg/ml</i>	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	ST; QL (30 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution</i> 5 mg/5 ml	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	
<i>fluoxetine oral solution 20 mg/5 ml</i> (4 mg/ml)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
MARPLAN ORAL TABLET 10 MG	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	
<i>mirtazapine oral tablet, disintegrating</i> 15 mg, 30 mg, 45 mg (Remeron SolTab)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	
<i>perphenazine-amitriptyline oral tablet</i> 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	PA NSO; NM; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	PA NSO; NM; NDS; QL (14 per 14 days)

## **ANTIFÚNGICOS**

### **Antifúngicos**

ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	PA BvD; NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	
<i>clotrimazole topical solution 1 %</i>	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	QL (170 per 30 days)



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	
<i>ketoconazole oral tablet 200 mg</i>	
<i>ketoconazole topical cream 2 %</i>	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	
<i>miconazole-3 vaginal suppository 200 mg</i>	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	
<i>nystatin oral tablet 500,000 unit</i>	
<i>nystatin topical cream 100,000 unit/gram</i>	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	PA; NM; NDS
<i>voriconazole oral tablet 200 mg</i>	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	

Nombre del Medicamento	Requerimientos / Límites
<b>ANTIHIISTAMÍNICOS</b>	
<b>Antihistamínicos</b>	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	
<b>ANTIMICOBACTERIALES</b>	
<b>Antimicobacteriales</b>	
<i>dapsone oral tablet 100 mg, 25 mg</i>	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
PRIFTIN ORAL TABLET 150 MG	
<i>pyrazinamide oral tablet 500 mg</i>	
<i>rifabutin oral capsule 150 mg</i>	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
SIRTURO ORAL TABLET 100 MG, 20 MG	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	
<b>ANTIVIRALES (SITÉMICO)</b>	
<b>Antirretrovirales</b>	
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	
<i>abacavir oral tablet 300 mg</i>	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	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	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml</i> (200 mg/ml)	NM; NDS; QL (24 per 365 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	
DOVATO ORAL TABLET 50-300 MG	NM; NDS
EDURANT ORAL TABLET 25 MG	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	
<i>efavirenz oral tablet 600 mg</i>	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	NM; NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	NM; NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	NM; NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	NM; NDS
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i> (Truvada)	
EMTRIVA ORAL SOLUTION 10 MG/ML	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	NM; NDS
INTELENCE ORAL TABLET 25 MG	
ISENTRESS HD ORAL TABLET 600 MG	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	NM; NDS
ISENTRESS ORAL TABLET 400 MG	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>Requerimientos / Límites</b>
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	
JULUCA ORAL TABLET 50-25 MG	NM; NDS
<i>lamivudine oral solution 10 mg/ml (Epivir)</i>	
<i>lamivudine oral tablet 100 mg</i>	
<i>lamivudine oral tablet 150 mg, 300 mg (Epivir)</i>	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	
LEXIVA ORAL SUSPENSION 50 MG/ML	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)</i>	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)</i>	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)</i>	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg (Selzentry)</i>	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	
NORVIR ORAL SOLUTION 80 MG/ML	
ODEFSEY ORAL TABLET 200-25-25 MG	NM; NDS
PIFELTRO ORAL TABLET 100 MG	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	
REYATAZ ORAL POWDER IN PACKET 50 MG	NM; NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	NM; NDS
<i>ritonavir oral tablet 100 mg (Norvir)</i>	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; NDS

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; NDS
SELZENTRY ORAL TABLET 25 MG	
SELZENTRY ORAL TABLET 75 MG	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	PA BvD; NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	
TIVICAY ORAL TABLET 10 MG	
TIVICAY ORAL TABLET 25 MG, 50 MG	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	
TRIZIVIR ORAL TABLET 300-150-300 MG	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	NM; NDS
VEMLIDY ORAL TABLET 25 MG	ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; NDS
VOCABRIA ORAL TABLET 30 MG	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	
<i>zidovudine oral tablet 300 mg</i>	
<b>Antivirales HCV</b>	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	PA; NM; NDS; QL (28 per 28 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	PA; NM; NDS; QL (28 per 28 days)
<b>Antivirales, Varios</b>	
LIVTENCITY ORAL TABLET 200 MG	PA; NM; NDS
oseltamivir oral capsule 30 mg (Tamiflu)	QL (84 per 180 days)
oseltamivir oral capsule 45 mg (Tamiflu)	QL (48 per 180 days)
oseltamivir oral capsule 75 mg (Tamiflu)	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	\$0 copay until 2/28/25; QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 copay until 2/28/25; QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	QL (60 per 180 days)
<b>Interferones</b>	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PA; NM; NDS
<b>Nucleósidos Y Nucleótidos</b>	
acyclovir oral capsule 200 mg	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	
acyclovir oral tablet 400 mg, 800 mg	
acyclovir sodium intravenous solution 50 mg/ml	PA BvD
adefovir oral tablet 10 mg (Hepsera)	

Nombre del Medicamento	Requerimientos / Límites
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	NM; NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	

## DISPOSITIVOS

### Dispositivos

1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ADVOCATE ALCOHOL 70% PREP PADS	(alcohol swabs)	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST

<b>Nombre del Medicamento</b>		<b>Requerimientos / Límites</b>
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST



<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	PA; ST
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	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) PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100) PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless) PA; ST
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin) PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	PA; ST

Nombre del Medicamento	Requerimientos / Límites
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	PA; ST
BD SINGLE USE SWAB	(alcohol swabs) PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic) PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic) PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic) PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic) PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic) PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage) PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic) PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic) PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic) PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic) PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic) 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>Requerimientos / Límites</b>
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST

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

<b>Nombre del Medicamento</b>		<b>Requerimientos / Límites</b>
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	PA; ST
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	(alcohol swabs)	PA; ST

Nombre del Medicamento	Requerimientos / Límites
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	PA; ST
CURITY GAUZE PADS 1'S(12 PLY) 2 X 2 " (gauze bandage)	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " (gauze bandage)	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	PA; ST
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	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>Requerimientos / Límites</b>
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		PA; ST
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		PA; ST
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST

Nombre del Medicamento	Requerimientos / Límites
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	PA; ST
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety) PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs) PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic) PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic) PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic) PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic) 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	Requerimientos / Límites
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	PA; ST
EASY TOUCH FLIPLK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	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)	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>Requerimientos / Límites</b>
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)	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)	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		PA; ST

Nombre del Medicamento	Requerimientos / Límites
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless) PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic) PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic) PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic) PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic) PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe) PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe) PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe) PA; ST
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes) PA; ST
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes) PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic) 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>Requerimientos / Límites</b>
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST

Nombre del Medicamento		Requerimientos / Límites
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"		PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insulin Syr(half <i>unit</i> ))	PA; ST
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
INSULIN SYRINGE 0.5 ML 27G 1/2" OUTER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	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>Requerimientos / Límites</b>
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST

<b>Nombre del Medicamento</b>		<b>Requerimientos / Límites</b>
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST

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



Nombre del Medicamento	Requerimientos / Límites
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	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)	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)	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)	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) (insulin syringes (disposable))	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
NOVOFINE 30 NEEDLE	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 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	Requerimientos / Límites
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" (Embrace Pen Needle)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" (CareFine Pen Needle)	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" (1st Tier Unifine Pentips)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	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	Requerimientos / Límites
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	PA; ST
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	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>Requerimientos / Límites</b>
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	PA; ST
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 (Ultilet Insulin Syringe)	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	PA; ST
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
RELION NEEDLES NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort EZ PRO Safety Pen Ndl)	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" (pen needle, diabetic, safety)	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>Requerimientos / Límites</b>
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	PA; ST
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
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)	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	PA; ST

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

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

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



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

Nombre del Medicamento	Requerimientos / Límites
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	PA; ST
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	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)	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" (Advocate Syringes)	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	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>Requerimientos / Límites</b>
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFE 0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFE 0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		PA; ST

Nombre del Medicamento	Requerimientos / Límites
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs) 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) 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) 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) PA; ST
ULTILET PEN NEEDLE 29 GAUGE	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic) PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 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) PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100) PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	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	Requerimientos / Límites
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	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		Requerimientos / Límites
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STRL, MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST

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

<b>Nombre del Medicamento</b>		<b>Requerimientos / Límites</b>
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "		PA; ST
V-GO 20 DEVICE		QL (30 per 30 days)



Nombre del Medicamento	Requerimientos / Límites
V-GO 30 DEVICE	QL (30 per 30 days)
V-GO 40 DEVICE	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S, LARGE (alcohol swabs)	PA; ST
<b>NON-FRF</b>	
<b>Non-FRF</b>	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	PA; NM; NDS; QL (90 per 30 days)
<b>PREPARACIONES DE REEMPLAZO</b>	
<b>Preparaciones De Reemplazo</b>	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq (potassium chloride)</i>	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq (potassium chloride)</i>	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq (potassium chloride)</i>	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	
<i>potassium chloride intravenous solution 2 meq/ml</i>	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	
<i>potassium chloride oral tablet extended release 10 meq (Klor-Con 10)</i>	
<i>potassium chloride oral tablet extended release 15 meq</i>	
<i>potassium chloride oral tablet extended release 20 meq (K-Tab)</i>	
<i>potassium chloride oral tablet extended release 8 meq (Klor-Con 8)</i>	
<i>potassium chloride oral tablet, er particles/crystals 10 meq (Klor-Con M10)</i>	
<i>potassium chloride oral tablet, er particles/crystals 15 meq (Klor-Con M15)</i>	

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>Requerimientos / Límites</b>
potassium chloride oral tablet, er particles/crystals 20 meq (Klor-Con M20)	
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	
potassium citrate oral tablet extended release 5 meq (540 mg)	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	
sodium chloride 0.9 % intravenous parenteral solution	
sodium chloride 0.9% solution mini-bag, single use	
<b>PRODUCTOS SANGUÍNEOS/MODIFICADORES/EXPANSORES DE VOLUMEN</b>	
<b>Agentes Hematológicos, Varios</b>	
anagrelide oral capsule 0.5 mg (Agrylin)	
anagrelide oral capsule 1 mg	
tranexamic acid oral tablet 650 mg	
<b>Anticoagulantes</b>	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	
ELIQUIS ORAL TABLET 2.5 MG	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml (Lovenox)	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml (Lovenox)	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml (Lovenox)	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml (Lovenox)	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	QL (15 per 30 days)

<b>Nombre del Medicamento</b>	<b>Requerimientos / Límites</b>
<i>fondaparinux subcutaneous syringe</i> 5 mg/0.4 ml (Arixtra)	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 7.5 mg/0.6 ml (Arixtra)	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	
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	QL (60 per 30 days)
<b><i>Inhibidores De Agregación De Plaquetas</i></b>	
<i>aspirin-dipyridamole oral capsule, er</i> <i>multiphase 12 hr 25-200 mg</i>	
BRILINTA ORAL TABLET 60 MG, 90 MG	
<i>cilostazol oral tablet</i> 100 mg, 50 mg	
<i>clopidogrel oral tablet</i> 75 mg (Plavix)	
<i>dipyridamole oral tablet</i> 50 mg, 75 mg	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release</i> 400 mg	
<i>prasugrel oral tablet</i> 10 mg, 5 mg (Effient)	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	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PA; 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>Requerimientos / Límites</b>
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	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	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	PA; QL (4 per 28 days)
<b>REEMPLAZO/MODIFICADORES DE ENZIMA</b>	
<b><i>Reemplazo/Modificadores De Enzima</i></b>	
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	
<i>javygtor oral tablet, soluble 100 mg</i> ( <i>sapropterin</i> )	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> ( <i>Orfadin</i> )	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	PA BvD; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> ( <i>Javygtor</i> )	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	PA; NM; LA; NDS

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

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>Requerimientos / Límites</b>
<i>mynate 90 plus oral tablet extended release 90 mg iron- 1 mg</i>	
<i>newgen tablet 32-1,000 mg-mcg</i>	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	
<i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	
<i>pnv-omega softgel 28-1-300 mg</i>	
<i>pr natal 400 combo pack 29-1-400 mg</i>	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	
<i>prenatabs fa tablet 29-1 mg</i>	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron, carb-folic)</i>
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>prenatal-u capsule 106.5-1 mg</i>	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	<i>(pnv, calcium 72-iron-folic acid)</i>
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	

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

# Index of Drugs / Índice de drogas

## 1

1ST TIER UNIFINE PENTIPS ....  
 .....94, 254  
 1ST TIER UNIFINE PENTIPS  
 PLUS .....94, 254

## A

abacavir .....66, 249  
 abacavir-lamivudine .....66, 249  
 ABELCET.....56, 247  
 ABILIFY ASIMTUFII .....61, 182  
 ABILIFY MAINTENA .....61, 182  
 abiraterone .....31, 159  
 ABOUTTIME PEN NEEDLE ...94,  
 .....95, 254  
 ABRYOVO (PF).....143, 216  
 acamprosate .....25, 172  
 acarbose .....52, 174  
 acebutolol.....75, 188  
 acetaminophen-codeine ..22, 227  
 acetazolamide .....149, 220  
 acetazolamide sodium...149, 220  
 acetic acid .....130, 221  
 acetylcysteine.....154, 199  
 acitretin .....91, 204  
 ACTEMRA .....139, 212  
 ACTEMRA ACTPEN .....139, 212  
 ACTHAR .....138, 211  
 ACTHAR SELFJECT .....138, 211  
 ACTHIB (PF).....143, 216  
 ACTIMMUNE .....148, 224  
 acyclovir .....70, 91, 204, 253  
 acyclovir sodium.....70, 253  
 ADACEL(TDAP  
 ADOLESN/ADULT)(PF) ...143,  
 .....144, 216, 217  
 adapalene .....94, 205  
 adefovir .....70, 253  
 ADEMPAS .....155, 225  
 adrucil .....31, 159  
 ADVAIR HFA.....151, 200  
 ADVOCATE PEN NEEDLE ...95,  
 .....255  
 ADVOCATE SYRINGES .....95,  
 .....254, 255

afirmelle .....84, 234  
 AIRSUPRA.....152, 200, 201  
 AJOVY AUTOINJECTOR.....  
 .....58, 179  
 AJOVY SYRINGE .....58, 179  
 AKEEGA .....31, 159  
 ala-cort.....92, 203  
 albendazole.....60, 180  
 albuterol sulfate .....152, 153, 201  
 ALCOHOL PADS .....95, 255  
 ALCOHOL PREP PADS..95, 254  
 ALCOHOL PREP SWABS.....  
 .....95, 255  
 ALCOHOL SWABS .....95, 255  
 ALCOHOL WIPES.....95, 255  
 ALECENSA .....32, 159  
 alendronate .....148, 195  
 alfuzosin.....135, 208  
 aliskiren.....80, 194  
 allopurinol.....57, 178  
 alosetron .....147, 195  
 alprazolam .....25, 173  
 ALREX .....131, 223  
 altavera (28).....84, 234  
 ALTRENO .....94, 205  
 ALUNBRIG .....32, 159  
 ALVAIZ .....72, 290  
 alyacen 1/35 (28) .....84, 234  
 alyacen 7/7/7 (28).....84, 234  
 alyq .....155, 225  
 amantadine hcl.....60, 181  
 amethyst (28) .....84, 234  
 amikacin.....26, 229  
 amiloride .....78, 193  
 amiloride-hydrochlorothiazide.....  
 .....78, 193  
 amiodarone .....75, 187  
 amitriptyline .....49, 245  
 amlodipine.....78, 191  
 amlodipine-atorvastatin ...79, 191  
 amlodipine-benazepril .....78, 191  
 amlodipine-olmesartan ....78, 191  
 amlodipine-valsartan .....78, 191  
 amlodipine-valsartan-hcthiiazid  
 .....78, 191  
 ammonium lactate .....91, 204  
 amoxapine .....49, 245

amoxicil-clarithromy-lansopraz  
 .....132, 206  
 amoxicillin .....29, 232  
 amoxicillin-pot clavulanate.....  
 .....29, 232  
 amphotericin b.....56, 247  
 amphotericin b liposome..56, 247  
 ampicillin .....29, 232  
 ampicillin sodium .....29, 232  
 ampicillin-sulbactam .....29, 232  
 anagrelide .....72, 289  
 anastrozole .....32, 159  
 ANKTIVA.....32, 159  
 ANORO ELLIPTA.....153, 201  
 aprepitant.....59, 180  
 APRETUDE .....66, 249  
 apri.....84, 234  
 APTIOM .....45, 241  
 APTIVUS.....66, 249  
 AQINJECT PEN NEEDLE .....95,  
 .....96, 255  
 ARCALYST .....140, 213  
 AREXVY (PF).....144, 217  
 AREXVY ANTIGEN  
 COMPONENT.....144, 217  
 ARIKAYCE .....26, 229  
 aripiprazole .....61, 182  
 ARISTADA .....62, 182  
 ARISTADA INITIO.....62, 182  
 armodafinil .....155, 196  
 ARNUITY ELLIPTA .....152, 200  
 asenapine maleate .....62, 183  
 aspirin-dipyridamole .....72, 290  
 ASSURE ID DUO PRO SFTY  
 PEN NDL .....96, 255  
 ASSURE ID DUO-SHIELD .....  
 .....96, 255  
 ASSURE ID INSULIN SAFETY  
 .....96, 255, 256  
 ASSURE ID PEN NEEDLE.....  
 .....96, 255  
 ASSURE ID PRO PEN NEEDLE  
 .....96, 256  
 ASTAGRAF XL .....140, 213  
 atazanavir .....66, 249  
 atenolol .....75, 188  
 atenolol-chlorthalidone ....76, 188



atomoxetine .....81, 196  
 atorvastatin .....79, 191  
 atovaquone .....60, 180  
 atovaquone-proguanil.....60, 180  
 atropine ..... 129, 224  
 ATROVENT HFA..... 153, 201  
 aubra eq.....84, 234  
 AUGTYRO .....32, 159  
 aurovela 1.5/30 (21) .....84, 234  
 aurovela 1/20 (21) .....84, 235  
 aurovela 24 fe .....84, 235  
 aurovela fe 1.5/30 (28) ....84, 235  
 aurovela fe 1-20 (28) .....84, 235  
 AUSTEDO.....81, 196  
 AUSTEDO XR..... 81, 196, 197  
 AUSTEDO XR TITRATION  
 KT(WK1-4).....81, 197  
 AUVELITY.....49, 245  
 aviane .....84, 235  
 AVONEX .....81, 197  
 AXTLE .....32, 159  
 ayuna .....84, 235  
 AYVAKIT .....32, 159  
 azacitidine .....32, 159  
 azathioprine ..... 140, 213  
 azathioprine sodium ..... 140, 213  
 azelastine..... 129, 224  
 azithromycin.....28, 231  
 aztreonam .....29, 230  
 azurette (28).....84, 235

## B

bacitracin..... 130, 221  
 bacitracin-polymyxin b ... 130, 221  
 baclofen ..... 155, 292  
 bal-care dha ..... 156, 292  
 bal-care dha essential ... 156, 292  
 balsalazide ..... 147, 195  
 BALVERSA ..... 32, 159  
 BCG VACCINE, LIVE (PF) .....  
 ..... 144, 217  
 BD ALCOHOL SWABS ...97, 257  
 BD AUTOSHIELD DUO PEN  
 NEEDLE .....96, 256  
 BD ECLIPSE LUER-LOK .....  
 .....96, 256  
 BD INSULIN SYRINGE .....96,  
 .....97, 256  
 BD INSULIN SYRINGE  
 (HALF UNIT) .....96, 256  
 BD INSULIN SYRINGE SLIP TIP  
 .....97, 256

BD INSULIN SYRINGE U-500....  
 .....96, 256  
 BD INSULIN SYRINGE ULTRA-  
 FINE .....96, 256  
 BD NANO 2ND GEN PEN  
 NEEDLE .....97, 256  
 BD SAFETYGLIDE INSULIN  
 SYRINGE..... 97, 256, 257  
 BD SAFETYGLIDE SYRINGE....  
 .....97, 257  
 BD ULTRA-FINE MICRO PEN  
 NEEDLE .....97, 257  
 BD ULTRA-FINE MINI PEN  
 NEEDLE .....97, 257  
 BD ULTRA-FINE NANO PEN  
 NEEDLE .....97, 257  
 BD ULTRA-FINE ORIG PEN  
 NEEDLE .....97, 257  
 BD ULTRA-FINE SHORT PEN  
 NEEDLE .....97, 257  
 BD VEO INSULIN SYR (HALF  
 UNIT) .....97, 257  
 BD VEO INSULIN SYRINGE UF  
 .....98, 257  
 BELSOMRA ..... 155, 196  
 benazepril .....74, 193  
 benazepril-hydrochlorothiazide  
 .....74, 193  
 bendamustine.....32, 159  
 BENDAMUSTINE .....32, 159  
 BENDEKA .....32, 159  
 BENLYSTA ..... 140, 213  
 benzotropine .....60, 181  
 BESREMI ..... 140, 213  
 betaine ..... 148, 224  
 betamethasone dipropionate .....  
 .....92, 203  
 betamethasone valerate ..92, 203  
 betamethasone, augmented ...92,  
 .....93, 203  
 BETASERON .....81, 197  
 betaxolol..... 149, 220  
 bethanechol chloride .... 135, 208  
 bexarotene ..... 32, 159  
 BEXSERO..... 144, 217  
 bicalutamide ..... 32, 159  
 BICILLIN L-A .....29, 232  
 BIKTARVY .....66, 249  
 bimatoprost ..... 149, 220  
 bisoprolol fumarate .....76, 188  
 bisoprolol-hydrochlorothiazide ....  
 .....76, 188  
 bleomycin.....32, 160

blisovi 24 fe .....84, 235  
 blisovi fe 1.5/30 (28) .....84, 235  
 blisovi fe 1/20 (28) .....84, 235  
 BOOSTRIX TDAP ..... 144, 217  
 BORDERED GAUZE .....98, 257  
 bortezomib .....32, 160  
 BORUZU.....32, 160  
 bosentan ..... 155, 225  
 BOSULIF..... 32, 33, 160  
 BRAFTOVI .....33, 160  
 BREO ELLIPTA..... 152, 200  
 breyna ..... 152, 200  
 BREZTRI AEROSPHERE .....  
 ..... 153, 201  
 BRILINTA.....72, 290  
 brimonidine ..... 149, 150, 220  
 brimonidine-timolol ..... 150, 220  
 brinzolamide..... 150, 220  
 BRIVIACT .....45, 241  
 bromfenac ..... 131, 223  
 bromocriptine .....60, 181  
 BRONCHITOL..... 154, 199  
 BRUKINSA.....33, 160  
 budesonide ... 147, 152, 195, 200  
 budesonide-formoterol... 152, 201  
 bumetanide .....78, 193  
 buprenorphine .....22, 227  
 buprenorphine hcl.....25, 172  
 buprenorphine-naloxone..25, 172  
 bupropion hcl.....49, 245  
 bupropion hcl (smoking deter) ....  
 .....25, 172  
 buspirone ..... 148, 224  
 butalbital-acetaminop-caf-cod.....  
 .....22, 227  
 butalbital-acetaminophen-caff.....  
 .....22, 227

## C

CABENUVA .....66, 249  
 cabergoline .....60, 181  
 CABOMETYX.....33, 160  
 cabotegravir ..... 66, 249, 250  
 calcipotriene .....91, 204  
 calcitonin (salmon) ..... 148, 195  
 calcitriol ..... 148, 195  
 calcium acetate(phosphat bind)  
 ..... 134, 207  
 CALQUENCE .....33, 160  
 CALQUENCE (ACALABRUTINIB  
 MAL) .....33, 160  
 camila .....84, 235

candesartan .....	74, 190	cinacalcet .....	148, 195	COMETRIQ.....	33, 160
candesartan-hydrochlorothiazid		CINQAIR .....	154, 199	COMFORT EZ INSULIN	
.....	74, 190	ciprofloxacin hcl.....	30, 130,	SYRINGE.....	99, 100,
CAPLYTA.....	62, 183	.....	221, 233	.....	258, 259, 260
CAPRELSA .....	33, 160	ciprofloxacin in 5 % dextrose .....		COMFORT EZ PEN NEEDLES	
captopril .....	74, 193	.....	30, 233	.....	99, 100, 259
carbamazepine.....	45, 241	ciprofloxacin-dexamethasone		COMFORT EZ PRO SAFETY	
carbidopa-levodopa... 60, 61, 181		.....	130, 221	PEN NDL .....	100, 259
CAREFINE PEN NEEDLE .....	98,	citalopram .....	49, 245	COMFORT TOUCH PEN	
.....	257, 258	clarithromycin .....	28, 231	NEEDLE .....	100, 101, 260
CARETOUCH ALCOHOL PREP		CLENPIQ .....	134, 207	COMPLERA.....	66, 250
PAD .....	98, 258	CLICKFINE PEN NEEDLE .....		completenate.....	156, 292
CARETOUCH INSULIN		.....	99, 258	compro .....	59, 180
SYRINGE.....	98, 99, 258	clindamycin hcl.....	27, 229	constulose .....	133, 206
CARETOUCH PEN NEEDLE .....	98, 258	clindamycin phosphate .....	27, 57,	COPIKTRA.....	33, 160
.....	98, 258	.....	92, 205, 229, 230	CORLANOR.....	77, 189
carglumic acid .....	133, 206	clindamycin-benzoyl peroxide.....		COSENTYX ..	140, 148, 213, 224
carteolol .....	150, 221	.....	92, 205	COSENTYX (2 SYRINGES).....	
cartia xt .....	76, 189	CLINIMIX 6%-D5W (SULFITE-		.....	140, 213
carvedilol.....	76, 188	FREE) .....	73, 187	COSENTYX PEN (2 PENS) .....	
CAYSTON.....	29, 230	CLINIMIX 8%-D10W(SULFITE-		.....	140, 213
cefaclor .....	27, 230	FREE) .....	73, 187	COSENTYX UNOREADY PEN	
cefadroxil.....	27, 230, 231	CLINIMIX 8%-D14W(SULFITE-		.....	140, 213
cefazolin.....	27, 231	FREE) .....	73, 187	COTELLIC .....	33, 160
cefdinir .....	27, 231	CLINIMIX E 8%-D10W		CREON.....	129, 291
cefepime .....	28, 231	SULFITEFREE.....	73, 187	cromolyn .....	129, 133, 154,
cefixime.....	28, 231	CLINIMIX E 8%-D14W		.....	199, 206, 224
cefoxitin.....	28, 231	SULFITEFREE.....	73, 187	cryselle (28) .....	85, 235
cefpodoxime.....	28, 231	clobazam.....	45, 241	CURAD GAUZE PAD.....	101, 260
cefprozil.....	28, 231	clobetasol.....	93, 203	CURITY ALCOHOL SWABS .....	
ceftazidime .....	28, 231	clobetasol-emollient.....	93, 203	.....	101, 260
ceftriaxone .....	28, 231	clomipramine .....	50, 245	CURITY GAUZE .....	101, 261
cefuroxime axetil .....	28, 231	clonazepam.....	25, 26, 173	cyclafem 1/35 (28).....	85, 235
cefuroxime sodium .....	28, 231	clonidine.....	73, 187	cyclafem 7/7/7 (28).....	85, 235
celecoxib .....	23, 226	clonidine hcl .....	73, 187	cyclobenzaprine .....	155, 292
cephalexin.....	28, 231	clopidogrel.....	72, 290	cyclophosphamide... 33, 160, 161	
cevimeline .....	91, 202	clorazepate dipotassium ..	26, 173	cyclosporine ..	131, 140, 213, 223
chateal eq (28) .....	84, 235	clotrimazole .....	56, 247	cyclosporine modified....	140, 213
chlordiazepoxide hcl.....	25, 173	clotrimazole-betamethasone.....		cyred eq .....	85, 235
chlorhexidine gluconate ...	91, 202	.....	56, 247		
chloroquine phosphate ....	60, 180	clozapine .....	62, 183		
chlorpromazine.....	62, 183	c-nate dha .....	156, 292		
chlorthalidone.....	78, 193	COARTEM .....	60, 180		
cholestyramine (with sugar).....		COBENFY.....	62, 183		
.....	79, 191	COBENFY STARTER PACK.....			
cholestyramine light.....	79, 191	.....	62, 183		
ciclopirox .....	56, 247	colchicine .....	57, 178		
cilostazol .....	72, 290	colesevelam .....	79, 191, 192		
CIMDUO .....	66, 250	colestipol .....	79, 192		
cimetidine hcl .....	132, 206	colistin (colistimethate na) .....			
CIMZIA.....	140, 213	.....	27, 230		
CIMZIA POWDER FOR		COMBIVENT RESPIMAT .....			
RECONST .....	140, 213	.....	153, 201		

## D

d5 % and 0.9 % sodium chloride	
.....	150, 288
d5 %-0.45 % sodium chloride	
.....	150, 288
dabigatran etexilate .....	71, 289
dalfampridine.....	81, 197
danazol .....	136, 209
dantrolene .....	155, 292
DANYELZA .....	33, 161
DANZITEN .....	33, 161
dapsone .....	59, 249

DAPTACEL (DTAP PEDIATRIC) (PF)..... 144, 217  
daptomycin.....27, 230  
darunavir .....66, 250  
dasatinib.....34, 161  
dasetta 1/35 (28) .....85, 235  
dasetta 7/7/7 (28) .....85, 235  
DAURISMO.....34, 161  
deblitane .....85, 235  
decitabine.....34, 161  
deferasirox ..... 135, 229  
DELSTRIGO .....66, 250  
demeclocycline.....31, 233  
DENG VAXIA (PF) ..... 144, 217  
denta 5000 plus.....91, 202  
dentagel .....91, 202  
DEPO-SUBQ PROVERA 104 ..... 139, 212  
DERMACEA..... 101, 261  
DERMACEA NON-WOVEN..... 101, 261  
dermacinrx lidocan .....24, 228  
DESCOVY .....66, 250  
desipramine .....50, 245  
desmopressin..... 138, 211  
desog-e.estradiol/e.estradiol..... 85, 235  
desogestrel-ethinyl estradiol..... 85, 235  
desvenlafaxine succinate ..... 50, 245  
dexamethasone..... 137, 210  
dexamethasone sodium phosphate ..... 131, 137, 210, 223  
dextroamphetamine-amphetamine .....82, 197  
dextrose 5 % in water (d5w) ..... 73, 187  
DIACOMIT .....45, 242  
diazepam ..... 26, 46, 173, 242  
diazepam intensol .....26, 173  
diazoxide..... 148, 224  
diclofenac potassium .....23, 226  
diclofenac sodium.....23, 131, 223, 226  
diclofenac-misoprostol.....24, 226  
dicloxacillin .....30, 232  
dicyclomine ..... 133, 206  
didanosine.....67, 250  
DIFICID.....28, 231  
difluprednate ..... 131, 223  
digoxin ..... 77, 189, 190

dihydroergotamine.....58, 179  
diltiazem hcl ..... 76, 77, 189  
dilt-xr .....77, 189  
dimethyl fumarate.....82, 197  
diphenoxylate-atropine .. 133, 206  
dipyridamole.....72, 290  
disulfiram.....25, 172  
divalproex.....46, 242  
dofetilide.....75, 188  
dolishale.....85, 235  
donepezil.....49, 174  
dorzolamide ..... 150, 221  
dorzolamide-timolol ..... 150, 221  
DOVATO.....67, 250  
doxazosin.....73, 187  
doxepin .....50, 245  
doxorubicin, peg-liposomal..... 34, 161  
doxy-100 .....31, 233  
doxycycline hyclate .31, 233, 234  
doxycycline monohydrate ..... 31, 234  
DRIZALMA SPRINKLE...50, 245  
dronabinol .....59, 180  
DROPLET INSULIN SYR (HALF UNIT) ..... 101, 261  
DROPLET INSULIN SYRINGE ..... 101, 102, 261, 262  
DROPLET MICRON PEN NEEDLE ..... 102, 262  
DROPLET PEN NEEDLE ..... 102, 262  
DROPSAFE ALCOHOL PREP PADS ..... 102, 262  
DROPSAFE INSULIN SYRINGE ..... 103, 262  
DROPSAFE PEN NEEDLE ..103, 262, 263  
droxidopa .....73, 187  
DUAVEE ..... 136, 209  
duloxetine.....50, 246  
DUPIXENT PEN.....140, 213  
DUPIXENT SYRINGE ...141, 214  
dutasteride ..... 135, 208

## E

EASY COMFORT ALCOHOL PAD ..... 104, 263  
EASY COMFORT INSULIN SYRINGE .. 103, 104, 263, 264  
EASY COMFORT PEN NEEDLES ..... 104, 263, 264

EASY COMFORT SAFETY PEN NEEDLE ..... 103, 263  
EASY GLIDE INSULIN SYRINGE..... 104, 264  
EASY GLIDE PEN NEEDLE..... 104, 264  
EASY TOUCH..... 105, 106, 265  
EASY TOUCH ALCOHOL PREP PADS..... 105, 264  
EASY TOUCH FLIPLOCK INSULIN..... 105, 265  
EASY TOUCH FLIPLOCK SYRINGE..... 105, 264  
EASY TOUCH INSULIN SAFETY SYR.... 104, 105, 264  
EASY TOUCH INSULIN SYRINGE..... 104, 105, 106, 264, 265, 266  
EASY TOUCH LUER LOCK INSULIN..... 105, 265  
EASY TOUCH PEN NEEDLE ..... 105, 265  
EASY TOUCH SAFETY PEN NEEDLE ..... 106, 265, 266  
EASY TOUCH SHEATHLOCK INSULIN..... 105, 264, 265  
EASY TOUCH UNI-SLIP ..... 106, 266  
econazole.....56, 247  
EDURANT.....67, 250  
efavirenz .....67, 250  
efavirenz-emtricitabin-tenofov..... 67, 250  
efavirenz-lamivu-tenofov disop .....67, 250  
ELIGARD .....34, 161  
ELIGARD (3 MONTH) .....34, 161  
ELIGARD (4 MONTH) .....34, 161  
ELIGARD (6 MONTH) .....34, 161  
elinest .....85, 236  
ELIQUIS.....71, 289  
ELIQUIS DVT-PE TREAT 30D START .....71, 289  
ELREXFIO .....34, 161  
eluryng .....85, 236  
EMBRACE PEN NEEDLE ....106, 107, 266  
EMCYT .....34, 161  
EMGALITY PEN.....58, 179  
EMGALITY SYRINGE .....58, 179  
emoquette .....85, 236  
EMSAM.....50, 246  
emtricitabine.....67, 250

emtricitabine-tenofovir (tdf) .....  
 ..... 67, 250  
 EMTRIVA ..... 67, 250  
 emzahn ..... 85, 236  
 enalapril maleate ..... 74, 194  
 enalapril-hydrochlorothiazide .....  
 ..... 75, 194  
 ENBREL ..... 141, 214  
 ENBREL MINI ..... 141, 214  
 ENBREL SURECLICK... 141, 214  
 endocet ..... 22, 227  
 ENGERIX-B (PF)..... 144, 217  
 ENGERIX-B PEDIATRIC (PF)  
 ..... 144, 217  
 enilloring..... 85, 236  
 enoxaparin ..... 71, 289  
 enpresse ..... 85, 236  
 enskyce..... 85, 236  
 entacapone ..... 61, 181  
 entecavir ..... 70, 254  
 ENTRESTO ..... 74, 190  
 ENTRESTO SPRINKLE .. 74, 190  
 enulose ..... 133, 207  
 EPCLUSA ..... 70, 252, 253  
 EPIDIOLEX ..... 46, 242  
 epinastine..... 129, 224  
 epinephrine ..... 77, 190  
 epitol ..... 46, 242  
 EPIVIR HBV ..... 67, 250  
 EPKINLY ..... 34, 161  
 eplerenone ..... 80, 194  
 EPRONTIA ..... 46, 242  
 ERBITUX ..... 34, 161  
 ergoloid ..... 49, 174  
 ERIVEDGE ..... 34, 161  
 ERLEADA ..... 34, 161  
 erlotinib ..... 34, 161, 162  
 errin..... 85, 236  
 ertapenem..... 29, 230  
 erythromycin.... 28, 130, 221, 232  
 erythromycin ethylsuccinate .....  
 ..... 28, 232  
 erythromycin with ethanol.....  
 ..... 92, 205  
 escitalopram oxalate ..... 50, 246  
 esomeprazole magnesium ... 132,  
 ..... 133, 206  
 estarylla..... 85, 236  
 estradiol ..... 136, 209, 210  
 estradiol-norethindrone acet.....  
 ..... 136, 210  
 eszopiclone ..... 155, 196  
 ethambutol ..... 59, 249

ethosuximide ..... 46, 242  
 ethynodiol diac-eth estradiol .....  
 ..... 85, 236  
 etodolac ..... 24, 226  
 etonogestrel-ethinyl estradiol.....  
 ..... 85, 236  
 ETOPOPHOS ..... 34, 162  
 etoposide ..... 34, 162  
 etravirine ..... 67, 250  
 EUCRISA ..... 93, 203  
 everolimus (antineoplastic).....  
 ..... 35, 162  
 everolimus (immunosuppressive)  
 ..... 141, 214  
 EVOTAZ..... 67, 250  
 exemestane ..... 35, 162  
 EXTENCILLINE..... 30, 232  
 EYSUVIS ..... 131, 223  
 ezetimibe..... 79, 192  
 ezetimibe-simvastatin ..... 79, 192

## F

falmina (28) ..... 86, 236  
 famciclovir ..... 70, 254  
 famotidine ..... 133, 206  
 FANAPT ..... 62, 183  
 FARXIGA ..... 52, 174  
 FASENRA ..... 154, 199  
 FASENRA PEN..... 154, 199  
 febuxostat ..... 57, 178  
 felbamate ..... 46, 242  
 felodipine..... 78, 191  
 femynor ..... 86, 236  
 fenofibrate ..... 79, 192  
 fenofibrate micronized ..... 79, 192  
 fenofibrate nanocrystallized.....  
 ..... 79, 192  
 fentanyl ..... 22, 227  
 fentanyl citrate ..... 22, 227  
 fesoterodine ..... 135, 208  
 FETZIMA..... 50, 246  
 FIASP FLEXTOUCH U-100  
 INSULIN..... 54, 176  
 FIASP PENFILL U-100 INSULIN  
 ..... 54, 176  
 FIASP U-100 INSULIN .... 54, 176  
 finasteride ..... 135, 208  
 fingolimod..... 82, 197  
 FINTEPLA..... 46, 242  
 FIRMAGON KIT W DILUENT  
 SYRINGE..... 35, 162  
 flavoxate..... 135, 208

flecainide ..... 75, 188  
 floxuridine..... 35, 162  
 fluconazole ..... 56, 248  
 fluconazole in nacl (iso-osm) .....  
 ..... 56, 248  
 flucytosine ..... 56, 248  
 fludrocortisone..... 137, 210  
 flunisolide ..... 132, 223  
 fluocinolone ..... 93, 203  
 fluocinolone acetonide oil .....  
 ..... 132, 223  
 fluocinonide ..... 93, 203  
 fluoride (sodium) ..... 91, 202  
 fluorometholone ..... 132, 223  
 fluorouracil ..... 35, 91, 162, 205  
 fluoxetine..... 50, 246  
 fluphenazine decanoate .. 62, 183  
 fluphenazine hcl ..... 63, 183  
 flurbiprofen ..... 24, 226  
 flurbiprofen sodium..... 132, 223  
 flutamide ..... 35, 162  
 fluticasone propionate .... 93, 132,  
 ..... 152, 201, 203, 223  
 fluticasone propion-salmeterol  
 ..... 152, 201  
 fluvastatin..... 79, 192  
 fluvoxamine ..... 50, 246  
 folivane-ob ..... 156, 292  
 fondaparinux ..... 71, 289, 290  
 fosamprenavir ..... 67, 250  
 fosinopril..... 75, 194  
 fosinopril-hydrochlorothiazide .....  
 ..... 75, 194  
 fosphenytoin..... 46, 242  
 FOTIVDA ..... 35, 162  
 FREESTYLE PRECISION.....  
 ..... 107, 267  
 FRUZAQLA ..... 35, 162  
 fulvestrant ..... 35, 162  
 furosemide ..... 78, 193  
 FUZEON ..... 67, 250  
 FYARRO ..... 35, 162  
 FYCOMPA ..... 46, 242

## G

gabapentin ..... 46, 242  
 galantamine ..... 49, 174  
 gallifrey ..... 139, 212  
 GAMUNEX-C ..... 141, 214  
 GARDASIL 9 (PF) ..... 144, 217  
 GAUZE PAD ..... 107, 267  
 gavilyte-c..... 134, 208

gavilyte-g..... 134, 208  
 gavilyte-n..... 134, 208  
 GAVRETO ..... 35, 162  
 gefitinib ..... 35, 162  
 gemfibrozil..... 79, 192  
 generlac ..... 133, 207  
 gengraf..... 141, 214  
 gentak ..... 130, 221  
 gentamicin..... 26, 92, 130,  
 ..... 205, 221, 229  
 gentamicin sulfate (ped) (pf) .....  
 ..... 26, 229  
 gentamicin sulfate (pf) ..... 26, 229  
 GENVOYA ..... 67, 250  
 GILOTRIF ..... 35, 162  
 glatiramer ..... 82, 197  
 glatopa ..... 82, 197  
 GLEOSTINE..... 35, 162  
 glimepiride..... 55, 178  
 glipizide ..... 55, 178  
 glipizide-metformin ..... 55, 178  
 glutamine (sickle cell) .... 149, 224  
 glyburide ..... 56, 178  
 glyburide micronized ..... 56, 178  
 glyburide-metformin..... 56, 178  
 glycopyrrolate..... 133, 207  
 glydo ..... 24, 228  
 GLYXAMBI..... 52, 174  
 griseofulvin microsize ..... 56, 248  
 griseofulvin ultramicrosize .....  
 ..... 56, 248  
 guanfacine ..... 73, 82, 187, 197  
 GVOKE ..... 149, 225  
 GVOKE HYPOPEN 2-PACK .....  
 ..... 149, 224  
 GVOKE PFS 1-PACK SYRINGE  
 ..... 149, 224  
 GVOKE PFS 2-PACK SYRINGE  
 ..... 149, 225

## H

HAEGARDA ..... 72, 290  
 hailey 24 fe..... 86, 236  
 hailey fe 1.5/30 (28)..... 86, 236  
 hailey fe 1/20 (28)..... 86, 236  
 halobetasol propionate .... 93, 204  
 haloette ..... 86, 236  
 haloperidol ..... 63, 184  
 haloperidol decanoate .... 63, 183  
 haloperidol lactate ... 63, 183, 184  
 HARVONI..... 70, 253  
 HAVRIX (PF)..... 144, 217

HEALTHWISE INSULIN  
 SYRINGE..... 107, 108, 267  
 HEALTHWISE PEN NEEDLE  
 ..... 108, 267  
 HEALTHY ACCENTS UNIFINE  
 PENTIP ..... 108, 267, 268  
 heather..... 86, 236  
 heparin (porcine) ..... 71, 290  
 HEPLISAV-B (PF) ..... 144, 217  
 HERCEPTIN HYLECTA .. 35, 163  
 HERZUMA ..... 35, 163  
 HIBERIX (PF)..... 144, 217  
 HUMIRA..... 141, 214  
 HUMIRA PEN..... 141, 214  
 HUMIRA PEN CROHNS-UC-HS  
 START ..... 141, 214  
 HUMIRA PEN PSOR-UEVITS-  
 ADOL HS ..... 141, 214  
 HUMIRA(CF)..... 142, 215  
 HUMIRA(CF) PEDI CROHNS  
 STARTER ..... 141, 214  
 HUMIRA(CF) PEN..... 141, 214  
 HUMIRA(CF) PEN CROHNS-  
 UC-HS ..... 141, 214  
 HUMIRA(CF) PEN PEDIATRIC  
 UC ..... 141, 214  
 HUMIRA(CF) PEN PSOR-UV-  
 ADOL HS ..... 141, 214  
 HUMULIN R U-500 (CONC)  
 INSULIN..... 54, 176  
 HUMULIN R U-500 (CONC)  
 KWIKPEN ..... 54, 176  
 hydralazine..... 77, 190  
 hydrochlorothiazide ..... 78, 193  
 hydrocodone-acetaminophen .....  
 ..... 22, 227  
 hydrocortisone..... 93, 137, 147,  
 ..... 195, 204, 210  
 hydrocortisone valerate ... 93, 204  
 hydrocortisone-acetic acid.....  
 ..... 130, 221  
 hydromorphone ..... 22, 227  
 hydroxychloroquine ..... 60,  
 ..... 180, 181  
 hydroxyurea ..... 35, 163  
 hydroxyzine hcl ..... 57, 249  
 hydroxyzine pamoate .... 149, 225

## I

ibandronate ..... 148, 195  
 IBRANCE ..... 35, 36, 163  
 ibu ..... 24, 226  
 ibuprofen ..... 24, 226  
 icatibant..... 77, 190  
 iclevia ..... 86, 236  
 ICLUSIG..... 36, 163  
 icosapent ethyl ..... 79, 80, 192  
 IDHIFA ..... 36, 163  
 ifosfamide..... 36, 163  
 ILEVRO..... 132, 223  
 imatinib ..... 36, 163  
 IMBRUVICA ..... 36, 163  
 IMDELLTRA ..... 36, 163  
 imipenem-cilastatin..... 29, 230  
 imipramine hcl ..... 50, 246  
 imiquimod..... 91, 205  
 IMJUDO ..... 36, 163  
 IMKELDI..... 36, 163  
 IMOVAX RABIES VACCINE (PF)  
 ..... 144, 217  
 IMPAVIDO ..... 60, 181  
 incassia ..... 86, 236  
 INCONTROL ALCOHOL PADS  
 ..... 108, 268  
 INCONTROL PEN NEEDLE.....  
 ..... 108, 268  
 INCRELEX ..... 138, 211  
 indapamide ..... 78, 193  
 indomethacin..... 24, 226  
 INFANRIX (DTAP) (PF) . 145, 218  
 infliximab ..... 142, 215  
 INGREZZA..... 82, 197  
 INGREZZA INITIATION  
 PK(TARDIV)..... 82, 197  
 INGREZZA SPRINKLE... 82, 197  
 INLYTA ..... 36, 163  
 INPEN (FOR HUMALOG)  
 BLUE ..... 108, 268  
 INPEN (NOVOLOG OR FIASP)  
 BLUE ..... 108, 268  
 INQOVI ..... 36, 163  
 INREBIC ..... 36, 163  
 insulin asp prt-insulin aspart .....  
 ..... 54, 177  
 insulin aspart u-100 ..... 54, 177  
 INSULIN SYR/NDL U100 HALF  
 MARK ..... 108, 268  
 INSULIN SYRINGE ..... 97, 256  
 INSULIN SYRINGE MICROFINE  
 ..... 97, 256

INSULIN SYRINGE  
 NEEDLELESS.....97, 256  
 INSULIN SYRINGE-NEEDLE U-  
 100... 107, 108, 109, 115, 119,  
 ..... 122, 123, 266, 267, 268,  
 ..... 269, 275, 278, 281, 282  
 INSUPEN PEN NEEDLE ..... 109,  
 ..... 110, 269  
 INTELENCE .....67, 250  
 INTRON A .....70, 253  
 INVEGA HAFYERA .....63, 184  
 INVEGA SUSTENNA .....63, 184  
 INVEGA TRINZA .....63, 184  
 INVELTYS..... 132, 223  
 IPOL..... 145, 218  
 ipratropium bromide ..... 129, 130,  
 ..... 153, 202, 224  
 ipratropium-albuterol ..... 153, 202  
 irbesartan .....74, 190  
 irbesartan-hydrochlorothiazide ...  
 .....74, 190  
 ISENTRESS.....67, 250, 251  
 ISENTRESS HD.....67, 250  
 isibloom.....86, 236  
 isoniazid .....59, 249  
 ISOPROPYL ALCOHOL..91, 205  
 isosorbide dinitrate .....80, 194  
 isosorbide mononitrate .....80,  
 .....81, 194  
 ITOVEBI.....36, 163  
 itraconazole.....56, 248  
 IV PREP WIPES ..... 110, 269  
 ivabradine .....77, 190  
 ivermectin.....60, 181  
 IWILFIN.....36, 164  
 IXCHIQ (PF).....145, 218  
 IXIARO (PF).....145, 218

## J

JAKAFI.....36, 164  
 jantoven .....71, 290  
 JANUMET .....52, 174  
 JANUMET XR ..... 52, 174, 175  
 JANUVIA.....52, 175  
 JARDIANCE.....52, 175  
 javygtor ..... 129, 291  
 JAYPIRCA .....36, 164  
 JEMPERLI .....37, 164  
 jencycla.....86, 237  
 JENTADUETO .....52, 175  
 JENTADUETO XR .....52, 175  
 jolessa.....86, 237

juleber .....86, 237  
 JULUCA .....67, 251  
 junel 1.5/30 (21) .....86, 237  
 junel 1/20 (21) .....86, 237  
 junel fe 1.5/30 (28) .....86, 237  
 junel fe 1/20 (28) .....86, 237  
 junel fe 24 .....86, 237  
 JYLAMVO .....37, 164  
 JYNNEOS (PF) ..... 145, 218

## K

KALYDECO ..... 154, 199  
 kariva (28) .....86, 237  
 kelnor 1/35 (28) .....86, 237  
 kelnor 1/50 (28) .....86, 237  
 KERENDIA.....80, 194  
 KESIMPTA PEN.....82, 198  
 ketoconazole .....56, 248  
 ketorolac ..... 24, 132, 223, 226  
 KEYTRUDA .....37, 164  
 KIMMTRAK .....37, 164  
 KINERET ..... 142, 215  
 KINRIX (PF) ..... 145, 218  
 kionex (with sorbitol)..... 133, 207  
 KISQALI .....37, 164  
 KISQALI FEMARA CO-PACK ....  
 .....37, 164  
 KLISYRI .....91, 205  
 klor-con m10 ..... 150, 288  
 klor-con m15 ..... 150, 288  
 klor-con m20 ..... 150, 288  
 KLOXXADO .....25, 172  
 KOSELUGO .....37, 164  
 kosher prenatal plus iron .....  
 .....156, 292  
 KRAZATI.....37, 164  
 kurvelo (28) .....86, 237  
 KYLEENA .....87, 237  
 KYNMOBI .....61, 181

## L

labetalol.....76, 188  
 lacosamide .....46, 242  
 lactulose ..... 133, 207  
 lamivudine .....67, 251  
 lamivudine-zidovudine .....67, 251  
 lamotrigine .....46, 243  
 lanreotide ..... 138, 211  
 lansoprazole ..... 133, 206  
 LANTUS SOLOSTAR U-100  
 INSULIN.....54, 177

LANTUS U-100 INSULIN .....  
 .....54, 177  
 lapatinib.....37, 164  
 larin 1.5/30 (21) .....87, 237  
 larin 1/20 (21) .....87, 237  
 larin 24 fe .....87, 237  
 larin fe 1.5/30 (28) .....87, 237  
 larin fe 1/20 (28) .....87, 237  
 larissia.....87, 237  
 latanoprost ..... 150, 221  
 LAZCLUZE.....37, 164  
 leflunomide..... 142, 215  
 lenalidomide .....37, 164  
 LENTOCILIN S.....30, 232  
 LENVIMA .....37, 165  
 lessina.....87, 237  
 letrozole .....37, 165  
 leucovorin calcium ..... 149, 225  
 LEUKERAN.....37, 165  
 leuprolide .....38, 165  
 leuprolide (3 month) .....38, 165  
 levetiracetam ..... 46, 47, 243  
 levobunolol..... 150, 221  
 levocetirizine .....57, 249  
 levofloxacin .....30, 233  
 levofloxacin in d5w .....30, 233  
 levonest (28) .....87, 237  
 levonorgest-eth.estradiol-iron .....  
 .....87, 238  
 levonorgestrel-ethinyl estrad.....  
 .....87, 238  
 levonorg-eth estrad triphasic .....  
 .....87, 238  
 levora-28 .....87, 238  
 levothyroxine ..... 139, 209  
 LEXIVA .....67, 251  
 LIBERVANT .....47, 243  
 lidocaine.....24, 228  
 lidocaine hcl .....24, 228  
 lidocaine viscous .....24, 228  
 lidocaine-prilocaine.....24, 228  
 lidocan iii .....24, 228  
 LILETTA .....87, 238  
 lillow (28).....87, 238  
 linezolid .....27, 230  
 linezolid in dextrose 5%...27, 230  
 LINZESS ..... 133, 207  
 liothyronine..... 139, 209  
 LISCO ..... 110, 269  
 lisinopril .....75, 194  
 lisinopril-hydrochlorothiazide .....  
 .....75, 194

LITE TOUCH INSULIN PEN  
 NEEDLES ..... 110, 269, 270  
 LITE TOUCH INSULIN  
 SYRINGE.. 110, 111, 269, 270  
 lithium carbonate .....82, 198  
 lithium citrate .....82, 198  
 LIVTENCITY .....69, 253  
 LOKELMA ..... 133, 207  
 LONSURF .....38, 165  
 loperamide ..... 133, 207  
 lopinavir-ritonavir .....68, 251  
 LOQTORZI.....38, 165  
 lorazepam .....26, 173, 174  
 lorazepam intensol .....26, 173  
 LORBRENA .....38, 165  
 losartan .....74, 190  
 losartan-hydrochlorothiazide.....  
 .....74, 190  
 LOTEMAX..... 132, 223  
 LOTEMAX SM..... 132, 223  
 loteprednol etabonate.....132,  
 .....223, 224  
 lovastatin.....80, 192  
 low-ogestrel (28) .....87, 238  
 loxapine succinate.....63, 184  
 lubiprostone ..... 133, 207  
 LUMAKRAS .....38, 165  
 LUMIGAN..... 150, 221  
 LUNSUMIO .....38, 165  
 LUPRON DEPOT .....38, 138,  
 .....165, 211  
 LUPRON DEPOT (3 MONTH)....  
 .....38, 138, 165, 211  
 LUPRON DEPOT (4 MONTH)....  
 .....38, 165  
 LUPRON DEPOT (6 MONTH)....  
 .....38, 165  
 LUPRON DEPOT-PED..138, 211  
 LUPRON DEPOT-PED  
 (3 MONTH) .....138, 211  
 lurasidone ..... 63, 64, 184  
 luteru (28).....87, 238  
 LYBALVI .....64, 184  
 lyleq .....87, 238  
 LYNPARZA .....38, 165  
 LYSODREN .....38, 165  
 LYTGABI .....38, 166  
 lyza .....88, 238

## M

MAGELLAN INSULIN SAFETY  
 SYRNG ..... 111, 270  
 MAGELLAN SYRINGE..111, 270  
 magnesium sulfate ..... 151, 288  
 malathion .....94, 205  
 maraviroc .....68, 251  
 MARGENZA.....38, 166  
 marlissa (28) .....88, 238  
 marnatal-f..... 156, 292  
 MARPLAN.....50, 246  
 MATULANE .....38, 166  
 MAVENCLAD (10 TABLET  
 PACK).....82, 198  
 MAVENCLAD (4 TABLET PACK)  
 .....82, 198  
 MAVENCLAD (5 TABLET PACK)  
 .....83, 198  
 MAVENCLAD (6 TABLET PACK)  
 .....83, 198  
 MAVENCLAD (7 TABLET PACK)  
 .....83, 198  
 MAVENCLAD (8 TABLET PACK)  
 .....83, 198  
 MAVENCLAD (9 TABLET PACK)  
 .....83, 198  
 MAXICOMFORT II PEN  
 NEEDLE ..... 111, 270  
 MAXI-COMFORT INSULIN  
 SYRINGE..... 111, 271  
 MAXICOMFORT INSULIN  
 SYRINGE.....111  
 MAXICOMFORT INSULIN  
 SYRINGE.....111  
 MAXICOMFORT INSULIN  
 SYRINGE.....271  
 MAXICOMFORT INSULIN  
 SYRINGE.....271  
 MAXICOMFORT SAFETY PEN  
 NEEDLE ..... 111, 271  
 MAYZENT .....83, 198  
 MAYZENT STARTER(FOR 1MG  
 MAINT) .....83, 198  
 MAYZENT STARTER(FOR 2MG  
 MAINT) .....83, 198  
 meclizine .....59, 180  
 medroxyprogesterone ...139, 212  
 mefloquine .....60, 181  
 meggestrol ..... 38, 139, 166, 212  
 MEKINIST .....38, 39, 166  
 MEKTOVI.....39, 166  
 meloxicam .....24, 226

memantine .....49, 174  
 MENACTRA (PF) ..... 145, 218  
 MENQUADFI (PF)..... 145, 218  
 MENVEO A-C-Y-W-135-DIP (PF)  
 ..... 145, 218  
 mercaptopurine .....39, 166  
 meropenem .....29, 230  
 mesalamine..... 147, 195  
 MESNEX..... 149, 225  
 metformin .....52, 175  
 methadone .....22, 23, 227  
 methazolamide..... 150, 221  
 methenamine hippurate...27, 230  
 methimazole..... 139, 209  
 methocarbamol ..... 155, 292  
 methotrexate sodium .....39, 166  
 methotrexate sodium (pf).39, 166  
 methoxsalen.....91, 205  
 methsuximide .....47, 243  
 methylphenidate hcl .....83, 198  
 methylprednisolone ..... 137, 210  
 methylprednisolone acetate.....  
 .....137, 210  
 metoclopramide hcl ..... 134, 207  
 metolazone .....78, 193  
 metoprolol succinate .....76, 188  
 metoprolol tartrate .....76, 188  
 metronidazole..... 27, 58, 92,  
 .....205, 229, 230  
 metronidazole in nacl (iso-os).....  
 .....27, 230  
 metyrosine .....77, 190  
 micafungin.....57, 248  
 miconazole-3.....57, 248  
 MICRODOT INSULIN PEN  
 NEEDLE ..... 111, 271  
 MICRODOT READYGARD PEN  
 NEEDLE ..... 111, 271  
 microgestin 1.5/30 (21)....88, 238  
 microgestin 1/20 (21).....88, 238  
 microgestin 24 fe.....88, 238  
 microgestin fe 1.5/30 (28).....  
 .....88, 238  
 microgestin fe 1/20 (28)...88, 238  
 midodrine .....73, 187  
 mifepristone .....52, 175  
 mili .....88, 238  
 mimvey .....136, 210  
 MINI ULTRA-THIN II .....112, 271  
 minitran .....81, 194  
 minocycline .....31, 234  
 minoxidil .....81, 195  
 MIPLYFFA .....128, 288

MIRENA.....88, 238  
 mirtazapine .....50, 246  
 misoprostol.....133, 206  
 mitoxantrone .....39, 166  
 M-M-R II (PF) .....145, 218  
 m-natal plus .....156, 292  
 modafinil.....155, 196  
 moexipril.....75, 194  
 molindone .....64, 184  
 mometasone ... 93, 132, 204, 224  
 MONOJECT INSULIN SAFETY  
 SYRING .....112, 113, 272  
 MONOJECT INSULIN SYRINGE  
 .....112, 113, 271, 272  
 MONOJECT SYRINGE .112, 271  
 MONOJECT ULTRA COMFORT  
 INSULIN.....124, 283  
 mono-linyah .....88, 239  
 montelukast.....152, 201  
 morphine .....23, 228  
 MORPHINE.....23, 228  
 morphine concentrate.....23, 227  
 MOUNJARO.....52, 175  
 MOVANTIK .....134, 207  
 moxifloxacin .... 30, 130, 222, 233  
 moxifloxacin-sod.ace,sul-water  
 .....30, 233  
 moxifloxacin-sod.chloride(iso) ....  
 .....30, 233  
 MRESVIA (PF) .....145, 218  
 MULTAQ .....75, 188  
 mupirocin .....92, 205  
 MVASI.....39, 166  
 mycophenolate mofetil...142, 215  
 mycophenolate mofetil (hcl).....  
 .....142, 215  
 mycophenolate sodium..142, 215  
 mynatal .....156, 292  
 mynatal advance .....156, 292  
 mynatal plus.....156, 292  
 mynatal-z .....156, 292  
 mynate 90 plus.....156, 293  
 MYRBETRIQ.....135, 208

## N

nabumetone .....24, 226  
 nafcillin .....30, 233  
 naloxone .....25, 173  
 naltrexone .....25, 173  
 naproxen .....24, 226  
 naratriptan.....58, 179  
 NATACYN.....130, 222

nateglinide.....52, 175  
 NATPARA .....148, 195  
 NAYZILAM .....47, 243  
 nebivolol.....76, 188  
 nefazodone .....51, 246  
 neomycin.....26, 229  
 neomycin-bacitracin-poly-hc.....  
 .....130, 222  
 neomycin-bacitracin-polymyxin  
 .....130, 222  
 neomycin-polymyxin b-dexameth  
 .....130, 222  
 neomycin-polymyxin-gramicidin  
 .....130, 222  
 neomycin-polymyxin-hc .130, 222  
 neo-polycin.....131, 222  
 neo-polycin hc.....131, 222  
 NERLYNX .....39, 166  
 neuac .....92, 205  
 NEULASTA ONPRO .....72, 290  
 nevirapine .....68, 251  
 newgen .....156, 293  
 NEXLETOL .....80, 192  
 NEXLIZET .....80, 192  
 NEXPLANON .....88, 239  
 niacin .....80, 192  
 niacor .....80, 192  
 NICOTROL NS.....25, 173  
 nifedipine.....78, 191  
 nilutamide.....39, 166  
 NINLARO .....39, 166  
 nitazoxanide.....60, 181  
 nitisinone.....129, 291  
 nitrofurantoin macrocrystal .....  
 .....27, 230  
 nitrofurantoin monohyd/m-cryst  
 .....27, 230  
 nitroglycerin..... 81, 149, 195, 225  
 niva-plus.....156, 293  
 NIVESTYM.....72, 290  
 NORDITROPIN FLEXPRO.....  
 .....138, 211  
 norelgestromin-ethin.estradiol ....  
 .....88, 239  
 norethindrone (contraceptive).....  
 .....88, 239  
 norethindrone acetate ...139, 212  
 norethindrone-e.estradiol-iron.....  
 .....88, 239  
 norgestimate-ethinyl estradiol.....  
 .....88, 239  
 norlyda .....88, 239  
 nortrel 1/35 (21).....88, 239

nortrel 1/35 (28).....89, 239  
 nortrel 7/7/7 (28).....89, 239  
 nortriptyline .....51, 246  
 NORVIR .....68, 251  
 NOVOFINE 30 .....113, 272  
 NOVOFINE 32 .....113, 272  
 NOVOFINE PLUS .....113, 272  
 NOVOLIN 70/30 U-100 INSULIN  
 .....54, 177  
 NOVOLIN 70-30 FLEXPEN U-  
 100.....54, 177  
 NOVOLIN N FLEXPEN ...54, 177  
 NOVOLIN N NPH U-100  
 INSULIN.....54, 177  
 NOVOLIN R FLEXPEN ...55, 177  
 NOVOLIN R REGULAR U100  
 INSULIN.....55, 177  
 NOVOTWIST .....113, 272  
 NUBEQA.....39, 166  
 NUCALA .....154, 199  
 NULOJIX.....142, 215  
 NUPLAZID .....64, 184  
 NURTEC ODT.....58, 179  
 nyamyc .....57, 248  
 nylia 1/35 (28) .....89, 239  
 nylia 7/7/7 (28) .....89, 239  
 nymyo .....89, 239  
 nystatin .....57, 248  
 nystatin-triamcinolone .....57, 248  
 nystop .....57, 248  
 NYVEPRIA.....72, 291

## O

obstetrix dha.....156, 293  
 obstetrix dha prenatal duo .....  
 .....156, 293  
 o-cal prenatal .....156, 293  
 OCREVUS .....83, 198  
 OCREVUS ZUNOVO .....83, 198  
 octreotide acetate..138, 211, 212  
 ODEFSEY .....68, 251  
 ODOMZO.....39, 166  
 OFEV .....154, 199  
 ofloxacin.....131, 222  
 OGIVRI .....39, 166  
 OGSIVEO .....39, 166  
 OJEMDA .....39, 166, 167  
 OJJAARA.....39, 167  
 olanzapine.....64, 184, 185  
 olmesartan .....74, 190  
 olmesartan-amlodipin-hcthiiazid  
 .....74, 190



olmesartan-hydrochlorothiazide .....74, 190  
 olopatadine ..... 130, 224  
 omega-3 acid ethyl esters .....80, 192  
 omeprazole ..... 133, 206  
 OMNIPOD 5 (G6/LIBRE 2 PLUS) ..... 113, 272  
 OMNIPOD 5 G6-G7 INTRO KT (GEN5)..... 113, 272  
 OMNIPOD 5 G6-G7 PODS (GEN 5)..... 113, 273  
 OMNIPOD 5 INTRO(G6/LIBRE2PLUS) ..... 113, 273  
 OMNIPOD CLASSIC PDM KIT(GEN 3) ..... 113, 273  
 OMNIPOD CLASSIC PODS (GEN 3)..... 113, 273  
 OMNIPOD DASH INTRO KIT (GEN 4)..... 113, 273  
 OMNIPOD DASH PDM KIT (GEN 4)..... 113, 273  
 OMNIPOD DASH PODS (GEN 4)..... 113, 273  
 ondansetron .....59, 180  
 ondansetron hcl.....59, 180  
 ONTRUZANT .....39, 167  
 ONUREG .....39, 167  
 OPDIVO .....39, 167  
 OPDUALAG .....40, 167  
 OPSUMIT ..... 155, 225  
 ORENCIA..... 142, 215  
 ORENCIA (WITH MALTOSE) ..... 142, 215  
 ORENCIA CLICKJECT.. 142, 215  
 ORFADIN..... 129, 291  
 ORGOVYX..... 138, 212  
 ORLISSA ..... 138, 212  
 ORKAMBI ..... 154, 200  
 ORSERDU .....40, 167  
 oseltamivir .....69, 253  
 OTEZLA ..... 142, 215  
 OTEZLA STARTER..... 142, 215  
 oxandrolone ..... 136, 209  
 oxcarbazepine .....47, 243  
 oxybutynin chloride..... 135, 208  
 oxycodone.....23, 228  
 oxycodone-acetaminophen..... 23, 228  
 OZEMPIC.....53, 175

## P

pacerone .....75, 188  
 paclitaxel protein-bound ..40, 167  
 paliperidone .....64, 185  
 PANRETIN.....91, 205  
 pantoprazole ..... 133, 206  
 paricalcitol ..... 148, 195  
 paromomycin.....60, 181  
 paroxetine hcl.....51, 246  
 PAXLOVID .....69, 253  
 pazopanib .....40, 167  
 PEDIARIX (PF) ..... 145, 218  
 PEDVAX HIB (PF)..... 145, 218  
 peg 3350-electrolytes .... 134, 208  
 PEGASYS.....70, 253  
 peg-electrolyte soln ..... 134, 208  
 PEMAZYRE .....40, 167  
 pemetrexed .....40, 167  
 pemetrexed disodium .....40, 167  
 PEMRYDI RTU .....40, 167  
 PEN NEEDLE ..... 107, 113, 114, 115, 266, 273, 275  
 PEN NEEDLE, DIABETIC .... 100, 111, 112, 113, 114, 115, 260, 271, 273, 275  
 PEN NEEDLE, DIABETIC, SAFETY ..... 116, 275  
 PENBRAYA (PF)..... 145, 218  
 PENBRAYA MENACWY COMPONENT(PF) .... 145, 218  
 PENBRAYA MENB COMPONENT (PF) ... 145, 218  
 penicillamine ..... 135, 229  
 penicillin g potassium .....30, 233  
 penicillin g procaine .....30, 233  
 penicillin v potassium .....30, 233  
 PENTACEL (PF) ..... 145, 218  
 pentamidine .....60, 181  
 PENTIPS PEN NEEDLE ..... 114, 273  
 pentoxifylline ..... 73, 290  
 perindopril erbumine.....75, 194  
 periogard ..... 91, 202  
 permethrin ..... 94, 205  
 perphenazine .....64, 185  
 perphenazine-amitriptyline ..... 51, 246  
 PERSERIS .....64, 185  
 phenelzine.....51, 246  
 phenobarbital .....47, 243  
 phenytoin .....47, 243  
 phenytoin sodium .....47, 243

phenytoin sodium extended..... 47, 243  
 PIFELTRO .....68, 251  
 pilocarpine hcl . 91, 150, 202, 221  
 pimecrolimus .....93, 204  
 pimoziide.....64, 185  
 pimtrea (28).....89, 239  
 pioglitazone .....53, 175  
 pioglitazone-metformin ....53, 175  
 PIP PEN NEEDLE . 114, 273, 274  
 piperacillin-tazobactam....30, 233  
 PIQRAY .....40, 167  
 pirfenidone ..... 154, 200  
 pirmella .....89, 239  
 pitavastatin calcium .....80, 192  
 PLEGRIDY ..... 83, 198, 199  
 pnv 29-1 ..... 156, 293  
 pnv-dha + docusate..... 156, 293  
 pnv-omega ..... 157, 293  
 podofilox.....91, 205  
 polycin..... 131, 222  
 polymyxin b sulf-trimethoprim ..... 131, 222  
 POMALYST .....40, 167  
 portia 28.....89, 239  
 posaconazole.....57, 248  
 potassium chloride 151, 288, 289  
 potassium citrate ..... 151, 289  
 pr natal 400 ..... 157, 293  
 pr natal 400 ec ..... 157, 293  
 pr natal 430 ..... 157, 293  
 pr natal 430 ec ..... 157, 293  
 pramipexole .....61, 181  
 prasugrel .....73, 290  
 pravastatin .....80, 192  
 praziquantel .....60, 181  
 prazosin .....73, 187  
 prednisolone ..... 137, 211  
 prednisolone acetate .... 132, 224  
 prednisolone sodium phosphate ..... 137, 210, 211  
 prednisone ..... 137, 211  
 pregabalin .....47, 243  
 PREHEVBRIO (PF)..... 145, 218  
 PREMARIN ..... 137, 210  
 PREMPHASE..... 137, 210  
 PREMPRO ..... 137, 210  
 prena1 true..... 157, 293  
 prenaissance..... 157, 293  
 prenaissance plus ..... 157, 293  
 prenatalabs fa ..... 157, 293  
 prenatal 19 ..... 157, 293

prenatal 19 (with docusate) .....  
     ..... 157, 293  
 prenatal low iron ..... 157, 293  
 prenatal plus ..... 157, 293  
 prenatal plus (calcium carb) .....  
     ..... 156, 293  
 prenatal vitamin plus low iron .....  
     ..... 157, 293  
 prenatal-u ..... 157, 293  
 preplus ..... 157, 293  
 pretab ..... 157, 293  
 prevalite ..... 80, 192  
 PREVENT DROPSAFE PEN  
     NEEDLE ..... 114, 274  
 previfem ..... 89, 239  
 PREVYMIS ..... 69, 253  
 PREZCOBIX ..... 68, 251  
 PREZISTA ..... 68, 251  
 PRIFTIN ..... 59, 249  
 PRIMAQUINE ..... 60, 181  
 primidone ..... 47, 243  
 PRIORIX (PF) ..... 146, 219  
 PRO COMFORT ALCOHOL  
     PADS ..... 114, 274  
 PRO COMFORT INSULIN  
     SYRINGE ..... 114, 274  
 PRO COMFORT PEN NEEDLE  
     ..... 114, 115, 274  
 probenecid ..... 57, 178  
 probenecid-colchicine ..... 57, 179  
 PROCALAMINE 3% ..... 73, 187  
 prochlorperazine ..... 59, 180  
 prochlorperazine edisylate .....  
     ..... 59, 64, 180, 185  
 prochlorperazine maleate .....  
     ..... 59, 180  
 procto-med hc ..... 93, 204  
 proctosol hc ..... 93, 204  
 proctozone-hc ..... 94, 204  
 PRODIGY INSULIN SYRINGE  
     ..... 115, 274  
 progesterone micronized .....  
     ..... 139, 212  
 PROGRAF ..... 142, 215  
 PROLIA ..... 148, 196  
 PROMACTA ..... 72, 291  
 promethazine ..... 59, 180  
 promethegan ..... 59, 180  
 propafenone ..... 75, 188  
 propranolol ..... 76, 188  
 propylthiouracil ..... 139, 209  
 PROQUAD (PF) ..... 146, 219  
 protriptyline ..... 51, 246

PULMOZYME ..... 129, 291  
 PURE COMFORT ALCOHOL  
     PADS ..... 115, 274  
 PURE COMFORT PEN NEEDLE  
     ..... 115, 274, 275  
 PURE COMFORT SAFETY PEN  
     NEEDLE ..... 115, 274  
 PURIXAN ..... 40, 167  
 pyrazinamide ..... 59, 249  
 pyridostigmine bromide ..... 149, 225  
 pyrimethamine ..... 60, 181

## Q

QINLOCK ..... 40, 167  
 QUADRACEL (PF) ..... 146, 219  
 quetiapine ..... 64, 185  
 quinapril ..... 75, 194  
 quinapril-hydrochlorothiazide .....  
     ..... 75, 194  
 quinidine sulfate ..... 75, 188  
 quinine sulfate ..... 60, 181  
 QULIPTA ..... 58, 179

## R

RABAVERT (PF) ..... 146, 219  
 rabeprazole ..... 133, 206  
 raloxifene ..... 137, 210  
 ramipril ..... 75, 194  
 ranolazine ..... 77, 190  
 rasagiline ..... 61, 181  
 RASUVO (PF) ..... 142, 215  
 RAYALDEE ..... 148, 196  
 reclusen (28) ..... 89, 240  
 RECOMBIVAX HB (PF) ..... 146, 219  
 RELENZA DISKHALER ..... 70, 253  
 RELION NEEDLES ..... 116, 275  
 RELION PEN NEEDLES .....  
     ..... 116, 275  
 repaglinide ..... 53, 175  
 REPATHA PUSHTRONEX .....  
     ..... 80, 192  
 REPATHA SURECLICK ..... 80, 192  
 REPATHA SYRINGE ..... 80, 192  
 RETACRIT ..... 72, 291  
 RETEVMO ..... 40, 168  
 RETROVIR ..... 68, 251  
 REVUFORJ ..... 40, 41, 168  
 REXULTI ..... 64, 185  
 REYATAZ ..... 68, 251  
 REZLIDHIA ..... 41, 168  
 REZUROCK ..... 142, 215  
 RHOPRESSA ..... 150, 221

RIABNI ..... 41, 168  
 ribavirin ..... 70, 254  
 rifabutin ..... 59, 249  
 rifampin ..... 59, 249  
 rilpivirine ..... 68, 251  
 riluzole ..... 83, 199  
 RINVOQ ..... 143, 216  
 RINVOQ LQ ..... 142, 215  
 risperidone ..... 65, 185  
 risperidone microspheres .....  
     ..... 64, 185  
 ritonavir ..... 68, 251  
 RITUXAN HYCELA ..... 41, 168  
 rivastigmine ..... 49, 174  
 rivastigmine tartrate ..... 49, 174  
 rizatriptan ..... 58, 179  
 r-natal ob ..... 157, 293  
 ROCKLATAN ..... 150, 221  
 roflumilast ..... 154, 200  
 ropinirole ..... 61, 181, 182  
 rosadan ..... 92, 205  
 rosuvastatin ..... 80, 193  
 ROTARIX ..... 146, 219  
 ROTATEQ VACCINE ..... 146, 219  
 ROZLYTREK ..... 41, 168  
 RUBRACA ..... 41, 168  
 rufinamide ..... 47, 243, 244  
 RUKOBIA ..... 68, 251  
 RUXIENCE ..... 41, 168  
 RYBELSUS ..... 53, 175  
 RYBREVANT ..... 41, 168  
 RYDAPT ..... 41, 168  
 RYTELO ..... 41, 168

## S

SAFESNAP INSULIN SYRINGE  
     ..... 116, 275  
 SAFETY PEN NEEDLE ..... 116, 275  
 SANTYL ..... 91, 205  
 sapropterin ..... 129, 291  
 SAVELLA ..... 83, 199  
 SCEMBLIX ..... 41, 168  
 scopolamine base ..... 59, 180  
 SECUADO ..... 65, 185  
 SECURESAFE INSULIN  
     SYRINGE ..... 116, 276  
 SECURESAFE PEN NEEDLE  
     ..... 116, 276  
 select-ob ..... 157, 294  
 select-ob (folic acid) ..... 157, 294  
 selegiline hcl ..... 61, 182  
 selenium sulfide ..... 92, 205

SELZENTRY .....68, 252  
 SEMGLEE(INSULIN  
 GLARGINE-YFGN) .....55, 177  
 SEMGLEE(INSULIN GLARG-  
 YFGN)PEN .....55, 177  
 se-natal 19 chewable .... 157, 294  
 SEREVENT DISKUS..... 153, 202  
 SEROSTIM ..... 138, 212  
 sertraline ..... 51, 246, 247  
 setlakin.....89, 240  
 sevelamer carbonate ..... 134,  
 ..... 135, 207  
 sevelamer hcl ..... 135, 207  
 SEZABY.....47, 244  
 sf 5000 plus.....91, 202  
 sharobel .....89, 240  
 SHINGRIX (PF)..... 146, 219  
 SIGNIFOR..... 138, 212  
 sildenafil (pulm.hypertension)  
 ..... 155, 225  
 silver sulfadiazine .....92, 205  
 SIMBRINZA ..... 150, 221  
 simliya (28).....89, 240  
 simvastatin .....80, 193  
 sirolimus..... 143, 216  
 SIRTURO.....59, 249  
 SKY SAFETY PEN NEEDLE .....  
 ..... 116, 276  
 SKYLA .....89, 240  
 SKYRIZI..... 143, 216  
 sodium chloride 0.45 % .151, 289  
 sodium chloride 0.9 % ... 151, 289  
 sodium fluoride-pot nitrate .....  
 .....91, 202  
 sodium oxybate ..... 155, 196  
 sodium polystyrene sulfonate  
 ..... 134, 207  
 sodium,potassium,mag sulfates  
 ..... 134, 208  
 solifenacin ..... 135, 208  
 SOLIQUA 100/33 .....55, 177  
 SOLTAMOX .....41, 169  
 SOMATULINE DEPOT .....138,  
 ..... 139, 212  
 SOMAVERT ..... 139, 212  
 sorafenib .....41, 169  
 sorine .....76, 188  
 sotalol .....76, 189  
 sotalol af.....76, 189  
 SPIRIVA RESPIMAT ..... 153, 202  
 spironolactone.....78, 193  
 spironolacton-hydrochlorothiaz  
 .....79, 193

SPRAVATO .....51, 247  
 sprintec (28) .....89, 240  
 SPRITAM .....47, 244  
 sps (with sorbitol) ..... 134, 207  
 sronyx .....89, 240  
 ssd .....92, 205  
 stavudine.....68, 252  
 STELARA..... 143, 216  
 STERILE PADS ..... 116, 276  
 STIOLTO RESPIMAT... 153, 202  
 STIVARGA.....41, 169  
 STRENSIQ..... 129, 291  
 streptomycin.....26, 229  
 STRIBILD.....68, 252  
 STRIVERDI RESPIMAT .....  
 ..... 153, 202  
 subvenite.....48, 244  
 sucralfate ..... 133, 206  
 sulfacetamide sodium.... 131, 222  
 sulfacetamide-prednisolone.....  
 ..... 131, 222  
 sulfadiazine .....30, 233  
 sulfamethoxazole-trimethoprim  
 ..... 30, 31, 233  
 sulfasalazine ..... 147, 148, 195  
 sulindac.....24, 226  
 sumatriptan .....58, 179  
 sumatriptan succinate .....58, 179  
 sunitinib malate .....41, 169  
 SUNLENCA .....68, 252  
 SURE COMFORT ALCOHOL  
 PREP PADS ..... 117, 276  
 SURE COMFORT INS. SYR. U-  
 100..... 116, 276  
 SURE COMFORT INSULIN  
 SYRINGE..... 117, 276, 277  
 SURE COMFORT PEN NEEDLE  
 ..... 117, 276, 277  
 SURE COMFORT SAFETY PEN  
 NEEDLE ..... 116, 276  
 SURE-FINE PEN NEEDLES .....  
 ..... 117, 277  
 SURE-JECT INSULIN SYRINGE  
 ..... 117, 118, 277  
 SURE-PREP ALCOHOL PREP  
 PADS..... 118, 277  
 SUTAB..... 134, 208  
 SYMPAZAN .....48, 244  
 SYMTUZA .....69, 252  
 SYNJARDY .....53, 176  
 SYNJARDY XR .....53, 176  
 SYNRIPO.....41, 169

SYRINGE WITH NEEDLE,  
 SAFETY..... 116, 276

## T

TABLOID.....41, 169  
 TABRECTA .....42, 169  
 tacrolimus..... 94, 143, 204, 216  
 tadalafil ..... 155, 225  
 TAFINLAR.....42, 169  
 tafluprost (pf) ..... 150, 221  
 TAGRISSO .....42, 169  
 TALVEY .....42, 169  
 TALZENNA .....42, 169  
 tamoxifen .....42, 169  
 tamsulosin..... 135, 208  
 tarina 24 fe .....89, 240  
 tarina fe 1-20 eq (28) .....89, 240  
 taron-c dha ..... 157, 294  
 taron-prex prenatal-dha . 157, 294  
 TASIGNA .....42, 169  
 TAVNEOS..... 143, 216  
 tazarotene .....94, 206  
 tazicef .....28, 231  
 taztia xt .....77, 189  
 TAZVERIK .....42, 169  
 TDVAX..... 146, 219  
 TECHLITE INSULIN SYRINGE  
 ..... 118, 278  
 TECHLITE INSULN SYR  
 (HALF UNIT) ..... 118, 277, 278  
 TECHLITE PEN NEEDLE .... 118,  
 ..... 119, 278  
 TECHLITE PLUS PEN NEEDLE  
 ..... 119, 278  
 TECVAYLI.....42, 169  
 TEFLARO .....28, 231  
 telmisartan .....74, 190  
 telmisartan-hydrochlorothiazid....  
 .....74, 190  
 temazepam .....26, 174  
 TEMIXYS .....69, 252  
 TENIVAC (PF)..... 146, 219  
 tenofovir disoproxil fumarate.....  
 .....69, 252  
 TEPMETKO .....42, 169  
 terazosin ..... 135, 208  
 terbinafine hcl.....57, 248  
 terconazole .....58, 229  
 teriparatide ..... 148, 196  
 TERUMO INSULIN SYRINGE  
 ..... 119, 278, 279  
 testosterone ..... 136, 209

testosterone cypionate ..	136, 209	trandolapril .....	75, 194	trospium .....	135, 209
testosterone enanthate..	136, 209	trandolapril-verapamil .....	75, 194	TRUE COMFORT ALCOHOL	
TETANUS,DIPHThERIA TOX		tranexamic acid .....	72, 289	PADS.....	120, 280
PED(PF) .....	146, 219	tranylcypramine .....	51, 247	TRUE COMFORT INSULIN	
tetrabenazine .....	83, 199	travoprost .....	150, 221	SYRINGE.....	120, 280
tetracycline .....	31, 234	TRAZIMERA .....	42, 170	TRUE COMFORT PEN NEEDLE	
TEVIMBRA.....	42, 169	trazodone .....	51, 247	.....	120, 121, 280
THALOMID .....	149, 225	TRECTOR .....	59, 249	TRUE COMFORT PRO	
theophylline .....	153, 202	TRELEGY ELLIPTA .....	153, 202	ALCOHOL PADS .....	121, 280
THINPRO INSULIN SYRINGE		TRELSTAR .....	42, 170	TRUE COMFORT PRO INS	
.....	119, 279	TREMFYA.....	143, 216	SYRINGE..	120, 121, 279, 280
thioridazine.....	65, 185	TREMFYA PEN.....	143, 216	TRUE COMFORT SAFE	
thiothixene.....	65, 185	TRESIBA FLEXTOUCH U-100		INSULIN SYRG.....	120, 121,
tiadylt er .....	77, 189	.....	55, 178	.....	280, 281
tiagabine .....	48, 244	TRESIBA FLEXTOUCH U-200		TRUE COMFORT SAFETY PEN	
TIBSOVO.....	42, 169	.....	55, 178	NEEDLE .....	120, 279
TICE BCG .....	42, 169	TRESIBA U-100 INSULIN .....		TRUEPLUS INSULIN .....	121,
TICOVAC.....	146, 219	.....	55, 178	.....	122, 281
tigecycline .....	31, 234	tretinoin .....	94, 206	TRUEPLUS PEN NEEDLE.....	
tilia fe .....	89, 240	tretinoin (antineoplastic) ..	43, 170	.....	121, 281
timolol maleate .....	76, 150,	tri femynor .....	89, 240	TRULICITY .....	53, 176
.....	189, 221	triamcinolone acetoneide....	91, 94,	TRUMENBA.....	147, 220
tinidazole.....	60, 181	.....	137, 202, 204, 211	TRUQAP .....	43, 170
tiotropium bromide.....	153, 202	triamterene-hydrochlorothiazid		TRUSELTIQ.....	43, 170
TIVDAK.....	42, 169	.....	79, 193	TRUXIMA.....	43, 170
TIVICAY .....	69, 252	triazolam .....	26, 174	TUKYSA.....	43, 170
TIVICAY PD .....	69, 252	trientine .....	135, 229	TURALIO .....	43, 170
tizanidine.....	155, 292	tri-estarylla .....	89, 240	turqoz (28).....	90, 241
TOBI PODHALER .....	26, 229	trifluoperazine.....	65, 186	TWINRIX (PF) .....	147, 220
tobramycin .....	131, 222	trifluridine .....	131, 222	TYBOST.....	149, 225
tobramycin in 0.225 % nacl.....		trihexyphenidyl .....	61, 182	TYMLOS .....	148, 196
.....	26, 229	TRIJARDY XR.....	53, 176	TYPHIM VI.....	147, 220
tobramycin sulfate .....	27, 229	tri-legest fe .....	90, 240		
tobramycin-dexamethasone .....		tri-lynyah .....	90, 240		
.....	131, 222	tri-lo-estarylla.....	90, 240		
tolterodine .....	135, 208	tri-lo-marzia .....	90, 240		
TOPCARE CLICKFINE .....	119,	tri-lo-mili .....	90, 240		
.....	120, 279	tri-lo-sprintec .....	90, 240		
TOPCARE ULTRA COMFORT		trimethoprim .....	27, 230		
.....	120, 279	tri-mili .....	90, 240		
topiramate .....	48, 244	trimipramine .....	51, 247		
toposar.....	42, 170	TRINTELLIX.....	51, 247		
toremifene .....	42, 170	tri-nymyo .....	90, 240		
torpenz.....	42, 170	tri-previfem (28) .....	90, 240		
torsemide .....	79, 193	tri-sprintec (28) .....	90, 240		
TOUJEO MAX U-300		TRIUMEQ .....	69, 252		
SOLOSTAR .....	55, 177	TRIUMEQ PD.....	69, 252		
TOUJEO SOLOSTAR U-300		triveen-duo dha .....	157, 294		
INSULIN.....	55, 178	trivora (28).....	90, 241		
TRADJENTA .....	53, 176	tri-vylibra .....	90, 241		
tramadol.....	23, 228	tri-vylibra lo.....	90, 241		
tramadol-acetaminophen.....		TRIZIVIR .....	69, 252		
.....	23, 228	TROGARZO.....	69, 252		

## U

UBRELVY .....	58, 179
ULTICARE .....	122, 123, 282
ULTICARE INSULIN SYRINGE	
.....	122, 281, 282
ULTICARE INSULN SYR	
(HALF UNIT) .....	122, 281
ULTICARE PEN NEEDLE .....	
.....	122, 282
ULTICARE SAFETY PEN	
NEEDLE .....	122, 282
ULTIGUARD SAFEPACK-	
INSULIN SYR ...	123, 282, 283
ULTIGUARD SAFEPACK-PEN	
NEEDLE .....	123, 282, 283
ULTILET ALCOHOL SWAB.....	
.....	123, 283
ULTILET INSULIN SYRINGE	
..	109, 123, 124, 268, 269, 283

ULTILET PEN NEEDLE .....  
 ..... 124, 283  
 ULTRA CMFT INS SYR (HALF  
 UNIT) ..... 107, 116, 267, 276  
 ULTRA COMFORT INSULIN  
 SYRINGE ..... 103, 107, 124,  
 ..... 263, 267, 283  
 ULTRA FLO INSUL SYR  
 (HALF UNIT) ..... 124, 283, 284  
 ULTRA FLO INSULIN SYRINGE  
 ..... 124, 125, 284  
 ULTRA FLO PEN NEEDLE .....  
 ..... 124, 284  
 ULTRA THIN PEN NEEDLE .....  
 ..... 125, 284  
 ULTRACARE INSULIN  
 SYRINGE ..... 125, 284  
 ULTRACARE PEN NEEDLE .....  
 ..... 125, 284, 285  
 ULTRA-THIN II (SHORT) INS  
 SYR ..... 125, 126, 285  
 ULTRA-THIN II (SHORT) PEN  
 ND ..... 126, 285  
 ULTRA-THIN II INS PEN  
 NEEDLES ..... 126, 285  
 ULTRA-THIN II INSULIN  
 SYRINGE ..... 125, 126, 285  
 UNIFINE PEN NEEDLE 126, 285  
 UNIFINE PENTIPS ..... 113, 126,  
 ..... 273, 285, 286  
 UNIFINE PENTIPS MAXFLOW  
 ..... 126, 286  
 UNIFINE PENTIPS PLUS .... 126,  
 ..... 127, 286  
 UNIFINE PENTIPS PLUS  
 MAXFLOW ..... 126, 286  
 UNIFINE PROTECT ..... 127, 286  
 UNIFINE SAFECONTROL .....  
 ..... 127, 286  
 UNIFINE SAFECONTROL PEN  
 NEEDLE ..... 127, 286  
 UNIFINE ULTRA PEN NEEDLE  
 ..... 127, 286, 287  
 UPTRAVI ..... 156, 225  
 ursodiol ..... 134, 207  
 UZEDY ..... 65, 186

## V

valacyclovir ..... 70, 254  
 VALCHLOR ..... 91, 205  
 valganciclovir ..... 70, 254  
 valproate sodium ..... 48, 244

valproic acid ..... 48, 244  
 valproic acid (as sodium salt) .....  
 ..... 48, 244  
 valsartan ..... 74, 191  
 valsartan-hydrochlorothiazide .....  
 ..... 74, 191  
 VALTOCO ..... 48, 244  
 vancomycin ..... 27, 230  
 VANFLYTA ..... 43, 170  
 VANISHPOINT INSULIN  
 SYRINGE ..... 127, 287  
 VANISHPOINT SYRINGE .....  
 ..... 127, 287  
 VAQTA (PF) ..... 147, 220  
 varenicline tartrate ..... 25, 173  
 VARIVAX (PF) ..... 147, 220  
 VAXCHORA VACCINE . 147, 220  
 VEGZELMA ..... 43, 170  
 VELTASSA ..... 134, 207  
 VEMLIDY ..... 69, 252  
 VENCLEXTA ..... 43, 170  
 VENCLEXTA STARTING PACK  
 ..... 43, 170  
 venlafaxine ..... 51, 247  
 VEOZAH ..... 149, 225  
 verapamil ..... 77, 189  
 VERIFINE INSULIN SYRINGE  
 ..... 127, 128, 287  
 VERIFINE PEN NEEDLE ..... 127,  
 ..... 128, 287  
 VERIFINE PLUS PEN NEEDLE  
 ..... 128, 287  
 VERIFINE PLUS PEN NEEDLE-  
 SHARP ..... 128, 287  
 VERQUVO ..... 77, 190  
 VERSACLOZ ..... 65, 186  
 VERSALON ..... 128, 287  
 VERZENIO ..... 43, 170  
 V-GO 20 ..... 128, 287  
 V-GO 30 ..... 128, 288  
 V-GO 40 ..... 128, 288  
 vienna ..... 90, 241  
 vigabatrin ..... 48, 244  
 vigadrone ..... 48, 244  
 vigpoder ..... 48, 244  
 vilazodone ..... 51, 247  
 vinorelbine ..... 43, 170  
 viorele (28) ..... 90, 241  
 VIRACEPT ..... 69, 252  
 VIREAD ..... 69, 252  
 virt-c dha ..... 157, 294  
 virt-nate dha ..... 157, 294  
 virt-pn dha ..... 158, 294

virt-pn plus ..... 158, 294  
 vitafol gummies ..... 158, 294  
 vitafol nano ..... 158, 294  
 vitafol-ob+dha ..... 158, 294  
 VITRAKVI ..... 43, 171  
 VIZIMPRO ..... 43, 171  
 VOCABRIA ..... 69, 252  
 volnea (28) ..... 90, 241  
 VONJO ..... 43, 171  
 VORANIGO ..... 44, 171  
 voriconazole ..... 57, 248  
 VOSEVI ..... 70, 253  
 VOWST ..... 149, 225  
 vp-ch-pnv ..... 158, 294  
 vp-pnv-dha ..... 158, 294  
 VRAYLAR ..... 65, 186  
 VUMERITY ..... 83, 199  
 VYALEV ..... 61, 182  
 vylibra ..... 90, 241  
 VYLOY ..... 44, 171  
 VYZULTA ..... 150, 221

## W

warfarin ..... 71, 290  
 WEBCOL ..... 128, 288  
 WELIREG ..... 44, 171  
 WINREVAIR ..... 154, 200  
 wixela inhub ..... 152, 201

## X

XALKORI ..... 44, 171  
 XARELTO ..... 71, 290  
 XARELTO DVT-PE TREAT 30D  
 START ..... 71, 290  
 XATMEP ..... 44, 171  
 XCOPRI ..... 48, 244  
 XCOPRI MAINTENANCE PACK  
 ..... 48, 244  
 XCOPRI TITRATION PACK .....  
 ..... 48, 245  
 XDEMVI ..... 131, 222  
 XELJANZ ..... 143, 216  
 XELJANZ XR ..... 143, 216  
 XERMELO ..... 134, 207  
 XGEVA ..... 148, 196  
 XIFAXAN ..... 27, 230  
 XIGDUO XR ..... 53, 176  
 XIIDRA ..... 132, 224  
 XOLAIR ..... 154, 155, 200  
 XOSPATA ..... 44, 171  
 XPOVIO ..... 44, 171  
 XTANDI ..... 44, 171

xulane .....90, 241  
 XULTOPHY 100/3.6 .....55, 178  
 XYOSTED..... 136, 209

**Y**

YERVOY .....44, 172  
 YF-VAX (PF) ..... 147, 220  
 YONSA .....44, 172  
 yuvafem ..... 137, 210

**Z**

zafemy .....90, 241  
 zafirlukast..... 152, 201  
 zaleplon..... 155, 196  
 zatean-pn dha ..... 158, 294  
 zatean-pn plus..... 158, 294  
 ZEGALOGUE AUTOINJECTOR  
 ..... 149, 225  
 ZEGALOGUE SYRINGE .....  
 ..... 149, 225  
 ZEJULA.....44, 172  
 ZELBORAF .....44, 172  
 zenatane .....92, 205  
 ZENPEP..... 129, 292  
 zidovudine .....69, 252  
 ZIIHERA.....45, 172  
 zingiber ..... 158, 294

ziprasidone hcl .....65, 186  
 ziprasidone mesylate.....66, 186  
 ZIRABEV.....45, 172  
 ZIRGAN ..... 131, 223  
 ZOLADEX .....45, 172  
 ZOLINZA.....45, 172  
 zolpidem..... 155, 196  
 ZONISADE.....48, 245  
 zonisamide ..... 48, 49, 245  
 zovia 1-35 (28) .....90, 241  
 ZTALMY.....49, 245  
 ZTLIDO .....24, 228  
 ZURZUVAE.....51, 247  
 ZYDELIG.....45, 172  
 ZYKADIA.....45, 172  
 ZYLET ..... 131, 223  
 ZYNLONTA.....45, 172  
 ZYNYZ.....45, 172  
 ZYPREXA RELPREVV....66, 186

**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 01/21/2025. For more recent information or other questions, please contact Member Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. and Saturday-Sunday from 10:00 a.m. – 2:00 p.m., or visit [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

Este formulario se actualizó el 21/01/2025. 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).