

2025

Drug Formulary

Formulario de Medicamentos

C-SNP

Imperial Senior Value (HMO C-SNP) 005



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Senior Value (HMO C-SNP)

2025 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 25222, Version Number 9.

This formulary was updated on 02/19/2025. 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.

IR_505 H5496 Drug Formulary 6T_C ENG 09/13/24

Contents

| | |
|---|-----|
| What is the Imperial Senior Value (HMO C-SNP) Formulary?..... | 3 |
| Can the Formulary change?..... | 3 |
| How do I use the Formulary?..... | 4 |
| What are generic drugs?..... | 4 |
| What are original biological products and how are they related to biosimilars?..... | 5 |
| Are there any restrictions on my coverage?..... | 5 |
| What if my drug is not on the Formulary?..... | 5 |
| How do I request an exception to the Imperial Senior Value (HMO C-SNP) Formulary?..... | 6 |
| What can I do if my drug is not on the formulary or has a restriction?..... | 6 |
| For more information..... | 7 |
| Imperial Senior Value (HMO C-SNP) Formulary..... | 7 |
| Imperial CSNP 2025 6-Tier (List of Covered Drugs) List of Drugs by Medical Condition..... | 16 |
| Legend..... | 20 |
| Imperial Standard CSNP 2025 6-Tier (List of Covered Drugs)..... | 22 |
| Index of Drugs..... | 335 |

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

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

This document includes a Drug List (formulary) for our plan which is current as of 02/19/2025. 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 Senior Value (HMO C-SNP) Formulary?

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

Can the Formulary change?

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

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

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

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Imperial Senior Value (HMO C-SNP) Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change

becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Imperial Senior Value (HMO C-SNP) Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 02/19/2025. To get updated information about the drugs covered by Imperial Senior Value (HMO C-SNP) please contact us. Our contact information appears on the front and back cover pages. In the event of non-maintenance changes to the formulary throughout the plan year, we may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 22. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR”. If you know what your drug is used for, look for the category name in the list that begins on page 16. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 335. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Imperial Senior Value (HMO C-SNP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Imperial Senior Value (HMO C-SNP) before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Imperial Senior Value (HMO C-SNP) limits the amount of the drug that we will cover. For example, our plan provides 30 tablets/30 days per prescription for Atorvastatin 20mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Imperial Senior Value (HMO C-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 22. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Imperial Senior Value (HMO C-SNP) formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

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

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Imperial Senior Value (HMO C-SNP) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Senior Value (HMO C-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 335.

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

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

Imperial Senior Value (HMO C-SNP)

Formulario para 2025

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

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

HPMS Approved Formulary File Submission ID 25222, Version Number 9.

Este formulario se actualizó el 19/02/2025. 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.

IR_505 H5496 Drug Formulary 6T_C ENG

Contenido

| | |
|--|-----|
| ¿Qué es el formulario de Imperial Senior Value (HMO C-SNP)? | 10 |
| ¿El Formulario puede cambiar? | 10 |
| ¿Cómo utilizo el Formulario?..... | 11 |
| ¿Qué son los medicamentos genéricos? | 12 |
| ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares? | 12 |
| ¿Hay alguna restricción en mi cobertura? | 12 |
| ¿Qué pasa si mi medicamento no está en el Formulario?..... | 13 |
| ¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Senior Value (HMO C-SNP)? | 13 |
| ¿Qué puedo hacer si mi medicamento no está en el Formulario o si tiene una restricción? | 14 |
| Para obtener más información..... | 15 |
| Formulario de Imperial Senior Value (HMO C-SNP)..... | 15 |
| Imperial CSNP 2025 6-Tier (List of Covered Drugs) List of Drugs by Medical Condition | 18 |
| Leyenda..... | 21 |
| Imperial Standard CSNP 2025 6-Tier (Lista de medicamentos cubiertos)..... | 178 |
| Índice de medicamentos..... | 335 |

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

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

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 19/02/2025. 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 Senior Value (HMO C-SNP)?

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

¿El Formulario puede cambiar?

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

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

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

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

Si actualmente está tomando el medicamento de marca o el producto biológico original, quizás no le informemos con anticipación que realizaremos un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo para usted el medicamento que se cambiará. Para obtener más información, consulte la sección a continuación titulada “¿Cómo puedo solicitar una excepción al Formulario de Imperial Senior Value (HMO C-SNP)?”

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

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

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

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2025 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique el Formulario del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 19/02/2025. Para recibir información actualizada sobre los medicamentos cubiertos por Imperial Senior Value (HMO C-SNP) comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En caso de cambios al formulario durante el año del plan que no sean relacionados al mantenimiento, podemos realizar cambios a través de las hojas de correcciones que le enviemos. Además, puede visitar nuestro sitio web para encontrar un enlace a la hoja de correcciones.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 22. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría “CARDIOVASCULAR”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 18. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 335. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

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

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

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

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Nuestro plan exige que usted o la persona autorizada a dar recetas obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Imperial Senior Value (HMO C-SNP) antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que no cubramos el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Imperial Senior Value (HMO C-SNP) limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 tabletas/30 días por receta para Atorvastatin 20mg. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Imperial Senior Value (HMO C-SNP) no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces cubriremos el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 22. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedir que nuestra plan haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que podrían tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Senior Value (HMO C-SNP)?” en la página 13 para obtener información acerca de cómo solicitar una excepción.

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

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

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

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

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

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

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

- Puede pedir a nuestro Departamento de Membresía una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstrele a su médico y pídale que le recete un medicamento similar que esté cubierto por Imperial Senior Value (HMO C-SNP).
- Puede solicitarnos que hagamos una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

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

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

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

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

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el formulario. También es posible que esté tomando un medicamento que está en nuestro Formulario, pero que tiene una restricción de cobertura, como la autorización previa. Debe hablar con la persona autorizada a dar recetas para solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no están en nuestro Formulario o que tienen una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos del medicamento por un máximo de hasta 30 días. Si no se aprueba la cobertura, después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

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

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

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

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Imperial Senior Value (HMO C-SNP), consulte la Evidencia de cobertura y otra documentación del plan.

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

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

Formulario de Imperial Senior Value (HMO C-SNP)

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos que cubre Imperial Senior Value (HMO C-SNP). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 335.

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

La información incluida en la columna de Requisitos/límites indica si Imperial Senior Value (HMO C-SNP) tiene algún requisito especial para la cobertura del medicamento.

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

List of Drugs by Medical Condition

| | |
|---|------------|
| Analgesics | 22 |
| Anesthetics | 25 |
| Anti-Addiction/Substance Abuse Treatment Agents..... | 25 |
| Antianxiety Agents..... | 26 |
| Antibacterials..... | 27 |
| Anticancer Agents..... | 33 |
| Anticonvulsants | 48 |
| Antidementia Agents | 53 |
| Antidepressants | 53 |
| Antidiabetic Agents..... | 56 |
| Antifungals..... | 61 |
| Antigout Agents | 62 |
| Antihistamines..... | 63 |
| Anti-Infectives (Skin And Mucous Membrane)..... | 63 |
| Antimigraine Agents | 63 |
| Antimycobacterials | 64 |
| Antinausea Agents..... | 65 |
| Antiparasite Agents | 65 |
| Antiparkinsonian Agents..... | 66 |
| Antipsychotic Agents | 68 |
| Antivirals (Systemic)..... | 73 |
| Blood Products/Modifiers/Volume Expanders | 79 |
| Caloric Agents | 82 |
| Cardiovascular Agents | 82 |
| Central Nervous System Agents..... | 91 |
| Contraceptives | 95 |
| Dental And Oral Agents | 102 |
| Dermatological Agents | 102 |
| Devices..... | 106 |

| | |
|--|------------|
| Enzyme Cofactors/Chaperones | 143 |
| Enzyme Replacement/Modifiers | 143 |
| Eye, Ear, Nose, Throat Agents | 144 |
| Gastrointestinal Agents | 147 |
| Genitourinary Agents..... | 150 |
| Heavy Metal Antagonists..... | 151 |
| Hormonal Agents, Stimulant/Replacement/Modifying..... | 151 |
| Immunological Agents..... | 156 |
| Inflammatory Bowel Disease Agents | 165 |
| Metabolic Bone Disease Agents | 165 |
| Miscellaneous Therapeutic Agents | 166 |
| Ophthalmic Agents | 167 |
| Replacement Preparations..... | 169 |
| Respiratory Tract Agents | 170 |
| Skeletal Muscle Relaxants | 174 |
| Sleep Disorder Agents..... | 174 |
| Vasodilating Agents..... | 174 |
| Vitamins And Minerals..... | 175 |

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

List of Drugs by Medical Condition

| | |
|---|-----|
| Agentes Anti Cáncer | 178 |
| Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias | 193 |
| Agentes Antiansiedad..... | 194 |
| Agentes Antidemencia..... | 195 |
| Agentes Antidiabetico | 195 |
| Agentes Antigota..... | 200 |
| Agentes Antimigraña | 200 |
| Agentes Antinausea..... | 201 |
| Agentes Antiparasitarios..... | 202 |
| Agentes Antiparkinson | 203 |
| Agentes Antipsicóticos | 204 |
| Agentes Calóricos..... | 210 |
| Agentes Cardiovasculares | 211 |
| Agentes De Enfermedad Intestinal Inflamatoria..... | 220 |
| Agentes De Enfermedad Ósea Metabólica | 220 |
| Agentes De Trastorno De Sueño | 221 |
| Agentes Del Sistema Nervioso Central..... | 222 |
| Agentes Del Tracto Respiratorio | 225 |
| Agentes Dentales Y Orales..... | 229 |
| Agentes Dermatológicos | 229 |
| Agentes Gastrointestinales..... | 233 |
| Agentes Genitourinarios | 236 |
| Agentes Hormonales, Estimulante/Reemplazo/Modificador..... | 237 |
| Agentes Inmunológicos..... | 241 |
| Agentes Oftálmicos..... | 251 |
| Agentes Para Los Ojos, Oídos, Nariz, Garganta | 252 |
| Agentes Terapeuticos Misceláneos | 256 |
| Agentes Vasodilatadores | 257 |
| Analgésicos | 257 |

| | |
|--|------------|
| Anestésicos | 260 |
| Antagonistas De Metales Pesados | 261 |
| Anti Infecciosos (Membrana Cutánea Y Mucosa) | 261 |
| Antibacterianos | 261 |
| Anticonceptivos | 268 |
| Anticonvulsivos..... | 275 |
| Antidepresivos | 280 |
| Antifúngicos | 282 |
| Antihistamínicos | 284 |
| Antimicobacteriales | 284 |
| Antivirales (Sitémico)..... | 285 |
| Dispositivos | 290 |
| Preparaciones De Reemplazo | 327 |
| Productos Sanguíneos/Modificadores/Expansores De Volumen..... | 328 |
| Reemplazo/Modificadores De Enzima..... | 331 |
| Relajantes Musculares Esqueléticos | 332 |
| Vitaminas Y Minerales | 332 |

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

Legend

1. Preferred Generics
2. Generics
3. Preferred Brands
4. Non-Preferred Drugs
5. Specialty
6. Select Care

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.

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

Leyenda

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

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

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

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

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

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

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

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

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

ANTIBACTERIALS

Aminoglycosides

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

Antibacterials, Miscellaneous

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

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

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

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | 5 | PA NSO; NM; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG | 5 | NM; NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | 5 | NM; NDS |
| BALVERSA ORAL TABLET 3 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda) | 5 | PA NSO; NM; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka) | 5 | PA NSO; NM; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine) | 5 | PA NSO; NM; NDS |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | 5 | PA NSO; NM; NDS |
| <i>bexarotene topical gel 1 %</i> (Targretin) | 5 | PA NSO; NM; NDS |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | 2 | |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML) | 5 | PA NSO; NM; NDS; QL (75 per 28 days) |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | 2 | |
| <i>bortezomib injection recon soln 1 mg, 2.5 mg</i> | 4 | PA NSO |
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade) | 4 | PA NSO |
| BORUZU INJECTION SOLUTION 2.5 MG/ML | 4 | PA NSO |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| BOSULIF ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 5 | PA NSO; NM; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA NSO; NM; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | 5 | PA BvD; NM; NDS |
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i> | 5 | PA BvD; NM; NDS |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | 2 | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | 3 | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 5 | PA NSO; NM; NDS; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>dasatinib oral tablet 100 mg, 140 mg, (Sprycel) 50 mg, 70 mg, 80 mg</i> | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>dasatinib oral tablet 20 mg (Sprycel)</i> | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG | 5 | PA NSO; NM; NDS |
| DAURISMO ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>decitabine intravenous recon soln (Dacogen) 50 mg</i> | 5 | NM; NDS |
| <i>doxorubicin, peg-liposomal (Caelyx) intravenous suspension 2 mg/ml</i> | 5 | PA BvD; NM; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 4 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 4 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 4 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 4 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML | 5 | PA NSO; NM; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 5 | PA NSO; NM; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 5 | NM; NDS |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 5 | PA NSO; NM; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 5 | PA NSO; NM; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 100 mg (Tarceva)</i> | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>erlotinib oral tablet 150 mg</i> | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 25 mg</i> | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 4 | |
| <i>etoposide intravenous solution 20 mg/ml</i> | 2 | |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz) | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | 2 | |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 5 | PA BvD; NM; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 3 | PA BvD |
| <i>floxuridine injection recon soln 0.5 gram</i> | 2 | PA BvD |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | 2 | PA BvD |
| <i>flutamide oral capsule 125 mg</i> (Eulexin) | 2 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex) | 5 | NM; NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 5 | PA NSO; NM; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> (Iressa) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE (lomustine) 10 MG | 4 | |
| GLEOSTINE ORAL CAPSULE (lomustine) 100 MG, 40 MG | 5 | NM; NDS |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 5 | PA NSO; NM; NDS; QL (5 per 21 days) |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | 2 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex) | 2 | |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 2 | |
| <i>imatinib oral tablet 100 mg</i> (Gleevec) | 2 | PA NSO; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> (Gleevec) | 2 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA NSO; NM; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | 5 | PA NSO; NM; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA NSO; NM; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | 5 | PA NSO; NM; NDS; QL (280 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------------|
| INLYTA ORAL TABLET 1 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA NSO; NM; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA NSO; NM; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA BvD; ST |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 5 | PA NSO; NM; NDS; QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 5 | PA NSO; NM; NDS; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 5 | PA NSO; NM; NDS; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 5 | PA NSO; NM; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 5 | PA NSO; NM; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 5 | PA NSO; NM; NDS; QL (63 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| KOSELUGO ORAL CAPSULE 10 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb) | 5 | PA NSO; NM; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 5 | PA NSO; NM; NDS |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 2 | |
| LEUKERAN ORAL TABLET 2 MG | 5 | NM; NDS |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> | 4 | PA NSO |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 2 | PA NSO |
| LONSURF ORAL TABLET 15-6.14 MG | 5 | PA NSO; NM; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 5 | PA NSO; NM; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | 5 | PA NSO; NM; NDS |
| LORBRENA ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | 5 | PA NSO; NM; NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | NM; NDS |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5 | PA NSO; NM; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| MATULANE ORAL CAPSULE 50 MG | 5 | NM; NDS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 2 | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 5 | PA NSO; NM; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i> | 2 | |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 2 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 2 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>methotrexate sodium oral tablet</i> 2.5 mg | 2 | PA BvD; ST |
| <i>mitoxantrone intravenous concentrate</i> 2 mg/ml | 2 | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| NERLYNX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>nilutamide oral tablet</i> 150 mg (Nilandron) | 5 | NM; NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA NSO; NM; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA NSO; NM; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 5 | PA NSO; NM; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 5 | PA NSO; NM; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 5 | PA NSO; NM; NDS |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 5 | PA NSO; NM; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 5 | PA NSO; NM; NDS |
| ORSERDU ORAL TABLET 345 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| ORSERDU ORAL TABLET 86 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane) | 5 | PA BvD; NM; NDS |
| <i>pazopanib oral tablet 200 mg</i> (Votrient) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i> | 5 | NM; NDS |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | 5 | NM; NDS |
| <i>pemetrexed intravenous recon soln 100 mg, 500 mg</i> | 5 | NM; NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | 5 | NM; NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 5 | NM; NDS |
| QINLOCK ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| RETEVMO ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 5 | PA NSO; NM; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 5 | PA NSO; NM; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA NSO; NM; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | 5 | PA NSO; NM; NDS |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 5 | NM; NDS |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| <i>sunitinib malate oral capsule</i> (Sutent) <i>12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 5 | PA NSO; NM; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 4 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 5 | PA NSO; NM; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 5 | PA NSO; NM; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 2 | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | 5 | PA NSO; NM; NDS |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 4 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | 5 | PA NSO; NM; NDS; QL (5 per 21 days) |
| <i>toposar intravenous solution 20 mg/ml</i> (etoposide) | 2 | |
| <i>toremifene oral tablet 60 mg</i> (Fareston) | 5 | NM; NDS |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic)) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic)) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 4 | PA NSO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | 5 | NM; NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (64 per 28 days) |
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) | 5 | PA NSO; NM; NDS |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| TUKYSA ORAL TABLET 150 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA NSO; NM; NDS |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG | 5 | PA NSO; NM; LA; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | 2 | |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| VONJO ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 5 | PA NSO; NM; NDS |
| VYLOY INTRAVENOUS RECON SOLN 100 MG | 5 | PA NSO; NM; NDS |
| WELIREG ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLETT 150 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLETT 20 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 5 | PA NSO; NM; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 5 | PA NSO; NM; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 5 | PA NSO; NM; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 5 | PA NSO; NM; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 5 | PA NSO; NM; NDS |
| YONSA ORAL TABLET 125 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG | 5 | PA NSO; NM; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 4 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | NM; NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 5 | PA NSO; NM; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | 5 | PA NSO; NM; NDS; QL (20 per 28 days) |
| ANTICONVULSANTS | | |
| <i>Anticonvulsants</i> | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 5 | ST; NM; NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | 3 | QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 3 | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 3 | QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol) | 2 | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol) | 2 | |
| <i>carbamazepine oral tablet 200 mg</i> (Epitol) | 2 | |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | 2 | |

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax) | 2 | |
| <i>topiramate oral capsule, sprinkle 50 mg</i> | 2 | |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | 1 | |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | 2 | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 2 | |
| <i>valproic acid oral capsule 250 mg</i> | 2 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 5 | NM; NDS; QL (10 per 30 days) |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigpoder oral powder in packet 500 mg</i> (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 4 | ST; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | ST; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | ST; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4 | ST |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| bupropion hcl oral tablet 100 mg, 75 mg | 2 | |
| bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL) | 2 | |
| bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR) | 2 | |
| citalopram oral solution 10 mg/5 ml | 2 | |
| citalopram oral tablet 10 mg (Celexa) | 1 | QL (120 per 30 days) |
| citalopram oral tablet 20 mg, 40 mg (Celexa) | 1 | QL (30 per 30 days) |
| clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil) | 4 | |
| desipramine oral tablet 10 mg, 25 mg (Norpramin) | 4 | |
| desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg | 4 | |
| desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq) | 2 | QL (30 per 30 days) |
| doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | 2 | |
| doxepin oral concentrate 10 mg/ml | 2 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 4 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 4 | ST; QL (30 per 30 days) |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta) | 2 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 5 | ST; NM; NDS; QL (30 per 30 days) |
| escitalopram oxalate oral solution 5 mg/5 ml | 2 | |
| escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro) | 1 | |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 4 | ST |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac) | 1 | |
| fluoxetine oral solution 20 mg/5 ml (4 mg/ml) | 2 | |
| fluvoxamine oral tablet 100 mg, 25 mg, 50 mg | 2 | |
| imipramine hcl oral tablet 10 mg, 25 mg, 50 mg | 2 | |
| MARPLAN ORAL TABLET 10 MG | 4 | |
| mirtazapine oral tablet 15 mg, 30 mg (Remeron) | 2 | |
| mirtazapine oral tablet 45 mg, 7.5 mg | 2 | |
| mirtazapine oral tablet, disintegrating (Remeron SolTab) 15 mg, 30 mg, 45 mg | 2 | |
| nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg | 2 | |
| nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor) | 1 | |
| nortriptyline oral solution 10 mg/5 ml | 4 | |
| paroxetine hcl oral suspension 10 mg/5 ml (Paxil) | 4 | PA NSO-HRM; AGE (Max 64 Years) |
| paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil) | 1 | 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) | 4 | |
| perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg | 2 | |
| phenelzine oral tablet 15 mg (Nardil) | 2 | |
| protriptyline oral tablet 10 mg, 5 mg | 4 | |
| sertraline oral concentrate 20 mg/ml (Zoloft) | 2 | |
| sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft) | 1 | |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 5 | PA NSO; NM; NDS |
| tranylcypromine oral tablet 10 mg (Parnate) | 4 | |
| trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg | 1 | |
| trimipramine oral capsule 100 mg, 25 mg, 50 mg | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR) | 2 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | 2 | QL (90 per 30 days) |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 2 | |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd) | 2 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA NSO; NM; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA NSO; NM; NDS; QL (14 per 14 days) |
| ANTIDIABETIC AGENTS | | |
| <i>Antidiabetic Agents, Miscellaneous</i> | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose) | 2 | |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol) | 3 | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 3 | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 3 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | 3 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 3 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet) | 4 | QL (765 per 30 days) |
| <i>metformin oral tablet 1,000 mg</i> | 6 | QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | 6 | QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | 6 | QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> | 6 | QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> | 6 | QL (60 per 30 days) |
| <i>mifepristone oral tablet 300 mg</i> (Korlym) | 5 | PA; NM; NDS; QL (112 per 28 days) |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 6 | QL (90 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3 | PA; QL (3 per 28 days) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos) | 6 | QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i> | 6 | QL (90 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET) | 6 | QL (90 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 6 | QL (120 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | 6 | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; QL (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 3 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 3 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 3 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 3 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|--|--|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 3 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 3 | QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG | (dapaglifloz propaned-metformin) 3 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG | 3 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG | 3 | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | (dapaglifloz propaned-metformin) 3 | QL (60 per 30 days) |
| Insulins | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (24 per 28 days) |
| <i>insulin asp prt-insulin aspart</i> <i>subcutaneous insulin pen 100 unit/ml</i> <i>(70-30)</i> | (Novolog Mix 70-30FlexPen U-100) 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin asp prt-insulin aspart</i> <i>subcutaneous solution 100 unit/ml</i> <i>(70-30)</i> | (Novolog Mix 70-30 U-100 Insuln) 2 | max \$35 copay per month supply; QL (40 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin) | 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin) | 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart) | 2 | max \$35 copay per month supply; QL (40 per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine) | 3 | max \$35 copay per month supply |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine) | 3 | max \$35 copay per month supply |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn) | 3 | max \$35 copay per month supply |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn) | 3 | max \$35 copay per month supply |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 3 | max \$35 copay per month supply; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|---------------------------------------|--|
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | (insulin glargine u-300 conc) 3 | max \$35 copay per month supply |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) 3 | max \$35 copay per month supply |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin degludec) 3 | max \$35 copay per month supply |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | (insulin degludec) 3 | max \$35 copay per month supply |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin degludec) 3 | max \$35 copay per month supply |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 3 | max \$35 copay per month supply; QL (15 per 28 days) |
| Sulfonylureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | 6 | QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 6 | QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 6 | QL (120 per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i> | 6 | QL (60 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 6 | QL (240 per 30 days) |
| <i>glipizide oral tablet extended release</i> (Glucotrol XL) <i>24hr 10 mg</i> | 6 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release</i> (Glucotrol XL) <i>24hr 2.5 mg, 5 mg</i> | 6 | QL (30 per 30 days) |
| <i>glipizide-metformin oral tablet</i> <i>2.5-250 mg</i> | 6 | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet</i> <i>2.5-500 mg, 5-500 mg</i> | 6 | QL (120 per 30 days) |
| <i>glyburide micronized oral tablet</i> <i>1.5 mg, 3 mg, 6 mg</i> | 6 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg,</i> <i>5 mg</i> | 6 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet</i> <i>1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 6 | PA-HRM; AGE (Max 64 Years) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| ANTIFUNGALS | | |
| <i>Antifungals</i> | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 4 | PA BvD |
| <i>amphotericin b injection recon soln 50 mg</i> | 2 | PA BvD |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome) | 5 | PA BvD; NM; NDS |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan) | 2 | QL (180 per 30 days) |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan) | 2 | QL (19.8 per 30 days) |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine)) | 4 | QL (180 per 30 days) |
| <i>clotrimazole mucous membrane troche 10 mg</i> | 2 | |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole)) | 2 | |
| <i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole)) | 2 | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | 2 | QL (90 per 30 days) |
| <i>econazole nitrate topical cream 1 %</i> | 2 | QL (170 per 30 days) |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 2 | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i> | 2 | |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan) | 2 | |
| <i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan) | 2 | |
| <i>fluconazole oral tablet 150 mg, 50 mg</i> | 2 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon) | 5 | NM; NDS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 4 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 4 | |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox) | 2 | |
| <i>ketoconazole oral tablet 200 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ketoconazole topical cream 2 %</i> | 2 | QL (180 per 30 days) |
| <i>ketoconazole topical shampoo 2 %</i> | 2 | QL (360 per 30 days) |
| <i>micafungin intravenous recon soln</i> (Mycamine) 100 mg, 50 mg | 2 | |
| <i>miconazole-3 vaginal suppository</i> 200 mg | 2 | |
| <i>nyamyc topical powder</i> (nystatin) 100,000 unit/gram | 2 | QL (60 per 30 days) |
| <i>nystatin oral suspension</i> 100,000 unit/ml | 2 | |
| <i>nystatin oral tablet 500,000 unit</i> | 2 | |
| <i>nystatin topical cream</i> 100,000 unit/gram | 2 | QL (60 per 30 days) |
| <i>nystatin topical ointment</i> 100,000 unit/gram | 2 | QL (60 per 30 days) |
| <i>nystatin topical powder</i> (Nyamyc) 100,000 unit/gram | 2 | QL (60 per 30 days) |
| <i>nystatin-triamcinolone topical cream</i> 100,000-0.1 unit/g-% | 2 | |
| <i>nystop topical powder</i> (nystatin) 100,000 unit/gram | 2 | QL (60 per 30 days) |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil) | 5 | PA; NM; NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| <i>voriconazole intravenous recon soln</i> (Vfend IV) 200 mg | 5 | PA BvD; NM; NDS |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 5 | PA; NM; NDS |
| <i>voriconazole oral tablet 200 mg</i> | 4 | |
| <i>voriconazole oral tablet 50 mg</i> (Vfend) | 4 | |
| ANTIGOUT AGENTS | | |
| <i>Antigout Agents, Other</i> | | |
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim) | 1 | |
| <i>allopurinol oral tablet 300 mg</i> | 1 | |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare) | 2 | QL (60 per 30 days) |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys) | 2 | QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | 4 | ST; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 2 | |
| ANTIHISTAMINES | | |
| <i>Antihistamines</i> | | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief) | 1 | |
| ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE) | | |
| <i>Anti-Infectives (Skin And Mucous Membrane)</i> | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin) | 4 | |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole) | 4 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 2 | |
| <i>terconazole vaginal suppository 80 mg</i> | 4 | |
| ANTIMIGRAINE AGENTS | | |
| <i>Antimigraine Agents</i> | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | 3 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 3 | PA; QL (1.5 per 30 days) |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 5 | ST; NM; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3 | PA; QL (3 per 30 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | 2 | QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG | 3 | PA; QL (18 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL (30 per 30 days) |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | 2 | QL (18 per 30 days) |
| <i>rizatriptan oral tablet 5 mg</i> | 2 | QL (18 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT) | 2 | QL (18 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 5 mg</i> | 2 | QL (18 per 30 days) |
| <i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen) | 2 | QL (4 per 28 days) |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> | 2 | QL (12 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | 2 | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | 2 | QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | 4 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | 4 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | 2 | QL (5 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (16 per 30 days) |
| ANTIMYCOBACTERIALS | | |
| <i>Antimycobacterials</i> | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 2 | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | 2 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | |
| PRIFTIN ORAL TABLET 150 MG | 4 | |
| <i>pyrazinamide oral tablet 500 mg</i> | 2 | |
| <i>rifabutin oral capsule 150 mg</i> | 4 | |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin) | 2 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 2 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | PA; NM; NDS |
| TRECTOR ORAL TABLET 250 MG | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| ANTINAUSEA AGENTS | | |
| Antinausea Agents | | |
| <i>aprepitant oral capsule 125 mg</i> | 2 | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 2 | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | 2 | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | 2 | PA BvD |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine) | 2 | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 4 | PA; QL (60 per 30 days) |
| <i>meclizine oral tablet 12.5 mg</i> | 1 | |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine)) | 1 | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 2 | PA BvD |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 2 | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 2 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | 2 | |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | 2 | |
| <i>promethazine injection solution 25 mg/ml</i> (Phenergan) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine rectal suppository 25 mg</i> (Promethegan) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 4 | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| ANTIPARASITE AGENTS | | |
| Antiparasite Agents | | |
| <i>albendazole oral tablet 200 mg</i> | 5 | NM; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>atovaquone oral suspension</i> (Mepron) 750 mg/5 ml | 2 | |
| <i>atovaquone-proguanil oral tablet</i> (Malarone) 250-100 mg | 2 | |
| <i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) 62.5-25 mg | 2 | |
| <i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg | 2 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | |
| <i>hydroxychloroquine oral tablet</i> 100 mg | 2 | QL (180 per 30 days) |
| <i>hydroxychloroquine oral tablet</i> (Plaquenil) 200 mg | 2 | QL (90 per 30 days) |
| <i>hydroxychloroquine oral tablet</i> (Sovuna) 300 mg | 2 | QL (60 per 30 days) |
| <i>hydroxychloroquine oral tablet</i> 400 mg | 2 | QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | PA; NM; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | 2 | |
| <i>mefloquine oral tablet 250 mg</i> | 2 | |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia) | 5 | NM; NDS; QL (60 per 30 days) |
| <i>paromomycin oral capsule 250 mg</i> (Humatin) | 2 | |
| <i>pentamidine inhalation recon soln</i> (Nebupent) 300 mg | 2 | PA BvD |
| <i>pentamidine injection recon soln</i> (Pentam) 300 mg | 2 | |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide) | 2 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | 4 | |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim) | 5 | PA; NM; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | 2 | PA |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 2 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>Antiparkinsonian Agents</i> | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | |
| <i>amantadine hcl oral solution</i> 50 mg/5 ml | 2 | |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>bromocriptine oral tablet 2.5 mg</i> | 2 | |
| <i>cabergoline oral tablet 0.5 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet) | 2 | |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy) | 2 | |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i> | 4 | |
| <i>entacapone oral tablet 200 mg</i> | 2 | |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NM; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | 5 | PA; NM; NDS |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 2 | |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect) | 4 | |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 2 | |
| <i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i> | 2 | |
| <i>selegiline hcl oral capsule 5 mg</i> | 2 | |
| <i>selegiline hcl oral tablet 5 mg</i> | 4 | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | 2 | |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML | 5 | PA; NM; NDS; QL (560 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| ANTIPSYCHOTIC AGENTS | | |
| <i>Antipsychotic Agents</i> | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML | 5 | NM; NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML | 5 | NM; NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG | 5 | NM; NDS; QL (1 per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG | 5 | NM; NDS; QL (1 per 26 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, (Abilify) 2 mg, 20 mg, 30 mg, 5 mg</i> | 2 | |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> | 4 | ST; QL (90 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> | 4 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML | 5 | NM; NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML | 5 | NM; NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML | 5 | NM; NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML | 5 | NM; NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML | 5 | NM; NDS; QL (3.2 per 14 days) |
| <i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i> | 4 | QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>chlorpromazine injection solution</i> 25 mg/ml | 2 | |
| <i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml | 2 | |
| <i>chlorpromazine oral tablet 10 mg,</i> <i>100 mg, 200 mg, 25 mg, 50 mg</i> | 4 | |
| <i>clozapine oral tablet 100 mg,</i> (Clozaril) <i>200 mg, 25 mg, 50 mg</i> | 2 | |
| <i>clozapine oral tablet, disintegrating</i> <i>100 mg, 12.5 mg, 25 mg</i> | 4 | ST; QL (90 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> <i>150 mg</i> | 4 | ST; QL (180 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> <i>200 mg</i> | 4 | ST; QL (120 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 5 | ST; NM; NDS; QL (60 per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG | 5 | ST; NM; NDS |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | NM; NDS; QL (0.75 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | NM; NDS; QL (1 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | NM; NDS; QL (1.5 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | 5 | NM; NDS; QL (2.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 5 | NM; NDS; QL (0.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | NM; NDS; QL (0.5 per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | ST; NM; NDS; QL (60 per 30 days) |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 4 | ST |
| <i>fluphenazine decanoate injection</i> <i>solution 25 mg/ml</i> | 2 | |
| <i>fluphenazine hcl injection solution</i> <i>2.5 mg/ml</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | 2 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 4 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i> | 2 | |
| <i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 100 mg/ml, 50 mg/ml</i> | 2 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 2 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 2 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 5 | NM; NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 5 | NM; NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | NM; NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | NM; NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | NM; NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 3 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | NM; NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 5 | NM; NDS; QL (0.88 per 70 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 5 | NM; NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | NM; NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 5 | NM; NDS; QL (2.63 per 70 days) |
| <i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg | 2 | |
| <i>lurasidone oral tablet 120 mg, 20 mg,</i> (Latuda) 40 mg, 60 mg | 2 | QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> (Latuda) | 2 | QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i> | 2 | QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | 2 | QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | 5 | NM; NDS; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln</i> (Zyprexa) 10 mg | 2 | QL (30 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg,</i> (Zyprexa) 2.5 mg, 20 mg, 5 mg, 7.5 mg | 2 | |
| <i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg | 2 | |
| <i>paliperidone oral tablet extended</i> <i>release 24hr 1.5 mg</i> | 4 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 3 mg, 9 mg</i> | 4 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 6 mg</i> | 4 | QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg,</i> 2 mg, 4 mg, 8 mg | 2 | |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG | 5 | NM; NDS; QL (1 per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| <i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i> | 2 | |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel) | 2 | |
| <i>quetiapine oral tablet 150 mg</i> | 2 | QL (30 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | 2 | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta) | 2 | QL (2 per 28 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo) | 2 | QL (2 per 28 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo) | 5 | NM; NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal) | 2 | |
| <i>risperidone oral tablet 0.25 mg</i> | 2 | |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal) | 2 | |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 4 | |
| RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres) | 5 | NM; NDS; QL (2 per 28 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML | 5 | NM; NDS; QL (0.28 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML | 5 | NM; NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML | 5 | NM; NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML | 5 | NM; NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML | 5 | NM; NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML | 5 | NM; NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML | 5 | NM; NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) | 4 | ST |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | 2 | |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon) | 2 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 5 | NM; NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 5 | NM; NDS; QL (1 per 28 days) |
| ANTIVIRALS (SYSTEMIC) | | |
| <i>Antiretrovirals</i> | | |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen) | 2 | |
| <i>abacavir oral tablet 300 mg</i> | 2 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo) | 5 | NM; NDS |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi) | 5 | NM; NDS |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva) | 2 | |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | 5 | NM; NDS |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada) | 2 | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | 4 | |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence) | 5 | NM; NDS |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | NM; NDS |
| <i>fosamprenavir oral tablet 700 mg</i> | 5 | NM; NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 5 | NM; NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | NM; NDS |
| INTELENCE ORAL TABLET 25 MG | 4 | |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | NM; NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 5 | NM; NDS |
| ISENTRESS ORAL TABLET 400 MG | 5 | NM; NDS |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG | 5 | NM; NDS |
| ISENTRESS ORAL TABLET, CHEWABLE 25 MG | 3 | |
| JULUCA ORAL TABLET 50-25 MG | 5 | NM; NDS |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | 2 | |
| <i>lamivudine oral tablet 100 mg</i> | 2 | |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir) | 2 | |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | 2 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 4 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| SELZENTRY ORAL TABLET 75 MG | 5 | NM; NDS |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | NM; NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK) | 5 | NM; NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 5 | PA BvD; NM; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | NM; NDS |
| TEMIXYS ORAL TABLET 300-300 MG | 5 | NM; NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 2 | |
| TIVICAY ORAL TABLET 10 MG | 4 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NM; NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 5 | NM; NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 4 | |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 5 | NM; NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 5 | NM; NDS |
| VEMLIDY ORAL TABLET 25 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | NM; NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 5 | NM; NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | NM; NDS |
| VOCABRIA ORAL TABLET 30 MG | 4 | |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 2 | |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | 2 | |
| <i>zidovudine oral tablet 300 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| Antivirals, Miscellaneous | | |
| LIVTENCITY ORAL TABLET 200 MG | 5 | PA; NM; NDS |
| oseltamivir oral capsule 30 mg (Tamiflu) | 2 | QL (84 per 180 days) |
| oseltamivir oral capsule 45 mg (Tamiflu) | 2 | QL (48 per 180 days) |
| oseltamivir oral capsule 75 mg (Tamiflu) | 2 | QL (42 per 180 days) |
| oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu) | 2 | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG | 2 | \$0 copay until 2/28/25; QL (20 per 5 days) |
| PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG | 2 | \$0 copay until 2/28/25; QL (30 per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 4 | QL (60 per 180 days) |
| HCV Antivirals | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET (sofosbuvir-velpatasvir) 400-100 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET (ledipasvir-sofosbuvir) 90-400 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Interferons | | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 5 | NM; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; NM; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 5 | PA; NM; NDS |
| Nucleosides And Nucleotides | | |
| acyclovir oral capsule 200 mg | 1 | |
| acyclovir oral suspension (Zovirax) 200 mg/5 ml | 4 | |
| acyclovir oral tablet 400 mg, 800 mg | 2 | |
| acyclovir sodium intravenous solution 50 mg/ml | 2 | PA BvD |
| adefovir oral tablet 10 mg (Hepsera) | 2 | |
| entecavir oral tablet 0.5 mg, 1 mg (Baraclude) | 2 | |
| famciclovir oral tablet 125 mg, 250 mg, 500 mg | 2 | |
| ribavirin oral tablet 200 mg | 2 | |
| valacyclovir oral tablet 1 gram, 500 mg (Valtrex) | 2 | |
| valganciclovir oral recon soln 50 mg/ml (Valcyte) | 5 | NM; NDS |
| valganciclovir oral tablet 450 mg (Valcyte) | 2 | |
| BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS | | |
| Anticoagulants | | |
| dabigatran etexilate oral capsule (Pradaxa) 110 mg, 150 mg, 75 mg | 2 | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS) | 3 | |
| ELIQUIS ORAL TABLET 2.5 MG | 3 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | QL (74 per 30 days) |
| enoxaparin subcutaneous syringe (Lovenox) 100 mg/ml, 150 mg/ml | 2 | QL (60 per 30 days) |
| enoxaparin subcutaneous syringe (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml | 2 | QL (48 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| enoxaparin subcutaneous syringe (Lovenox) 30 mg/0.3 ml | 2 | QL (18 per 30 days) |
| enoxaparin subcutaneous syringe (Lovenox) 40 mg/0.4 ml | 2 | QL (24 per 30 days) |
| enoxaparin subcutaneous syringe (Lovenox) 60 mg/0.6 ml | 2 | QL (36 per 30 days) |
| fondaparinux subcutaneous syringe (Arixtra) 10 mg/0.8 ml | 5 | NM; NDS; QL (24 per 30 days) |
| fondaparinux subcutaneous syringe (Arixtra) 2.5 mg/0.5 ml | 2 | QL (15 per 30 days) |
| fondaparinux subcutaneous syringe (Arixtra) 5 mg/0.4 ml | 5 | NM; NDS; QL (12 per 30 days) |
| fondaparinux subcutaneous syringe (Arixtra) 7.5 mg/0.6 ml | 5 | NM; NDS; QL (18 per 30 days) |
| heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml | 2 | |
| jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin) | 1 | |
| warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven) | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9) | 3 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 3 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | QL (60 per 30 days) |
| Blood Formation Modifiers | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 5 | PA; NM; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 5 | PA; NM; NDS; QL (20 per 30 days) |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5 | PA; NM; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NM; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NM; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NM; NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 5 | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| PROMACTA ORAL TABLET 25 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 3 | PA; QL (4 per 28 days) |
| Hematologic Agents, Miscellaneous | | |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | 2 | |
| <i>anagrelide oral capsule 1 mg</i> | 2 | |
| <i>tranexamic acid oral tablet 650 mg</i> | 2 | |
| Platelet-Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 2 | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 2 | |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix) | 1 | |
| <i>dipyridamole oral tablet 50 mg, 75 mg</i> | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 2 | |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient) | 2 | QL (30 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| prazosin oral capsule 1 mg, 2 mg, 5 mg | 2 | |
| Angiotensin II Receptor Antagonists | | |
| candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand) | 6 | |
| candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT) | 6 | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan) | 3 | QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG | 3 | QL (240 per 30 days) |
| irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro) | 6 | |
| irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide) | 6 | |
| losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar) | 6 | |
| losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar) | 6 | |
| olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar) | 6 | |
| 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) | 6 | |
| olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT) | 6 | |
| telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis) | 6 | |
| telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT) | 6 | |
| valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan) | 6 | |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT) | 6 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Angiotensin-Converting Enzyme Inhibitors | | |
| benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin) | 6 | |
| benazepril oral tablet 5 mg | 6 | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT) | 6 | |
| benazepril-hydrochlorothiazide oral tablet 5-6.25 mg | 6 | |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg | 6 | |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec) | 6 | |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic) | 6 | |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg | 6 | |
| fosinopril oral tablet 10 mg, 20 mg, 40 mg | 6 | |
| fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg | 6 | |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril) | 6 | |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic) | 6 | |
| moexipril oral tablet 15 mg, 7.5 mg | 6 | |
| perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg | 6 | |
| quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril) | 6 | |
| quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic) | 6 | |
| ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace) | 6 | |
| trandolapril oral tablet 1 mg, 2 mg, 4 mg | 6 | |
| trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg | 6 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Antiarrhythmic Agents | | |
| amiodarone oral tablet 100 mg, 200 mg, 400 mg (Pacerone) | 2 | |
| dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn) | 2 | |
| flecainide oral tablet 100 mg, 150 mg, 50 mg | 2 | |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| pacерone oral tablet 100 mg, 200 mg, 400 mg (amiodarone) | 2 | |
| propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg | 2 | |
| propafenone oral tablet 150 mg, 225 mg, 300 mg | 2 | |
| quinidine sulfate oral tablet 200 mg, 300 mg | 2 | |
| Beta-Adrenergic Blocking Agents | | |
| acebutolol oral capsule 200 mg, 400 mg | 2 | |
| atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin) | 1 | |
| atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100) | 2 | |
| atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50) | 2 | |
| bisoprolol fumarate oral tablet 10 mg, 5 mg | 2 | |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg | 2 | |
| carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg) | 1 | |
| labetalol oral tablet 100 mg, 200 mg, 300 mg | 2 | |
| metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL) | 1 | |
| metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor) | 1 | |
| metoprolol tartrate oral tablet 25 mg | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic) | 2 | |
| propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA) | 2 | |
| propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | 2 | |
| sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (sotalol) | 2 | |
| sotalol af oral tablet 120 mg, 160 mg, 80 mg (sotalol) | 2 | |
| sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF) | 2 | |
| sotalol oral tablet 240 mg (Betapace) | 2 | |
| timolol maleate oral tablet 10 mg, 20 mg, 5 mg | 4 | |
| Calcium-Channel Blocking Agents | | |
| cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl) | 2 | |
| diltiazem 24hr er 360 mg cap once-a-day dosage (Tiadytl ER) | 2 | |
| diltiazem 24hr er 420 mg cap (Tiadytl ER) | 2 | |
| diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg | 4 | |
| diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg (Tiadytl ER) | 2 | |
| diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT) | 2 | |
| diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem) | 2 | |
| diltiazem hcl oral tablet 90 mg | 2 | |
| dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl) | 2 | |
| taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (diltiazem hcl) | 2 | |
| tiadytl er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg | 2 | |
| verapamil oral capsule, ext rel. pellets 24 hr 360 mg | 4 | |
| verapamil oral tablet 120 mg, 40 mg, 80 mg | 1 | |
| verapamil oral tablet extended release 120 mg, 180 mg, 240 mg | 2 | |
| Cardiovascular Agents, Miscellaneous | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 3 | QL (600 per 30 days) |
| digoxin injection syringe 250 mcg/ml (0.25 mg/ml) | 2 | |
| digoxin oral tablet 125 mcg (Digitek) (0.125 mg), 250 mcg (0.25 mg) | 2 | |
| digoxin oral tablet 62.5 mcg (Lanoxin) (0.0625 mg) | 2 | |
| epinephrine injection auto-injector (Auvi-Q) 0.15 mg/0.15 ml | 3 | QL (4 per 30 days) |
| epinephrine injection auto-injector (EpiPen Jr) 0.15 mg/0.3 ml | 2 | QL (4 per 30 days) |
| epinephrine injection auto-injector 0.3 mg/0.3 ml | 3 | QL (4 per 30 days) |
| epinephrine injection auto-injector (Auvi-Q) 0.3 mg/0.3 ml | 2 | QL (4 per 30 days) |
| hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg | 1 | |
| icatibant subcutaneous syringe (Firazyr) 30 mg/3 ml | 5 | PA; NM; NDS; QL (18 per 30 days) |
| ivabradine oral tablet 5 mg, 7.5 mg (Corlanor) | 3 | QL (60 per 30 days) |
| metyrosine oral capsule 250 mg (Demser) | 5 | NM; NDS |
| ranolazine oral tablet extended release 12 hr 1,000 mg | 2 | QL (60 per 30 days) |
| ranolazine oral tablet extended release 12 hr 500 mg | 2 | QL (120 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| Dihydropyridines | | |
| amlodipine oral tablet 10 mg, 2.5 mg, (Norvasc) 5 mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>amlodipine-benazepril oral capsule</i> (Lotrel) 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg | 6 | |
| <i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg | 6 | |
| <i>amlodipine-olmesartan oral tablet</i> (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg | 6 | |
| <i>amlodipine-valsartan oral tablet</i> (Exforge) 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg | 6 | |
| <i>amlodipine-valsartan-hcthiazyd oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg | 2 | |
| <i>felodipine oral tablet extended release 24 hr</i> 10 mg, 2.5 mg, 5 mg | 2 | |
| <i>nifedipine oral tablet extended release 24hr</i> 30 mg, 60 mg, 90 mg (Procardia XL) | 2 | |
| <i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg | 2 | |
| Diuretics | | |
| <i>amiloride oral tablet</i> 5 mg | 1 | |
| <i>amiloride-hydrochlorothiazide oral tablet</i> 5-50 mg | 2 | |
| <i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg | 2 | |
| <i>chlorthalidone oral tablet</i> 25 mg, 50 mg | 2 | |
| <i>furosemide injection solution</i> 10 mg/ml | 1 | |
| <i>furosemide injection syringe</i> 10 mg/ml | 1 | |
| <i>furosemide oral solution</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml) | 2 | |
| <i>furosemide oral tablet</i> 20 mg, 40 mg, 80 mg (Lasix) | 1 | |
| <i>hydrochlorothiazide oral capsule</i> 12.5 mg | 1 | |
| <i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50 mg | 1 | |
| <i>indapamide oral tablet</i> 1.25 mg, 2.5 mg | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| metolazone oral tablet 10 mg, 2.5 mg, 5 mg | 2 | |
| spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone) | 1 | |
| spironolacton-hydrochlorothiaz oral tablet 25-25 mg | 2 | |
| torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg | 1 | |
| triamterene-hydrochlorothiazid oral capsule 37.5-25 mg | 1 | |
| triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg | 1 | |
| Dyslipidemics | | |
| amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg (Caduet) | 6 | |
| amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet) | 6 | QL (30 per 30 days) |
| amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg | 6 | |
| atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor) | 6 | QL (30 per 30 days) |
| cholestyramine (with sugar) oral powder in packet 4 gram (Questran) | 2 | |
| cholestyramine light oral powder in packet 4 gram (cholestyramine-asparta me) | 2 | |
| colesevelam oral powder in packet 3.75 gram (WelChol) | 4 | |
| colesevelam oral tablet 625 mg (WelChol) | 2 | |
| colestipol oral packet 5 gram | 2 | |
| colestipol oral tablet 1 gram (Colestid) | 2 | |
| ezetimibe oral tablet 10 mg (Zetia) | 2 | QL (30 per 30 days) |
| ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10) | 6 | QL (30 per 30 days) |
| ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20) | 6 | QL (30 per 30 days) |
| ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40) | 6 | QL (30 per 30 days) |
| ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80) | 6 | QL (30 per 30 days) |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor) | 6 | QL (30 per 30 days) |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor) | 6 | QL (30 per 30 days) |
| simvastatin oral tablet 5 mg, 80 mg | 6 | QL (30 per 30 days) |
| Renin-Angiotensin-Aldosterone System Inhibitors | | |
| aliskiren oral tablet 150 mg, 300 mg (Tekturna) | 2 | |
| epplerenone oral tablet 25 mg, 50 mg (Inspra) | 2 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 3 | PA; QL (30 per 30 days) |
| Vasodilators | | |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg | 2 | |
| isosorbide dinitrate oral tablet 40 mg (Isordil) | 2 | |
| isosorbide dinitrate oral tablet 5 mg (Isordil Titradose) | 2 | |
| isosorbide mononitrate oral tablet 10 mg, 20 mg | 2 | |
| isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg | 1 | |
| minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (nitroglycerin) | 2 | |
| minoxidil oral tablet 10 mg, 2.5 mg | 2 | |
| nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat) | 2 | |
| nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur) | 2 | |
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| Central Nervous System Agents | | |
| atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg (Strattera) | 2 | QL (60 per 30 days) |
| atomoxetine oral capsule 100 mg, 60 mg, 80 mg (Strattera) | 2 | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | 5 | PA; NM; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | 5 | PA; NM; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| AVONEX PEN 30 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; NM; NDS; QL (15 per 30 days) |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra) | 2 | PA; QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR) | 2 | QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR) | 2 | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | 2 | QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera) | 5 | PA; NM; NDS; QL (14 per 7 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera) | 5 | PA; NM; NDS |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya) | 5 | PA; NM; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>glatiramer subcutaneous syringe</i> (Glatopa) 20 mg/ml | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe</i> (Glatopa) 40 mg/ml | 5 | PA; NM; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe</i> (glatiramer) 20 mg/ml | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe</i> (glatiramer) 40 mg/ml | 5 | PA; NM; NDS; QL (12 per 28 days) |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER) | 2 | |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21) | 5 | PA; NM; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 5 | PA; NM; NDS; QL (1.2 per 28 days) |
| <i>lithium carbonate oral capsule</i> 150 mg, 300 mg, 600 mg | 1 | |
| <i>lithium carbonate oral tablet 300 mg</i> | 1 | |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid) | 2 | |
| <i>lithium carbonate oral tablet extended release 450 mg</i> | 2 | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | 2 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; NM; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS) | 3 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS) | 5 | PA; NM; NDS |
| <i>methylphenidate hcl oral solution</i> (Methylin) 10 mg/5 ml | 2 | QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> (Ritalin) 10 mg, 20 mg, 5 mg | 2 | QL (90 per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | 5 | PA; NM; NDS; QL (20 per 180 days) |
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML | 5 | PA; NM; NDS; QL (23 per 180 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; NM; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; NM; NDS |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | 2 | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 3 | |
| <i>tetrabenazine oral tablet 12.5 mg,</i> (Xenazine) <i>25 mg</i> | 5 | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG | 5 | PA; NM; NDS; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CONTRACEPTIVES | | |
| Contraceptives | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 2 | |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 2 | |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol) | 2 | |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol) | 2 | |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>ayuna oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol) | 2 | |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 2 | |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 2 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---------------------------------------|------------------|----------------------------|
| <i>cryselle (28) oral tablet</i> <i>0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 2 | |
| <i>cyclafem 1/35 (28) oral tablet</i> <i>1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 2 | |
| <i>cyclafem 7/7/7 (28) oral tablet</i> <i>0.5/0.75/1 mg- 35 mcg</i> | | 2 | |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 2 | |
| <i>dasetta 1/35 (28) oral tablet</i> <i>1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 2 | |
| <i>dasetta 7/7/7 (28) oral tablet</i> <i>0.5/0.75/1 mg- 35 mcg</i> | | 2 | |
| <i>deblitane oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 2 | |
| <i>desog-e.estradiol/e.estradiol oral</i> <i>tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28)) | 2 | |
| <i>desogestrel-ethinyl estradiol oral</i> <i>tablet 0.15-0.03 mg</i> | (Apri) | 2 | |
| <i>dolishale oral tablet 90-20 mcg (28)</i> | (levonorgestrel-ethinyl estradiol) | 2 | |
| <i>elimest oral tablet 0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 2 | |
| <i>eluryng vaginal ring</i> <i>0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | 2 | QL (1 per 28 days) |
| <i>emoquette oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 2 | |
| <i>emzahh oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 2 | |
| <i>enilloring vaginal ring</i> <i>0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | 4 | QL (1 per 28 days) |
| <i>enpresse oral tablet 50-30 (6)/75-40</i> <i>(5)/125-30(10)</i> | (levonorg-eth estrad triphasic) | 2 | |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | (desogestrel-ethinyl estradiol) | 2 | |
| <i>errin oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 2 | |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 2 | |
| <i>ethynodiol diac-eth estradiol oral</i> <i>tablet 1-35 mg-mcg</i> | (Kelnor 1/35 (28)) | 2 | |
| <i>ethynodiol diac-eth estradiol oral</i> <i>tablet 1-50 mg-mcg</i> | (Kelnor 1/50 (28)) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng) | 2 | QL (1 per 28 days) |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>femynor oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol) | 1 | |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol) | 2 | QL (1 per 28 days) |
| <i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 2 | |
| <i>iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad) | 2 | QL (91 per 84 days) |
| <i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 2 | |
| <i>isibloom oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 2 | |
| <i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 2 | |
| <i>jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad) | 2 | QL (91 per 84 days) |
| <i>juleber oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 2 | |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol) | 2 | |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol) | 2 | |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol) | 2 | |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> (ethynodiol diac-eth estradiol) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i> (ethynodiol diac-eth estradiol) | 2 | |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | 4 | |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol) | 2 | |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol) | 2 | |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 2 | |
| <i>larissia oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic) | 2 | |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> (Balcoltra) | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28)) | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28)) | 2 | |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> (Iclevia) | 2 | QL (91 per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse) | 2 | |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | 3 | |
| <i>lillow (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 2 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|--|---------------------------------------|-----------|---------------------|
| <i>low-ogestrel (28) oral tablet</i> <i>0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 2 | |
| <i>lutera (28) oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estradiol) | 2 | |
| <i>lyleq oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 2 | |
| <i>lyza oral tablet 0.35 mg</i> | (norethindrone (contraceptive)) | 2 | |
| <i>marlissa (28) oral tablet</i> <i>0.15-0.03 mg</i> | (levonorgestrel-ethinyl estradiol) | 2 | |
| <i>microgestin 1.5/30 (21) oral tablet</i> <i>1.5-30 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | |
| <i>microgestin 1/20 (21) oral tablet</i> <i>1-20 mg-mcg</i> | (norethindrone ac-eth estradiol) | 2 | |
| <i>microgestin 24 fe oral tablet</i> <i>1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradi ol-iron) | 2 | |
| <i>microgestin fe 1.5/30 (28) oral tablet</i> <i>1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradi ol-iron) | 2 | |
| <i>microgestin fe 1/20 (28) oral tablet</i> <i>1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradi ol-iron) | 2 | |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 2 | |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | | 4 | |
| <i>mono-linyah oral tablet</i> <i>0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 2 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | | 3 | |
| <i>norelgestromin-ethin.estradiol</i> <i>transdermal patch weekly</i> <i>150-35 mcg/24 hr</i> | (Xulane) | 2 | QL (3 per 28 days) |
| <i>norethindrone (contraceptive) oral</i> <i>tablet 0.35 mg</i> | (Camila) | 2 | |
| <i>norethindrone-e.estradiol-iron oral</i> <i>tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (Aurovela Fe 1-20 (28)) | 2 | |
| <i>norethindrone-e.estradiol-iron oral</i> <i>tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (Aurovela Fe 1.5/30 (28)) | 2 | |
| <i>norethindrone-e.estradiol-iron oral</i> <i>tablet 1-20(5)/1-30(7) /1mg-35mcg</i> <i>(9)</i> | (Tilia Fe) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 2 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla) | 2 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 2 | |
| <i>norlyda oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 1 | |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | 2 | |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 2 | |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 2 | |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol) | 2 | |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol) | 2 | |
| <i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 2 | |
| <i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 2 | |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 2 | |
| <i>previfem oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol) | 1 | |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 2 | |
| <i>setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad) | 2 | QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 2 | |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol) | 2 | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | 4 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---------------------------------------|-----------|---------------------|
| <i>sprintec</i> (28) oral tablet 0.25-35 mg-mcg | (norgestimate-ethinyl estradiol) | 2 | |
| <i>sronyx</i> oral tablet 0.1-20 mg-mcg | (levonorgestrel-ethinyl estradiol) | 2 | |
| <i>tarina 24 fe</i> oral tablet 1 mg-20 mcg (24)/75 mg (4) | (norethindrone-e.estradi ol-iron) | 2 | |
| <i>tarina fe 1-20 eq</i> (28) oral tablet 1 mg-20 mcg (21)/75 mg (7) | (norethindrone-e.estradi ol-iron) | 2 | |
| <i>tilia fe</i> oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) | (norethindrone-e.estradi ol-iron) | 2 | |
| <i>tri femynor</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-estarylla</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-legest fe</i> oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) | (norethindrone-e.estradi ol-iron) | 2 | |
| <i>tri-linyah</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-lo-estarylla</i> oral tablet 0.18/0.215/0.25 mg-25 mcg | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-lo-marzia</i> oral tablet 0.18/0.215/0.25 mg-25 mcg | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-lo-mili</i> oral tablet 0.18/0.215/0.25 mg-25 mcg | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-lo-sprintec</i> oral tablet 0.18/0.215/0.25 mg-25 mcg | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-mili</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-nymyo</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-previfem</i> (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-sprintec</i> (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 2 | |
| <i>trivora</i> (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10) | (levonorg-eth estrad triphasic) | 2 | |
| <i>tri-vylibra lo</i> oral tablet 0.18/0.215/0.25 mg-25 mcg | (norgestimate-ethinyl estradiol) | 2 | |
| <i>tri-vylibra</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 2 | |
| <i>turqoz</i> (28) oral tablet 0.3-30 mg-mcg | (norgestrel-ethinyl estradiol) | 2 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|--|----------------------------------|-----------|---------------------|
| <i>vienva oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 2 | |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 2 | |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 2 | |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 2 | |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | (norelgestromin-ethin.estradiol) | 2 | QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | (norelgestromin-ethin.estradiol) | 2 | QL (3 per 28 days) |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 2 | |

DENTAL AND ORAL AGENTS

Dental And Oral Agents

| | | | |
|---|-----------------------------|---|--|
| <i>cevimeline oral capsule 30 mg</i> | (Evoxac) | 2 | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | (Periogard) | 1 | |
| <i>denta 5000 plus dental cream 1.1 %</i> | (fluoride (sodium)) | 1 | |
| <i>dentagel dental gel 1.1 %</i> | (fluoride (sodium)) | 1 | |
| <i>fluoride (sodium) dental solution 0.2 %</i> | (PreviDent) | 1 | |
| <i>periogard mucous membrane mouthwash 0.12 %</i> | (chlorhexidine gluconate) | 1 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | (Salagen (pilocarpine)) | 2 | |
| <i>sf 5000 plus dental cream 1.1 %</i> | (fluoride (sodium)) | 1 | |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> | (Denta 5000 Plus Sensitive) | 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | (Kourzeq) | 2 | |

DERMATOLOGICAL AGENTS

Dermatological Agents, Other

| | | | |
|---|-----------|---|---------------------|
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | | 2 | |
| <i>acyclovir topical ointment 5 %</i> | (Zovirax) | 4 | QL (30 per 30 days) |
| <i>ammonium lactate topical cream 12 %</i> | | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>ammonium lactate topical lotion</i> (AmLactin) 12 % | 2 | |
| <i>calcipotriene scalp solution</i> 0.005 % | 2 | QL (120 per 30 days) |
| <i>calcipotriene topical cream</i> 0.005 % | 2 | QL (120 per 30 days) |
| <i>calcipotriene topical ointment</i> 0.005 % | 2 | QL (120 per 30 days) |
| <i>fluorouracil topical cream</i> 5 % (Efudex) | 2 | |
| <i>fluorouracil topical solution</i> 2 % | 2 | |
| <i>fluorouracil topical solution</i> 5 % | 4 | |
| <i>imiquimod topical cream in packet</i> 5 % | 2 | QL (24 per 30 days) |
| ISOPROPYL ALCOHOL TOPICAL SWAB 70 % | 1 | |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | 3 | QL (5 per 5 days) |
| <i>methoxsalen oral capsule,</i> <i>liqd-filled,rapid rel</i> 10 mg | 5 | NM; NDS |
| PANRETIN TOPICAL GEL 0.1 % | 5 | NM; NDS; QL (60 per 28 days) |
| <i>podofilox topical solution</i> 0.5 % | 2 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 4 | QL (180 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | 5 | PA NSO; NM; NDS |
| <i>zenatane oral capsule</i> 10 mg, 20 mg, (isotretinoin) 30 mg, 40 mg | 2 | |
| <i>Dermatological Antibacterials</i> | | |
| <i>clindamycin phosphate topical</i> <i>solution</i> 1 % | 2 | QL (180 per 30 days) |
| <i>clindamycin phosphate topical swab</i> (Clindacin ETZ) 1 % | 2 | |
| <i>clindamycin-benzoyl peroxide topical</i> <i>gel</i> 1-5 % | 4 | |
| <i>erythromycin with ethanol topical</i> <i>solution</i> 2 % | 2 | |
| <i>gentamicin topical cream</i> 0.1 % | 2 | QL (90 per 30 days) |
| <i>gentamicin topical ointment</i> 0.1 % | 2 | QL (120 per 30 days) |
| <i>metronidazole topical cream</i> 0.75 % (Rosadan) | 2 | |
| <i>metronidazole topical gel</i> 0.75 % (Rosadan) | 2 | |
| <i>metronidazole topical gel</i> 1 % (Metrogel) | 4 | |
| <i>mupirocin topical ointment</i> 2 % (Centany) | 1 | QL (220 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>neuac topical gel 1.2 %</i> (1 % base) -5 % (clindamycin-benzoyl peroxide) | 1 | |
| <i>rosadan topical cream 0.75 %</i> (metronidazole) | 2 | |
| <i>selenium sulfide topical lotion 2.5 %</i> | 2 | |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD) | 2 | |
| <i>ssd topical cream 1 %</i> (silver sulfadiazine) | 4 | |
| <i>Dermatological Anti-Inflammatory Agents</i> | | |
| <i>ala-cort topical cream 1 %</i> (hydrocortisone) | 2 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 2 | |
| <i>betamethasone valerate topical cream 0.1 %</i> | 2 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 2 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 2 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | 2 | |
| <i>clobetasol scalp solution 0.05 %</i> | 2 | |
| <i>clobetasol topical cream 0.05 %</i> | 2 | |
| <i>clobetasol topical gel 0.05 %</i> | 2 | |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex) | 4 | |
| <i>clobetasol topical ointment 0.05 %</i> | 2 | |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex) | 2 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 2 | |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E) | 4 | |
| EUCRISA TOPICAL OINTMENT 2 % | 3 | |
| <i>fluocinolone topical cream 0.01 %</i> | 2 | |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar) | 2 | |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits | |
|---|-----------------------------------|----------------------------|--------|
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 2 | PA; ST |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | PA; ST |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 2 | PA; ST |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | PA; ST |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | PA; ST |
| ALCOHOL 70% SWABS | (Alcohol Pads) | 1 | PA; ST |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | PA; ST |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | PA; ST |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | PA; ST |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | PA; ST |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | PA; ST |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 2 | PA; ST |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | | 2 | PA; ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | 2 | PA; ST |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16" | 2 | PA; ST |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | 2 | PA; ST |
| ASSURE ID PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety) | 2 | PA; ST |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | 2 | PA; ST |
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | 2 | PA; ST |
| BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100) | 2 | PA; ST |
| BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 " | 2 | PA; ST |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2" | 2 | PA; ST |
| BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1" | 2 | PA; ST |
| BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100) | 2 | PA; ST |
| BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2" | 2 | PA; ST |
| BD INSULIN SYR 1 ML (insulin syringe-needle 27GX12.7MM 1 ML 27 GAUGE X u-100) 1/2" | 2 | PA; ST |

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| COMFORT EZ SYR 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100) | 2 | PA; ST |
| COMFORT EZ SYR 1 ML 30GX1/2" (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100) | 2 | PA; ST |
| COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | PA; ST |
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3" | 2 | PA; ST |
| COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 4MM 31 GAUGE X 5/32" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4" | 2 | PA; ST |
| COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16" | 2 | PA; ST |
| CURAD GAUZE PADS 2" X 2" 2 X 2 (gauze bandage) " | 1 | PA; ST |
| CURITY ALCOHOL PREPS 2 PLY, (alcohol swabs) MEDIUM | 1 | PA; ST |
| CURITY GAUZE SPONGES (12 (12 PLY)-200/BAG 2 X 2 " | 1 | PA; ST |
| CURITY GUAZE PADS 1'S(12 PLY) (gauze bandage) 2 X 2 " | 1 | PA; ST |
| DERMACEA 2"X2" GAUZE 12 PLY, (gauze bandage) USP TYPE VII 2 X 2 " | 1 | PA; ST |

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

| Drug Name | Drug Tier | Requirements/Limits | |
|---|-----------------------------------|---------------------|--------|
| DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64" | 2 | PA; ST | |
| DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 2 | PA; ST |
| DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 2 | PA; ST |
| DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 2 | PA; ST |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | 2 | PA; ST | |
| DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8" | 2 | PA; ST | |
| DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 2 | PA; ST |
| DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 2 | PA; ST |
| DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | PA; ST |
| DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 2 | PA; ST |
| DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | PA; ST |
| DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | PA; ST |
| DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 2 | PA; ST |
| DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 2 | PA; ST |
| DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 2 | PA; ST |
| DROPSAFE ALCOHOL 70% PREP PADS | (alcohol swabs) | 1 | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | 2 | PA; ST | |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 2 | PA; ST | |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | 2 | PA; ST | |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | 2 | PA; ST | |

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | PA; ST |
| EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED | 1 | PA; ST |
| EASY TOUCH FLIPIK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | 2 | PA; ST |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | 2 | PA; ST |
| EASY TOUCH INSULIN SYR 0.3 ML (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16", 0.3 ML u-100) 31 GAUGE X 5/16" | 2 | PA; ST |
| EASY TOUCH INSULIN SYR 0.5 ML (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16", 0.5 ML u-100) 31 GAUGE X 5/16" | 2 | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 30 GAUGE X 5/16, 1 ML 31 u-100) GAUGE X 5/16 | 2 | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML (insulin syringe-needle RETRACTABLE 1 ML 30 GAUGE X u-100) 1/2" | 2 | PA; ST |
| EASY TOUCH INSULIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 2 | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 2 | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 2 | PA; ST |
| EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| EASY TOUCH LUER LOK INSUL (insulin syringe 1 ML needleless) | 2 | PA; ST |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2" | 2 | PA; ST |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic) 30GX5/16 30 GAUGE X 5/16" | 2 | PA; ST |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 2 | PA; ST |

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| INSULIN SYRINGE 1 ML 30GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 | 2 | PA; ST |
| INSULIN SYRINGE 1 ML 31GX1/4" (Sure Comfort Insulin 1 ML 31 GAUGE X 1/4" Syringe) | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 (Comfort EZ Insulin SYRINGE 1 ML 29 GAUGE X 1/2" Syringe) | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 (Monoject Syringe) SYRINGE 1/2 ML 28 GAUGE | 2 | PA; ST |
| INSUPEN 30G ULTRAFIN NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16" | 2 | PA; ST |
| INSUPEN 31G ULTRAFIN NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 5/16" | 2 | PA; ST |
| INSUPEN 32G 6MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 1/4" | 2 | PA; ST |
| INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 5/16" | 2 | PA; ST |
| INSUPEN PEN NEEDLE (pen needle, diabetic) 29GX12MM 29 GAUGE X 1/2" | 2 | PA; ST |
| INSUPEN PEN NEEDLE 31GX3/16" (pen needle, diabetic) 31 GAUGE X 3/16" | 2 | PA; ST |
| INSUPEN PEN NEEDLE 32GX4MM (pen needle, diabetic) 32 GAUGE X 5/32" | 2 | PA; ST |
| INSUPEN PEN NEEDLE 33GX4MM (pen needle, diabetic) 33 GAUGE X 5/32" | 2 | PA; ST |
| IV ANTISEPTIC WIPES (alcohol swabs) | 1 | PA; ST |
| KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD | 1 | PA; ST |
| LISCO SPONGES 100/BAG 2 X 2 " | 1 | PA; ST |
| LITE TOUCH 31GX1/4" PEN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4" | 2 | PA; ST |
| LITE TOUCH INSULIN 0.5 ML SYR (insulin syringe-needle 1/2 ML 28 GAUGE, 1/2 ML 29 , u-100) 1/2 ML 30 GAUGE | 2 | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE X u-100) 7/16" | 2 | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE | 2 | PA; ST |

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | 3 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | PA; ST |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" (Embrace Pen Needle) | 2 | PA; ST |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" (CareFine Pen Needle) | 2 | PA; ST |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic) | 2 | PA; ST |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus) | 2 | PA; ST |
| PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | PA; ST |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | PA; ST |
| PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" (1st Tier Unifine Pentips) | 2 | PA; ST |
| PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | PA; ST |
| PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | PA; ST |
| PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | PA; ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16" | 2 | PA; ST |
| PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic) SHORT, 8MM 31 GAUGE X 5/16" | 2 | PA; ST |
| PENTIPS PEN NEEDLE 32G 1/4" 32 (pen needle, diabetic) GAUGE X 1/4" | 2 | PA; ST |
| PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 2 | PA; ST |
| PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic) GAUGE X 3/16" | 2 | PA; ST |
| PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic) GAUGE X 5/32" | 2 | PA; ST |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | PA; ST |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | PA; ST |
| PRO COMFORT 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100) | 2 | PA; ST |
| PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100) | 2 | PA; ST |
| PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100) | 2 | PA; ST |
| PRO COMFORT 1 ML 30GX1/2" (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100) | 2 | PA; ST |
| PRO COMFORT 1 ML 30GX5/16" (insulin syringe-needle 1 ML 30 GAUGE X 5/16" u-100) | 2 | PA; ST |
| PRO COMFORT 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16" u-100) | 2 | PA; ST |
| PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS | 1 | PA; ST |
| PRO COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 2 | PA; ST |
| PRO COMFORT PEN NDL 32G X (pen needle, diabetic) 1/4" 32 GAUGE X 1/4" | 2 | PA; ST |
| PRO COMFORT PEN NDL 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32" | 2 | PA; ST |
| PRO COMFORT PEN NDL 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16" | 2 | PA; ST |
| PRODIGY INS SYR 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100) | 2 | PA; ST |
| PRODIGY SYRNG 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16" | 2 | PA; ST |

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

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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) | 2 | PA; ST |
| THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8" | 2 | PA; ST |
| TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | PA; ST |
| TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | 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) | 2 | PA; ST |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | 2 | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety) | 2 | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | PA; ST |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | PA; ST |
| TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | PA; ST |
| TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | 2 | PA; ST |
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs) | 1 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic) | 2 | PA; ST |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | 2 | PA; ST |
| TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs) | 1 | PA; ST |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | 2 | PA; ST |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | 2 | PA; ST |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | 2 | PA; ST |
| TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic) | 2 | PA; ST |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 2 | PA; ST |

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ULTICARE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 2 | PA; ST |
| ULTICARE PEN NEEDLE 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4" | 2 | PA; ST |
| ULTICARE PEN NEEDLE 8MM 31G (pen needle, diabetic) 31 GAUGE X 5/16" | 2 | PA; ST |
| ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2" | 2 | PA; ST |
| ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | 2 | PA; ST |
| ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4" | 2 | PA; ST |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | 2 | PA; ST |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | 2 | PA; ST |
| ULTICARE SYR 0.3 ML 29G (Comfort EZ Insulin 12.7MM 0.3 ML 29 GAUGE X 1/2" Syringe) | 2 | PA; ST |
| ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100) | 2 | PA; ST |
| ULTICARE SYR 0.3 ML 31GX5/16" (insulin syringe-needle SHORT NDL 0.3 ML 31 GAUGE X u-100) 5/16" | 2 | PA; ST |
| ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100) | 2 | PA; ST |
| ULTICARE SYR 0.5 ML 31GX5/16" (insulin syringe-needle SHORT NDL 0.5 ML 31 GAUGE X u-100) 5/16" | 2 | PA; ST |
| ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16" u-100) | 2 | PA; ST |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | 2 | PA; ST |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | 2 | PA; ST |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | 2 | PA; ST |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | 2 | PA; ST |
| ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2" | 2 | PA; ST |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | 2 | PA; ST |

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

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| VERIFINE SYRING 0.5 ML 29G 1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100) | 2 | PA; ST |
| VERIFINE SYRING 1 ML 31G 5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16" u-100) | 2 | PA; ST |
| VERIFINE SYRNG 0.3 ML 31G 5/16" (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100) | 2 | PA; ST |
| VERIFINE SYRNG 0.5 ML 31G 5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100) | 2 | PA; ST |
| VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 " | 1 | PA; ST |
| V-GO 20 DEVICE | 3 | QL (30 per 30 days) |
| V-GO 30 DEVICE | 3 | QL (30 per 30 days) |
| V-GO 40 DEVICE | 3 | QL (30 per 30 days) |
| WEBCOL ALCOHOL PREPS 20'S, (alcohol swabs) LARGE | 1 | PA; ST |
| ENZYME COFACTORS/CHAPERONES | | |
| <i>Enzyme Cofactors/Chaperones</i> | | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| ENZYME REPLACEMENT/MODIFIERS | | |
| <i>Enzyme Replacement/Modifiers</i> | | |
| CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 3 | |
| <i>javygtor oral tablet, soluble 100 mg</i> (sapropterin) | 5 | PA; NM; NDS |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin) | 5 | PA; NM; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 5 | PA; NM; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 5 | PA BvD; NM; NDS |
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor) | 5 | PA; NM; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 5 | PA; NM; LA; NDS |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 3 | |
| EYE, EAR, NOSE, THROAT AGENTS | | |
| Eye, Ear, Nose, Throat Agents, Miscellaneous | | |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine) | 2 | |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i> | 2 | QL (60 per 30 days) |
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy) | 2 | QL (30 per 25 days) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | 2 | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | 2 | |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | 4 | |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i> | 2 | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i> | 2 | QL (15 per 10 days) |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf) | 2 | |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief) | 2 | |
| Eye, Ear, Nose, Throat Anti-Infectives Agents | | |
| <i>acetic acid otic (ear) solution 2 %</i> | 2 | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | 2 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin) | 2 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i> | 2 | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | 2 | QL (3.5 per 4 days) |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | 2 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | 2 | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | 2 | |
| <i>moxifloxacin ophthalmic (eye) drops (Vigamox) 0.5 %</i> | 2 | |
| NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 % | 4 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC) | 2 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | 2 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 2 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol) | 2 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 2 | |
| <i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 2 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | 2 | |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-pol y-hc) | 2 | |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-pol ymyxin) | 2 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox) | 2 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>polycin ophthalmic (eye) ointment</i> (bacitracin-polymyxin b) 500-10,000 unit/gram | 2 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i> 10,000 unit- 1 mg/ml | 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | 2 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | 2 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 2 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i> | 2 | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | 2 | |
| XDEMZY OPTHALMIC (EYE) DROPS 0.25 % | 5 | PA; NM; NDS; QL (10 per 42 days) |
| ZIRGAN OPTHALMIC (EYE) GEL 0.15 % | 4 | |
| ZYLET OPTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 % | 3 | |
| Eye, Ear, Nose, Throat Anti-Inflammatory Agents | | |
| ALREX OPTHALMIC (EYE) DROPS, SUSPENSION 0.2 % (loteprednol etabonate) | 3 | ST |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa) | 2 | |
| <i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite) | 2 | |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i> | 4 | |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis) | 2 | QL (60 per 30 days) |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | 2 | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | 2 | |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol) | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 % | 3 | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i> | 4 | QL (50 per 25 days) |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i> | 2 | |
| <i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops, suspension 0.1 %</i> | 4 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | 2 | |
| <i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 % | 3 | |
| INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % | 3 | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops</i> (Acular) <i>0.5 %</i> | 2 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 3 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 3 | QL (5 per 16 days) |
| <i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i> | 4 | QL (10 per 14 days) |
| <i>loteprednol etabonate ophthalmic</i> (Alrex) <i>(eye) drops, suspension 0.2 %</i> | 2 | ST |
| <i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops, suspension 0.5 %</i> | 4 | QL (15 per 19 days) |
| <i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone)) | 4 | QL (34 per 30 days) |
| <i>prednisolone acetate ophthalmic</i> (Pred Forte) <i>(eye) drops, suspension 1 %</i> | 4 | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 3 | QL (60 per 30 days) |
| GASTROINTESTINAL AGENTS | | |
| Antiulcer Agents And Acid Suppressants | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> | 4 | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | 2 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|--|-------------------------------|-----------|----------------------------|
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> | (Acid Reducer (esomeprazole)) | 2 | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> | (Nexium) | 2 | QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | (Nexium Packet) | 4 | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> | (Nexium Packet) | 4 | ST; QL (60 per 30 days) |
| <i>famotidine oral tablet 20 mg</i> | (Acid Controller) | 1 | |
| <i>famotidine oral tablet 40 mg</i> | (Pepcid) | 1 | |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> | (Acid Reducer (lansoprazole)) | 2 | QL (30 per 30 days) |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> | (Prevacid) | 2 | QL (60 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | (Cytotec) | 2 | |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | | 1 | |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> | (Protonix) | 1 | QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> | (Protonix) | 1 | QL (60 per 30 days) |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> | (AcipHex) | 2 | QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gram</i> | (Carafate) | 2 | |
| Gastrointestinal Agents, Other | | | |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> | (Carbaglu) | 5 | PA; NM; NDS |
| <i>constulose oral solution 10 gram/15 ml</i> | (lactulose) | 2 | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> | (Gastrocrom) | 2 | |
| <i>dicyclomine oral capsule 10 mg</i> | | 2 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | | 2 | |
| <i>dicyclomine oral tablet 20 mg</i> | | 2 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | (Lomotil) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>enulose oral solution 10 gram/15 ml</i> | (lactulose) | 2 | |
| <i>generlac oral solution 10 gram/15 ml</i> | (lactulose) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul) | 2 | |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte) | 2 | |
| <i>kionex (with sorbitol) oral suspension</i> 15-19.3 gram/60 ml, 15-20 gram/60 ml | 2 | |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose) | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | 3 | |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 2 | |
| <i>lubiprostone oral capsule 24 mcg,</i> <i>8 mcg</i> (Amitiza) | 2 | QL (60 per 30 days) |
| <i>metoclopramide hcl oral solution</i> <i>5 mg/5 ml</i> | 2 | |
| <i>metoclopramide hcl oral tablet</i> <i>10 mg, 5 mg</i> (Reglan) | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 per 30 days) |
| <i>sodium polystyrene sulfonate oral</i> <i>powder</i> | 2 | |
| <i>sps (with sorbitol) oral suspension</i> <i>15-20 gram/60 ml</i> | 2 | |
| <i>ursodiol oral capsule 200 mg,</i> <i>400 mg</i> (Reltone) | 5 | NM; NDS |
| <i>ursodiol oral capsule 300 mg</i> | 2 | |
| <i>ursodiol oral tablet 250 mg</i> | 2 | |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | 2 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 3 | |
| XERMELO ORAL TABLET 250 MG | 5 | PA; NM; NDS; QL (84 per 28 days) |
| Laxatives | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 M L, 10 MG-3.5 GRAM- 12 GRAM/175 M L | 3 | |
| <i>gavilyte-c oral recon soln</i> <i>240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>gavilyte-g oral recon soln</i> (peg 3350-electrolytes) 236-22.74-6.74 -5.86 gram | 2 | |
| <i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln) | 2 | |
| <i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram | 2 | |
| <i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) 420 gram | 2 | |
| <i>sodium, potassium, mag sulfates oral recon soln</i> (Suprep Bowel Prep Kit) 17.5-3.13-1.6 gram | 3 | |
| <i>sodium, potassium, mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram 2 pack (480ml) | 2 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | 3 | |
| Phosphate Binders | | |
| <i>calcium acetate(phosphat bind) oral capsule</i> 667 mg | 2 | |
| <i>calcium acetate(phosphat bind) oral tablet</i> 667 mg | 2 | |
| <i>sevelamer carbonate oral powder in packet</i> 0.8 gram, 2.4 gram (Renvela) | 2 | |
| <i>sevelamer carbonate oral tablet</i> 800 mg (Renvela) | 2 | |
| <i>sevelamer hcl oral tablet</i> 400 mg, 800 mg | 2 | |
| GENITOURINARY AGENTS | | |
| Antispasmodics, Urinary | | |
| <i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg | 2 | |
| <i>fesoterodine oral tablet extended release</i> 24 hr 4 mg, 8 mg (Toviaz) | 2 | |
| <i>flavoxate oral tablet</i> 100 mg | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron) | 2 | |
| <i>oxybutynin chloride oral syrup</i> 5 mg/5 ml | 2 | |
| <i>oxybutynin chloride oral tablet</i> 5 mg | 2 | |
| <i>oxybutynin chloride oral tablet extended release</i> 24hr 10 mg, 15 mg, 5 mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare) | 1 | |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA) | 2 | |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol) | 2 | |
| <i>trospium oral capsule, extended release 24hr 60 mg</i> | 4 | |
| <i>trospium oral tablet 20 mg</i> | 2 | |
| Genitourinary Agents, Miscellaneous | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | 2 | QL (30 per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | 2 | |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | 1 | |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax) | 1 | |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| HEAVY METAL ANTAGONISTS | | |
| Heavy Metal Antagonists | | |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | 5 | PA; NM; NDS |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu) | 2 | PA |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs) | 5 | PA; NM; NDS |
| <i>trientine oral capsule 250 mg</i> (Syprine) | 5 | PA; NM; NDS; QL (240 per 30 days) |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING | | |
| Androgens | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | 2 | PA |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone) | 2 | PA |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i> | 2 | PA |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | 2 | PA; QL (5 per 28 days) |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i> (Vogelxo) | 4 | PA; QL (300 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel) | 4 | PA; QL (150 per 30 days) |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) (AndroGel) | 4 | PA; QL (300 per 30 days) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| Estrogens And Antiestrogens | | |
| DUAVEE ORAL TABLET 0.45-20 MG | 3 | PA-HRM; AGE (Max 64 Years) |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace) | 1 | PA-HRM; AGE (Max 64 Years) |
| estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti) | 2 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara) | 2 | PA-HRM; QL (4 per 28 days); AGE (Max 64 Years) |
| estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace) | 2 | |
| estradiol vaginal tablet 10 mcg (Yuvaferm) | 4 | QL (18 per 28 days) |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg | 2 | PA-HRM; AGE (Max 64 Years) |
| estradiol-norethindrone acet oral tablet 1-0.5 mg (Mimvey) | 2 | PA-HRM; AGE (Max 64 Years) |
| mimvey oral tablet 1-0.5 mg (estradiol-norethindrone acet) | 2 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG | 3 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens) | 3 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 3 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 3 | PA-HRM; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | PA-HRM; AGE (Max 64 Years) |
| raloxifene oral tablet 60 mg (Evista) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| yuvaferm vaginal tablet 10 mcg (estradiol) | 4 | QL (18 per 28 days) |
| Glucocorticoids/Mineralocorticoids | | |
| dexamethasone oral solution 0.5 mg/5 ml | 2 | |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg | 2 | |
| dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml | 1 | |
| fludrocortisone oral tablet 0.1 mg | 2 | |
| hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef) | 2 | |
| methylprednisolone acetate injection suspension 40 mg/ml (Depo-Medrol) | 2 | |
| methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol) | 2 | |
| methylprednisolone oral tablet 32 mg | 2 | |
| methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak)) | 1 | |
| prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml) | 2 | PA BvD |
| prednisolone oral solution 15 mg/5 ml | 2 | PA BvD |
| prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml) | 2 | PA BvD |
| prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred) | 2 | PA BvD |
| prednisone oral solution 5 mg/5 ml | 2 | PA BvD |
| prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg | 1 | PA BvD |
| prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack) | 2 | |
| triamcinolone acetonide injection suspension 40 mg/ml (Kenalog) | 2 | |
| Pituitary | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 5 | PA; NM; NDS; QL (35 per 28 days) |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML | 5 | PA; NM; NDS; QL (15 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> | 2 | |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 2 | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | 2 | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 5 | PA; NM; NDS |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot) | 5 | PA NSO; NM; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | 5 | PA; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | PA; NM; NDS |
| NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 5 | PA; NM; NDS |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i> | 4 | |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin) | 4 | |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA NSO; NM; NDS |
| ORLISSA ORAL TABLET 150 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| ORLISSA ORAL TABLET 200 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; NM; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide) | 5 | PA NSO; NM; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide) | 5 | PA NSO; NM; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NM; NDS |
| Progestins | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 3 | QL (0.65 per 84 days) |
| <i>gallifrey oral tablet 5 mg</i> (norethindrone acetate) | 2 | |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera) | 2 | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera) | 2 | QL (1 per 84 days) |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera) | 1 | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey) | 2 | |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium) | 2 | |
| Thyroid And Antithyroid Agents | | |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1 | |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T) | 1 | |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel) | 2 | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| IMMUNOLOGICAL AGENTS | | |
| <i>Immunological Agents</i> | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 5 | PA; NM; NDS |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 5 | PA; NM; NDS |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 5 | PA; NM; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 5 | PA; NM; NDS |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus) | 4 | PA BvD |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG (tacrolimus) | 5 | PA BvD; NM; NDS |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 2 | PA BvD |
| <i>azathioprine sodium injection recon soln 100 mg</i> | 2 | PA BvD |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 5 | PA; NM; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 5 | PA; NM; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 5 | PA NSO; NM; NDS; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 5 | PA; NM; NDS |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 5 | PA; NM; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; NM; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; NM; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; NM; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 5 | PA; NM; NDS |
| <i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml | 2 | PA BvD |
| <i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg | 2 | PA BvD |
| <i>cyclosporine modified oral capsule</i> 50 mg | 2 | PA BvD |
| <i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml | 2 | PA BvD |
| <i>cyclosporine oral capsule 100 mg,</i> (Sandimmune) <i>25 mg</i> | 2 | PA BvD |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; NM; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; NM; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| <i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg,</i> <i>1 mg</i> | 5 | PA BvD; NM; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 5 | PA BvD; NM; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified) | 2 | PA BvD |
| <i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified) | 2 | PA BvD |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; NM; NDS |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| <i>infliximab intravenous recon soln 100 mg</i> (Remicade) | 5 | PA; NM; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 5 | PA; NM; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | 2 | |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous) | 2 | PA BvD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept) | 2 | PA BvD |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept) | 5 | PA BvD; NM; NDS |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept) | 2 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic) | 4 | PA BvD |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 5 | PA BvD; NM; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 5 | PA; NM; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 5 | PA; NM; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 5 | PA; NM; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; NM; NDS |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | 5 | PA; NM; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 4 | PA BvD |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 4 | ST |
| REZUROCK ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; NM; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 5 | PA; NM; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> | 5 | PA BvD; NM; NDS |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; NM; NDS |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | \$0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 3 | \$0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 3 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 3 | PA BvD; \$0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 3 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 3 | \$0 copay |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML | 3 | \$0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 3 | \$0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 3 | \$0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 3 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 3 | \$0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 3 | \$0 copay |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 3 | \$0 copay |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 3 | \$0 copay |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 3 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 3 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 3 | \$0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 3 | \$0 copay |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | \$0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML | 3 | |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 3 | PA BvD; \$0 copay |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 3 | \$0 copay |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD; \$0 copay |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 3 | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 3 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 3 | \$0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td) | 3 | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 3 | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 3 | \$0 copay |
| TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | 3 | |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 3 | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 3 | \$0 copay |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | \$0 copay |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine) | 3 | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 3 | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 3 | \$0 copay |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 3 | \$0 copay |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | 3 | \$0 copay |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 3 | \$0 copay |
| INFLAMMATORY BOWEL DISEASE AGENTS | | |
| <i>Inflammatory Bowel Disease Agents</i> | | |
| <i>alose tron oral tablet 0.5 mg, 1 mg (Lotronex)</i> | 2 | |
| <i>balsalazide oral capsule 750 mg (Colazal)</i> | 2 | |
| <i>budesonide oral capsule, delayed, extend.release 3 mg</i> | 4 | |
| <i>budesonide rectal foam (Uceris) 2 mg/actuation</i> | 2 | |
| <i>hydrocortisone rectal enema (Cortenema) 100 mg/60 ml</i> | 2 | |
| <i>mesalamine oral capsule, extended release 500 mg (Pentasa)</i> | 2 | |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)</i> | 4 | |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)</i> | 4 | QL (120 per 30 days) |
| <i>sulfasalazine oral tablet 500 mg (Azulfidine)</i> | 2 | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)</i> | 4 | |
| METABOLIC BONE DISEASE AGENTS | | |
| <i>Metabolic Bone Disease Agents</i> | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | 4 | QL (300 per 28 days) |
| <i>alendronate oral tablet 10 mg</i> | 1 | QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg</i> | 1 | QL (4 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| <i>alendronate oral tablet 70 mg</i> (Fosamax) | 1 | QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | 2 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | 2 | |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar) | 2 | QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar) | 5 | NM; NDS; QL (120 per 30 days) |
| <i>ibandronate oral tablet 150 mg</i> | 2 | QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 5 | PA; NM; NDS; QL (2 per 28 days) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | 4 | |
| <i>paricalcitol oral capsule 4 mcg</i> | 4 | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 4 | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG | 3 | QL (60 per 30 days) |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | 5 | PA; NM; NDS; QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 5 | PA; NM; NDS; QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 5 | PA; NM; NDS |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| <i>Miscellaneous Therapeutic Agents</i> | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 5 | PA; NM; NDS |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane) | 5 | PA; NM; NDS |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 2 | |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA; NM; NDS |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem) | 2 | |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari) | 5 | PA; NM; NDS; QL (180 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 3 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | 3 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 3 | |
| <i>hydroxyzine pamoate oral capsule</i> 25 mg, 50 mg | 1 | |
| <i>leucovorin calcium oral tablet</i> 10 mg, 15 mg, 25 mg, 5 mg | 2 | |
| <i>mesna oral tablet</i> 400 mg (Mesnex) | 5 | NM; NDS |
| MESNEX ORAL TABLET 400 MG (mesna) | 5 | NM; NDS |
| <i>nitroglycerin rectal ointment</i> 0.4 % (w/w) (Rectiv) | 2 | QL (30 per 30 days) |
| <i>pyridostigmine bromide oral tablet</i> 60 mg (Mestinon) | 2 | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| TYBOST ORAL TABLET 150 MG | 3 | QL (30 per 30 days) |
| VEOZAH ORAL TABLET 45 MG | 4 | PA; QL (30 per 30 days) |
| VOWST ORAL CAPSULE | 5 | PA; NM; NDS; QL (12 per 30 days) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | 3 | |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | 3 | |
| OPHTHALMIC AGENTS | | |
| <i>Antiglaucoma Agents</i> | | |
| <i>acetazolamide oral capsule,</i> <i>extended release</i> 500 mg | 2 | |
| <i>acetazolamide oral tablet</i> 125 mg, 250 mg | 2 | |
| <i>acetazolamide sodium injection</i> <i>recon soln</i> 500 mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>betaxolol ophthalmic (eye) drops</i> 0.5 % | 2 | |
| <i>bimatoprost ophthalmic (eye) drops</i> 0.03 % | 4 | QL (2.5 per 25 days) |
| <i>brimonidine ophthalmic (eye) drops</i> (Alphagan P) 0.1 %, 0.15 % | 2 | |
| <i>brimonidine ophthalmic (eye) drops</i> 0.2 % | 2 | |
| <i>brimonidine-timolol ophthalmic (eye) drops</i> (Combigan) 0.2-0.5 % | 4 | |
| <i>brinzolamide ophthalmic (eye) drops, suspension</i> 1 % (Azopt) | 2 | |
| <i>carteolol ophthalmic (eye) drops</i> 1 % | 2 | |
| <i>dorzolamide ophthalmic (eye) drops</i> 2 % | 2 | |
| <i>dorzolamide-timolol ophthalmic (eye) drops</i> (Cosopt) 22.3-6.8 mg/ml | 2 | |
| <i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 % | 1 | QL (2.5 per 25 days) |
| <i>levobunolol ophthalmic (eye) drops</i> 0.5 % | 2 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | QL (2.5 per 25 days) |
| <i>methazolamide oral tablet</i> 25 mg, 50 mg | 4 | |
| <i>pilocarpine hcl ophthalmic (eye) drops</i> 1 %, 2 %, 4 % | 2 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 3 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 3 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 % | 3 | |
| <i>tafluprost (pf) ophthalmic (eye) dropperette</i> 0.0015 % (Zioptan (PF)) | 4 | QL (30 per 30 days) |
| <i>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 % | 1 | |
| <i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 % | 4 | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | 4 | QL (5 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| REPLACEMENT PREPARATIONS | | |
| Replacement Preparations | | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | 2 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | 2 | |
| <i>klor-con m10 oral tablet, er particles/crystals 10 meq</i> (potassium chloride) | 2 | |
| <i>klor-con m15 oral tablet, er particles/crystals 15 meq</i> (potassium chloride) | 2 | |
| <i>klor-con m20 oral tablet, er particles/crystals 20 meq</i> (potassium chloride) | 2 | |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i> | 4 | |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i> | 2 | |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | 2 | PA BvD |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | 2 | |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | 4 | |
| <i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10) | 2 | |
| <i>potassium chloride oral tablet extended release 15 meq</i> | 2 | |
| <i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab) | 2 | |
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8) | 2 | |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10) | 2 | |
| <i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15) | 2 | |
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20) | 2 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | 2 | |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15) | 2 | |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|---------------------------------------|------------------------------|
| sodium chloride 0.45 % intravenous parenteral solution 0.45 % | 2 | |
| sodium chloride 0.9 % intravenous parenteral solution | 2 | |
| sodium chloride 0.9% solution mini-bag, single use | 2 | |
| RESPIRATORY TRACT AGENTS | | |
| Anti-Inflammatories, Inhaled Corticosteroids | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | (fluticasone propion-salmeterol) 3 | QL (12 per 30 days) |
| AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION | 3 | QL (32.1 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) 3 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | 3 | QL (60 per 30 days) |
| breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation | (budesonide-formoterol) 2 | QL (30.9 per 30 days) |
| budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml | (Pulmicort) 2 | PA BvD; QL (120 per 30 days) |
| budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation | (Breyna) 2 | QL (30.6 per 30 days) |
| fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation | 2 | QL (12 per 30 days) |
| fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation | 2 | QL (24 per 30 days) |
| fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation | 2 | QL (21.2 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub) | 2 | 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) | 2 | QL (60 per 30 days) |
| Antileukotrienes | | |
| <i>montelukast oral tablet 10 mg</i> (Singulair) | 1 | |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair) | 2 | |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate) | 4 | |
| Bronchodilators | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | 3 | QL (32.1 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA) | 2 | QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i> | 2 | QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i> | 2 | QL (36 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i> | 2 | PA BvD |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 3 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 4 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 3 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 3 | QL (8 per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 2 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 2 | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 3 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | QL (4 per 28 days) |
| <i>theophylline oral solution 80 mg/15 ml</i> | 2 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 4 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 2 | |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler) | 2 | QL (30 per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 3 | QL (60 per 30 days) |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | 2 | PA BvD |
| ALYFTREK ORAL TABLET 10-50-125 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 5 | NM; NDS; QL (560 per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA; NM; NDS |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 2 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; NM; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NM; NDS; QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg</i> | 5 | PA; NM; NDS; QL (90 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (90 per 30 days) |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp) | 2 | QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp) | 2 | QL (30 per 30 days) |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK) | 5 | PA; NM; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; NM; NDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio) | 2 | PA; QL (360 per 30 days) |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra) | 2 | EX; CB (6 EA per 30 days) |
| <i>tadalafil oral tablet 2.5 mg</i> | 2 | PA |
| <i>tadalafil oral tablet 5 mg</i> (Cialis) | 2 | PA |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 5 | PA; NM; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60) | 5 | PA; NM; NDS |

VITAMINS AND MINERALS

Vitamins And Minerals

| | | |
|---|---|--|
| <i>bal-care dha combo pack 27-1-430 mg</i> | 2 | |
| <i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i> | 2 | |
| <i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i> | 2 | |
| <i>completenate tablet chew 29 mg iron- 1 mg</i> | 2 | |
| <i>folivane-ob capsule 85-1 mg</i> | 2 | |
| <i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i> | 2 | |
| <i>marnatal-f capsule 60 mg iron-1 mg</i> | 2 | |
| <i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid) | 2 | |
| <i>mynatal advance oral tablet 90-1-50 mg</i> | 2 | |
| <i>mynatal capsule 65 mg iron- 1 mg</i> | 2 | |
| <i>mynatal oral tablet 90-1-50 mg</i> | 2 | |
| <i>mynatal plus captab 65 mg iron- 1 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>mynatal-z captab 65 mg iron- 1 mg</i> | 2 | |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i> | 2 | |
| <i>newgen tablet 32-1,000 mg-mcg</i> | 2 | |
| <i>niva-plus tablet 27 mg iron- 1 mg</i> | 2 | |
| <i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i> | 2 | |
| <i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i> | 2 | |
| <i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i> | 2 | |
| <i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i> | 2 | |
| <i>pnv prenatal plus multivit tab (pnv, calcium gluten-free (rx) 27 mg iron- 1 mg 72-iron-folic acid)</i> | 2 | |
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i> | 2 | |
| <i>pnv-omega softgel 28-1-300 mg</i> | 2 | |
| <i>pr natal 400 combo pack 29-1-400 mg</i> | 2 | |
| <i>pr natal 400 ec combo pack 29-1-400 mg</i> | 2 | |
| <i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i> | 2 | |
| <i>pr natal 430 ec combo pack 29-1-430 mg</i> | 2 | |
| <i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i> | 2 | |
| <i>prenaissance oral capsule 29-1.25-55-325 mg</i> | 2 | |
| <i>prenaissance plus oral capsule 28-1-50-250 mg</i> | 2 | |
| <i>prenatabs fa tablet 29-1 mg</i> | 2 | |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i> | 2 | |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i> | 2 | |
| <i>prenatal low iron oral tablet 27 mg iron- 1 mg</i> | 2 | |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg (pnv, calcium 72-iron, carb-folic)</i> | 2 | |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg (pnv, calcium 72-iron-folic acid)</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>prenatal-u capsule 106.5-1 mg</i> | 2 | |
| <i>preplus ca-fe 27 mg-fa 1 mg tb (rx)</i> (pnv, calcium <i>27 mg iron- 1 mg</i> 72-iron-folic acid) | 2 | |
| <i>pretab 29 mg-1 mg tablet (rx)</i> <i>29-1 mg</i> | 2 | |
| <i>r-natal ob softgel 20 mg</i> <i>iron- 1 mg-320 mg</i> | 2 | |
| <i>select-ob chewable caplet 29 mg</i> <i>iron- 1 mg</i> | 2 | |
| <i>select-ob chewable caplet 29 mg</i> <i>iron- 1 mg</i> | 2 | |
| <i>se-natal 19 chewable tablet 29 mg</i> <i>iron- 1 mg</i> | 2 | |
| <i>taron-c dha capsule 35-1-200 mg</i> | 2 | |
| <i>taron-prex prenatal-dha oral capsule</i> <i>30 mg iron-1.2 mg-55 mg-265 mg</i> | 2 | |
| <i>triveen-duo dha oral combo pack</i> <i>29-1-400 mg</i> | 2 | |
| <i>virt-c dha softgel (rx) 35-1-200 mg</i> | 2 | |
| <i>virt-nate dha softgel 28 mg</i> <i>iron-1 mg -200 mg</i> | 2 | |
| <i>virt-pn dha softgel (rx) 27 mg</i> <i>iron-1 mg -300 mg</i> | 2 | |
| <i>virt-pn plus softgel (rx) 28-1-300 mg</i> | 2 | |
| <i>vitafol gummies 3.33 mg</i> <i>iron- 0.33 mg</i> | 2 | |
| <i>vitafol nano tablet 18 mg iron- 1 mg</i> | 2 | |
| <i>vitafol-ob+dha combo pack</i> <i>65-1-250 mg</i> | 2 | |
| <i>vp-ch-pnv oral capsule 30 mg</i> <i>iron-1 mg -50 mg-260 mg</i> | 2 | |
| <i>vp-pnv-dha softgel (rx) 28 mg</i> <i>iron- 1 mg-200 mg</i> | 2 | |
| <i>zatean-pn dha capsule 27 mg</i> <i>iron-1 mg -300 mg</i> | 2 | |
| <i>zatean-pn plus softgel 28-1-300 mg</i> | 2 | |
| <i>zingiber tablet</i> <i>1.2 mg-40 mg- 124.1 mg-100 mg</i> | 2 | |
| <i>zingiber tablet</i> <i>1.2 mg-40 mg- 124.1 mg-100 mg</i> | 2 | |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|---------------------------------------|
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| AGENTES ANTI CÁNCER | | |
| Agentes Anti Cáncer | | |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil) | 2 | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23) | 5 | PA NSO; NM; NDS |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | 1 | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | 5 | PA NSO; NM; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG | 5 | NM; NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | 5 | NM; NDS |
| BALVERSA ORAL TABLET 3 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|---------------------------------------|
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda) | 5 | PA NSO; NM; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka) | 5 | PA NSO; NM; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine) | 5 | PA NSO; NM; NDS |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | 5 | PA NSO; NM; NDS |
| <i>bexarotene topical gel 1 %</i> (Targretin) | 5 | PA NSO; NM; NDS |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | 2 | |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML) | 5 | PA NSO; NM; NDS; QL (75 per 28 days) |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | 2 | |
| <i>bortezomib injection recon soln 1 mg, 2.5 mg</i> | 4 | PA NSO |
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade) | 4 | PA NSO |
| BORUZU INJECTION SOLUTION 2.5 MG/ML | 4 | PA NSO |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 5 | PA NSO; NM; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA NSO; NM; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | 5 | PA BvD; NM; NDS |
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i> | 5 | PA BvD; NM; NDS |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | 2 | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | 3 | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 5 | PA NSO; NM; NDS; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 5 | 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) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>dasatinib oral tablet 20 mg</i> (Sprycel) | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG | 5 | PA NSO; NM; NDS |
| DAURISMO ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>decitabine intravenous recon soln 50 mg</i> (Dacogen) | 5 | NM; NDS |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx) | 5 | PA BvD; NM; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 4 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 4 | PA NSO |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 4 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 4 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML | 5 | PA NSO; NM; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 5 | PA NSO; NM; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 5 | NM; NDS |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 5 | PA NSO; NM; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 5 | PA NSO; NM; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 100 mg</i> (Tarceva) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>erlotinib oral tablet 150 mg</i> | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 25 mg</i> | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 4 | |
| <i>etoposide intravenous solution 20 mg/ml</i> | 2 | |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz) | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | 2 | |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 5 | PA BvD; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---------------------------------------|
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 3 | PA BvD |
| <i>floxuridine injection recon soln 0.5 gram</i> | 2 | PA BvD |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | 2 | PA BvD |
| <i>flutamide oral capsule 125 mg</i> (Eulexin) | 2 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex) | 5 | NM; NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 5 | PA NSO; NM; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> (Iressa) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG (lomustine) | 4 | |
| GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine) | 5 | NM; NDS |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 5 | PA NSO; NM; NDS; QL (5 per 21 days) |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | 2 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln</i> (Ifex) <i>1 gram</i> | 2 | |
| <i>ifosfamide intravenous solution</i> <i>1 gram/20 ml, 3 gram/60 ml</i> | 2 | |
| <i>imatinib oral tablet 100 mg</i> (Gleevec) | 2 | PA NSO; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> (Gleevec) | 2 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA NSO; NM; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | 5 | PA NSO; NM; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 5 | PA NSO; NM; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | 5 | PA NSO; NM; NDS; QL (280 per 28 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA NSO; NM; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA NSO; NM; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA BvD; ST |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 5 | PA NSO; NM; NDS; QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 5 | PA NSO; NM; NDS; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 5 | PA NSO; NM; NDS; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 5 | PA NSO; NM; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 5 | PA NSO; NM; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 5 | PA NSO; NM; NDS; QL (63 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb) | 5 | PA NSO; NM; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 5 | PA NSO; NM; NDS |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 2 | |
| LEUKERAN ORAL TABLET 2 MG | 5 | NM; NDS |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> | 4 | PA NSO |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 2 | PA NSO |
| LONSURF ORAL TABLET 15-6.14 MG | 5 | PA NSO; NM; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 5 | PA NSO; NM; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | 5 | PA NSO; NM; NDS |
| LORBRENA ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | PA NSO; NM; NDS |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|---|
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | 5 | PA NSO; NM; NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | NM; NDS |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5 | PA NSO; NM; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| MATULANE ORAL CAPSULE 50 MG | 5 | NM; NDS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 2 | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 5 | PA NSO; NM; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i> | 2 | |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 2 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 2 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 2 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 2 | PA BvD; ST |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | 2 | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| NERLYNX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | 5 | NM; NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA NSO; NM; NDS; QL (3 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| NUBEQA ORAL TABLET 300 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA NSO; NM; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 5 | PA NSO; NM; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 5 | PA NSO; NM; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 5 | PA NSO; NM; NDS |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 5 | PA NSO; NM; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 5 | PA NSO; NM; NDS |
| ORSERDU ORAL TABLET 345 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane) | 5 | PA BvD; NM; NDS |
| <i>pazopanib oral tablet 200 mg</i> (Votrient) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i> | 5 | NM; NDS |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---------------------------------------|
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | 5 | NM; NDS |
| <i>pemetrexed intravenous recon soln 100 mg, 500 mg</i> | 5 | NM; NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | 5 | NM; NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NM; NDS; QL (21 per 28 days) |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 5 | NM; NDS |
| QINLOCK ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| RETEVMO ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 5 | PA NSO; NM; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|--|
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 5 | PA NSO; NM; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 5 | PA NSO; NM; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | 5 | PA NSO; NM; NDS |
| SCSEMBLIX ORAL TABLET 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| SCSEMBLIX ORAL TABLET 20 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| SCSEMBLIX ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 5 | NM; NDS |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar) | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 5 | PA NSO; NM; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 5 | PA NSO; NM; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 4 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 5 | PA NSO; NM; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 5 | PA NSO; NM; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--|
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 2 | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | 5 | PA NSO; NM; NDS |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 4 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | 5 | PA NSO; NM; NDS; QL (5 per 21 days) |
| <i>toposar intravenous solution</i> <i>20 mg/ml</i> (etoposide) | 2 | |
| <i>toremifene oral tablet 60 mg</i> (Fareston) | 5 | NM; NDS |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic)) | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>torpenz oral tablet 2.5 mg, 5 mg,</i> <i>7.5 mg</i> (everolimus (antineoplastic)) | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 5 | PA NSO; NM; NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 4 | PA NSO |
| <i>tretinoin (antineoplastic) oral capsule</i> <i>10 mg</i> | 5 | NM; NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (64 per 28 days) |
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) | 5 | PA NSO; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|---|
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA NSO; NM; NDS |
| TUKYSA ORAL TABLET 150 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA NSO; NM; NDS |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG | 5 | PA NSO; NM; LA; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | 2 | |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 5 | PA NSO; NM; NDS |
| VYLOY INTRAVENOUS RECON SOLN 100 MG | 5 | PA NSO; NM; NDS |
| WELIREG ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| XALKORI ORAL PELLETT 150 MG | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLETT 20 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 5 | PA NSO; NM; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 5 | PA NSO; NM; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 5 | PA NSO; NM; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 5 | PA NSO; NM; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 5 | PA NSO; NM; NDS |
| YONSA ORAL TABLET 125 MG | 5 | PA NSO; NM; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG | 5 | PA NSO; NM; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 5 | PA NSO; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|---|
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 4 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | NM; NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NM; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA NSO; NM; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 5 | PA NSO; NM; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | 5 | PA NSO; NM; NDS; QL (20 per 28 days) |

AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS

Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias

| | | |
|---|---|-----------------------|
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | 2 | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | 2 | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone) | 4 | QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone) | 4 | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | 2 | QL (90 per 30 days) |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 2 | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 2 | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | 3 | QL (4 per 30 days) |
| <i>naloxone injection solution 0.4 mg/ml</i> | 2 | |
| <i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i> | 2 | |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan) | 2 | QL (4 per 30 days) |
| <i>naltrexone oral tablet 50 mg</i> | 2 | |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | 4 | QL (240 per 180 days) |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix) | 2 | QL (336 per 365 days) |
| <i>varenicline tartrate oral tablet 1 mg (56 pack)</i> | 2 | QL (336 per 365 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box) | 2 | |
| AGENTES ANTIANSIEDAD | | |
| Benzodiacepinas | | |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax) | 1 | QL (120 per 30 days) |
| alprazolam oral tablet 2 mg (Xanax) | 1 | QL (150 per 30 days) |
| chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg | 1 | QL (120 per 30 days) |
| clonazepam oral tablet 0.5 mg, 1 mg (Klonopin) | 1 | QL (90 per 30 days) |
| clonazepam oral tablet 2 mg (Klonopin) | 1 | QL (300 per 30 days) |
| clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg | 2 | QL (90 per 30 days) |
| clonazepam oral tablet, disintegrating 2 mg | 2 | QL (300 per 30 days) |
| clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg | 4 | QL (180 per 30 days) |
| diazepam injection solution 5 mg/ml | 2 | QL (10 per 28 days) |
| diazepam injection syringe 5 mg/ml | 2 | |
| diazepam intensol oral concentrate 5 mg/ml (diazepam) | 2 | QL (1200 per 30 days) |
| diazepam oral solution 5 mg/5 ml (1 mg/ml) | 2 | QL (1200 per 30 days) |
| diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium) | 1 | QL (120 per 30 days) |
| lorazepam 2 mg/ml oral concent (Lorazepam Intensol) | 2 | QL (150 per 30 days) |
| lorazepam 4 mg/ml vial inner (Ativan) | 1 | |
| lorazepam injection solution 2 mg/ml (Ativan) | 1 | QL (2 per 30 days) |
| lorazepam injection solution 4 mg/ml (Ativan) | 4 | QL (2 per 30 days) |
| lorazepam injection syringe 2 mg/ml | 1 | QL (2 per 30 days) |
| lorazepam intensol oral concentrate 2 mg/ml (lorazepam) | 2 | QL (150 per 30 days) |
| lorazepam oral tablet 0.5 mg, 1 mg (Ativan) | 1 | QL (90 per 30 days) |
| lorazepam oral tablet 2 mg (Ativan) | 1 | QL (150 per 30 days) |
| temazepam oral capsule 15 mg, 30 mg (Restoril) | 1 | QL (30 per 30 days) |
| temazepam oral capsule 22.5 mg (Restoril) | 2 | QL (30 per 30 days) |
| temazepam oral capsule 7.5 mg (Restoril) | 2 | QL (120 per 30 days) |
| triazolam oral tablet 0.125 mg | 2 | QL (120 per 30 days) |

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | 3 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 3 | QL (30 per 30 days) |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet) | 4 | QL (765 per 30 days) |
| <i>metformin oral tablet 1,000 mg</i> | 6 | QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | 6 | QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | 6 | QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> | 6 | QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> | 6 | QL (60 per 30 days) |
| <i>mifepristone oral tablet 300 mg</i> (Korlym) | 5 | PA; NM; NDS; QL (112 per 28 days) |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 6 | QL (90 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3 | PA; QL (3 per 28 days) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos) | 6 | QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i> | 6 | QL (90 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites | |
|--|-------------------------------------|--|---------------------|
| <i>pioglitazone-metformin oral tablet</i> (Actoplus MET) 15-850 mg | 6 | QL (90 per 30 days) | |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 6 | QL (120 per 30 days) | |
| <i>repaglinide oral tablet 2 mg</i> | 6 | QL (240 per 30 days) | |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; QL (30 per 30 days) | |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 3 | QL (60 per 30 days) | |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 3 | QL (30 per 30 days) | |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 3 | QL (60 per 30 days) | |
| TRADJENTA ORAL TABLET 5 MG | 3 | QL (30 per 30 days) | |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 3 | QL (30 per 30 days) | |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 3 | QL (60 per 30 days) | |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3 | PA; QL (2 per 28 days) | |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG | (dapaglifloz propaned-metformin) | 3 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG | 3 | QL (30 per 30 days) | |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG | 3 | QL (60 per 30 days) | |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | (dapaglifloz propaned-metformin) | 3 | QL (60 per 30 days) |
| Insulinas | | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (24 per 28 days) |
| <i>insulin asp prt-insulin aspart</i> <i>subcutaneous insulin pen 100 unit/ml</i> <i>(70-30)</i> (Novolog Mix 70-30FlexPen U-100) | 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin asp prt-insulin aspart</i> <i>subcutaneous solution 100 unit/ml</i> <i>(70-30)</i> (Novolog Mix 70-30 U-100 Insuln) | 2 | max \$35 copay per month supply; QL (40 per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i> <i>cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin) | 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i> <i>insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin) | 2 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous</i> <i>solution 100 unit/ml</i> (Novolog U-100 Insulin aspart) | 2 | max \$35 copay per month supply; QL (40 per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine) | 3 | max \$35 copay per month supply |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine) | 3 | max \$35 copay per month supply |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|---------------------------------------|--|
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | 3 | max \$35 copay per month supply; QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine-yfgn) 3 | max \$35 copay per month supply |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine-yfgn) 3 | max \$35 copay per month supply |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 3 | max \$35 copay per month supply; QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | (insulin glargine u-300 conc) 3 | max \$35 copay per month supply |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) 3 | max \$35 copay per month supply |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin degludec) 3 | max \$35 copay per month supply |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | (insulin degludec) 3 | max \$35 copay per month supply |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin degludec) 3 | max \$35 copay per month supply |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 3 | max \$35 copay per month supply; QL (15 per 28 days) |
| Sulfonilureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | 6 | QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 6 | QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 6 | QL (120 per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i> | 6 | QL (60 per 30 days) |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|---------------------------------|
| <i>glipizide oral tablet 5 mg</i> | 6 | QL (240 per 30 days) |
| <i>glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg</i> | 6 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg</i> | 6 | QL (30 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | 6 | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 6 | QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | 6 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 6 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 6 | PA-HRM; AGE (Max 64 Years) |
| AGENTES ANTIGOTA | | |
| Agentes Antigota, Otros | | |
| <i>allopurinol oral tablet 100 mg (Zyloprim)</i> | 1 | |
| <i>allopurinol oral tablet 300 mg</i> | 1 | |
| <i>colchicine oral capsule 0.6 mg (Mitigare)</i> | 2 | QL (60 per 30 days) |
| <i>colchicine oral tablet 0.6 mg (Colcrys)</i> | 2 | QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i> | 4 | ST; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 2 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 2 | |
| AGENTES ANTIMIGRAÑA | | |
| Agentes Antimigraña | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | 3 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 3 | PA; QL (1.5 per 30 days) |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | 5 | ST; NM; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 3 | PA; QL (2 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3 | PA; QL (3 per 30 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | 2 | QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG | 3 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL (30 per 30 days) |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | 2 | QL (18 per 30 days) |
| <i>rizatriptan oral tablet 5 mg</i> | 2 | QL (18 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT) | 2 | QL (18 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 5 mg</i> | 2 | QL (18 per 30 days) |
| <i>sumatriptan 4 mg/0.5 ml inject outer, suv</i> (Imitrex STATdose Pen) | 2 | QL (4 per 28 days) |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> | 2 | QL (12 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | 2 | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | 2 | QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | 4 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | 4 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | 2 | QL (5 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (16 per 30 days) |
| AGENTES ANTINAUSEA | | |
| Agentes Antinausea | | |
| <i>aprepitant oral capsule 125 mg</i> | 2 | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 2 | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | 2 | PA BvD; QL (4 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|---|
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | 2 | PA BvD |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine) | 2 | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 4 | PA; QL (60 per 30 days) |
| <i>meclizine oral tablet 12.5 mg</i> | 1 | |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine)) | 1 | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 2 | PA BvD |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 2 | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 2 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | 2 | |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | 2 | |
| <i>promethazine injection solution 25 mg/ml</i> (Phenergan) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine rectal suppository 25 mg</i> (Promethegan) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 4 | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |

AGENTES ANTIPARASITARIOS

Agentes Antiparasitarios

| | | |
|---|---|---------|
| <i>albendazole oral tablet 200 mg</i> | 5 | NM; NDS |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron) | 2 | |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | 2 | |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | 2 | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 2 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>hydroxychloroquine oral tablet 100 mg</i> | 2 | QL (180 per 30 days) |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil) | 2 | QL (90 per 30 days) |
| <i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna) | 2 | QL (60 per 30 days) |
| <i>hydroxychloroquine oral tablet 400 mg</i> | 2 | QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | PA; NM; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | 2 | |
| <i>mefloquine oral tablet 250 mg</i> | 2 | |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia) | 5 | NM; NDS; QL (60 per 30 days) |
| <i>paromomycin oral capsule 250 mg</i> (Humatin) | 2 | |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent) | 2 | PA BvD |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam) | 2 | |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide) | 2 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | 4 | |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim) | 5 | PA; NM; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | 2 | PA |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 2 | |
| AGENTES ANTIPARKINSON | | |
| Agentes Antiparkinson | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | 2 | |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>bromocriptine oral tablet 2.5 mg</i> | 2 | |
| <i>cabergoline oral tablet 0.5 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet) | 2 | |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy) | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i> | 4 | |
| <i>entacapone oral tablet 200 mg</i> | 2 | |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NM; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | 5 | PA; NM; NDS |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 2 | |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect) | 4 | |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 2 | |
| <i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i> | 2 | |
| <i>selegiline hcl oral capsule 5 mg</i> | 2 | |
| <i>selegiline hcl oral tablet 5 mg</i> | 4 | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | 2 | |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML | 5 | PA; NM; NDS; QL (560 per 28 days) |
| AGENTES ANTIPSICÓTICOS | | |
| Agentes Antipsicóticos | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML | 5 | NM; NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML | 5 | NM; NDS; QL (3.2 per 42 days) |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG | 5 | NM; NDS; QL (1 per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG | 5 | NM; NDS; QL (1 per 26 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, (Abilify) 2 mg, 20 mg, 30 mg, 5 mg</i> | 2 | |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> | 4 | ST; QL (90 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> | 4 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML | 5 | NM; NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML | 5 | NM; NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML | 5 | NM; NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML | 5 | NM; NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML | 5 | NM; NDS; QL (3.2 per 14 days) |
| <i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i> | 4 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>chlorpromazine injection solution 25 mg/ml</i> | 2 | |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i> | 2 | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 4 | |
| <i>clozapine oral tablet 100 mg, (Clozaril) 200 mg, 25 mg, 50 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>clozapine oral tablet, disintegrating</i> 100 mg, 12.5 mg, 25 mg | 4 | ST; QL (90 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> 150 mg | 4 | ST; QL (180 per 30 days) |
| <i>clozapine oral tablet, disintegrating</i> 200 mg | 4 | ST; QL (120 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 5 | ST; NM; NDS; QL (60 per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG | 5 | ST; NM; NDS |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | NM; NDS; QL (0.75 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | NM; NDS; QL (1 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | NM; NDS; QL (1.5 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | 5 | NM; NDS; QL (2.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 5 | NM; NDS; QL (0.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | NM; NDS; QL (0.5 per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | ST; NM; NDS; QL (60 per 30 days) |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 4 | ST |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | 2 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | 2 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 4 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate) | 2 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 2 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 2 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 5 | NM; NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 5 | NM; NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | NM; NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | NM; NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | NM; NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 3 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | NM; NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 5 | NM; NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 5 | NM; NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | NM; NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 5 | NM; NDS; QL (2.63 per 70 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|---|
| <i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg | 2 | |
| <i>lurasidone oral tablet 120 mg, 20 mg,</i> (Latuda) <i>40 mg, 60 mg</i> | 2 | QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> (Latuda) | 2 | QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i> | 2 | QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | 2 | QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | 5 | NM; NDS; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln</i> (Zyprexa) <i>10 mg</i> | 2 | QL (30 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg,</i> (Zyprexa) <i>2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 2 | |
| <i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) <i>10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | |
| <i>paliperidone oral tablet extended</i> <i>release 24hr 1.5 mg</i> | 4 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 3 mg, 9 mg</i> | 4 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended</i> (Invega) <i>release 24hr 6 mg</i> | 4 | QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg,</i> <i>2 mg, 4 mg, 8 mg</i> | 2 | |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG | 5 | NM; NDS; QL (1 per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>prochlorperazine 10 mg/2 ml v/ outer</i> <i>10 mg/2 ml (5 mg/ml)</i> | 2 | |
| <i>quetiapine oral tablet 100 mg,</i> (Seroquel) <i>200 mg, 25 mg, 300 mg, 400 mg,</i> <i>50 mg</i> | 2 | |
| <i>quetiapine oral tablet 150 mg</i> | 2 | QL (30 per 30 days) |
| <i>quetiapine oral tablet extended</i> (Seroquel XR) <i>release 24 hr 150 mg, 200 mg,</i> <i>300 mg, 400 mg, 50 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------------------|
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> | 2 | QL (2 per 28 days) |
| <i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension, extended rel recon 25 mg/2 ml</i> | 2 | QL (2 per 28 days) |
| <i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | 5 | NM; NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal) | 2 | |
| <i>risperidone oral tablet 0.25 mg</i> | 2 | |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal) | 2 | |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 4 | |
| RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres) | 5 | NM; NDS; QL (2 per 28 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML | 5 | NM; NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML | 5 | NM; NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML | 5 | NM; NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML | 5 | NM; NDS; QL (0.56 per 56 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|--------------------------------------|
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML | 5 | NM; NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML | 5 | NM; NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML | 5 | NM; NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) | 4 | ST |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | 2 | |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon) | 2 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 5 | NM; NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 5 | NM; NDS; QL (1 per 28 days) |

AGENTES CALÓRICOS

Agentes Calóricos

| | | |
|--|---|--------|
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 4 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 4 | PA BvD |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 4 | PA BvD |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--------------------------------------|
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 4 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 4 | PA BvD |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | 2 | |
| PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 % | 4 | PA BvD |
| AGENTES CARDIOVASCULARES | | |
| Agentes Alfa-Adrenérgicos | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | 2 | |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | 2 | |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | 2 | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura) | 1 | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | 5 | PA; NM; NDS; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | 2 | |
| Agentes Antiarrítmicos | | |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | 2 | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | 2 | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone) | 2 | |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | 2 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | 2 | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 2 | |
| Agentes Bloqueadores Beta-Adrenérgicos | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 2 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100) | 2 | |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50) | 2 | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 2 | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg) | 1 | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor) | 1 | |
| <i>metoprolol tartrate oral tablet 25 mg</i> | 1 | |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic) | 2 | |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | 2 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 2 | |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol) | 2 | |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol) | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF) | 2 | |
| sotalol oral tablet 240 mg (Betapace) | 2 | |
| timolol maleate oral tablet 10 mg, 20 mg, 5 mg | 4 | |
| Agentes Bloqueadores Da Canal De Calcio | | |
| cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl) | 2 | |
| diltiazem 24hr er 360 mg cap once-a-day dosage (Tiadylt ER) | 2 | |
| diltiazem 24hr er 420 mg cap (Tiadylt ER) | 2 | |
| diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg | 4 | |
| diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg (Tiadylt ER) | 2 | |
| diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT) | 2 | |
| diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem) | 2 | |
| diltiazem hcl oral tablet 90 mg | 2 | |
| dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl) | 2 | |
| taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (diltiazem hcl) | 2 | |
| tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl) | 2 | |
| verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg | 2 | |
| verapamil oral capsule, ext rel. pellets 24 hr 360 mg | 4 | |
| verapamil oral tablet 120 mg, 40 mg, 80 mg | 1 | |
| verapamil oral tablet extended release 120 mg, 180 mg, 240 mg | 2 | |
| Agentes Cardiovasculares, Varios | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 3 | QL (600 per 30 days) |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i> | 2 | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek) | 2 | |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin) | 2 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q) | 3 | QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | 2 | QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> | 3 | QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q) | 2 | QL (4 per 30 days) |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr) | 5 | PA; NM; NDS; QL (18 per 30 days) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor) | 3 | QL (60 per 30 days) |
| <i>metyrosine oral capsule 250 mg</i> (Demser) | 5 | NM; NDS |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> | 2 | QL (60 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> | 2 | QL (120 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| Antagonistas De Receptores De Angiotensina II | | |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand) | 6 | |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT) | 6 | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan) | 3 | QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG | 3 | QL (240 per 30 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | 6 | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | 6 | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | 6 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | 6 | |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | 6 | |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor) | 6 | |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT) | 6 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | 6 | |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT) | 6 | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | 6 | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT) | 6 | |
| Dihidropiridinas | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc) | 1 | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel) | 6 | |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i> | 6 | |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor) | 6 | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge) | 6 | |
| <i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | 2 | |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL) | 2 | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | 2 | |
| Dislipidémicos | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet) | 6 | |
| <i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | 6 | QL (30 per 30 days) |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i> | 6 | |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor) | 6 | QL (30 per 30 days) |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran) | 2 | |
| <i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame) | 2 | |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol) | 4 | |
| <i>colesevelam oral tablet 625 mg</i> (WelChol) | 2 | |
| <i>colestipol oral packet 5 gram</i> | 2 | |
| <i>colestipol oral tablet 1 gram</i> (Colestid) | 2 | |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | 2 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10) | 6 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | 6 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | 6 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80) | 6 | QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor) | 2 | |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide) | 2 | |
| <i>fenofibrate oral tablet 160 mg</i> | 1 | |
| <i>fenofibrate oral tablet 54 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> | 6 | QL (60 per 30 days) |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL) | 6 | |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | 1 | |
| <i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa) | 2 | QL (240 per 30 days) |
| <i>icosapent ethyl oral capsule 1 gram</i> (Vascepa) | 2 | QL (120 per 30 days) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 6 | |
| NEXLETOL ORAL TABLET 180 MG | 3 | ST; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 3 | ST; QL (30 per 30 days) |
| <i>niacin oral tablet 500 mg</i> (Niacor) | 4 | |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 2 | |
| <i>niacor oral tablet 500 mg</i> (niacin) | 4 | |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza) | 2 | ST; QL (120 per 30 days) |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo) | 2 | QL (30 per 30 days) |
| <i>pravastatin oral tablet 10 mg, 80 mg</i> | 6 | |
| <i>pravastatin oral tablet 20 mg, 40 mg</i> | 6 | QL (30 per 30 days) |
| <i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame) | 2 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 3 | ST; QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 3 | ST; QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 3 | ST; QL (6 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor) | 6 | QL (30 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor) | 6 | QL (30 per 30 days) |
| <i>simvastatin oral tablet 5 mg, 80 mg</i> | 6 | QL (30 per 30 days) |
| Diuréticos | | |
| <i>amiloride oral tablet 5 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 2 | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 2 | |
| <i>furosemide injection solution 10 mg/ml</i> | 1 | |
| <i>furosemide injection syringe 10 mg/ml</i> | 1 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 2 | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)</i> | 1 | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i> | 1 | |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | 2 | |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | 1 | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | |
| <i>Inhibidores De Enzima Convertidoras De Angiotensina</i> | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)</i> | 6 | |
| <i>benazepril oral tablet 5 mg</i> | 6 | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)</i> | 6 | |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | 6 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 6 | |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | 6 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | 6 | |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | 6 | |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | 6 | |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 6 | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | 6 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 6 | |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | 6 | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 6 | |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril) | 6 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic) | 6 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | 6 | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 6 | |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 6 | |
| Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna) | 2 | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra) | 2 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 3 | PA; QL (30 per 30 days) |
| Vasodilatadores | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | 2 | |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil) | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-------------------------|
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso) | 2 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | 1 | |
| <i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin) | 2 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 2 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | 2 | |
| <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) | 2 | |

AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA

Agentes De Enfermedad Intestinal Inflamatoria

| | | |
|---|---|----------------------|
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex) | 2 | |
| <i>balsalazide oral capsule 750 mg</i> (Colazal) | 2 | |
| <i>budesonide oral capsule, delayed, extend.release 3 mg</i> | 4 | |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris) | 2 | |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema) | 2 | |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa) | 2 | |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso) | 4 | |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda) | 4 | QL (120 per 30 days) |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine) | 2 | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs) | 4 | |

AGENTES DE ENFERMEDAD ÓSEA METABÓLICA

Agentes De Enfermedad Ósea Metabólica

| | | |
|--|---|----------------------|
| <i>alendronate oral solution 70 mg/75 ml</i> | 4 | QL (300 per 28 days) |
| <i>alendronate oral tablet 10 mg</i> | 1 | QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg</i> | 1 | QL (4 per 28 days) |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|------------------------------------|
| <i>alendronate oral tablet 70 mg</i> (Fosamax) | 1 | QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | 2 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | 2 | |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar) | 2 | QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar) | 5 | NM; NDS; QL (120 per 30 days) |
| <i>ibandronate oral tablet 150 mg</i> | 2 | QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 5 | PA; NM; NDS; QL (2 per 28 days) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | 4 | |
| <i>paricalcitol oral capsule 4 mcg</i> | 4 | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 4 | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG | 3 | QL (60 per 30 days) |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | 5 | PA; NM; NDS; QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 5 | PA; NM; NDS; QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 5 | PA; NM; NDS |

AGENTES DE TRASTORNO DE SUEÑO

Agentes De Trastorno De Sueño

| | | |
|--|---|-------------------------|
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 2 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | 2 | QL (30 per 30 days) |
| <i>modafinil oral tablet 100 mg</i> (Provigil) | 2 | PA; QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i> (Provigil) | 2 | PA; QL (60 per 30 days) |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|--|
| <i>sodium oxybate oral solution</i> (Xyrem) 500 mg/ml | 5 | PA; NM; LA; NDS; QL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 2 | QL (30 per 30 days) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien) | 1 | QL (30 per 30 days) |
| <i>zolpidem oral tablet, ext release</i> (Ambien CR) <i>multiphase 12.5 mg, 6.25 mg</i> | 2 | QL (30 per 30 days) |
| AGENTES DEL SISTEMA NERVIOSO CENTRAL | | |
| Agentes Del Sistema Nervioso Central | | |
| <i>atomoxetine oral capsule 10 mg,</i> (Strattera) <i>18 mg, 25 mg, 40 mg</i> | 2 | QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg,</i> (Strattera) <i>60 mg, 80 mg</i> | 2 | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | 5 | PA; NM; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | 5 | PA; NM; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| AVONEX PEN 30 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; NM; NDS; QL (15 per 30 days) |
| <i>dalfampridine oral tablet extended</i> (Ampyra) <i>release 12 hr 10 mg</i> | 2 | PA; QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR) | 2 | QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR) | 2 | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | 2 | QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera) | 5 | PA; NM; NDS; QL (14 per 7 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera) | 5 | PA; NM; NDS |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| <i>fingolimod oral capsule 0.5 mg</i> (Gilenya) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa) | 5 | PA; NM; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer) | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer) | 5 | PA; NM; NDS; QL (12 per 28 days) |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER) | 2 | |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21) | 5 | PA; NM; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 5 | PA; NM; NDS; QL (1.2 per 28 days) |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 1 | |
| <i>lithium carbonate oral tablet 300 mg</i> | 1 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid) | 2 | |
| <i>lithium carbonate oral tablet extended release 450 mg</i> | 2 | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | 2 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 5 | PA; NM; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; NM; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS) | 3 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS) | 5 | PA; NM; NDS |
| <i>methylphenidate hcl oral solution 10 mg/5 ml</i> (Methylin) | 2 | QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin) | 2 | QL (90 per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | 5 | PA; NM; NDS; QL (20 per 180 days) |
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML | 5 | PA; NM; NDS; QL (23 per 180 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|-----------------------------------|
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; NM; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; NM; NDS |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | 2 | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 3 | |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | 5 | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG | 5 | PA; NM; NDS; QL (120 per 30 days) |
| AGENTES DEL TRACTO RESPIRATORIO | | |
| <i>Agentes Del Tracto Respiratorio, Otros</i> | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | 2 | PA BvD |
| ALYFTREK ORAL TABLET 10-50-125 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 5 | NM; NDS; QL (560 per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 5 | PA; NM; NDS |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 2 | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 5 | PA; NM; NDS; QL (1 per 28 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---------------------------------------|
| KALYDECO ORAL TABLET 150 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; NM; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NM; NDS; QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg</i> | 5 | PA; NM; NDS; QL (90 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet) | 5 | PA; NM; NDS; QL (90 per 30 days) |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp) | 2 | QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp) | 2 | QL (30 per 30 days) |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK) | 5 | PA; NM; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 5 | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 5 | PA; NM; NDS |
| Antiinflamatorios, Corticoesteroides Inhalados | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | 3 | QL (12 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|--|------------------------------------|
| AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION | 3 | QL (32.1 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) 3 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | 3 | QL (60 per 30 days) |
| <i>breyna inhalation hfa aerosol inhaler</i> 160-4.5 mcg/actuation, 80-4.5 mcg/actuation | (budesonide-formoterol) 2 | QL (30.9 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> | (Pulmicort) 2 | PA BvD; QL (120 per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler</i> 160-4.5 mcg/actuation, 80-4.5 mcg/actuation | (Breyna) 2 | QL (30.6 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i> | 2 | QL (12 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i> | 2 | QL (24 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i> | 2 | QL (21.2 per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose | (Wixela Inhub) 2 | 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) 2 | QL (60 per 30 days) |
| Antileucotrinos | | |
| <i>montelukast oral tablet 10 mg</i> | (Singulair) 1 | |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> | (Singulair) 2 | |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | (Accolate) 4 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|------------------------------|
| Broncodilatadores | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | 3 | QL (32.1 per 30 days) |
| <i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA) | 2 | QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> (nda020503) | 2 | QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> (nda020983) | 2 | QL (36 per 30 days) |
| <i>albuterol sulfate inhalation solution</i> <i>for nebulization 0.63 mg/3 ml,</i> <i>1.25 mg/3 ml, 2.5 mg /3 ml</i> <i>(0.083 %), 2.5 mg/0.5 ml</i> | 2 | PA BvD |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 3 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 4 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 3 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 3 | QL (8 per 30 days) |
| <i>ipratropium bromide inhalation</i> <i>solution 0.02 %</i> | 2 | PA BvD |
| <i>ipratropium-albuterol inhalation</i> <i>solution for nebulization</i> <i>0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 2 | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 3 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 3 | QL (4 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | QL (4 per 28 days) |
| <i>theophylline oral solution</i> 80 mg/15 ml | 2 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 4 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 2 | |
| <i>tiotropium bromide inhalation</i> (Spiriva with <i>capsule, w/inhalation device 18 mcg</i> HandiHaler) | 2 | QL (30 per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 3 | QL (60 per 30 days) |
| AGENTES DENTALES Y ORALES | | |
| Agentes Dentales Y Orales | | |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac) | 2 | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard) | 1 | |
| <i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium)) | 1 | |
| <i>dentagel dental gel 1.1 %</i> (fluoride (sodium)) | 1 | |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent) | 1 | |
| <i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate) | 1 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | 2 | |
| <i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium)) | 1 | |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive) | 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq) | 2 | |
| AGENTES DERMATOLÓGICOS | | |
| Agentes Antiinflamatorios Dermatológicos | | |
| <i>ala-cort topical cream 1 %</i> (hydrocortisone) | 2 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 2 | |
| <i>betamethasone valerate topical cream 0.1 %</i> | 2 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 2 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 2 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 2 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | 2 | |
| <i>clobetasol scalp solution 0.05 %</i> | 2 | |
| <i>clobetasol topical cream 0.05 %</i> | 2 | |
| <i>clobetasol topical gel 0.05 %</i> | 2 | |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex) | 4 | |
| <i>clobetasol topical ointment 0.05 %</i> | 2 | |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex) | 2 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 2 | |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E) | 4 | |
| EUCRISA TOPICAL OINTMENT 2 % | 3 | |
| <i>fluocinolone topical cream 0.01 %</i> | 2 | |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar) | 2 | |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar) | 2 | |
| <i>fluocinonide topical cream 0.05 %</i> | 2 | |
| <i>fluocinonide topical cream 0.1 %</i> (Vanos) | 2 | |
| <i>fluocinonide topical gel 0.05 %</i> | 2 | |
| <i>fluocinonide topical ointment 0.05 %</i> | 2 | |
| <i>fluocinonide topical solution 0.05 %</i> | 2 | |
| <i>fluticasone propionate topical cream 0.05 %</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| <i>halobetasol propionate topical cream 0.05 %</i> | 2 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | 2 | |
| <i>hydrocortisone 2.5% cream</i> | 2 | |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort) | 2 | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC) | 2 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | 2 | |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC)) | 1 | |
| <i>hydrocortisone topical ointment 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | 2 | |
| <i>mometasone topical cream 0.1 %</i> | 2 | |
| <i>mometasone topical ointment 0.1 %</i> | 2 | |
| <i>mometasone topical solution 0.1 %</i> | 2 | |
| <i>pimecrolimus topical cream 1 %</i> (Elidel) | 4 | QL (100 per 30 days) |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2 | |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2 | |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 2 | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | 2 | QL (100 per 30 days) |
| <i>triamcinolone acetonide topical cream 0.025 %</i> | 1 | |
| <i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm) | 1 | |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | 2 | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2 | |
| <i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex) | 2 | |
| Agentes Dermatológicos, Otros | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 2 | |
| <i>acyclovir topical ointment 5 %</i> (Zovirax) | 4 | QL (30 per 30 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| <i>mupirocin topical ointment 2 %</i> (Centany) | 1 | QL (220 per 30 days) |
| <i>neuac topical gel 1.2 %</i> (1 % <i>base</i>) -5 % (clindamycin-benzoyl peroxide) | 1 | |
| <i>rosadan topical cream 0.75 %</i> (metronidazole) | 2 | |
| <i>selenium sulfide topical lotion 2.5 %</i> | 2 | |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD) | 2 | |
| <i>ssd topical cream 1 %</i> (silver sulfadiazine) | 4 | |
| Escabicidas Y Pediculicidas | | |
| <i>malathion topical lotion 0.5 %</i> (Ovide) | 4 | |
| <i>permethrin topical cream 5 %</i> (Elimite) | 2 | QL (60 per 30 days) |
| Retinoides Dermatológicos | | |
| <i>adapalene topical cream 0.1 %</i> (Differin) | 4 | |
| ALTRENO TOPICAL LOTION 0.05 % | 4 | PA |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac) | 2 | |
| <i>tretinoin topical cream 0.025 %</i> (Avita) | 2 | PA |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A) | 2 | PA |
| AGENTES GASTROINTESTINALES | | |
| Agentes Antiúlceras Y Supresores De Ácidos | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> | 4 | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | 2 | |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole)) | 2 | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium) | 2 | QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | 4 | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet) | 4 | ST; QL (60 per 30 days) |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller) | 1 | |
| <i>famotidine oral tablet 40 mg</i> (Pepcid) | 1 | |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole)) | 2 | QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid) | 2 | QL (60 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | 2 | |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix) | 1 | QL (30 per 30 days) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix) | 1 | QL (60 per 30 days) |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex) | 2 | QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gram</i> (Carafate) | 2 | |
| Agentes Gastrointestinales, Otros | | |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu) | 5 | PA; NM; NDS |
| <i>constulose oral solution 10 gram/15 ml</i> (lactulose) | 2 | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom) | 2 | |
| <i>dicyclomine oral capsule 10 mg</i> | 2 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | 2 | |
| <i>dicyclomine oral tablet 20 mg</i> | 2 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>enulose oral solution 10 gram/15 ml</i> (lactulose) | 2 | |
| <i>generlac oral solution 10 gram/15 ml</i> (lactulose) | 2 | |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul) | 2 | |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte) | 2 | |
| <i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i> | 2 | |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose) | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | 3 | |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 2 | |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza) | 2 | QL (60 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|-------------------------------------|
| <i>metoclopramide hcl oral solution</i> 5 mg/5 ml | 2 | |
| <i>metoclopramide hcl oral tablet</i> (Reglan) 10 mg, 5 mg | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 per 30 days) |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | |
| <i>sps (with sorbitol) oral suspension</i> 15-20 gram/60 ml | 2 | |
| <i>ursodiol oral capsule 200 mg,</i> (Reltone) <i>400 mg</i> | 5 | NM; NDS |
| <i>ursodiol oral capsule 300 mg</i> | 2 | |
| <i>ursodiol oral tablet 250 mg</i> | 2 | |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | 2 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 3 | |
| XERMELO ORAL TABLET 250 MG | 5 | PA; NM; NDS; QL (84 per 28 days) |
| Enlaces De Fosfato | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | 2 | |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | 2 | |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | 2 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela) | 2 | |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | 2 | |
| Laxantes | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 M L, 10 MG-3.5 GRAM- 12 GRAM/175 M L | 3 | |
| <i>gavilyte-c oral recon soln</i> (peg 3350-electrolytes) <i>240-22.72-6.72 -5.84 gram</i> | 2 | |
| <i>gavilyte-g oral recon soln</i> (peg 3350-electrolytes) <i>236-22.74-6.74 -5.86 gram</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln) | 2 | |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G) | 2 | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N) | 2 | |
| <i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | 3 | |
| <i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i> | 2 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | 3 | |
| AGENTES GENITOURINARIOS | | |
| Agentes Genitourinarios, Varios | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | 2 | QL (30 per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | 2 | |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | 1 | |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax) | 1 | |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| Antiespasmódicos, Urinario | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz) | 2 | |
| <i>flavoxate oral tablet 100 mg</i> | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron) | 2 | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | 2 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 2 | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 2 | |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare) | 1 | |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA) | 2 | |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol) | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| <i>tropium oral capsule, extended release 24hr 60 mg</i> | 4 | |
| <i>tropium oral tablet 20 mg</i> | 2 | |
| AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR | | |
| Agentes Tiroideos Y Antitiroideos | | |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1 | |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T) | 1 | |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel) | 2 | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | 2 | |
| Andrógenos | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | 2 | PA |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone) | 2 | PA |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i> | 2 | PA |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | 2 | PA; QL (5 per 28 days) |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i> (Vogelxo) | 4 | PA; QL (300 per 30 days) |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel) | 4 | PA; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel) | 4 | PA; QL (300 per 30 days) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| Estrógenos Y Antiestrógenos | | |
| DUAVEE ORAL TABLET 0.45-20 MG | 3 | PA-HRM; AGE (Max 64 Years) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti) | 2 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara) | 2 | PA-HRM; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace) | 2 | |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm) | 4 | QL (18 per 28 days) |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey) | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet) | 2 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG | 3 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens) | 3 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 3 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 3 | PA-HRM; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | PA-HRM; AGE (Max 64 Years) |
| <i>raloxifene oral tablet 60 mg</i> (Evista) | 2 | |
| <i>yuvaferm vaginal tablet 10 mcg</i> (estradiol) | 4 | QL (18 per 28 days) |
| Glucocorticoides/Mineralocorticoides | | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | 2 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 2 | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | 1 | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef) | 2 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol) | 2 | |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol) | 2 | |
| <i>methylprednisolone oral tablet 32 mg</i> | 2 | |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak)) | 1 | |
| <i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i> | 2 | PA BvD |
| <i>prednisolone oral solution 15 mg/5 ml</i> | 2 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i> | 2 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | 2 | PA BvD |
| <i>prednisone oral solution 5 mg/5 ml</i> | 2 | PA BvD |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | 1 | PA BvD |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i> | 2 | |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog) | 2 | |
| Pituitario | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 5 | PA; NM; NDS; QL (35 per 28 days) |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML | 5 | PA; NM; NDS; QL (15 per 30 days) |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> | 2 | |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 2 | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | 2 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|---------------------------------------|
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 5 | PA; NM; NDS |
| <i>lanreotide subcutaneous syringe</i> (Somatuline Depot) 120 mg/0.5 ml | 5 | PA NSO; NM; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | 5 | PA NSO; NM; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | 5 | PA; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 5 | PA; NM; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 5 | PA; NM; NDS |
| <i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml | 4 | |
| <i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml | 4 | |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA NSO; NM; NDS |
| ORILISSA ORAL TABLET 150 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; NM; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5 | PA; NM; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 5 | PA NSO; NM; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | 5 | PA NSO; NM; NDS; QL (0.3 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------|
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NM; NDS |
| Progestinas | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 3 | QL (0.65 per 84 days) |
| <i>gallifrey oral tablet 5 mg</i> (norethindrone acetate) | 2 | |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera) | 2 | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera) | 2 | QL (1 per 84 days) |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera) | 1 | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey) | 2 | |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium) | 2 | |
| AGENTES INMUNOLÓGICOS | | |
| Agentes Inmunológicos | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 5 | PA; NM; NDS |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 5 | PA; NM; NDS |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 5 | PA; NM; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 5 | PA; NM; NDS |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus) | 4 | PA BvD |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG (tacrolimus) | 5 | PA BvD; NM; NDS |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 2 | PA BvD |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|-------------------------------------|
| <i>azathioprine sodium injection recon soln 100 mg</i> | 2 | PA BvD |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 5 | PA; NM; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 5 | PA; NM; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 5 | PA NSO; NM; NDS; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 5 | PA; NM; NDS |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 5 | PA; NM; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; NM; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; NM; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; NM; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 5 | PA; NM; NDS |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune) | 2 | PA BvD |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf) | 2 | PA BvD |
| <i>cyclosporine modified oral capsule 50 mg</i> | 2 | PA BvD |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf) | 2 | PA BvD |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune) | 2 | PA BvD |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; NM; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 5 | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 5 | PA; NM; NDS |
| <i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | 5 | PA BvD; NM; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 5 | PA BvD; NM; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified) | 2 | PA BvD |
| <i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified) | 2 | PA BvD |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--|
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 5 | PA; NM; NDS; Only NDCs starting with 00074 |
| <i>infliximab intravenous recon soln</i> (Remicade) 100 mg | 5 | PA; NM; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 5 | PA; NM; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | 2 | |
| <i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i> | 2 | PA BvD |
| <i>mycophenolate mofetil oral capsule</i> (CellCept) 250 mg | 2 | PA BvD |
| <i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution</i> 200 mg/ml | 5 | PA BvD; NM; NDS |
| <i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg | 2 | PA BvD |
| <i>mycophenolate sodium oral tablet,</i> (Myfortic) <i>delayed release (dr/ec) 180 mg,</i> <i>360 mg</i> | 4 | PA BvD |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 5 | PA BvD; NM; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 5 | PA; NM; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 5 | PA; NM; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 5 | PA; NM; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; NM; NDS |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|-----------------------------------|
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | 5 | PA; NM; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 4 | PA BvD |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 4 | ST |
| REZUROCK ORAL TABLET 200 MG | 5 | PA NSO; NM; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; NM; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 5 | PA; NM; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> | 5 | PA BvD; NM; NDS |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 5 | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 5 | PA; NM; NDS |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | 5 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 5 | PA; NM; NDS |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 5 | PA; NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | 2 | PA BvD |
| TAVNEOS ORAL CAPSULE 10 MG | 5 | PA; NM; NDS; QL (180 per 30 days) |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | 5 | PA; NM; NDS |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 5 | PA; NM; NDS |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 5 | PA; NM; NDS |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 5 | PA; NM; NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; NM; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; NM; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 5 | PA; NM; NDS |
| Vacunas | | |
| ABRYSCO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 3 | \$0 copay |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | \$0 copay |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3 | \$0 copay |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 3 | \$0 copay |
| AREXVY ANTIGEN COMPONENT 120 MCG | 3 | \$0 copay |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 3 | \$0 copay |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 3 | \$0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 3 | \$0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 3 | \$0 copay |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 3 | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 3 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 3 | PA BvD; \$0 copay |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 3 | PA BvD; \$0 copay |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 3 | \$0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | \$0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 3 | \$0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 3 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 3 | PA BvD; \$0 copay |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 3 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 3 | \$0 copay |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML | 3 | \$0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 3 | \$0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 3 | \$0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 3 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 3 | \$0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 3 | \$0 copay |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 3 | \$0 copay |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 3 | \$0 copay |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 3 | \$0 copay |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 3 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 3 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 3 | \$0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 3 | \$0 copay |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 3 | \$0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML | 3 | |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 3 | PA BvD; \$0 copay |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 3 | \$0 copay |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 3 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 3 | PA BvD; \$0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 3 | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 3 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 3 | \$0 copay; QL (2 per 365 days) |

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL) | 3 | \$0 copay |
| AGENTES OFTÁLMICOS | | |
| Agentes Antiglaucoma | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | 2 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | 2 | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | 4 | QL (2.5 per 25 days) |
| <i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i> | 2 | |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | 2 | |
| <i>brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %</i> | 4 | |
| <i>brinzolamide ophthalmic (eye) drops, (Azopt) suspension 1 %</i> | 2 | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | 2 | |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | 2 | |
| <i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i> | 2 | |
| <i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i> | 1 | QL (2.5 per 25 days) |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 2 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | QL (2.5 per 25 days) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | 4 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 2 | |

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

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

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

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

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|---|
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | 3 | |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | 3 | |
| AGENTES VASODILATADORES | | |
| Agentes Vasodilatadores | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension)) | 2 | PA; QL (60 per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer) | 5 | PA; NM; LA; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio) | 2 | PA; QL (360 per 30 days) |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra) | 2 | EX; CB (6 EA per 30 days) |
| <i>tadalafil oral tablet 2.5 mg</i> | 2 | PA |
| <i>tadalafil oral tablet 5 mg</i> (Cialis) | 2 | PA |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 5 | PA; NM; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60) | 5 | PA; NM; NDS |
| ANALGÉSICOS | | |
| Agentes Antiinflamatorios No Esteroideos | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex) | 2 | QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | QL (120 per 30 days) |

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

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

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

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

ANTAGONISTAS DE METALES PESADOS

Antagonistas De Metales Pesados

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

ANTI INFECCIOSOS (MEMBRANA CUTÁNEA Y MUCOSA)

Anti Infecciosos (Membrana Cutánea Y Mucosa)

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

ANTIBACTERIANOS

Aminoglicósidos

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

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

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

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400) | 4 | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | 4 | |
| Penicilinas | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin) | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin) | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | 4 | |
| <i>ampicillin oral capsule 500 mg</i> | 2 | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i> | 2 | |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn) | 2 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 4 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | 2 | |

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

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

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

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

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

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

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

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

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

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

ANTICONVULSIVOS

Anticonvulsivos

| | | | |
|--|---------------|---|----------------------------------|
| APTIOM ORAL TABLET 200 MG, 400 MG | | 5 | ST; NM; NDS; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | | 5 | ST; NM; NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | | 3 | QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | | 3 | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | | 3 | QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er</i> <i>multiphase 12 hr 100 mg, 200 mg,</i> <i>300 mg</i> | (Carbatrol) | 2 | |
| <i>carbamazepine oral suspension</i> <i>100 mg/5 ml</i> | (Tegretol) | 2 | |
| <i>carbamazepine oral tablet 200 mg</i> | (Eptol) | 2 | |
| <i>carbamazepine oral tablet extended</i> <i>release 12 hr 100 mg, 200 mg,</i> <i>400 mg</i> | (Tegretol XR) | 2 | |

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

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|--|
| <i>topiramate oral capsule, sprinkle</i> (Topamax) 15 mg, 25 mg | 2 | |
| <i>topiramate oral capsule, sprinkle</i> 50 mg | 2 | |
| <i>topiramate oral tablet 100 mg,</i> (Topamax) <i>200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>valproate sodium intravenous</i> <i>solution 500 mg/5 ml (100 mg/ml)</i> | 2 | |
| <i>valproic acid (as sodium salt) oral</i> <i>solution 250 mg/5 ml</i> | 2 | |
| <i>valproic acid oral capsule 250 mg</i> | 2 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 5 | NM; NDS; QL (10 per 30 days) |
| <i>vigabatrin oral powder in packet</i> (Vigadrone) <i>500 mg</i> | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet</i> (vigabatrin) <i>500 mg</i> | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> (vigabatrin) | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigpoder oral powder in packet</i> (vigabatrin) <i>500 mg</i> | 5 | PA NSO; NM; NDS; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 4 | ST; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | ST; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | ST; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4 | ST |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 4 | |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--|
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | 2 | |
| <i>zonisamide oral capsule 50 mg</i> | 2 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA NSO; NM; NDS; QL (1080 per 30 days) |
| ANTIDEPRESIVOS | | |
| Antidepresivos | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 2 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 5 | ST; NM; NDS |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 2 | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL) | 2 | |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | 2 | |
| <i>citalopram oral solution 10 mg/5 ml</i> | 2 | |
| <i>citalopram oral tablet 10 mg</i> (Celexa) | 1 | QL (120 per 30 days) |
| <i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa) | 1 | QL (30 per 30 days) |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil) | 4 | |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin) | 4 | |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 4 | |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | 2 | QL (30 per 30 days) |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>doxepin oral concentrate 10 mg/ml</i> | 2 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 4 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 4 | ST; QL (30 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta) | 2 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 5 | ST; NM; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | 2 | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro) | 1 | |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 4 | ST |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac) | 1 | |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | 2 | |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 2 | |
| MARPLAN ORAL TABLET 10 MG | 4 | |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron) | 2 | |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i> | 2 | |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | 2 | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | 1 | |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | 4 | |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil) | 4 | PA NSO-HRM; AGE (Max 64 Years) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil) | 1 | 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) | 4 | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2 | |

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------------|
| <i>phenelzine oral tablet 15 mg</i> (Nardil) | 2 | |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | 4 | |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft) | 2 | |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft) | 1 | |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 5 | PA NSO; NM; NDS |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate) | 4 | |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | 1 | |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | 4 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR) | 2 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | 2 | QL (90 per 30 days) |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 2 | |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd) | 2 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA NSO; NM; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA NSO; NM; NDS; QL (14 per 14 days) |

ANTIFÚNGICOS

Antifúngicos

| | | |
|---|---|-----------------------|
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 4 | PA BvD |
| <i>amphotericin b injection recon soln 50 mg</i> | 2 | PA BvD |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome) | 5 | PA BvD; NM; NDS |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan) | 2 | QL (180 per 30 days) |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan) | 2 | QL (19.8 per 30 days) |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine)) | 4 | QL (180 per 30 days) |
| <i>clotrimazole mucous membrane troche 10 mg</i> | 2 | |

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|-------------------------------|
| ANTIVIRALES (SITÉMICO) | | |
| Antirretrovirales | | |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen) | 2 | |
| <i>abacavir oral tablet 300 mg</i> | 2 | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | 2 | |
| APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 5 | NM; NDS; QL (24 per 365 days) |
| APTIVUS ORAL CAPSULE 250 MG | 5 | NM; NDS |
| <i>atazanavir oral capsule 150 mg</i> | 2 | |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz) | 2 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | NM; NDS; QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 5 | NM; NDS |
| <i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i> | 5 | NM; NDS; QL (24 per 365 days) |
| <i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude) | 5 | NM; NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300 MG | 5 | NM; NDS |
| COMPLERA ORAL TABLET 200-25-300 MG | 5 | NM; NDS |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista) | 5 | NM; NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | NM; NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | NM; NDS |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | 2 | |
| DOVATO ORAL TABLET 50-300 MG | 5 | NM; NDS |
| EDURANT ORAL TABLET 25 MG | 5 | NM; NDS |

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|-------------------------------------|
| <i>ritonavir oral tablet 100 mg</i> (Norvir) | 2 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 5 | NM; NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | NM; NDS |
| SELZENTRY ORAL TABLET 25 MG | 3 | |
| SELZENTRY ORAL TABLET 75 MG | 5 | NM; NDS |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | NM; NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK) | 5 | NM; NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 5 | PA BvD; NM; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | NM; NDS |
| TEMIXYS ORAL TABLET 300-300 MG | 5 | NM; NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 2 | |
| TIVICAY ORAL TABLET 10 MG | 4 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NM; NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 5 | NM; NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | NM; NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 4 | |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 5 | NM; NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 5 | NM; NDS |
| VEMLIDY ORAL TABLET 25 MG | 5 | ST; NM; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | NM; NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 5 | NM; NDS |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|--|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | NM; NDS |
| VOCABRIA ORAL TABLET 30 MG | 4 | |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 2 | |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | 2 | |
| <i>zidovudine oral tablet 300 mg</i> | 2 | |
| Antivirales HCV | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET (sofosbuvir-velpatasvir) 400-100 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 5 | PA; NM; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET (ledipasvir-sofosbuvir) 90-400 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |
| Antivirales, Varios | | |
| LIVTENCITY ORAL TABLET 200 MG | 5 | PA; NM; NDS |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu) | 2 | QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu) | 2 | QL (48 per 180 days) |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu) | 2 | QL (42 per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 2 | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG | 2 | \$0 copay until 2/28/25; QL (20 per 5 days) |
| PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG | 2 | \$0 copay until 2/28/25; QL (30 per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA; NM; NDS; QL (28 per 28 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 4 | QL (60 per 180 days) |
| Interferones | | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 5 | NM; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; NM; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 5 | PA; NM; NDS |
| Nucleósidos Y Nucleótidos | | |
| <i>acyclovir oral capsule 200 mg</i> | 1 | |
| <i>acyclovir oral suspension</i> (Zovirax) <i>200 mg/5 ml</i> | 4 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 2 | |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 2 | PA BvD |
| <i>adefovir oral tablet 10 mg</i> (Hepsera) | 2 | |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude) | 2 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 2 | |
| <i>ribavirin oral tablet 200 mg</i> | 2 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex) | 2 | |
| <i>valganciclovir oral recon soln</i> (Valcyte) <i>50 mg/ml</i> | 5 | NM; NDS |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte) | 2 | |
| DISPOSITIVOS | | |
| Dispositivos | | |
| 1ST TIER UNIFINE PENTP 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16" | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32" | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4" | 2 | PA; ST |
| 1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic) 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" | 2 | PA; ST |

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| ALCOHOL 70% SWABS (Alcohol Pads) | 1 | PA; ST |
| ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | PA; ST |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | PA; ST |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | PA; ST |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 2 | PA; ST |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 2 | PA; ST |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety) | 2 | PA; ST |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | 2 | PA; ST |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | 2 | PA; ST |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16" | 2 | PA; ST |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | 2 | PA; ST |
| ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic, safety) | 2 | PA; ST |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | 2 | PA; ST |
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | 2 | PA; ST |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 2 | PA; ST |
| BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 " | 2 | PA; ST |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | 2 | PA; ST |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites | |
|---|-----------------------------------|----------------------------|--------|
| BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64" | 2 | PA; ST | |
| BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1" | 2 | PA; ST | |
| BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 2 | PA; ST |
| BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2" | 2 | PA; ST | |
| BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 2 | PA; ST |
| BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML | (insulin syringe needleless) | 2 | PA; ST |
| BD LUER-LOK SYRINGE 1 ML | (Easy Touch Luer Lock Insulin) | 2 | PA; ST |
| BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | PA; ST |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | | 2 | PA; ST |
| BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | 2 | PA; ST |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | | 2 | PA; ST |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | | 2 | PA; ST |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | | 2 | PA; ST |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 2 | PA; ST |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | | 2 | PA; ST |

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

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

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

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

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-------------------------------------|----------------------------|
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | 2 | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) 2 | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) 2 | PA; ST |
| DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | PA; ST |
| DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) 2 | PA; ST |
| DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64" | 2 | PA; ST |
| DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) 2 | PA; ST |
| DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) 2 | PA; ST |
| DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) 2 | PA; ST |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | 2 | PA; ST |
| DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8" | 2 | PA; ST |
| DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) 2 | PA; ST |
| DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) 2 | PA; ST |
| DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) 2 | PA; ST |
| DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) 2 | PA; ST |
| DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) 2 | PA; ST |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| DROPLET PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32" | 2 | PA; ST |
| DROPLET PEN NEEDLE 32G 5MM (pen needle, diabetic) 32 GAUGE X 3/16" | 2 | PA; ST |
| DROPLET PEN NEEDLE 32G 6MM (pen needle, diabetic) 32 GAUGE X 1/4" | 2 | PA; ST |
| DROPLET PEN NEEDLE 32G 8MM (pen needle, diabetic) 32 GAUGE X 5/16" | 2 | PA; ST |
| DROPSAFE ALCOHOL 70% PREP (alcohol swabs) PADS | 1 | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 2 | PA; ST |
| DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety) | 2 | PA; ST |
| DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 2 | PA; ST |
| DRUG MART ULTRA COMFORT (insulin syringe-needle SYR 0.3 ML 29 GAUGE X 1/2", u-100) 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | 2 | PA; ST |
| EASY CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety) | 2 | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 2 | PA; ST |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 2 | PA; ST |

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

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

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

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|------------------------------------|
| HEALTHY ACCENTS PENTIP 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32" | 2 | PA; ST |
| HEALTHY ACCENTS PENTIP 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16" | 2 | PA; ST |
| HEALTHY ACCENTS PENTIP 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4" | 2 | PA; ST |
| HEALTHY ACCENTS PENTIP 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16" | 2 | PA; ST |
| HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2" | 2 | PA; ST |
| HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS | 1 | PA; ST |
| INCONTROL PEN NEEDLE 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2" | 2 | PA; ST |
| INCONTROL PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32" | 2 | PA; ST |
| INCONTROL PEN NEEDLE 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16" | 2 | PA; ST |
| INCONTROL PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4" | 2 | PA; ST |
| INCONTROL PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16" | 2 | PA; ST |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | 3 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | 3 | |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) (UltiCare Insulin 0.3 ML 31 GAUGE X 1/4" Syr(half <i>unit</i>)) | 2 | PA; ST |
| INSULIN SYRIN 0.3 ML 30GX1/2" (Comfort EZ Insulin SHORT NEEDLE 0.3 ML 30 GAUGE Syringe) X 1/2" | 2 | PA; ST |
| INSULIN SYRIN 0.5 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1/2 ML 28 GAUGE X 1/2" Syringe) | 2 | PA; ST |
| INSULIN SYRIN 0.5 ML 29GX1/2" (Comfort EZ Insulin (OTC) 0.5 ML 29 GAUGE X 1/2" Syringe) | 2 | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin SHORT NEEDLE (OTC) 0.5 ML 30 Syringe) GAUGE X 1/2" | 2 | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" | 2 | PA; ST |

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

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

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

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

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| Nombre del Medicamento | | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------------------|-----------------------|----------------------------|
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 2 | PA; ST |
| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | PA; ST |
| NOVOFINE 30 NEEDLE | | 2 | PA; ST |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | (pen needle, diabetic) | 2 | PA; ST |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | | 2 | PA; ST |
| NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5" | | 2 | PA; ST |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE | | 3 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | | 3 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | | 3 | QL (10 per 30 days) |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE | | 3 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | | 3 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | | 3 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | | 3 | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | PA; ST |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" | (Embrace Pen Needle) | 2 | PA; ST |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" | (CareFine Pen Needle) | 2 | PA; ST |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 2 | PA; ST |

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

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

| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|------------------------------|------------------------------------|
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | 2 | PA; ST |
| RELION INS SYR 0.3 ML 31GX6MM (BD Veo Insulin Syringe 0.3 ML 31 GAUGE X 15/64" UF) | 2 | PA; ST |
| RELION INS SYR 0.5 ML 31GX6MM (BD Veo Insulin Syringe 1/2 ML 31 GAUGE X 15/64" UF) | 2 | PA; ST |
| RELION INS SYR 1 ML 31GX15/64" (BD Veo Insulin Syringe 1 ML 31 GAUGE X 15/64" UF) | 2 | PA; ST |
| RELI-ON INSULIN 0.5 ML SYR (Ultilet Insulin Syringe) 1/2 ML 29 | 2 | PA; ST |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16" | 2 | PA; ST |
| RELION MINI PEN 31G X 1/4" NDL (pen needle, diabetic) 31 GAUGE X 1/4" | 2 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | 2 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | 2 | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | 2 | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| SAFETY PEN NEEDLE 31G 4MM (Comfort EZ PRO 31 GAUGE X 5/32" Safety Pen Ndl) | 2 | PA; ST |
| SAFETY PEN NEEDLE 5MM X 31G (pen needle, diabetic, 31 GAUGE X 3/16" safety) | 2 | PA; ST |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | 2 | PA; ST |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | 2 | PA; ST |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | 2 | PA; ST |

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|---|-----------------------|----------------------------|
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | 2 | PA; ST |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | 2 | PA; ST |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X 1/2" u-100) | 2 | PA; ST |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX12MM 1 ML 30 GAUGE X 1/2" u-100) | 2 | PA; ST |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X 5/16 u-100) | 2 | PA; ST |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64" | 2 | PA; ST |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X 5/16 u-100) | 2 | PA; ST |
| TECHLITE PEN NEEDLE 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2" | 2 | PA; ST |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 2 | PA; ST |
| TECHLITE PEN NEEDLE 31GX1/4" (pen needle, diabetic) 31 GAUGE X 1/4" | 2 | PA; ST |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 2 | PA; ST |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 2 | PA; ST |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4" | 2 | PA; ST |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16" | 2 | PA; ST |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 2 | PA; ST |
| TECHLITE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 2 | PA; ST |
| TERUMO INS SYRINGE U100-1 ML (insulin syringe-needle 1 ML 27 GAUGE X 1/2", 1 ML 28 u-100) GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 2 | PA; ST |
| TERUMO INS SYRINGE U100-1 ML (Thinpro Insulin Syringe) 1 ML 30 GAUGE X 3/8" | 2 | PA; ST |
| TERUMO INS SYRINGE (insulin syringe-needle U100-1/2 ML 1/2 ML 30 X 3/8" u-100) | 2 | PA; ST |
| TERUMO INS SYRINGE (insulin syringe-needle U100-1/3 ML 0.3 ML 30 X 3/8" u-100) | 2 | PA; ST |

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites | |
|---|-----------------------------------|----------------------------|--------|
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | 2 | PA; ST | |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | 2 | PA; ST | |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | 2 | PA; ST | |
| TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | 2 | PA; ST | |
| TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 2 | PA; ST |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 2 | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 2 | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 2 | PA; ST |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 2 | PA; ST |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 2 | PA; ST |

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

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

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

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

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

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

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

PREPARACIONES DE REEMPLAZO

Preparaciones De Reemplazo

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

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

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|------------------------------|
| <i>anagrelide oral capsule 1 mg</i> | 2 | |
| <i>tranexamic acid oral tablet 650 mg</i> | 2 | |
| Anticoagulantes | | |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa) | 2 | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS) | 3 | |
| ELIQUIS ORAL TABLET 2.5 MG | 3 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | QL (74 per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox) | 2 | QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox) | 2 | QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox) | 2 | QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox) | 2 | QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox) | 2 | QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra) | 5 | NM; NDS; QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra) | 2 | QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra) | 5 | NM; NDS; QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra) | 5 | 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> | 2 | |
| <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) | 1 | |
| <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) | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9) | 3 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 3 | QL (600 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|------------------------------|--------------------------------------|
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | QL (60 per 30 days) |
| <i>Inhibidores De Agregación De Plaquetas</i> | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 2 | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 2 | |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix) | 1 | |
| <i>dipyridamole oral tablet 50 mg, 75 mg</i> | 2 | PA-HRM; AGE (Max 64 Years) |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 2 | |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient) | 2 | QL (30 per 30 days) |
| <i>Modificadores De Formación De Sangre</i> | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 5 | PA; NM; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 5 | PA; NM; NDS; QL (20 per 30 days) |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 5 | PA; NM; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 5 | PA; NM; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 5 | PA; NM; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 5 | PA; NM; NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 5 | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 5 | PA; NM; NDS; QL (90 per 30 days) |

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| Nombre del Medicamento | Nivel del Medicamento | Requerimientos/ Límites |
|--|-----------------------|----------------------------------|
| PROMACTA ORAL TABLET 25 MG | 5 | PA; NM; NDS; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; NM; NDS; QL (60 per 30 days) |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 3 | PA; QL (4 per 28 days) |
| REEMPLAZO/MODIFICADORES DE ENZIMA | | |
| <i>Reemplazo/Modificadores De Enzima</i> | | |
| CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 3 | |
| <i>javygtor oral tablet, soluble 100 mg</i> (sapropterin) | 5 | PA; NM; NDS |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin) | 5 | PA; NM; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 5 | PA; NM; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 5 | PA BvD; NM; NDS |
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor) | 5 | PA; NM; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 5 | PA; NM; LA; NDS |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 3 | |

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

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

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

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

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

Index of Drugs / Índice de medicamentos

1

1ST TIER UNIFINE PENTIPS
..... 106, 290
1ST TIER UNIFINE PENTIPS
PLUS..... 106, 291

A

abacavir 73, 285
abacavir-lamivudine 74, 285
ABELCET 61, 282
ABILIFY ASIMTUFII..... 68, 204
ABILIFY MAINTENA..... 68, 205
abiraterone..... 33, 178
ABOUTTIME PEN NEEDLE.....
..... 106, 291
ABRYSVO (PF) 160, 246
acamprosate 25, 193
acarbose 56, 195
acebutolol 85, 212
acetaminophen-codeine . 22, 259
acetazolamide..... 167, 251
acetazolamide sodium .. 167, 251
acetic acid..... 144, 252
acetylcysteine 172, 225
acitretin 102, 231
ACTEMRA 156, 241
ACTEMRA ACTPEN..... 156, 241
ACTHAR..... 153, 239
ACTHAR SELFJECT 153,
..... 154, 239
ACTHIB (PF)..... 160, 246
ACTIMMUNE 166, 256
acyclovir..... 79, 102, 231, 290
acyclovir sodium 79, 290
ADACEL(TDAP
ADOLESN/ADULT)(PF).....
..... 161, 246
adapalene 106, 233
adefovir 79, 290
ADEMPAS 174, 257
adrucil 33, 178
ADVAIR HFA 170, 226
ADVOCATE PEN NEEDLE
..... 107, 291
ADVOCATE SYRINGES
..... 107, 291
afirmelle 95, 268

AIRSUPRA.... 170, 171, 227, 228
AJOVY AUTOINJECTOR
..... 63, 200
AJOVY SYRINGE 63, 200
AKEEGA 33, 178
ala-cort..... 104, 229
albendazole..... 65, 202
albuterol sulfate..... 171, 228
ALCOHOL PADS 107, 292
ALCOHOL PREP PADS
..... 123, 308
ALCOHOL PREP SWABS
..... 107, 292
ALCOHOL SWABS 107, 292
ALCOHOL WIPES 107, 292
ALECENSA..... 33, 178
alendronate ... 165, 166, 220, 221
alfuzosin 151, 236
aliskiren 91, 219
allopurinol..... 62, 200
alosepron 165, 220
alprazolam 26, 194
ALREX 146, 254
altavera (28)..... 95, 268
ALTRENO 106, 233
ALUNBRIG..... 33, 178
ALVAIZ..... 80, 330
alyacen 1/35 (28) 95, 268
alyacen 7/7/7 (28) 95, 268
ALYFTREK 172, 225
alyq 174, 257
amantadine hcl..... 66, 203
amethyst (28) 95, 268
amikacin 27, 261
amiloride 88, 217
amiloride-hydrochlorothiazide
..... 88, 218
amiodarone 85, 211
amitriptyline 53, 280
amlodipine..... 87, 215
amlodipine-atorvastatin ... 89, 216
amlodipine-benazepril 88, 215
amlodipine-olmesartan.... 88, 215
amlodipine-valsartan 88, 215
amlodipine-valsartan-hcthiazid
..... 88, 215
ammonium lactate. 102, 103, 232
amoxapine 53, 280

amoxicil-clarithromy-lansopraz
..... 147, 233
amoxicillin..... 30, 265
amoxicillin-pot clavulanate 30,
..... 31, 265
amphotericin b..... 61, 282
amphotericin b liposome . 61, 282
ampicillin 31, 265
ampicillin sodium..... 31, 265
ampicillin-sulbactam..... 31, 265
anagrelide 81, 328, 329
anastrozole..... 33, 178
ANKTIVA..... 34, 178
ANORO ELLIPTA..... 171, 228
aprepitant 65, 201, 202
APRETUDE..... 74, 285
apri 95, 268
APTIOM 48, 275
APTIVUS..... 74, 285
AQINJECT PEN NEEDLE.....
..... 107, 292
ARCALYST 156, 241
AREXVY (PF)..... 161, 246
AREXVY ANTIGEN
COMPONENT 161, 246
ARIKAYCE 27, 261
aripiprazole..... 68, 205
ARISTADA 68, 205
ARISTADA INITIO..... 68, 205
armodafinil..... 174, 221
ARNUITY ELLIPTA 170, 227
asenapine maleate 68, 205
aspirin-dipyridamole 81, 330
ASSURE ID DUO PRO SFTY
PEN NDL..... 107, 292
ASSURE ID DUO-SHIELD... 107,
..... 108, 292
ASSURE ID INSULIN SAFETY
..... 108, 292
ASSURE ID PEN NEEDLE
..... 108, 292
ASSURE ID PRO PEN NEEDLE
..... 108, 292
ASTAGRAF XL 156, 241
atazanavir..... 74, 285
atenolol..... 85, 212
atenolol-chlorthalidone ... 85, 212
atomoxetine..... 91, 222
atorvastatin..... 89, 216

atovaquone 66, 202
atovaquone-proguanil 66, 202
atropine 144, 255
 ATROVENT HFA 171, 228
aubra eq 95, 268
 AUGTYRO 34, 178
aurovela 1.5/30 (21) 95, 268
aurovela 1/20 (21) 95, 268
aurovela 24 fe 95, 268
aurovela fe 1.5/30 (28) 95, 268
aurovela fe 1-20 (28) 95, 268
 AUSTEDO 91, 222
 AUSTEDO XR 92, 222
 AUSTEDO XR TITRATION
 KT(WK1-4) 92, 222
 AUVELITY 53, 280
aviane 95, 268
 AVONEX 92, 222
 AXTLE 34, 178
ayuna 95, 268
 AYWAKIT 34, 178
azacitidine 34, 178
azathioprine 156, 241
azathioprine sodium 156, 242
azelastine 144, 255
azithromycin 29, 264
aztreonam 30, 263
azurette (28) 95, 268

B

bacitracin 144, 252
bacitracin-polymyxin b .. 144, 252
baclofen 174, 332
bal-care dha 175, 332
bal-care dha essential... 175, 332
balsalazide 165, 220
 BALVERSA 34, 178
 BCG VACCINE, LIVE (PF)
 161, 246
 BD ALCOHOL SWABS. 109, 294
 BD AUTOSHIELD DUO PEN
 NEEDLE 108, 292
 BD ECLIPSE LUER-LOK
 108, 292
 BD INSULIN SYRINGE 108, 293
 BD INSULIN SYRINGE (HALF
 UNIT) 108, 292
 BD INSULIN SYRINGE SLIP TIP
 109, 293
 BD INSULIN SYRINGE U-500
 108, 293
 BD INSULIN SYRINGE ULTRA-
 FINE 108, 293
 BD NANO 2ND GEN PEN
 NEEDLE 109, 293

BD SAFETYGLIDE INSULIN
 SYRINGE 109, 293, 294
 BD SAFETYGLIDE SYRINGE
 109, 293
 BD ULTRA-FINE MICRO PEN
 NEEDLE 109, 294
 BD ULTRA-FINE MINI PEN
 NEEDLE 109, 294
 BD ULTRA-FINE NANO PEN
 NEEDLE 109, 294
 BD ULTRA-FINE ORIG PEN
 NEEDLE 109, 294
 BD ULTRA-FINE SHORT PEN
 NEEDLE 110, 294
 BD VEO INSULIN SYR (HALF
 UNIT) 110, 294
 BD VEO INSULIN SYRINGE UF
 110, 294
 BELSOMRA 174, 221
benazepril 84, 218
benazepril-hydrochlorothiazide
 84, 218
bendamustine 34, 179
 BENDAMUSTINE 34, 179
 BENDEKA 34, 179
 BENLYSTA 156, 242
benztropine 67, 203
 BESREMI 156, 242
betaine 166, 256
betamethasone dipropionate
 104, 229, 230
betamethasone valerate
 104, 230
betamethasone, augmented
 104, 230
 BETASERON 92, 222
betaxolol 168, 251
bethanechol chloride 150, 236
bexarotene 34, 179
 BEXSERO 161, 247
bicalutamide 34, 179
 BICILLIN L-A 31, 265
 BIKTARVY 74, 285
bimatoprost 168, 251
bisoprolol fumarate 85, 212
bisoprolol-hydrochlorothiazide
 85, 212
 BIZENGRI 34, 179
bleomycin 34, 179
blisovi 24 fe 95, 268
blisovi fe 1.5/30 (28) 95, 268
blisovi fe 1/20 (28) 95, 269
 BOOSTRIX TDAP 161, 247
 BORDERED GAUZE 110, 294
bortezomib 34, 179

BORUZU 34, 179
bosentan 174, 257
 BOSULIF 34, 35, 179
 BRAFTOVI 35, 179
 BREO ELLIPTA 170, 227
breyna 170, 227
 BREZTRI AEROSPHERE
 171, 228
 BRILINTA 81, 330
brimonidine 168, 251
brimonidine-timolol 168, 251
brinzolamide 168, 251
 BRIVIACT 48, 275
bromfenac 146, 254
bromocriptine 67, 203
 BRONCHITOL 172, 225
 BRUKINSA 35, 179
budesonide 165, 170, 220, 227
budesonide-formoterol .. 170, 227
bumetanide 88, 218
buprenorphine 22, 259
buprenorphine hcl 25, 193
buprenorphine-naloxone . 25, 193
bupropion hcl 54, 280
bupropion hcl (smoking deter)
 25, 193
buspirone 166, 256
butalbital-acetaminop-caf-cod
 22, 259
butalbital-acetaminophen-caff
 22, 259

C

CABENUVA 74, 285
cabergoline 67, 203
 CABOMETYX 35, 179
cabotegravir 74, 285
calcipotriene 103, 232
calcitonin (salmon) 166, 221
calcitriol 166, 221
calcium acetate(phosphat bind)
 150, 235
 CALQUENCE 35, 179
 CALQUENCE (ACALABRUTINIB
 MAL) 35, 179
camila 95, 269
candesartan 83, 214
candesartan-hydrochlorothiazid
 83, 214
 CAPLYTA 69, 205
 CAPRELSA 35, 179, 180
captopril 84, 219
carbamazepine .. 48, 49, 275, 276
carbidopa-levodopa . 67, 203, 204

| | | |
|--|--|--|
| CAREFINE PEN NEEDLE | <i>clarithromycin</i> 29, 264 | <i>completenate</i> 175, 332 |
| 110, 294 | CLENPIQ 149, 235 | <i>compro</i> 65, 202 |
| CARETOUCH ALCOHOL PREP | CLICKFINE PEN NEEDLE | <i>constulose</i> 148, 234 |
| PAD..... 110, 295 | 111, 295 | COPIKTRA..... 35, 180 |
| CARETOUCH INSULIN | <i>clindamycin hcl</i> 27, 262 | CORLANOR..... 87, 213 |
| SYRINGE..... 111, 295 | <i>clindamycin phosphate</i> 27, 63, | COSENTYX .. 156, 166, 242, 256 |
| CARETOUCH PEN NEEDLE | 103, 232, 261, 262 | COSENTYX (2 SYRINGES) |
| 110, 295 | <i>clindamycin-benzoyl peroxide</i> | 156, 242 |
| <i>carglumic acid</i> 148, 234 | 103, 232 | COSENTYX PEN (2 PENS)..... |
| <i>carteolol</i> 168, 251 | CLINIMIX 6%-D5W (SULFITE- | 156, 242 |
| <i>cartia xt</i> 86, 213 | FREE) 82, 210 | COSENTYX UNOREADY PEN |
| <i>carvedilol</i> 85, 212 | CLINIMIX 8%-D10W(SULFITE- | 157, 242 |
| CAYSTON 30, 263 | FREE) 82, 210 | COTELLIC..... 35, 180 |
| <i>cefaclor</i> 28, 263 | CLINIMIX 8%-D14W(SULFITE- | CREON 143, 331 |
| <i>cefadroxil</i> 28, 263 | FREE) 82, 210 | <i>cromolyn</i> 144, 148, 172, |
| <i>cefazolin</i> 28, 263 | CLINIMIX E 8%-D10W | 225, 234, 255 |
| <i>cefdinir</i> 28, 263 | SULFITEFREE..... 82, 211 | <i>cryselle (28)</i> 96, 269 |
| <i>cefepime</i> 28, 263 | CLINIMIX E 8%-D14W | CURAD GAUZE PAD.... 113, 298 |
| <i>cefixime</i> 29, 263 | SULFITEFREE..... 82, 211 | CURITY ALCOHOL SWABS..... |
| <i>cefoxitin</i> 29, 263 | <i>clobazam</i> 49, 276 | 113, 298 |
| <i>cefpodoxime</i> 29, 263 | <i>clobetasol</i> 104, 230 | CURITY GAUZE 113, 298 |
| <i>cefprozil</i> 29, 264 | <i>clobetasol-emollient</i> 104, 230 | <i>cyclafem 1/35 (28)</i> 96, 269 |
| <i>ceftazidime</i> 29, 264 | <i>clomipramine</i> 54, 280 | <i>cyclafem 7/7/7 (28)</i> 96, 269 |
| <i>ceftriaxone</i> 29, 264 | <i>clonazepam</i> 26, 194 | <i>cyclobenzaprine</i> 174, 332 |
| <i>cefuroxime axetil</i> 29, 264 | <i>clonidine</i> 82, 211 | <i>cyclophosphamide</i> 35, 180 |
| <i>cefuroxime sodium</i> 29, 264 | <i>clonidine hcl</i> 82, 211 | <i>cyclosporine</i> .. 146, 157, 242, 254 |
| <i>celecoxib</i> 23, 257 | <i>clopidogrel</i> 81, 330 | <i>cyclosporine modified</i> 157, 242 |
| <i>cephalexin</i> 29, 264 | <i>clorazepate dipotassium</i> . 26, 194 | <i>cyred eq</i> 96, 269 |
| <i>cevimeline</i> 102, 229 | <i>clotrimazole</i> 61, 282, 283 | |
| <i>chateal eq (28)</i> 95, 269 | <i>clotrimazole-betamethasone</i> | D |
| <i>chlordiazepoxide hcl</i> 26, 194 | 61, 283 | <i>d5 % and 0.9 % sodium chloride</i> |
| <i>chlorhexidine gluconate</i> | <i>clozapine</i> 69, 205, 206 | 169, 327 |
| 102, 229 | <i>c-nate dha</i> 175, 332 | <i>d5 %-0.45 % sodium chloride</i> |
| <i>chloroquine phosphate</i> ... 66, 202 | COARTEM 66, 202 | 169, 327 |
| <i>chlorpromazine</i> 69, 205 | COBENFY..... 69, 206 | <i>dabigatran etexilate</i> 79, 329 |
| <i>chlorthalidone</i> 88, 218 | COBENFY STARTER PACK | <i>dalfampridine</i> 92, 222 |
| <i>cholestyramine (with sugar)</i> | 69, 206 | <i>danazol</i> 151, 237 |
| 89, 216 | <i>colchicine</i> 62, 200 | <i>dantrolene</i> 174, 332 |
| <i>cholestyramine light</i> 89, 216 | <i>colesevelam</i> 89, 216 | DANYELZA 35, 180 |
| <i>ciclopirox</i> 61, 282 | <i>colestipol</i> 89, 216 | DANZITEN 35, 180 |
| <i>cilostazol</i> 81, 330 | <i>colistin (colistimethate na)</i> | <i>dapsone</i> 64, 284 |
| CIMDUO 74, 285 | 27, 262 | DAPTACEL (DTAP PEDIATRIC) |
| <i>cimetidine hcl</i> 147, 233 | COMBIVENT RESPIMAT | (PF) 161, 247 |
| CIMZIA..... 156, 242 | 171, 228 | <i>daptomycin</i> 28, 262 |
| CIMZIA POWDER FOR | COMETRIQ..... 35, 180 | <i>darunavir</i> 74, 285 |
| RECONST 156, 242 | COMFORT EZ INSULIN | <i>dasatinib</i> 36, 180 |
| <i>cinacalcet</i> 166, 221 | SYRINGE..... 111, 112, 113, | <i>dasetta 1/35 (28)</i> 96, 269 |
| CINQAIR..... 172, 225 | 295, 296, 297 | <i>dasetta 7/7/7 (28)</i> 96, 269 |
| <i>ciprofloxacin hcl</i> 32, 144, | COMFORT EZ PEN NEEDLES | DATROWAY 36, 180 |
| 252, 266 | 112, 296 | DAURISMO 36, 180 |
| <i>ciprofloxacin in 5 % dextrose</i> | COMFORT EZ PRO SAFETY | <i>deblitane</i> 96, 269 |
| 32, 266 | PEN NDL..... 112, 297 | <i>decitabine</i> 36, 180 |
| <i>ciprofloxacin-dexamethasone</i> | COMFORT TOUCH PEN | <i>deferasirox</i> 151, 261 |
| 145, 252 | NEEDLE..... 113, 297, 298 | DELSTRIGO 74, 285 |
| <i>citalopram</i> 54, 280 | COMPLERA..... 74, 285 | <i>demeclocycline</i> 32, 267 |

DENGVAXIA (PF)..... 161, 247
denta 5000 plus 102, 229
dentagel 102, 229
DEPO-SUBQ PROVERA 104
..... 155, 241
DERMACEA 113, 114, 298
DERMACEA NON-WOVEN.....
..... 114, 298
dermacinrx lidocan..... 25, 260
DESCOVY 74, 285
desipramine 54, 280
desmopressin 154, 239
desog-e.estradiol/e.estradiol.....
..... 96, 269
desogestrel-ethinyl estradiol.....
..... 96, 269
desvenlafaxine succinate.....
..... 54, 280
dexamethasone 153, 238
*dexamethasone sodium
phosphate* 146, 153,
..... 238, 254
dextroamphetamine-
amphetamine 92, 223
dextrose 5 % in water (d5w)
..... 82, 211
DIACOMIT 49, 276
diazepam 26, 49, 194, 276
diazepam intensol..... 26, 194
diazoxide..... 166, 256
diclofenac potassium 23, 257
diclofenac sodium 24, 146,
..... 254, 258
diclofenac-misoprostol 24, 258
dicloxacillin..... 31, 265
dicyclomine 148, 234
didanosine 74, 285
DIFICID 30, 264
difluprednate 146, 254
digoxin 87, 214
dihydroergotamine 63, 200
diltiazem hcl 86, 213
dilt-xr 86, 213
dimethyl fumarate 92, 223
diphenoxylate-atropine . 148, 234
dipyridamole 81, 330
disulfiram 25, 193
divalproex 49, 276
dofetilide 85, 211
dolishale 96, 269
donepezil 53, 195
dorzolamide 168, 251
dorzolamide-timolol..... 168, 251
DOVATO..... 74, 285
doxazosin..... 82, 211

doxepin 54, 280
doxorubicin, peg-liposomal
..... 36, 180
doxy-100 32, 267
doxycycline hyclate ... 32, 33, 267
doxycycline monohydrate
..... 33, 267
DRIZALMA SPRINKLE .. 54, 280
dronabinol 65, 202
DROPLET INSULIN SYR(HALF
UNIT)..... 114, 298
DROPLET INSULIN SYRINGE
..... 114, 115, 298, 299
DROPLET MICRON PEN
NEEDLE..... 115, 299
DROPLET PEN NEEDLE 115,
..... 299, 300
DROPSAFE ALCOHOL PREP
PADS 115, 300
DROPSAFE INSULIN SYRINGE
..... 115, 116, 300
DROPSAFE PEN NEEDLE
..... 116, 300
droxidopa 82, 211
DUAVEE 152, 237
duloxetine..... 54, 281
DUPIXENT PEN 157, 242
DUPIXENT SYRINGE... 157, 242
dutasteride 151, 236

E

EASY COMFORT ALCOHOL
PAD..... 117, 301
EASY COMFORT INSULIN
SYRINGE..... 116, 117, 301
EASY COMFORT PEN
NEEDLES 117, 301
EASY COMFORT SAFETY PEN
NEEDLE..... 116, 300
EASY GLIDE INSULIN
SYRINGE..... 117, 301, 302
EASY GLIDE PEN NEEDLE
..... 117, 302
EASY TOUCH..... 118, 119, 303
EASY TOUCH ALCOHOL PREP
PADS 118, 302
EASY TOUCH FLIPLOCK
INSULIN 118, 302, 303
EASY TOUCH FLIPLOCK
SYRINGE..... 118, 302
EASY TOUCH INSULIN
SAFETY SYR... 117, 118, 302
EASY TOUCH INSULIN
SYRINGE..... 117, 118, 119,
..... 302, 303, 304

EASY TOUCH LUER LOCK
INSULIN 118, 303
EASY TOUCH PEN NEEDLE
..... 118, 303
EASY TOUCH SAFETY PEN
NEEDLE..... 119, 303, 304
EASY TOUCH SHEATHLOCK
INSULIN 118, 302, 303
EASY TOUCH UNI-SLIP
..... 119, 304
econazole nitrate 61, 283
EDURANT 74, 285
efavirenz..... 74, 286
efavirenz-emtricitabin-tenofov
..... 74, 286
efavirenz-lamivu-tenofov disop
..... 75, 286
ELIGARD 36, 181
ELIGARD (3 MONTH).... 36, 180
ELIGARD (4 MONTH).... 36, 180
ELIGARD (6 MONTH).... 36, 181
elinest..... 96, 269
ELIQUIS 79, 329
ELIQUIS DVT-PE TREAT 30D
START..... 79, 329
ELREXFIO 36, 181
eluryng 96, 269
EMBRACE PEN NEEDLE... 119,
..... 120, 304
EMCYT..... 36, 181
EMGALITY PEN..... 63, 200
EMGALITY SYRINGE.... 63, 201
emoquette 96, 269
EMSAM 54, 281
emtricitabine..... 75, 286
emtricitabine-tenofovir (tdf)
..... 75, 286
EMTRIVA 75, 286
emzahn 96, 269
enalapril maleate 84, 219
enalapril-hydrochlorothiazide
..... 84, 219
ENBREL 157, 243
ENBREL MINI 157, 243
ENBREL SURECLICK .. 157, 243
endocet 22, 259
ENGERIX-B (PF) 161, 247
ENGERIX-B PEDIATRIC (PF)
..... 161, 247
enilloring..... 96, 269
enoxaparin 79, 80, 329
enpresse 96, 269
enskyce 96, 269
entacapone 67, 204
entecavir..... 79, 290

ENTRESTO 83, 214
 ENTRESTO SPRINKLE . 83, 214
enulose 148, 234
 EPCLUSA 78, 289
 EPIDIOLEX 49, 276
epinastine 144, 255
epinephrine 87, 214
epitol 49, 276
 EPIVIR HBV 75, 286
 EPKINLY 36, 181
eplerenone 91, 219
 EPRONTIA 49, 276
 ERBITUX 36, 181
ergoloid 53, 195
 ERIVEDGE 36, 181
 ERLEADA 36, 181
erlotinib 36, 37, 181
errin 96, 269
ertapenem 30, 263
erythromycin ... 30, 145, 252, 265
erythromycin ethylsuccinate .. 30,
 264, 265
erythromycin with ethanol
 103, 232
 ERZOFRI 69, 206
escitalopram oxalate 54, 281
esomeprazole magnesium
 148, 233
estarylla 96, 270
estradiol 152, 238
estradiol-norethindrone acet
 152, 238
eszopiclone 174, 221
ethambutol 64, 284
ethosuximide 49, 276
ethynodiol diac-eth estradiol
 96, 270
etodolac 24, 258
etonogestrel-ethinyl estradiol
 97, 270
 ETOPOPHOS 37, 181
etoposide 37, 181
etravirine 75, 286
 EUCRISA 104, 230
everolimus (antineoplastic)
 37, 181
everolimus (immunosuppressive)
 157, 243
 EVOTAZ 75, 286
exemestane 37, 181
 EXTENCILLINE 31, 266
 EYSUVIS 147, 254
ezetimibe 89, 216
ezetimibe-simvastatin 89, 216

F

falmina (28) 97, 270
famciclovir 79, 290
famotidine 148, 233
 FANAPT 69, 206
 FARXIGA 56, 195
 FASENRA 173, 225
 FASENRA PEN 173, 225
febuxostat 62, 200
felbamate 49, 276
felodipine 88, 215
femynor 97, 270
fenofibrate 90, 216
fenofibrate micronized 90, 216
fenofibrate nanocrystallized
 90, 216
fentanyl 22, 259
fentanyl citrate 22, 259
fesoterodine 150, 236
 FETZIMA 54, 281
 FIASP FLEXTOUCH U-100
 INSULIN 58, 197
 FIASP PENFILL U-100 INSULIN
 58, 198
 FIASP U-100 INSULIN 58, 198
finasteride 151, 236
ingolimod 92, 223
 FINTEPLA 49, 276
 FIRMAGON KIT W DILUENT
 SYRINGE 37, 181, 182
flavoxate 150, 236
flecainide 85, 211
floxuridine 37, 182
fluconazole 61, 283
fluconazole in nacl (iso-osm)
 61, 283
flucytosine 61, 283
fludrocortisone 153, 238
flunisolide 147, 254
fluocinolone 104, 105, 230
fluocinolone acetonide oil
 147, 254
fluocinonide 105, 230
fluoride (sodium) 102, 229
fluorometholone 147, 254
fluorouracil 37, 103, 182, 232
fluoxetine 55, 281
fluphenazine decanoate .. 69, 206
fluphenazine hcl 69, 70, 206
flurbiprofen 24, 258
flurbiprofen sodium 147, 254
flutamide 37, 182
fluticasone propionate .. 105, 147,
 170, 227, 230, 254

fluticasone propion-salmeterol
 171, 227
fluvastatin 90, 217
fluvoxamine 55, 281
folivane-ob 175, 332
fondaparinux 80, 329
fosamprenavir 75, 286
fosinopril 84, 219
fosinopril-hydrochlorothiazide
 84, 219
fosphenytoin 49, 276
 FOTIVDA 37, 182
 FREESTYLE PRECISION ... 120,
 304, 305
 FRUZAQLA 37, 182
fulvestrant 37, 182
furosemide 88, 218
 FUZEON 75, 286
 FYARRO 37, 182
 FYCOMPA 49, 50, 276, 277

G

gabapentin 50, 277
galantamine 53, 195
gallifrey 155, 241
 GAMUNEX-C 157, 243
 GARDASIL 9 (PF) . 161, 162, 247
 GAUZE PAD 120, 305
gavilyte-c 149, 235
gavilyte-g 150, 235
gavilyte-n 150, 236
 GAVRETO 37, 182
gefitinib 37, 182
gemfibrozil 90, 217
generlac 148, 234
gengraf 157, 243
gentak 145, 252
gentamicin 27, 103, 145,
 232, 252, 261
gentamicin sulfate (ped) (pf)
 27, 262
gentamicin sulfate (pf) 27, 262
 GENVOYA 75, 286
 GILOTRIF 38, 182
glatiramer 93, 223
glatopa 93, 223
 GLEOSTINE 38, 182
glimepiride 60, 199
glipizide 60, 199, 200
glipizide-metformin 60, 200
glutamine (sickle cell) 166, 256
glyburide 60, 200
glyburide micronized 60, 200
glyburide-metformin 60, 200
glycopyrrolate 149, 234

glydo 25, 260
 GLYXAMBI 56, 195
griseofulvin microsized 61, 283
griseofulvin ultramicrosized
 61, 283
guanfacine 82, 93, 211, 223
 GVOKE 167, 256
 GVOKE HYPOPEN 2-PACK
 167, 256
 GVOKE PFS 1-PACK SYRINGE
 167, 256
 GVOKE PFS 2-PACK SYRINGE
 167, 256

H

HAEGARDA 80, 330
hailey 24 fe 97, 270
hailey fe 1.5/30 (28) 97, 270
hailey fe 1/20 (28) 97, 270
halobetasol propionate . 105, 231
haloette 97, 270
haloperidol 70, 207
haloperidol decanoate 70,
 206, 207
haloperidol lactate 70, 207
 HARVONI 78, 289
 HAVRIX (PF) 162, 247
 HEALTHWISE INSULIN
 SYRINGE 121, 305
 HEALTHWISE PEN NEEDLE
 121, 305
 HEALTHY ACCENTS UNIFINE
 PENTIP 121, 306
heather 97, 270
heparin (porcine) 80, 329
 HEPLISAV-B (PF) 162, 247
 HERCEPTIN HYLECTA . 38, 182
 HERZUMA 38, 182
 HIBERIX (PF) 162, 247
 HUMIRA 158, 243
 HUMIRA PEN 158, 243
 HUMIRA PEN CROHNS-UC-HS
 START 157, 243
 HUMIRA PEN PSOR-UEVITS-
 ADOL HS 158, 243
 HUMIRA(CF) 158, 244
 HUMIRA(CF) PEDI CROHNS
 STARTER 158, 243
 HUMIRA(CF) PEN 158, 244
 HUMIRA(CF) PEN CROHNS-
 UC-HS 158, 243
 HUMIRA(CF) PEN PEDIATRIC
 UC 158, 243
 HUMIRA(CF) PEN PSOR-UV-
 ADOL HS 158, 244

HUMULIN R U-500 (CONC)
 INSULIN 58, 198
 HUMULIN R U-500 (CONC)
 KWIKPEN 58, 198
hydralazine 87, 214
hydrochlorothiazide 88, 218
hydrocodone-acetaminophen 23,
 259, 260
hydrocortisone 105, 153, 165,
 220, 231, 239
hydrocortisone valerate. 105, 231
hydrocortisone-acetic acid
 145, 252
hydromorphone 23, 260
hydroxychloroquine 66, 203
hydroxyurea 38, 182
hydroxyzine hcl 63, 284
hydroxyzine pamoate 167, 256

I

ibandronate 166, 221
 IBRANCE 38, 182
ibu 24, 258
ibuprofen 24, 258
icatibant 87, 214
iclevia 97, 270
 ICLUSIG 38, 182
icosapent ethyl 90, 217
 IDHIFA 38, 183
ifosfamide 38, 183
 ILEVRO 147, 254
imatinib 38, 183
 IMBRUVICA 38, 183
 IMDELLTRA 38, 183
imipenem-cilastatin 30, 263
imipramine hcl 55, 281
imiquimod 103, 232
 IMJUDO 38, 183
 IMKELDI 38, 183
 IMOVAX RABIES VACCINE (PF)
 162, 247
 IMPAVIDO 66, 203
incassia 97, 270
 INCONTROL ALCOHOL PADS
 121, 306
 INCONTROL PEN NEEDLE
 121, 122, 306
 INCRELEX 154, 240
indapamide 88, 218
indomethacin 24, 258
 INFANRIX (DTAP) (PF)
 162, 248
infliximab 158, 244
 INGREZZA 93, 223

INGREZZA INITIATION
 PK(TARDIV) 93, 223
 INGREZZA SPRINKLE ... 93, 223
 INLYTA 39, 183
 INPEN (FOR HUMALOG) BLUE
 122, 306
 INPEN (NOVOLOG OR FIASP)
 BLUE 122, 306
 INQOVI 39, 183
 INREBIC 39, 183
insulin asp prt-insulin aspart
 58, 198
insulin aspart u-100 59, 198
 INSULIN SYR/NDL U100 HALF
 MARK 122, 306
 INSULIN SYRINGE 109, 293
 INSULIN SYRINGE MICROFINE
 109, 293
 INSULIN SYRINGE
 NEEDLELESS 109, 293
 INSULIN SYRINGE-NEEDLE U-
 100 120, 122, 123, 129,
 133, 136, 137, 304,
 306, 307, 314, 317, 321
 INSUPEN PEN NEEDLE 123,
 307, 308
 INTELENCE 75, 286
 INTRON A 79, 290
 INVEGA HAFYERA 70, 207
 INVEGA SUSTENNA 70, 207
 INVEGA TRINZA 70, 71, 207
 INVELTYS 147, 254
 IPOL 162, 248
ipratropium bromide 144, 171,
 228, 255
ipratropium-albuterol 172, 228
irbesartan 83, 214
irbesartan-hydrochlorothiazide
 83, 214
 ISENTRESS 75, 286
 ISENTRESS HD 75, 286
isibloom 97, 270
isoniazid 64, 284
 ISOPROPYL ALCOHOL
 103, 232
isosorbide dinitrate .. 91, 219, 220
isosorbide mononitrate 91, 220
 ITOVEBI 39, 183
itraconazole 61, 283
 IV PREP WIPES 123, 308
ivabradine 87, 214
ivermectin 66, 203
 IWILFIN 39, 183
 IXCHIQ (PF) 162, 248
 IXIARO (PF) 162, 248

J

| | |
|-----------------------------------|--------------|
| JAKAFI..... | 39, 183 |
| <i>jantoven</i> | 80, 329 |
| JANUMET..... | 56, 195 |
| JANUMET XR..... | 56, 195, 196 |
| JANUVIA..... | 56, 196 |
| JARDIANCE | 56, 196 |
| <i>javygtor</i> | 143, 331 |
| JAYPIRCA | 39, 183, 184 |
| JEMPERLI | 39, 184 |
| <i>jencycla</i> | 97, 270 |
| JENTADUETO..... | 56, 196 |
| JENTADUETO XR..... | 56, 196 |
| <i>jolessa</i> | 97, 270 |
| <i>juleber</i> | 97, 270 |
| JULUCA..... | 75, 286 |
| <i>junel 1.5/30 (21)</i> | 97, 270 |
| <i>junel 1/20 (21)</i> | 97, 270 |
| <i>junel fe 1.5/30 (28)</i> | 97, 270 |
| <i>junel fe 1/20 (28)</i> | 97, 270 |
| <i>junel fe 24</i> | 97, 271 |
| JYLAMVO..... | 39, 184 |
| JYNNEOS (PF)..... | 162, 248 |

K

| | |
|--|-------------------|
| KALYDECO | 173, 225, 226 |
| <i>kariva (28)</i> | 97, 271 |
| <i>kelnor 1/35 (28)</i> | 97, 271 |
| <i>kelnor 1/50 (28)</i> | 98, 271 |
| KERENDIA | 91, 219 |
| KESIMPTA PEN | 93, 223 |
| <i>ketoconazole</i> | 61, 62, 283 |
| <i>ketorolac</i> | 24, 147, 255, 258 |
| KEYTRUDA | 39, 184 |
| KIMMTRAK..... | 39, 184 |
| KINERET | 158, 244 |
| KINRIX (PF)..... | 162, 248 |
| <i>kionex (with sorbitol)</i> | 149, 234 |
| KISQALI..... | 39, 184 |
| KISQALI FEMARA CO-PACK | 39, 184 |
| KLISYRI..... | 103, 232 |
| <i>klor-con m10</i> | 169, 327 |
| <i>klor-con m15</i> | 169, 327 |
| <i>klor-con m20</i> | 169, 328 |
| KLOXXADO..... | 25, 193 |
| KOSELUGO..... | 40, 184 |
| <i>kosher prenatal plus iron</i> | 175, 332 |
| KRAZATI..... | 40, 184 |
| <i>kurvelo (28)</i> | 98, 271 |
| KYLEENA | 98, 271 |
| KYNMOBI | 67, 204 |

L

| | |
|---|---------------|
| <i>labetalol</i> | 85, 212 |
| <i>lacosamide</i> | 50, 277 |
| <i>lactulose</i> | 149, 234 |
| <i>lamivudine</i> | 75, 286, 287 |
| <i>lamivudine-zidovudine</i> | 75, 287 |
| <i>lamotrigine</i> | 50, 277 |
| <i>lanreotide</i> | 154, 240 |
| <i>lansoprazole</i> | 148, 233, 234 |
| LANTUS SOLOSTAR U-100 INSULIN..... | 59, 198 |
| LANTUS U-100 INSULIN..... | 59, 198 |
| <i>lapatinib</i> | 40, 184 |
| <i>larin 1.5/30 (21)</i> | 98, 271 |
| <i>larin 1/20 (21)</i> | 98, 271 |
| <i>larin 24 fe</i> | 98, 271 |
| <i>larin fe 1.5/30 (28)</i> | 98, 271 |
| <i>larin fe 1/20 (28)</i> | 98, 271 |
| <i>larissia</i> | 98, 271 |
| <i>latanoprost</i> | 168, 251 |
| LAZCLUZE..... | 40, 184 |
| <i>leflunomide</i> | 158, 244 |
| <i>lenalidomide</i> | 40, 184 |
| LENTOCILIN S | 31, 266 |
| LENVIMA | 40, 185 |
| <i>lessina</i> | 98, 271 |
| <i>letrozole</i> | 40, 185 |
| <i>leucovorin calcium</i> | 167, 256 |
| LEUKERAN..... | 40, 185 |
| <i>leuprolide</i> | 40, 185 |
| <i>leuprolide (3 month)</i> | 40, 185 |
| <i>levetiracetam</i> | 50, 277 |
| <i>levobunolol</i> | 168, 251 |
| <i>levocetirizine</i> | 63, 284 |
| <i>levofloxacin</i> | 32, 266 |
| <i>levofloxacin in d5w</i> | 32, 266 |
| <i>levonest (28)</i> | 98, 271 |
| <i>levonorgest-eth.estradiol-iron</i> | 98, 271 |
| <i>levonorgestrel-ethinyl estrad</i> | 98, 271 |
| <i>levonorg-eth estrad triphasic</i> | 98, 271 |
| <i>levora-28</i> | 98, 272 |
| <i>levothyroxine</i> | 155, 237 |
| LEXIVA | 75, 287 |
| LIBERVANT | 50, 277 |
| <i>lidocaine</i> | 25, 260, 261 |
| <i>lidocaine hcl</i> | 25, 260 |
| <i>lidocaine viscous</i> | 25, 261 |
| <i>lidocaine-prilocaine</i> | 25, 261 |
| <i>lidocan iii</i> | 25, 261 |
| LILETTA..... | 98, 272 |

| | |
|---|----------------------|
| <i>lillow (28)</i> | 98, 272 |
| <i>linezolid</i> | 28, 262 |
| <i>linezolid in dextrose 5%</i> .. | 28, 262 |
| LINZESS | 149, 234 |
| <i>liothyronine</i> | 155, 237 |
| LISCO | 123, 308 |
| <i>lisinopril</i> | 84, 219 |
| <i>lisinopril-hydrochlorothiazide</i> | 84, 219 |
| LITE TOUCH INSULIN PEN NEEDLES..... | 123, 124, 308 |
| LITE TOUCH INSULIN SYRINGE . | 123, 124, 308, 309 |
| <i>lithium carbonate</i> | 93, 223, 224 |
| <i>lithium citrate</i> | 93, 224 |
| LIVTENCITY | 78, 289 |
| LOKELMA | 149, 234 |
| LONSURF | 40, 185 |
| <i>loperamide</i> | 149, 234 |
| <i>lopinavir-ritonavir</i> | 76, 287 |
| LOQTORZI..... | 40, 185 |
| <i>lorazepam</i> | 26, 27, 194 |
| <i>lorazepam intensol</i> | 27, 194 |
| LORBRENA | 40, 185 |
| <i>losartan</i> | 83, 214 |
| <i>losartan-hydrochlorothiazide</i> | 83, 215 |
| LOTEMAX..... | 147, 255 |
| LOTEMAX SM..... | 147, 255 |
| <i>loteprednol etabonate</i> ... | 147, 255 |
| <i>lovastatin</i> | 90, 217 |
| <i>low-ogestrel (28)</i> | 99, 272 |
| <i>loxapine succinate</i> | 71, 208 |
| <i>lubiprostone</i> | 149, 234 |
| LUMAKRAS | 40, 41, 185 |
| LUMIGAN..... | 168, 251 |
| LUNSUMIO | 41, 185 |
| LUPRON DEPOT..... | 41, 154, 186, 240 |
| LUPRON DEPOT (3 MONTH) | 41, 154, 185, 240 |
| LUPRON DEPOT (4 MONTH) | 41, 185 |
| LUPRON DEPOT (6 MONTH) | 41, 185 |
| LUPRON DEPOT-PED . | 154, 240 |
| LUPRON DEPOT-PED (3 MONTH)..... | 154, 240 |
| <i>lurasidone</i> | 71, 208 |
| <i>lutera (28)</i> | 99, 272 |
| LYBALVI..... | 71, 208 |
| <i>lyleq</i> | 99, 272 |
| LYNPARZA | 41, 186 |
| LYSODREN | 41, 186 |
| LYTGOBI..... | 41, 186 |

lyza 99, 272

M

MAGELLAN INSULIN SAFETY
SYRNG 124, 309
MAGELLAN SYRINGE . 124, 309
magnesium sulfate 169, 328
malathion 106, 233
maraviroc 76, 287
MARGENZA 41, 186
marlissa (28) 99, 272
marnatal-f 175, 332
MARPLAN 55, 281
MATULANE 41, 186
MAVENCLAD (10 TABLET
PACK) 93, 224
MAVENCLAD (4 TABLET PACK)
..... 93, 224
MAVENCLAD (5 TABLET PACK)
..... 93, 224
MAVENCLAD (6 TABLET PACK)
..... 93, 224
MAVENCLAD (7 TABLET PACK)
..... 93, 224
MAVENCLAD (8 TABLET PACK)
..... 93, 224
MAVENCLAD (9 TABLET PACK)
..... 94, 224
MAXICOMFORT II PEN
NEEDLE 124, 309
MAXI-COMFORT INSULIN
SYRINGE 124, 125, 309
MAXICOMFORT INSULIN
SYRINGE 124
MAXICOMFORT INSULIN
SYRINGE 125
MAXICOMFORT INSULIN
SYRINGE 309
MAXICOMFORT INSULIN
SYRINGE 309
MAXICOMFORT SAFETY PEN
NEEDLE 125, 309
MAYZENT 94, 224
MAYZENT STARTER(FOR 1MG
MAINT) 94, 224
MAYZENT STARTER(FOR 2MG
MAINT) 94, 224
meclizine 65, 202
medroxyprogesterone ... 155, 241
mefloquine 66, 203
megestrol 41, 155, 186, 241
MEKINIST 41, 186
MEKTOVI 41, 186
meloxicam 24, 258
memantine 53, 195

MENACTRA (PF) 162, 248
MENQUADFI (PF) 162, 248
MENVEO A-C-Y-W-135-DIP (PF)
..... 162, 248
mercaptopurine 41, 186
meropenem 30, 263
mesalamine 165, 220
mesna 167, 256
MESNEX 167, 256
metformin 57, 196
methadone 23, 260
methazolamide 168, 251
methenamine hippurate .. 28, 262
methimazole 155, 237
methocarbamol 174, 332
methotrexate sodium 41, 42, 186
methotrexate sodium (pf)
..... 41, 186
methoxsalen 103, 232
methsuximide 50, 277
methylphenidate hcl 94, 224
methylprednisolone 153, 239
methylprednisolone acetate
..... 153, 239
metoclopramide hcl 149, 235
metolazone 89, 218
metoprolol succinate 85, 212
metoprolol tartrate 85, 212
metronidazole 28, 63, 103,
..... 232, 261, 262
metronidazole in nacl (iso-os)
..... 28, 262
metryrosine 87, 214
miconazole-3 62, 283
miconazole-3 62, 283
MICRODOT INSULIN PEN
NEEDLE 125, 309
MICRODOT READYGARD PEN
NEEDLE 125, 309
microgestin 1.5/30 (21) ... 99, 272
microgestin 1/20 (21) 99, 272
microgestin 24 fe 99, 272
microgestin fe 1.5/30 (28)
..... 99, 272
microgestin fe 1/20 (28) .. 99, 272
midodrine 82, 211
mifepristone 57, 196
mili 99, 272
mimvey 152, 238
MINI ULTRA-THIN II 125, 310
minitran 91, 220
minocycline 33, 267
minoxidil 91, 220
MIPLYFFA 143, 178
MIRENA 99, 272

mirtazapine 55, 281
misoprostol 148, 234
mitoxantrone 42, 186
M-M-R II (PF) 162, 248
m-natal plus 175, 332
modafinil 174, 221
moexipril 84, 219
molindone 71, 208
mometasone . 105, 147, 231, 255
MONOJECT INSULIN SAFETY
SYRINGE 126, 310
MONOJECT INSULIN SYRINGE
..... 125, 126, 310, 311
MONOJECT SYRINGE . 125, 310
MONOJECT ULTRA COMFORT
INSULIN 138, 323
mono-lynah 99, 272
montelukast 171, 227
morphine 23, 260
MORPHINE 23, 260
morphine concentrate 23, 260
MOUNJARO 57, 196
MOVANTIK 149, 235
moxifloxacin 32, 145, 252, 266
moxifloxacin-sod.ace,sul-water
..... 32, 266
moxifloxacin-sod.chloride(iso)
..... 32, 266
MRESVIA (PF) 162, 248
MULTAQ 85, 211
mupirocin 103, 233
MVASI 42, 186
mycophenolate mofetil .. 158, 244
mycophenolate mofetil (hcl)
..... 158, 244
mycophenolate sodium . 159, 244
mynatal 175, 332
mynatal advance 175, 332
mynatal plus 175, 332
mynatal-z 176, 332
mynate 90 plus 176, 332
MYRBETRIQ 150, 236

N

nabumetone 24, 258
nafcillin 31, 266
naloxone 25, 26, 193
naltrexone 26, 193
NANO PEN NEEDLE 126, 311
naproxen 24, 258
naratriptan 63, 201
NATACYN 145, 252
nateglinide 57, 196
NATPARA 166, 221
NAYZILAM 50, 277

nebivolol..... 86, 212
nefazodone 55, 281
neomycin 27, 262
neomycin-bacitracin-poly-hc
 145, 252
neomycin-bacitracin-polymyxin
 145, 253
neomycin-polymyxin b-dexameth
 145, 253
neomycin-polymyxin-gramicidin
 145, 253
neomycin-polymyxin-hc
 145, 253
neo-polycin 145, 253
neo-polycin hc..... 145, 253
 NERLYNX..... 42, 186
neuac..... 104, 233
 NEULASTA ONPRO..... 80, 330
nevirapine 76, 287
newgen 176, 332
 NEXLETOL 90, 217
 NEXLIZET 90, 217
 NEXPLANON..... 99, 272
niacin 90, 217
niacor..... 90, 217
 NICOTROL NS 26, 193
nifedipine 88, 216
nilutamide 42, 186
 NINLARO 42, 186
nitazoxanide..... 66, 203
nitisinone..... 143, 331
nitrofurantoin macrocrystal
 28, 262
nitrofurantoin monohyd/m-cryst
 28, 262
nitroglycerin 91, 167, 220, 256
niva-plus 176, 333
 NIVESTYM 81, 330
 NORDITROPIN FLEXPRO
 154, 240
norelgestromin-ethin.estradiol
 99, 272
norethindrone (contraceptive).....
 99, 272
norethindrone acetate... 155, 241
norethindrone-e.estradiol-iron.....
 99, 273
norgestimate-ethinyl estradiol
 100, 273
norlyda..... 100, 273
nortrel 1/35 (21) 100, 273
nortrel 1/35 (28) 100, 273
nortrel 7/7/7 (28) 100, 273
nortriptyline 55, 281
 NORVIR..... 76, 287

NOVOFINE 30 126, 311
 NOVOFINE 32 126, 311
 NOVOFINE PLUS..... 126, 311
 NOVOLIN 70/30 U-100 INSULIN
 59, 198
 NOVOLIN 70-30 FLEXPEN U-
 100 59, 198
 NOVOLIN N FLEXPEN... 59, 198
 NOVOLIN N NPH U-100
 INSULIN 59, 199
 NOVOLIN R FLEXPEN... 59, 199
 NOVOLIN R REGULAR U100
 INSULIN 59, 199
 NOVOTWIST 126, 311
 NUBEQA..... 42, 187
 NUCALA 173, 226
 NULOJIX..... 159, 244
 NUPLAZID 71, 208
 NURTEC ODT 63, 201
nyamyc..... 62, 283
nylia 1/35 (28) 100, 273
nylia 7/7/7 (28) 100, 273
nymyo 100, 273
nystatin..... 62, 283, 284
nystatin-triamcinolone 62, 284
nystop 62, 284
 NYVEPRIA..... 81, 330

O

obstetrix dha 176, 333
obstetrix dha prenatal duo
 176, 333
o-cal prenatal 176, 333
 OCREVUS 94, 224
 OCREVUS ZUNOVO 94, 224
octreotide acetate 154, 240
 ODEFSEY 76, 287
 ODOMZO 42, 187
 OFEV 173, 226
ofloxacin..... 145, 253
 OGIVRI 42, 187
 OGSIVEO 42, 187
 OJEMDA 42, 187
 OJJAARA 42, 187
olanzapine..... 71, 208
olmesartan 83, 215
olmesartan-amlodipin-hcthiiazid
 83, 215
olmesartan-hydrochlorothiazide
 83, 215
olopatadine 144, 255
omega-3 acid ethyl esters.....
 90, 217
omeprazole 148, 234

OMNIPOD 5 (G6/LIBRE 2 PLUS)
 126, 311
 OMNIPOD 5 G6-G7 INTRO
 KT(GEN5)..... 127, 311
 OMNIPOD 5 G6-G7 PODS (GEN
 5) 127, 311
 OMNIPOD 5
 INTRO(G6/LIBRE2PLUS)
 127, 311
 OMNIPOD CLASSIC PDM
 KIT(GEN 3)..... 127, 311
 OMNIPOD CLASSIC PODS
 (GEN 3) 127, 311
 OMNIPOD DASH INTRO KIT
 (GEN 4) 127, 311
 OMNIPOD DASH PDM KIT
 (GEN 4) 127, 311
 OMNIPOD DASH PODS (GEN
 4) 127, 311
ondansetron 65, 202
ondansetron hcl..... 65, 202
 ONTRUZANT 42, 187
 ONUREG 42, 187
 OPDIVO 42, 187
 OPDIVO QVANTIG 42, 187
 OPDUALAG 42, 187
 OPSUMIT 175, 257
 ORENCIA..... 159, 244
 ORENCIA (WITH MALTOSE)
 159, 244
 ORENCIA CLICKJECT . 159, 244
 ORFADIN 143, 331
 ORGOVYX 154, 240
 ORLISSA..... 154, 240
 ORKAMBI 173, 226
 ORSERDU 42, 43, 187
oseltamivir 78, 289
 OTEZLA 159, 244
 OTEZLA STARTER 159, 245
oxandrolone 151, 237
oxcarbazepine..... 50, 277
oxybutynin chloride 150, 236
oxycodone..... 23, 260
oxycodone-acetaminophen
 23, 260
 OZEMPIC 57, 196

P

pacerone 85, 211
paclitaxel protein-bound.. 43, 187
paliperidone..... 71, 208
 PANRETIN 103, 232
pantoprazole 148, 234
paricalcitol 166, 221
paromomycin..... 66, 203

| | | | | | |
|---|--------------------------|---|--------------|--|---------------|
| <i>paroxetine hcl</i> | 55, 281 | <i>pioglitazone-metformin</i> | 57, | <i>pretab</i> | 177, 334 |
| PAXLOVID | 78, 289 | ..... | 196, 197 | <i>prevalite</i> | 90, 217 |
| <i>pazopanib</i> | 43, 187 | PIP PEN NEEDLE | 128, 312 | PREVENT DROPSAFE PEN | |
| PEDIARIX (PF) | 163, 248 | <i>piperacillin-tazobactam</i> ... | 31, 266 | NEEDLE | 128, 312 |
| PEDVAX HIB (PF) | 163, 248 | PIQRAY | 43, 188 | <i>previfem</i> | 100, 273 |
| <i>peg 3350-electrolytes</i> ... | 150, 236 | <i>pirfenidone</i> | 173, 226 | PREVYMIS..... | 78, 289 |
| PEGASYS..... | 79, 290 | <i>pirmella</i> | 100, 273 | PREZCOBIX | 76, 287 |
| <i>peg-electrolyte soln</i> | 150, 236 | <i>pitavastatin calcium</i> | 90, 217 | PREZISTA..... | 76, 287 |
| PEMAZYRE | 43, 187 | PLEGRIDY | 94, 224, 225 | PRIFTIN | 64, 284 |
| <i>pemetrexed</i> | 43, 188 | <i>pnv 29-1</i> | 176, 333 | PRIMAQUINE | 66, 203 |
| <i>pemetrexed disodium</i> | 43, | <i>pnv-dha + docusate</i> | 176, 333 | <i>primidone</i> | 51, 278 |
| ..... | 187, 188 | <i>pnv-omega</i> | 176, 333 | PRIORIX (PF) | 163, 249 |
| PEMRYDI RTU | 43, 188 | <i>podofilox</i> | 103, 232 | PRO COMFORT ALCOHOL | |
| PEN NEEDLE | 120, 127, 129, | <i>polycin</i> | 146, 253 | PADS..... | 128, 313 |
| ..... | 304, 311, 312, 314 | <i>polymyxin b sulf-trimethoprim</i> | | PRO COMFORT INSULIN | |
| PEN NEEDLE, DIABETIC ... | 113, | ..... | 146, 253 | SYRINGE | 128, 312, 313 |
| ..... | 125, 127, 129, 297, 309, | POMALYST | 43, 188 | PRO COMFORT PEN NEEDLE | |
| ..... | 310, 311, 312, 313, 314 | <i>portia 28</i> | 100, 273 | ..... | 128, 313 |
| PEN NEEDLE, DIABETIC, | | <i>posaconazole</i> | 62, 284 | <i>probenecid</i> | 62, 200 |
| SAFETY | 130, 314 | <i>potassium chloride</i> | 169, 328 | <i>probenecid-colchicine</i> | 63, 200 |
| PENBRAYA (PF) | 163, 248 | <i>potassium citrate</i> | 169, 328 | PROCALAMINE 3%..... | 82, 211 |
| PENBRAYA MENACWY | | <i>pr natal 400</i> | 176, 333 | <i>prochlorperazine</i> | 65, 202 |
| COMPONENT(PF)... | 163, 248 | <i>pr natal 400 ec</i> | 176, 333 | <i>prochlorperazine edisylate</i> | 65, |
| PENBRAYA MENB | | <i>pr natal 430</i> | 176, 333 | ..... | 72, 202, 208 |
| COMPONENT (PF).. | 163, 249 | <i>pr natal 430 ec</i> | 176, 333 | <i>prochlorperazine maleate</i> | |
| <i>penicillamine</i> | 151, 261 | <i>pramipexole</i> | 67, 204 | ..... | 65, 202 |
| <i>penicillin g potassium</i> | 31, 266 | <i>prasugrel hcl</i> | 81, 330 | <i>procto-med hc</i> | 105, 231 |
| <i>penicillin g procaine</i> | 31, 266 | <i>pravastatin</i> | 90, 217 | <i>proctosol hc</i> | 105, 231 |
| <i>penicillin v potassium</i> | 31, 266 | <i>praziquantel</i> | 66, 203 | <i>proctozone-hc</i> | 105, 231 |
| PENTACEL (PF)..... | 163, 249 | <i>prazosin</i> | 83, 211 | PRODIGY INSULIN SYRINGE | |
| <i>pentamidine</i> | 66, 203 | <i>prednisolone</i> | 153, 239 | ..... | 128, 129, 313 |
| PENTIPS PEN NEEDLE..... | 127, | <i>prednisolone acetate</i> | 147, 255 | <i>progesterone micronized</i> | |
| ..... | 128, 312 | <i>prednisolone sodium phosphate</i> |  | ..... | 155, 241 |
| <i>pentoxifylline</i> | 81, 330 | ..... | 153, 239 | PROGRAF | 159, 245 |
| <i>perindopril erbumine</i> | 84, 219 | <i>prednisone</i> | 153, 239 | PROLIA | 166, 221 |
| <i>perigard</i> | 102, 229 | <i>pregabalin</i> | 51, 278 | PROMACTA..... | 81, 330, 331 |
| <i>permethrin</i> | 106, 233 | PREHEVBRIO (PF) | 163, 249 | <i>promethazine</i> | 65, 202 |
| <i>perphenazine</i> | 71, 208 | PREMARIN | 152, 238 | <i>promethegan</i> | 65, 202 |
| <i>perphenazine-amitriptyline</i> | | PREMPHASE | 152, 238 | <i>propafenone</i> | 85, 212 |
| ..... | 55, 281 | PREMPRO | 152, 238 | <i>propranolol</i> | 86, 212 |
| PERSERIS..... | 71, 208 | <i>prena1 true</i> | 176, 333 | <i>propylthiouracil</i> | 155, 237 |
| <i>phenelzine</i> | 55, 282 | <i>prenaissance</i> | 176, 333 | PROQUAD (PF)..... | 163, 249 |
| <i>phenobarbital</i> | 50, 51, 277, 278 | <i>prenaissance plus</i> | 176, 333 | <i>protriptyline</i> | 55, 282 |
| PHENYTEK | 51, 278 | <i>prenatabs fa</i> | 176, 333 | PULMOZYME | 143, 331 |
| <i>phenytoin</i> | 51, 278 | <i>prenatal 19</i> | 176, 333 | PURE COMFORT ALCOHOL | |
| <i>phenytoin sodium</i> | 51, 278 | <i>prenatal 19 (with docusate)</i> | | PADS..... | 129, 313 |
| <i>phenytoin sodium extended</i>..... |  | ..... | 176, 333 | PURE COMFORT PEN NEEDLE | |
| ..... | 51, 278 | <i>prenatal low iron</i> | 176, 333 | ..... | 129, 313 |
| PIFELTRO | 76, 287 | <i>prenatal plus</i> | 176, 333 | PURE COMFORT SAFETY PEN | |
| <i>pilocarpine hcl</i> | 102, 168, | <i>prenatal plus (calcium carb)</i> | | NEEDLE | 129, 313 |
| ..... | 229, 251 | ..... | 176, 333 | PURIXAN | 43, 188 |
| <i>pimecrolimus</i> | 105, 231 | <i>prenatal vitamin plus low iron</i> | | <i>pyrazinamide</i> | 64, 284 |
| <i>pimozide</i> | 71, 208 | ..... | 176, 333 | <i>pyridostigmine bromide</i> . | 167, 256 |
| <i>pimtree (28)</i> | 100, 273 | <i>prenatal-u</i> | 177, 333 | <i>pyrimethamine</i> | 66, 203 |
| <i>pioglitazone</i> | 57, 196 | <i>preplus</i> | 177, 333 | | |

Q

| | |
|-------------------------------------|----------|
| QINLOCK..... | 43, 188 |
| QUADRACEL (PF) | 163, 249 |
| quetiapine | 72, 208 |
| quinapril | 84, 219 |
| quinapril-hydrochlorothiazide | 84, 219 |
| quinidine sulfate | 85, 212 |
| quinine sulfate..... | 66, 203 |
| QULIPTA | 64, 201 |

R

| | |
|--------------------------------|----------|
| RABAVERT (PF) | 163, 249 |
| rabeprazole..... | 148, 234 |
| raloxifene | 152, 238 |
| ramipril..... | 84, 219 |
| ranolazine | 87, 214 |
| rasagiline | 67, 204 |
| RASUVO (PF)..... | 159, 245 |
| RAYALDEE..... | 166, 221 |
| reclipsen (28) | 100, 273 |
| RECOMBIVAX HB (PF)..... | 163, 249 |
| RELENZA DISKHALER.. | 78, 290 |
| repaglinide | 57, 197 |
| REPATHA PUSHTRONEX..... | 90, 217 |
| REPATHA SURECLICK . | 90, 217 |
| REPATHA SYRINGE..... | 90, 217 |
| RETACRIT | 81, 331 |
| RETEVMO | 43, 188 |
| RETROVIR | 76, 287 |
| REVUFORJ | 43, 188 |
| REXULTI..... | 72, 209 |
| REYATAZ | 76, 287 |
| REZLIDHIA | 43, 188 |
| REZUROCK..... | 159, 245 |
| RHOPRESSA | 168, 252 |
| RIABNI | 44, 188 |
| ribavirin | 79, 290 |
| rifabutin | 64, 284 |
| rifampin | 64, 284 |
| rilpivirine..... | 76, 287 |
| riluzole | 94, 225 |
| RINVOQ..... | 159, 245 |
| RINVOQ LQ..... | 159, 245 |
| risperidone | 72, 209 |
| risperidone microspheres | 72, 209 |
| ritonavir..... | 76, 288 |
| RITUXAN HYCELA..... | 44, 188 |
| rivastigmine..... | 53, 195 |
| rivastigmine tartrate | 53, 195 |

| | |
|---------------------|--------------|
| rizatriptan | 64, 201 |
| r-natal ob..... | 177, 334 |
| ROCKLATAN | 168, 252 |
| roflumilast..... | 173, 226 |
| ropinirole | 67, 204 |
| rosadan | 104, 233 |
| rosuvastatin..... | 91, 217 |
| ROTARIX..... | 164, 249 |
| ROTATEQ VACCINE.... | 164, 249 |
| ROZLYTREK | 44, 188, 189 |
| RUBRACA | 44, 189 |
| rufinamide | 51, 278 |
| RUKOBIA..... | 76, 288 |
| RUXIENCE | 44, 189 |
| RYBELSUS..... | 57, 197 |
| RYBREVANT | 44, 189 |
| RYDAPT | 44, 189 |
| RYKINDO..... | 72, 209 |
| RYTELO..... | 44, 189 |

S

| | |
|-------------------------------------|---------------|
| SAFESNAP INSULIN SYRINGE | 129, 130, 314 |
| SAFETY PEN NEEDLE | 130, 314 |
| SANTYL | 103, 232 |
| sapropterin | 143, 331 |
| SAVELLA | 94, 225 |
| SCEMBLIX..... | 44, 189 |
| scopolamine base | 65, 202 |
| SECUADO | 72, 209 |
| SECURESAFE INSULIN SYRINGE..... | 130, 314 |
| SECURESAFE PEN NEEDLE | 130, 314 |
| select-ob | 177, 334 |
| select-ob (folic acid) | 177, 334 |
| selegiline hcl | 67, 204 |
| selenium sulfide | 104, 233 |
| SELZENTRY | 76, 77, 288 |
| SEMGLEE(INSULIN GLARGINE-YFGN).... | 59, 199 |
| SEMGLEE(INSULIN GLARG-YFGN)PEN..... | 59, 199 |
| se-natal 19 chewable | 177, 334 |
| SEREVENT DISKUS | 172, 228 |
| SEROSTIM | 154, 240 |
| sertraline | 55, 282 |
| setlakin..... | 100, 273 |
| sevelamer carbonate | 150, 235 |
| sevelamer hcl..... | 150, 235 |
| SEZABY | 51, 278 |
| sf 5000 plus..... | 102, 229 |
| sharobel | 100, 274 |
| SHINGRIX (PF)..... | 164, 249 |
| SIGNIFOR..... | 155, 240 |

| | |
|--------------------------------------|---------------|
| sildenafil | 175, 257 |
| sildenafil (pulm.hypertension) | 175, 257 |
| silver sulfadiazine..... | 104, 233 |
| SIMBRINZA..... | 168, 252 |
| simliya (28)..... | 100, 274 |
| simvastatin | 91, 217 |
| sirolimus | 159, 245 |
| SIRTURO | 64, 284 |
| SKY SAFETY PEN NEEDLE | 130, 315 |
| SKYLA..... | 100, 274 |
| SKYRIZI | 159, 160, 245 |
| sodium chloride 0.45 %. | 170, 328 |
| sodium chloride 0.9 %... | 170, 328 |
| sodium fluoride-pot nitrate..... | 102, 229 |
| sodium oxybate | 174, 222 |
| sodium polystyrene sulfonate | 149, 235 |
| sodium,potassium,mag sulfates | 150, 236 |
| solifenacin | 151, 236 |
| SOLQUA 100/33 | 59, 199 |
| SOLTAMOX | 44, 189 |
| SOMATULINE DEPOT . | 155, 240 |
| SOMAVERT | 155, 241 |
| sorafenib | 44, 189 |
| sorine | 86, 212 |
| sotalol | 86, 213 |
| sotalol af..... | 86, 212 |
| SPIRIVA RESPIMAT.... | 172, 228 |
| spironolactone..... | 89, 218 |
| spironolacton-hydrochlorothiaz | 89, 218 |
| SPRAVATO..... | 55, 282 |
| sprintec (28) | 101, 274 |
| SPRITAM | 51, 278 |
| sps (with sorbitol) | 149, 235 |
| sronyx..... | 101, 274 |
| ssd..... | 104, 233 |
| stavudine..... | 77, 288 |
| STELARA..... | 160, 245 |
| STERILE PADS | 130, 315 |
| STIOLTO RESPIMAT ... | 172, 228 |
| STIVARGA | 44, 189 |
| STRENSIQ..... | 144, 331 |
| streptomycin..... | 27, 262 |
| STRIBILD | 77, 288 |
| STRIVERDI RESPIMAT..... | 172, 229 |
| subvenite..... | 51, 278 |
| sucrafate..... | 148, 234 |
| sulfacetamide sodium ... | 146, 253 |

| | | |
|---|--|---|
| <i>sulfacetamide-prednisolone</i> | <i>tazarotene</i> | TIVDAK |
| 146, 253 | 106, 233 | TIVICAY |
| <i>sulfadiazine</i> | <i>tazicef</i> | 77, 288 |
| 32, 267 | 29, 264 | TIVICAY PD |
| <i>sulfamethoxazole-trimethoprim</i> | <i>taztia xt</i> | 77, 288 |
| 32, 267 | 86, 213 | <i>tizanidine</i> |
| <i>sulfasalazine</i> | TAZVERIK | 174, 332 |
| 165, 220 | 45, 190 | TOBI PODHALER |
| <i>sulindac</i> | TDVAX | 27, 262 |
| 24, 258 | 164, 250 | <i>tobramycin</i> |
| <i>sumatriptan</i> | TECHLITE INSULIN SYRINGE | 146, 253 |
| 64, 201 | 132, 317 | <i>tobramycin in 0.225 % nacl</i> |
| <i>sumatriptan succinate</i> | TECHLITE INSULN SYR(HALF | 27, 262 |
| 64, 201 | UNIT)..... | <i>tobramycin sulfate</i> |
| <i>sunitinib malate</i> | 132, 316, 317 | 27, 262 |
| 44, 189 | TECHLITE PEN NEEDLE | <i>tobramycin-dexamethasone</i> |
| SUNLENCA | 133, 317 | 146, 253 |
| 77, 288 | TECHLITE PLUS PEN NEEDLE | <i>tolterodine</i> |
| SURE COMFORT ALCOHOL | 133, 317 | 151, 236 |
| PREP PADS | TECVAYLI..... | TOPCARE CLICKFINE . |
| 131, 315 | 45, 190 | 134, 318 |
| SURE COMFORT INS. SYR. U- | TEFLARO | TOPCARE ULTRA COMFORT |
| 100..... | 29, 264 | 134, 318 |
| 130, 315 | <i>telmisartan</i> | <i>topiramate</i> |
| SURE COMFORT INSULIN | 83, 215 | 52, 279 |
| SYRINGE..... | <i>telmisartan-hydrochlorothiazid</i> | <i>toposar</i> |
| 130, 131, 315 | 83, 215 | 45, 190 |
| SURE COMFORT PEN NEEDLE | <i>temazepam</i> | <i>toremifene</i> |
| 131, 315, 316 | 27, 194 | 45, 190 |
| SURE COMFORT SAFETY PEN | TEMIXYS | <i>torpenz</i> |
| NEEDLE..... | 77, 288 | 45, 190 |
| 130, 315 | TENIVAC (PF) | <i>torseמידe</i> |
| SURE-FINE PEN NEEDLES | 164, 250 | 89, 218 |
| 131, 316 | <i>tenofovir disoproxil fumarate</i> | TOUJEO MAX U-300 |
| SURE-JECT INSULIN SYRINGE | 77, 288 | SOLOSTAR..... |
| 131, 132, 316 | TEPMETKO | 60, 199 |
| SURE-PREP ALCOHOL PREP | 45, 190 | TOUJEO SOLOSTAR U-300 |
| PADS | <i>terazosin</i> | INSULIN |
| 132, 316 | 151, 236 | 60, 199 |
| SUTAB..... | <i>terbinafine hcl</i> | TRADJENTA |
| 150, 236 | 62, 284 | 57, 197 |
| SYMPAZAN | <i>terconazole</i> | <i>tramadol</i> |
| 51, 278 | 63, 261 | 23, 260 |
| SYMTUZA..... | <i>teriparatide</i> | <i>tramadol-acetaminophen</i> 23, 260 |
| 77, 288 | 166, 221 | <i>trandolapril</i> |
| SYNJARDY | TERUMO INSULIN SYRINGE | 84, 219 |
| 57, 197 | 133, 317, 318 | <i>trandolapril-verapamil</i> |
| SYNJARDY XR..... | <i>testosterone</i> | 84, 219 |
| 57, 197 | 151, 152, 237 | <i>tranexamic acid</i> |
| SYNRIBO..... | <i>testosterone cypionate</i> . | 81, 329 |
| 44, 189 | 151, 237 | <i>tranylcypromine</i> |
| SYRINGE WITH NEEDLE, | TETANUS,DIPHThERIA TOX | 55, 282 |
| SAFETY | PED(PF)..... | 168, 252 |
| 130, 314 | 164, 250 | TRAZIMERA |
| | <i>tetrabenazine</i> | 45, 190 |
| | 94, 225 | TRECTOR |
| | <i>tetracycline</i> | 64, 284 |
| | 33, 268 | TRELEGY ELLIPTA |
| | TEVIMBRA | 172, 229 |
| | 45, 190 | TRELSTAR |
| | THALOMID | 45, 190 |
| | 167, 256 | TREMFYA |
| | <i>theophylline</i> | 160, 246 |
| | 172, 229 | TREMFYA PEN..... |
| | THINPRO INSULIN SYRINGE | 160, 246 |
| | 133, 134, 318 | TRESIBA FLEXTOUCH U-100 |
| | <i>thioridazine</i> | 60, 199 |
| | 72, 209 | TRESIBA FLEXTOUCH U-200 |
| | <i>thiothixene</i> | 60, 199 |
| | 72, 209 | TRESIBA U-100 INSULIN60, 199 |
| | <i>tiadylt er</i> | <i>tretinoin</i> |
| | 86, 213 | 106, 233 |
| | <i>tiagabine</i> | <i>tretinoin (antineoplastic)</i> .. |
| | 51, 278 | 46, 190 |
| | TIBSOVO | <i>tri femynor</i> |
| | 45, 190 | 101, 274 |
| | TICE BCG | <i>triamcinolone acetonide</i> |
| | 45, 190 | 102, |
| | TICOVAC | . 105, 106, 153, 229, 231, 239 |
| | 164, 250 | <i>triamterene-hydrochlorothiazid</i> |
| | <i>tigecycline</i> | 89, 218 |
| | 33, 268 | <i>triazolam</i> |
| | <i>tilia fe</i> | 27, 194, 195 |
| | 101, 274 | <i>trientine</i> |
| | <i>timolol maleate</i> | 151, 261 |
| | 86, 168, | <i>tri-estarylla</i> |
| | 213, 252 | 101, 274 |
| | <i>tinidazole</i> | <i>trifluoperazine</i> |
| | 66, 203 | 72, 209 |
| | <i>tiotropium bromide</i> | |
| | 172, 229 | |

T

| | |
|--------------------------------------|--------------------|
| TABLOID | 44, 189 |
| TABRECTA..... | 44, 189 |
| <i>tacrolimus</i> | 105, 160, 231, 246 |
| <i>tadalafil</i> | 175, 257 |
| TAFINLAR | 44, 45, 189 |
| <i>tafluprost (pf)</i> | 168, 252 |
| TAGRISSE | 45, 189 |
| TALVEY | 45, 189 |
| TALZENNA | 45, 189 |
| <i>tamoxifen</i> | 45, 190 |
| <i>tamsulosin</i> | 151, 236 |
| <i>tarina 24 fe</i> | 101, 274 |
| <i>tarina fe 1-20 eq (28)</i> | 101, 274 |
| <i>taron-c dha</i> | 177, 334 |
| <i>taron-prex prenatal-dha</i> | 177, 334 |
| ..... | 177, 334 |
| TASIGNA | 45, 190 |
| TAVNEOS..... | 160, 246 |

trifluridine 146, 254
trihexyphenidyl 67, 204
 TRIJARDY XR 58, 197
tri-legest fe 101, 274
tri-linyah 101, 274
tri-lo-estarylla 101, 274
tri-lo-marzia 101, 274
tri-lo-mili 101, 274
tri-lo-sprintec 101, 274
trimethoprim 28, 262
tri-mili 101, 274
trimipramine 55, 282
 TRINTELLIX 56, 282
tri-nymyo 101, 274
tri-previfem (28) 101, 274
tri-sprintec (28) 101, 274
 TRIUMEQ 77, 288
 TRIUMEQ PD 77, 288
triveen-duo dha 177, 334
trivora (28) 101, 274
tri-vylibra 101, 275
tri-vylibra lo 101, 275
 TRIZIVIR 77, 288
 TROGARZO 77, 288
trospium 151, 237
 TRUE COMFORT ALCOHOL
 PADS 134, 319
 TRUE COMFORT INSULIN
 SYRINGE 134, 319
 TRUE COMFORT PEN NEEDLE
 135, 319
 TRUE COMFORT PRO
 ALCOHOL PADS 135, 319
 TRUE COMFORT PRO INS
 SYRINGE 134, 135,
 318, 319, 320
 TRUE COMFORT SAFE
 INSULIN SYRG 134, 135,
 319, 320
 TRUE COMFORT SAFETY PEN
 NEEDLE 134, 318, 319
 TRUEPLUS INSULIN ... 136, 320
 TRUEPLUS PEN NEEDLE .. 135,
 136, 320
 TRULICITY 58, 197
 TRUMENBA 164, 250
 TRUQAP 46, 190
 TRUSELTIQ 46, 190
 TRUXIMA 46, 191
 TUKYSA 46, 191
 TURALIO 46, 191
turqoz (28) 101, 275
 TWINRIX (PF) 164, 250
 TYBOST 167, 256
 TYMLOS 166, 221

TYPHIM VI 164, 250

U

UBRELVY 64, 201
 ULTICARE ... 136, 137, 321, 322
 ULTICARE INSULIN SYRINGE
 136, 321
 ULTICARE INSULN SYR(HALF
 UNIT)..... 136, 321
 ULTICARE PEN NEEDLE
 137, 321
 ULTICARE SAFETY PEN
 NEEDLE 137, 321
 ULTIGUARD SAFEPAK-
 INSULIN SYR... 137, 138, 322
 ULTIGUARD SAFEPAK-PEN
 NEEDLE 137, 138, 322
 ULTILET ALCOHOL SWAB
 138, 322
 ULTILET INSULIN SYRINGE
 122, 138, 307, 322
 ULTILET PEN NEEDLE
 138, 322
 ULTRA CMFT INS SYR (HALF
 UNIT)..... 120, 130, 305, 315
 ULTRA COMFORT INSULIN
 SYRINGE 116, 120, 121,
 138, 300, 305, 323
 ULTRA FLO INSUL SYR(HALF
 UNIT)..... 139, 323
 ULTRA FLO INSULIN SYRINGE
 139, 323
 ULTRA FLO PEN NEEDLE
 139, 323
 ULTRA THIN PEN NEEDLE
 139, 323
 ULTRACARE INSULIN
 SYRINGE 139, 323, 324
 ULTRACARE PEN NEEDLE
 140, 324
 ULTRA-THIN II (SHORT) INS
 SYR 140, 324, 325
 ULTRA-THIN II (SHORT) PEN
 NDL 140, 325
 ULTRA-THIN II INS PEN
 NEEDLES 140, 325
 ULTRA-THIN II INSULIN
 SYRINGE 140, 324
 UNIFINE PEN NEEDLE 140, 325
 UNIFINE PENTIPS 127, 140,
 141, 311, 325
 UNIFINE PENTIPS MAXFLOW
 141, 325
 UNIFINE PENTIPS PLUS
 141, 325

UNIFINE PENTIPS PLUS
 MAXFLOW 141, 325
 UNIFINE PROTECT 141, 326
 UNIFINE SAFECONTROL ... 141,
 142, 326
 UNIFINE SAFECONTROL PEN
 NEEDLE 141, 142, 326
 UNIFINE ULTRA PEN NEEDLE
 142, 326
 UPTRAVI 175, 257
ursodiol 149, 235
 UZEDY 72, 73, 209, 210

V

valacyclovir 79, 290
 VALCHLOR 103, 232
valganciclovir 79, 290
valproate sodium 52, 279
valproic acid 52, 279
valproic acid (as sodium salt)
 52, 279
valsartan 83, 215
valsartan-hydrochlorothiazide
 83, 215
 VALTOCO 52, 279
vancomycin 28, 263
 VANFLYTA 46, 191
 VANISHPOINT INSULIN
 SYRINGE 142, 326
 VANISHPOINT SYRINGE
 142, 326
 VAQTA (PF) 164, 165, 250
varenicline tartrate ... 26, 193, 194
 VARIVAX (PF) 165, 250
 VAXCHORA VACCINE . 165, 250
 VEGZELMA 46, 191
 VELTASSA 149, 235
 VEMLIDY 77, 288
 VENCLEXTA 46, 191
 VENCLEXTA STARTING PACK
 46, 191
venlafaxine 56, 282
 VEOZAH 167, 256
verapamil 87, 213
 VERIFINE INSULIN SYRINGE
 142, 143, 326, 327
 VERIFINE PEN NEEDLE 142,
 326, 327
 VERIFINE PLUS PEN NEEDLE
 142, 327
 VERIFINE PLUS PEN NEEDLE-
 SHARP 142, 327
 VERQUOVO 87, 214
 VERSACLOZ 73, 210
 VERSALON 143, 327

VERZENIO 46, 191
 V-GO 20..... 143, 327
 V-GO 30..... 143, 327
 V-GO 40..... 143, 327
 vienna 102, 275
 vigabatrin 52, 279
 vigadrone 52, 279
 vigpoder 52, 279
 vilazodone 56, 282
 vinorelbine 46, 191
 viorele (28)..... 102, 275
 VIRACEPT 77, 288
 VIREAD 77, 288, 289
 virt-c dha 177, 334
 virt-nate dha 177, 334
 virt-pn dha 177, 334
 virt-pn plus 177, 334
 vitafof gummies..... 177, 334
 vitafof nano 177, 334
 vitafof-ob+dha 177, 334
 VITRAKVI 46, 191
 VIZIMPRO 46, 191
 VOCABRIA 77, 289
 volnea (28)..... 102, 275
 VONJO 47, 191
 VORANIGO 47, 191
 voriconazole..... 62, 284
 VOSEVI 78, 289
 VOWST..... 167, 256
 vp-ch-pnv 177, 334
 vp-pnv-dha 177, 334
 VRAYLAR 73, 210
 VUMERITY 94, 225
 VYALEV 67, 204
 vylibra 102, 275
 VYLOY 47, 191
 VYZULTA..... 168, 252

W

warfarin 80, 329
 WEBCOL 143, 327
 WELIREG 47, 191
 WINREVAIR..... 173, 226
 wixela inhub 171, 227

X

XALKORI 47, 191, 192
 XARELTO 80, 329, 330
 XARELTO DVT-PE TREAT 30D
 START 80, 329
 XATMEP 47, 192
 XCOPRI 52, 279
 XCOPRI MAINTENANCE PACK
 52, 279
 XCOPRI TITRATION PACK
 52, 279
 XDEMVY 146, 254
 XELJANZ 160, 246
 XELJANZ XR 160, 246
 XERMELO 149, 235
 XGEVA..... 166, 221
 XIFAXAN..... 28, 263
 XIGDUO XR..... 58, 197
 XIIDRA 147, 255
 XOLAIR..... 173, 226
 XOSPATA 47, 192
 XPOVIO 47, 192
 XTANDI..... 47, 192
 xulane 102, 275
 XULTOPHY 100/3.6..... 60, 199
 XYOSTED 152, 237

Y

YERVOY 47, 192
 YF-VAX (PF) 165, 251
 YONSA..... 47, 192
 yuvafem..... 153, 238

Z

zafemy..... 102, 275
 zafirlukast 171, 227
 zaleplon 174, 222
 zatean-pn dha 177, 334
 zatean-pn plus..... 177, 334
 ZEGALOGUE AUTOINJECTOR
 167, 257
 ZEGALOGUE SYRINGE.....
 167, 257
 ZEJULA..... 48, 192
 ZELBORAF 48, 192
 zenatane 103, 232
 ZENPEP 144, 331
 zidovudine 77, 289
 ZIIHERA 48, 192
 zingiber..... 177, 334
 ziprasidone hcl 73, 210
 ziprasidone mesylate 73, 210
 ZIRABEV 48, 192
 ZIRGAN..... 146, 254
 ZOLADEX 48, 193
 ZOLINZA 48, 193
 zolpidem..... 174, 222
 ZONISADE 52, 279
 zonisamide 53, 280
 zovia 1-35 (28) 102, 275
 ZTALMY 53, 280
 ZTLIDO 25, 261
 ZURZUVAE 56, 282
 ZYDELIG 48, 193
 ZYKADIA..... 48, 193
 ZYLET 146, 254
 ZYNLONTA 48, 193
 ZYNYZ 48, 193
 ZYPREXA RELPREVV ... 73, 210

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 02/19/2025. 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.

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