2025

Drug Formulary

Formulario de Medicamentos

HMO – 1 Tier

Imperial Giveback (HMO) 014

IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Giveback (HMO)

2025 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 25225, Version Number 14.

This formulary was updated on 08/01/2025. 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 visit www.imperialhealthplan.com.

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Contents

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

When this Drug List (Formulary) refers to "we," "us", or "our," it means Imperial Health Plan of California, Inc. (HMO) (HMO SNP). When it refers to "plan" or "our plan," it means Imperial Giveback (HMO).

This document includes a Drug List (formulary) for our plan which is current as of 08/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Imperial Giveback (HMO) formulary?

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

Can the Formulary change?

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

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of 08/01/2025. To get updated information about the drugs covered by Imperial Giveback (HMO) please contact us. Our contact information appears on the front and back cover pages. In the event of non-maintenance changes to the formulary throughout the plan year, we may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the errata sheet.

How do I use the Formulary?

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

Medical Condition
The formulary begins on page 21. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR”. If you know what your drug is used for, look for the category name in the list that begins on page 15. 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 303. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 21. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

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

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

For more information

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

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

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

Imperial Giveback (HMO)’s Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Giveback (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 303.

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

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

Imperial Giveback (HMO)

Formulario para 2025
(Lista de medicamentos cubiertos o
“Lista de medicamentos”)

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

HPMS Approved Formulary File Submission ID 25225, Version Number 14.

Este formulario se actualizó el 01/08/2025. 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.

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Contenido

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

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

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 01/08/2025. Para obtener una Lista de los medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de los medicamentos (Formulario), aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2025 y periódicamente durante el año.

¿Qué es el formulario de Imperial Giveback (HMO)?

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

¿El Formulario puede cambiar?

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

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

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

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

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

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

- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se debe retirar por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro Formulario y, luego, notificarles a los miembros que toman el medicamento.

- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del Formulario cuando agreguemos un equivalente genérico o eliminar un producto biológico original cuando agreguemos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Podemos realizar cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario; agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento, debemos notificar a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia el cambio. Alternativamente, cuando un miembro solicita un resurtido

del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

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

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

El Formulario adjunto entra en vigencia el 01/08/2025. Para recibir información actualizada sobre los medicamentos cubiertos por Imperial Giveback (HMO) comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En caso de cambios al formulario durante el año del plan que no sean relacionados al mantenimiento, podemos realizar cambios a través de las hojas de correcciones que le enviemos. Además, puede visitar nuestro sitio web para encontrar un enlace a la hoja de correcciones.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica
El Formulario comienza en la página 162. 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 17. 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 303. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

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

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

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

¿Hay alguna restricción en mi cobertura?

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

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

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 162. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

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

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

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

- Puede pedir a nuestro Departamento de Membresía una lista de medicamentos similares que estén

cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Imperial Giveback (HMO).

- Puede solicitarnos que hagamos una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

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

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

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

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

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar una exceptción al Formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, la persona autorizada a dar recetas tendrá que explicar las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede pedir una decisión acelerada (rápida) si usted considera, y nosotros estamos de acuerdo, que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si aceptamos, o si la persona autorizada a dar recetas pide una decisión rápida, debemos comunicarle nuestra decisión, a más tardar, en un período de 24 horas después de recibir la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas.

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

Formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

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

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

Las excepciones se encuentran disponibles para aquellos beneficiarios que hayan sufrido un cambio de nivel en la

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

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

Para obtener más información

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

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

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

Formulario de Imperial Health Plan of California

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos que cubre Imperial Giveback (HMO). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 303.

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

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

Imperial MAPD 2025 1-Tier (List of Covered Drugs)
List of Drugs by Medical Condition

Imperial MAPD 2025 1 Tier (Lista de Medicamentos Cubiertos)
Lista de medicamentos por condición médica

Legend

1: Covered Medications

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

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

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

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

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

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

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

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

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

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

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

Leyenda

1: Medicamentos cubiertos

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name		Requirements/Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	QL (180 per 30 days)
methadone oral tablet 10 mg		QL (120 per 30 days)
methadone oral tablet 5 mg		QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml		QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg		QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	QL (90 per 30 days)
morphine oral tablet extended release 60 mg	(MS Contin)	QL (60 per 30 days)
oxycodone oral capsule 5 mg		QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg		QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	QL (120 per 30 days)
oxycodone oral tablet 20 mg		QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	QL (240 per 30 days)
tramadol oral tablet 50 mg		QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		

Drug Name		Requirements/Limits
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	QL (1000 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram / actuation(2 %)	(Pennsaid)	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	
etodolac oral capsule 200 mg, 300 mg		
etodolac oral tablet 400 mg	(Lodine)	
etodolac oral tablet 500 mg		
flurbiprofen oral tablet 100 mg		
ibu oral tablet 400 mg	(ibuprofen)	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	
ibuprofen oral tablet 400 mg	(IBU)	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	
indomethacin oral capsule 25 mg, 50 mg		PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		
nabumetone oral tablet 500 mg, 750 mg		
naproxen oral tablet 250 mg, 375 mg		
naproxen oral tablet 500 mg	(Naprosyn)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	
sulindac oral tablet 150 mg, 200 mg		
ANESTHETICS		
Local Anesthetics		
dermacinrx lidocan 5% patch outer	(lidocaine)	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	QL (30 per 30 days)

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Drug Name		Requirements/Limits
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	
lidocaine-prilocaine topical cream 2.5-2.5 %		PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		PA; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate oral tablet,delayed release (dr/ec) 333 mg		
buprenorphine hcl sublingual tablet 2 mg, 8 mg		QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		
disulfiram oral tablet 250 mg, 500 mg		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	QL (4 per 30 days)
naltrexone oral tablet 50 mg		
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	
ANTIANXIETY AGENTS		
Benzodiazepines		

Drug Name		Requirements/Limits
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		QL (180 per 30 days)
diazepam injection solution 5 mg/ml		QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	QL (150 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	QL (120 per 30 days)
triazolam oral tablet 0.125 mg		QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	QL (60 per 30 days)
ANTIBACTERIALS		
Aminoglycosides		
amikacin injection solution 500 mg/2 ml		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml		
neomycin oral tablet 500 mg		

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Drug Name		Requirements/Limits
streptomycin intramuscular recon soln 1 gram		NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		
Antibacterials, Miscellaneous		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	NM; NDS
daptomycin intravenous recon soln 350 mg, 500 mg		NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	
methenamine hippurate oral tablet 1 gram		
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	
metronidazole oral tablet 250 mg, 500 mg		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	QL (60 per 30 days)
trimethoprim oral tablet 100 mg		
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		
vancomycin oral capsule 125 mg	(Vancocin)	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		PA; NM; NDS; QL (90 per 30 days)
Cephalosporins		

Drug Name		Requirements/Limits
cefaclor oral capsule 250 mg, 500 mg		
cefadroxil oral capsule 500 mg		
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		
cefdinir oral capsule 300 mg		
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
cefepime injection recon soln 1 gram, 2 gram		
cefixime oral capsule 400 mg		
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		
cefpodoxime oral tablet 100 mg, 200 mg		
cefprozil oral tablet 250 mg, 500 mg		
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		
cefuroxime axetil oral tablet 250 mg, 500 mg		
cefuroxime sodium injection recon soln 750 mg		
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		
cephalexin oral capsule 250 mg, 500 mg		
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
tazicef injection recon soln 1 gram, 2 gram, 6 gram	(ceftazidime)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		NM; NDS
Macrolides		
azithromycin intravenous recon soln 500 mg	(Zithromax)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		

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

Drug Name		Requirements/Limits
clarithromycin oral tablet 250 mg, 500 mg		
DIFICID ORAL TABLET 200 MG		NM; NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	
erythromycin oral tablet 250 mg, 500 mg		
Miscellaneous B-Lactam Antibiotics		
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		PA; NM; LA; NDS
ertapenem injection recon soln 1 gram		
imipenem-cilastatin intravenous recon soln 250 mg		
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	
meropenem intravenous recon soln 1 gram, 500 mg		
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg		
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		
amoxicillin oral tablet 500 mg, 875 mg		
amoxicillin oral tablet,chewable 125 mg, 250 mg		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		
ampicillin oral capsule 500 mg		

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Drug Name		Requirements/Limits
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		
dicloxacillin oral capsule 250 mg, 500 mg		
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT		
nafcillin injection recon soln 1 gram, 10 gram, 2 gram		
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		
penicillin v potassium oral tablet 250 mg, 500 mg		
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	
ciprofloxacin hcl oral tablet 750 mg		
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		
levofloxacin oral solution 250 mg/10 ml		
levofloxacin oral tablet 250 mg		
levofloxacin oral tablet 500 mg, 750 mg		
moxifloxacin 400 mg/250 ml bag suv, p/f, inner		
moxifloxacin oral tablet 400 mg		

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Drug Name		Requirements/Limits
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	
Sulfonamides		
sulfadiazine oral tablet 500 mg		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	
Tetracyclines		
demeclocycline oral tablet 150 mg, 300 mg		
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	
doxycycline hyclate oral capsule 100 mg		
doxycycline hyclate oral capsule 50 mg	(Morgidox)	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		
doxycycline hyclate oral tablet 50 mg	(Targadox)	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	
doxycycline monohydrate oral capsule 150 mg		QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	
doxycycline monohydrate oral tablet 50 mg		
minocycline oral capsule 100 mg, 50 mg, 75 mg		
tetracycline oral capsule 250 mg, 500 mg		
tigecycline intravenous recon soln 50 mg	(Tygacil)	NM; NDS
ANTICANCER AGENTS		
Anticancer Agents		
abiraterone oral tablet 250 mg	(Abirtega)	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name		Requirements/Limits
abiraterone oral tablet 500 mg	(Zytiga)	PA NSO; NM; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		PA NSO; NM; NDS
anastrozole oral tablet 1 mg	(Arimidex)	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		PA NSO; NM; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG		PA NSO; NM; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		PA NSO; NM; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		PA NSO; NM; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	NM; NDS
BALVERSA ORAL TABLET 3 MG		PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		PA NSO; NM; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	PA NSO; NM; NDS
bexarotene oral capsule 75 mg	(Targretin)	PA NSO; NM; NDS
bexarotene topical gel 1 %	(Targretin)	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	

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Drug Name		Requirements/Limits
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		PA NSO; NM; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		
bortezomib injection recon soln 1 mg, 2.5 mg		PA NSO
bortezomib injection recon soln 3.5 mg	(Velcade)	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML		PA NSO
BOSULIF ORAL CAPSULE 100 MG		PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG		PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG		PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG		PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG		PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)		PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)		PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG		PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		PA BvD; NM; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml		PA BvD; NM; NDS
cyclophosphamide intravenous solution 500 mg/ml	(Frindovyx)	PA BvD; NM; NDS

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Drug Name		Requirements/Limits
cyclophosphamide oral capsule 25 mg, 50 mg		PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg		PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML		PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG		PA NSO; NM; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	(Sprycel)	PA NSO; NM; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg	(Sprycel)	PA NSO; NM; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG		PA NSO; NM; NDS
DAURISMO ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG		PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg		NM; NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Caelyx)	PA BvD; NM; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML		PA NSO; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML		PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML		PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG		NM; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG		PA NSO; NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML		PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG		PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG		PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		PA NSO; NM; NDS; QL (90 per 30 days)

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Drug Name		Requirements/Limits
erlotinib oral tablet 100 mg, 25 mg		PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg		PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		
etoposide intravenous solution 20 mg/ml		
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	NM; NDS
everolimus (antineoplastic) oral tablet 10 mg	(Torpenz)	PA NSO; NM; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	PA NSO; NM; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	PA NSO; NM; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	
FAKZYNJA ORAL TABLET 200 MG		PA NSO; NM; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		PA BvD
floxuridine injection recon soln 0.5 gram		PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		PA BvD
flutamide oral capsule 125 mg	(Eulexin)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		PA NSO; NM; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG		PA NSO; NM; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	(Iressa)	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	(lomustine)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	(lomustine)	NM; NDS
GOMEKLI ORAL CAPSULE 1 MG		PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		PA NSO; NM; NDS; QL (112 per 28 days)

Drug Name	Requirements/Limits
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
hydroxyurea oral capsule 500 mg (Hydrea)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	
imatinib oral tablet 100 mg (Gleevec)	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name		Requirements/Limits
IWILFIN ORAL TABLET 192 MG		PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG		PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML		PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML		PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML		PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML		PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG		PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG		PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG		PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)		PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)		PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)		PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG		PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG		PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG		PA NSO; NM; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	(Tykerb)	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG		PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG		PA NSO; NM; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		PA NSO; NM; NDS

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Drug Name		Requirements/Limits
letrozole oral tablet 2.5 mg	(Femara)	
LEUKERAN ORAL TABLET 2 MG		NM; NDS
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		PA NSO
LONSURF ORAL TABLET 15-6.14 MG		PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG		PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)		PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG		PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG		PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG		PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG		PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML		PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG		PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG		PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG		NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)		PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML		PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG		NM; NDS
megestrol oral tablet 20 mg, 40 mg		PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML		PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG		PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG		PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Requirements/Limits
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml (Purixan)	NM; NDS
mercaptopurine oral tablet 50 mg	
methotrexate sodium (pf) injection recon soln 1 gram	
methotrexate sodium (pf) injection solution 25 mg/ml	
methotrexate sodium injection solution 25 mg/ml	
methotrexate sodium oral tablet 2.5 mg	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	PA NSO; NM; NDS

Drug Name		Requirements/Limits
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML		PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG		PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG		PA NSO; NM; NDS; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	(Abraxane)	PA BvD; NM; NDS
pazopanib oral tablet 200 mg	(Votrient)	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		PA NSO; NM; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg		NM; NDS
pemetrexed disodium intravenous solution 25 mg/ml		NM; NDS
pemetrexed intravenous recon soln 100 mg, 500 mg		NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML		NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)		PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)		PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		PA NSO; NM; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG		PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG		PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG		PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG		PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG		PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG		PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG		PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG		PA NSO; NM; NDS; QL (60 per 30 days)

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Drug Name		Requirements/Limits
REVUFORJ ORAL TABLET 25 MG		PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG		PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML		PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)		PA NSO; NM; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		PA NSO; NM; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG		PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG		PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG		PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML		PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML		PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG		PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG		PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG		PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG		PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		NM; NDS
sorafenib oral tablet 200 mg	(Nexavar)	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG		PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Sutent)	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG		PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	(thioguanine)	
TABRECTA ORAL TABLET 150 MG, 200 MG		PA NSO; NM; NDS; QL (112 per 28 days)

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Drug Name		Requirements/Limits
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG		PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML		PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg		
TASIGNA ORAL CAPSULE 150 MG, 200 MG	(nilotinib hcl)	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	(nilotinib hcl)	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG		PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG		PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG		PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		
TIVDAK INTRAVENOUS RECON SOLN 40 MG		PA NSO; NM; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml	(etoposide)	
toremifene oral tablet 60 mg	(Fareston)	NM; NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	PA NSO; NM; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG		PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG		PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML		PA NSO; NM; NDS

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Drug Name	Requirements/Limits
TUKYSA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	PA NSO; NM; NDS; QL (180 per 30 days)

Drug Name	Requirements/Limits
XALKORI ORAL PELLET 20 MG	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (84 per 28 days)

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Drug Name		Requirements/Limits
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML		PA NSO; NM; NDS; QL (20 per 28 days)
ANTICONVULSANTS		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	
carbamazepine oral tablet 200 mg	(Epitol)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	
carbamazepine oral tablet,chewable 100 mg, 200 mg		
clobazam oral suspension 2.5 mg/ml	(Onfi)	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		ST; NM; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		ST; NM; NDS; QL (60 per 30 days)

Drug Name		Requirements/Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA NSO; NM; NDS
epitol oral tablet 200 mg	(carbamazepine)	
EPRONTIA ORAL SOLUTION 25 MG/ML		ST
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	ST; NM; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	ST; NM; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	
felbamate oral suspension 600 mg/5 ml		
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		PA NSO; NM; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	(perampanel)	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	ST; NM; NDS; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	
levetiracetam oral solution 100 mg/ml	(Keppra)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	

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Drug Name		Requirements/Limits
levetiracetam oral tablet for suspension 250 mg	(Spritam)	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	ST; NM; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	ST; NM; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	
phenytoin sodium intravenous solution 50 mg/ml		
phenytoin sodium intravenous syringe 50 mg/ml		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	QL (900 per 30 days)
primidone oral tablet 125 mg		
primidone oral tablet 250 mg, 50 mg	(Mysoline)	
rufinamide oral suspension 40 mg/ml	(Banzel)	ST; NM; NDS
rufinamide oral tablet 200 mg	(Banzel)	ST
rufinamide oral tablet 400 mg	(Banzel)	ST; NM; NDS

Drug Name		Requirements/Limits
SEZABY INTRAVENOUS RECON SOLN 100 MG		PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG		ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	(levetiracetam)	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		PA NSO; NM; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	
topiramate oral capsule, sprinkle 50 mg		
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		
valproic acid (as sodium salt) oral solution 250 mg/5 ml		
valproic acid oral capsule 250 mg		
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		NM; NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		QL (60 per 30 days)

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

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

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Drug Name		Requirements/Limits
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	
mirtazapine oral tablet 45 mg, 7.5 mg		
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	
nortriptyline oral solution 10 mg/5 ml		
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		
phenelzine oral tablet 15 mg	(Nardil)	
protriptyline oral tablet 10 mg, 5 mg		
RALDESY ORAL SOLUTION 10 MG/ML		PA NSO; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		
trimipramine oral capsule 100 mg, 25 mg, 50 mg		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		PA NSO; NM; NDS; QL (14 per 14 days)

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Drug Name		Requirements/Limits
ANTIDIABETIC AGENTS		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG		QL (30 per 30 days)
metformin oral solution 500 mg/5 ml	(Riomet)	QL (765 per 30 days)
metformin oral tablet 1,000 mg		QL (75 per 30 days)
metformin oral tablet 500 mg		QL (150 per 30 days)
metformin oral tablet 750 mg		QL (60 per 30 days)
metformin oral tablet 850 mg		QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg		QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg		QL (60 per 30 days)
mifepristone oral tablet 300 mg	(Korlym)	PA; NM; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		QL (90 per 30 days)

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Drug Name		Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		QL (120 per 30 days)
repaglinide oral tablet 2 mg		QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapagliflozin propanediol-metformin)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG		QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG		QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapagliflozin propanediol-metformin)	QL (60 per 30 days)
Insulins		

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

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Drug Name		Requirements/Limits
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	max $35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	max $35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	max $35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max $35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max $35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max $35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max $35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg		QL (30 per 30 days)
glimepiride oral tablet 4 mg		QL (60 per 30 days)
glipizide oral tablet 10 mg		QL (120 per 30 days)
glipizide oral tablet 2.5 mg		QL (60 per 30 days)
glipizide oral tablet 5 mg		QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		PA-HRM; AGE (Max 64 Years)

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Drug Name		Requirements/Limits
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		PA-HRM; AGE (Max 64 Years)
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		PA BvD
amphotericin b injection recon soln 50 mg		PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	PA BvD; NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	
clotrimazole-betamethasone topical cream 1-0.05 %		QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		PA; NM; NDS
econazole nitrate topical cream 1 %		QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		
fluconazole oral suspension for reconstitution 10 mg/ml		
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	
fluconazole oral tablet 100 mg	(Diflucan)	
fluconazole oral tablet 150 mg, 200 mg, 50 mg		
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		
griseofulvin microsize oral tablet 500 mg		
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		
itraconazole oral capsule 100 mg	(Sporanox)	
ketoconazole oral tablet 200 mg		

Drug Name		Requirements/Limits
ketoconazole topical cream 2 %		QL (180 per 30 days)
ketoconazole topical shampoo 2 %		QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	
miconazole-3 vaginal suppository 200 mg		
nyamyc topical powder 100,000 unit/gram	(nystatin)	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		
nystatin oral tablet 500,000 unit		
nystatin topical cream 100,000 unit/gram		QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		
nystop topical powder 100,000 unit/gram	(nystatin)	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		
voriconazole intravenous recon soln 200 mg	(Vfend IV)	PA BvD; NM; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	PA; NM; NDS
voriconazole oral tablet 200 mg		
voriconazole oral tablet 50 mg	(Vfend)	
ANTIGOUT AGENTS		
Antigout Agents, Other		
allopurinol oral tablet 100 mg	(Zyloprim)	
allopurinol oral tablet 300 mg		
colchicine oral capsule 0.6 mg	(Mitigare)	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		
probenecid-colchicine oral tablet 500-0.5 mg		
ANTIHISTAMINES		
Antihistamines		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
Anti-Infectives (Skin and Mucous Membrane)		
clindamycin phosphate vaginal cream 2 %	(Cleocin)	

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Drug Name		Requirements/Limits
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	
terconazole vaginal cream 0.4 %, 0.8 %		
terconazole vaginal suppository 80 mg		
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		PA; QL (1.5 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/ actuation, 5 mg/actuation		QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	QL (4 per 28 days)

Drug Name		Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS		
Antimycobacterials		
dapsone oral tablet 100 mg, 25 mg		
ethambutol oral tablet 100 mg, 400 mg		
isoniazid oral tablet 100 mg, 300 mg		
PRIFTIN ORAL TABLET 150 MG		
pyrazinamide oral tablet 500 mg		
rifabutin oral capsule 150 mg		
rifampin intravenous recon soln 600 mg	(Rifadin)	
rifampin oral capsule 150 mg, 300 mg		
SIRTURO ORAL TABLET 100 MG, 20 MG		PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		
ANTINAUSEA AGENTS		
Antinausea Agents		
aprepitant oral capsule 125 mg		PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		
meclizine oral tablet 25 mg	(Dramamine (meclizine))	
ondansetron hcl oral tablet 4 mg, 8 mg		PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	
prochlorperazine rectal suppository 25 mg	(Compro)	
promethazine injection solution 25 mg/ml	(Phenergan)	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	PA-HRM; AGE (Max 64 Years)

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Drug Name		Requirements/Limits
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
ANTIPARASITE AGENTS		
Antiparasite Agents		
albendazole oral tablet 200 mg		NM; NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	
chloroquine phosphate oral tablet 250 mg, 500 mg		
COARTEM ORAL TABLET 20-120 MG		
hydroxychloroquine oral tablet 100 mg		QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	
ivermectin oral tablet 6 mg		
mefloquine oral tablet 250 mg		
nitazoxanide oral tablet 500 mg	(Alinia)	NM; NDS; QL (60 per 30 days)
paromomycin oral capsule 250 mg	(Humatin)	
pentamidine inhalation recon soln 300 mg	(Nebupent)	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	
praziquantel oral tablet 600 mg	(Biltricide)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		
pyrimethamine oral tablet 25 mg	(Daraprim)	PA; NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	PA
tinidazole oral tablet 250 mg, 500 mg		
ANTIPARKINSONIAN AGENTS		
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg		
amantadine hcl oral solution 50 mg/5 ml		
amantadine hcl oral tablet 100 mg		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		
bromocriptine oral tablet 2.5 mg		
cabergoline oral tablet 0.5 mg		
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	

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Drug Name	Requirements/Limits
carbidopa-levodopa oral tablet 25-250 mg	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	
entacapone oral tablet 200 mg	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	PA; NM; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	PA; NM; NDS; QL (30 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	
selegiline hcl oral capsule 5 mg	
selegiline hcl oral tablet 5 mg	
trihexyphenidyl oral tablet 2 mg, 5 mg	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	PA; NM; NDS; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS	
Antipsychotic Agents	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	NM; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	NM; NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	
aripiprazole oral tablet,disintegrating 10 mg	ST; QL (90 per 30 days)

Drug Name		Requirements/Limits
aripiprazole oral tablet,disintegrating 15 mg		ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML		NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML		NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML		NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		NM; NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	(Saphris)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Clozaril)	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg		ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg		ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg		ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG		ST; NM; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML		NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML		NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML		NM; NDS; QL (1.5 per 21 days)

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Drug Name	Requirements/Limits
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	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	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	ST
fluphenazine decanoate injection solution 25 mg/ml	
fluphenazine hcl injection solution 2.5 mg/ml	
fluphenazine hcl oral concentrate 5 mg/ml	
fluphenazine hcl oral elixir 2.5 mg/5 ml	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	
haloperidol lactate injection solution 5 mg/ml	
haloperidol lactate intramuscular syringe 5 mg/ml	
haloperidol lactate oral concentrate 2 mg/ml	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	QL (0.25 per 21 days)

Drug Name		Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML		NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML		NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML		NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML		NM; NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	QL (30 per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		PA NSO; NM; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg		QL (240 per 30 days)
molindone oral tablet 25 mg		QL (270 per 30 days)
molindone oral tablet 5 mg		NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG		PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG		PA NSO; NM; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg		QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg		
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	(Zyprexa)	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg		
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		ST; NM; NDS
paliperidone oral tablet extended release 24hr 1.5 mg		QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		

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Drug Name		Requirements/Limits
prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	
quetiapine oral tablet 150 mg		QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		NM; NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	
risperidone oral tablet 0.25 mg		
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	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		ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML		NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML		NM; NDS; QL (0.35 per 28 days)

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Drug Name		Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML		NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML		NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML		NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML		NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML		NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ ML		ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)		ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		NM; NDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
Antiretrovirals		
abacavir oral solution 20 mg/ml	(Ziagen)	
abacavir oral tablet 300 mg		
abacavir-lamivudine oral tablet 600-300 mg		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	NM; NDS; QL (24 per 365 days)

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Drug Name		Requirements/Limits
APTIVUS ORAL CAPSULE 250 MG		NM; NDS
atazanavir oral capsule 150 mg		
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML-900 MG/3 ML		NM; NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		NM; NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	(emtricita-rilpivirine-tenofdf)	NM; NDS
darunavir oral tablet 600 mg, 800 mg	(Prezista)	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		
DOVATO ORAL TABLET 50-300 MG		NM; NDS
EDURANT ORAL TABLET 25 MG		NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		NM; NDS
efavirenz oral capsule 200 mg, 50 mg		
efavirenz oral tablet 600 mg		
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	NM; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	NM; NDS
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	

Drug Name		Requirements/Limits
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		
etravirine oral tablet 100 mg, 200 mg	(Intelence)	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG		NM; NDS
fosamprenavir oral tablet 700 mg		NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		NM; NDS
INTELENCE ORAL TABLET 25 MG		
ISENTRESS HD ORAL TABLET 600 MG		NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		NM; NDS
ISENTRESS ORAL TABLET 400 MG		NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG		
JULUCA ORAL TABLET 50-25 MG		NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	
lamivudine oral tablet 100 mg		
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	
lamivudine-zidovudine oral tablet 150-300 mg		
LEXIVA ORAL SUSPENSION 50 MG/ML		
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	NM; NDS
nevirapine oral suspension 50 mg/5 ml		QL (1200 per 30 days)
nevirapine oral tablet 200 mg		QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		QL (30 per 30 days)

Drug Name	Requirements/Limits
NORVIR ORAL POWDER IN PACKET 100 MG	
NORVIR ORAL SOLUTION 80 MG/ML	
ODEFSEY ORAL TABLET 200-25-25 MG	NM; NDS
PIFELTRO ORAL TABLET 100 MG	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	
REYATAZ ORAL POWDER IN PACKET 50 MG	NM; NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	NM; NDS
ritonavir oral tablet 100 mg (Norvir)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; NDS
SELZENTRY ORAL TABLET 25 MG	
SELZENTRY ORAL TABLET 75 MG	NM; NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	PA BvD; NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	NM; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	
TIVICAY ORAL TABLET 10 MG	
TIVICAY ORAL TABLET 25 MG, 50 MG	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	NM; NDS

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Drug Name		Requirements/Limits
TRIUMEQ ORAL TABLET 600-50-300 MG		NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		
TRIZIVIR ORAL TABLET 300-150-300 MG		NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)		NM; NDS
VEMLIDY ORAL TABLET 25 MG		ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		NM; NDS
VOCABRIA ORAL TABLET 30 MG		
zidovudine oral capsule 100 mg	(Retrovir)	
zidovudine oral syrup 10 mg/ml	(Retrovir)	
zidovudine oral tablet 300 mg		
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG		PA; NM; NDS
oseltamivir oral capsule 30 mg	(Tamiflu)	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)		QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)		QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ ACTUATION		QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG		PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG		PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG		PA; NM; NDS; QL (28 per 28 days)

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Drug Name		Requirements/Limits
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		PA; NM; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		PA; NM; NDS
Nucleosides and Nucleotides		
acyclovir oral capsule 200 mg		
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	
acyclovir oral tablet 400 mg, 800 mg		
acyclovir sodium intravenous solution 50 mg/ml		PA BvD
adefovir oral tablet 10 mg	(Hepsera)	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		
ribavirin oral tablet 200 mg		
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	NM; NDS
valganciclovir oral tablet 450 mg	(Valcyte)	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		
ELIQUIS ORAL TABLET 2.5 MG		QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	QL (60 per 30 days)

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Drug Name		Requirements/Limits
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	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		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML		QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		PA; NM; NDS

Drug Name		Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	(eltrombopag olamine)	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	(eltrombopag olamine)	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	(eltrombopag olamine)	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	(eltrombopag olamine)	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	(eltrombopag olamine)	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML		PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg	(Agrylin)	
anagrelide oral capsule 1 mg		
tranexamic acid oral tablet 650 mg		
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	
cilostazol oral tablet 100 mg, 50 mg		
clopidogrel oral tablet 75 mg	(Plavix)	
dipyridamole oral tablet 50 mg, 75 mg		PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg		
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	QL (30 per 30 days)
CALORIC AGENTS		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %		PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %		PA BvD

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Drug Name		Requirements/Limits
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %		PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %		PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution		
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %		PA BvD
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		
prazosin oral capsule 1 mg, 2 mg, 5 mg		
Angiotensin Ii Receptor Antagonists		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	
irbesartan oral tablet 75 mg		

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Drug Name		Requirements/Limits
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	
olmesartan-amlodipin-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	(Tribenzor)	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	
telmisartan oral tablet 20 mg		
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	
Angiotensin-Converting Enzyme Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	
benazepril oral tablet 5 mg		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		
fosinopril oral tablet 10 mg, 20 mg, 40 mg		
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	

Drug Name		Requirements/Limits
moexipril oral tablet 15 mg, 7.5 mg		
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	
amiodarone oral tablet 400 mg		
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	
flecainide oral tablet 100 mg, 150 mg, 50 mg		
MULTAQ ORAL TABLET 400 MG		
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		
propafenone oral tablet 150 mg, 225 mg, 300 mg		
quinidine sulfate oral tablet 200 mg, 300 mg		
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg		
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	
labetalol oral tablet 100 mg, 200 mg, 300 mg		

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Drug Name		Requirements/Limits
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	
metoprolol tartrate oral tablet 25 mg		
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	
sotalol oral tablet 240 mg	(Betapace)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		
Calcium-Channel Blocking Agents		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	
diltiazem 24hr er 360 mg cap once-a-day dosage	(Tiadylt ER)	
diltiazem 24hr er 420 mg cap	(Tiadylt ER)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	
diltiazem hcl oral tablet 90 mg		
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		

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Drug Name		Requirements/Limits
verapamil oral tablet 120 mg, 40 mg, 80 mg		
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		
Cardiovascular Agents, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		PA; NM; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML		QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg		QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA; QL (30 per 30 days)
Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	
amlodipine-valsartan-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	(Exforge HCT)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		

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Drug Name		Requirements/Limits
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		
Diuretics		
amiloride oral tablet 5 mg		
amiloride-hydrochlorothiazide oral tablet 5-50 mg		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		
chlorthalidone oral tablet 25 mg, 50 mg		
furosemide injection solution 10 mg/ml		
furosemide injection syringe 10 mg/ml		
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	
hydrochlorothiazide oral capsule 12.5 mg		
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		
indapamide oral tablet 1.25 mg, 2.5 mg		
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	PA; NM; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	PA; NM; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		
Dyslipidemics		
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	

Drug Name		Requirements/Limits
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	
cholestyramine light oral powder in packet 4 gram		
colesevelam oral powder in packet 3.75 gram	(WelChol)	
colesevelam oral tablet 625 mg	(WelChol)	
colestipol oral packet 5 gram		
colestipol oral tablet 1 gram	(Colestid)	
ezetimibe oral tablet 10 mg	(Zetia)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		
fluvastatin oral capsule 20 mg, 40 mg		QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	
gemfibrozil oral tablet 600 mg	(Lopid)	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		
NEXLETOL ORAL TABLET 180 MG		ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		ST; QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		
niacor oral tablet 500 mg	(niacin)	

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Drug Name		Requirements/Limits
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 80 mg		
pravastatin oral tablet 20 mg, 40 mg		QL (30 per 30 days)
prevalite oral powder in packet 4 gram		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG		PA; QL (30 per 30 days)
Vasodilators		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		
isosorbide dinitrate oral tablet 40 mg	(Isordil)	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	
isosorbide mononitrate oral tablet 10 mg, 20 mg		
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	
minoxidil oral tablet 10 mg, 2.5 mg		
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	
CENTRAL NERVOUS SYSTEM AGENTS		
Central Nervous System Agents		

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Drug Name		Requirements/Limits
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg		QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg		QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG		PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG		PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG		PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG		PA; NM; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)		PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		PA; NM; NDS; QL (15 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	PA; NM; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	PA; NM; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	PA; NM; NDS; QL (60 per 30 days)

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Drug Name		Requirements/Limits
fingolimod oral capsule 0.5 mg	(Gilenya)	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	PA; NM; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	PA; NM; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	PA; NM; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		PA; NM; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		
lithium carbonate oral tablet 300 mg		
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	
lithium carbonate oral tablet extended release 450 mg		
lithium citrate oral solution 8 meq/5 ml		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG		PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG		PA; NM; NDS; QL (30 per 30 days)

Drug Name		Requirements/Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		PA; NM; NDS
methylphenidate hcl oral solution 10 mg/5 ml	(Methylin)	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML		PA; NM; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML		PA; NM; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML		PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		PA; NM; NDS
riluzole oral tablet 50 mg	(Rilutek)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		PA; NM; NDS; QL (120 per 30 days)
CONTRACEPTIVES		
Contraceptives		
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg		
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	

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Drug Name		Requirements/Limits
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg		

Drug Name		Requirements/Limits
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	

Drug Name		Requirements/Limits
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	

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

Drug Name		Requirements/Limits
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
NEXPLANON SUBDERMAL IMPLANT 68 MG		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	

Drug Name		Requirements/Limits
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg		
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	

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Drug Name		Requirements/Limits
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	

Drug Name		Requirements/Limits
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin. estradiol)	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin. estradiol)	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
DENTAL AND ORAL AGENTS		
Dental and Oral Agents		
cevimeline oral capsule 30 mg	(Evoxac)	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	
dentagel dental gel 1.1 %	(fluoride (sodium))	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	
DERMATOLOGICAL AGENTS		
Dermatological Agents, Other		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		
acyclovir topical ointment 5 %	(Zovirax)	QL (30 per 30 days)
ammonium lactate topical cream 12 %		
ammonium lactate topical lotion 12 %	(AmLactin)	
calcipotriene scalp solution 0.005 %		QL (120 per 30 days)
calcipotriene topical cream 0.005 %		QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	
fluorouracil topical solution 2 %, 5 %		
imiquimod topical cream in packet 5 %		QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		QL (5 per 5 days)

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Drug Name		Requirements/Limits
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		NM; NDS
PANRETIN TOPICAL GEL 0.1 %		NM; NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %		
SANTYL TOPICAL OINTMENT 250 UNIT/ GRAM		QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %		QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	
clindamycin-benzoyl peroxide topical gel 1-5 %		
erythromycin with ethanol topical solution 2 %		
gentamicin topical cream 0.1 %		QL (90 per 30 days)
gentamicin topical ointment 0.1 %		QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	
metronidazole topical gel 0.75 %	(Rosadan)	
metronidazole topical gel 1 %	(Metrogel)	
mupirocin topical ointment 2 %	(Centany)	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	(clindamycin-benzoyl peroxide)	
rosadan topical cream 0.75 %	(metronidazole)	
selenium sulfide topical lotion 2.5 %		
silver sulfadiazine topical cream 1 %	(SSD)	
ssd topical cream 1 %	(silver sulfadiazine)	
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %	(hydrocortisone)	
betamethasone dipropionate topical cream 0.05 %		
betamethasone dipropionate topical lotion 0.05 %		
betamethasone dipropionate topical ointment 0.05 %		
betamethasone valerate topical cream 0.1 %		
betamethasone valerate topical lotion 0.1 %		
betamethasone valerate topical ointment 0.1 %		

Drug Name		Requirements/Limits
betamethasone, augmented topical cream 0.05 %		
betamethasone, augmented topical gel 0.05 %		
betamethasone, augmented topical lotion 0.05 %		
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	
clobetasol scalp solution 0.05 %		
clobetasol topical cream 0.05 %		
clobetasol topical gel 0.05 %		
clobetasol topical lotion 0.05 %	(Clobex)	
clobetasol topical ointment 0.05 %		
clobetasol topical shampoo 0.05 %	(Clobex)	
clobetasol-emollient topical cream 0.05 %		
clobetasol-emollient topical foam 0.05 %	(Olux-E)	
EUCRISA TOPICAL OINTMENT 2 %		
fluocinolone topical cream 0.01 %		
fluocinolone topical cream 0.025 %	(Synalar)	
fluocinolone topical ointment 0.025 %	(Synalar)	
fluocinonide topical cream 0.05 %		
fluocinonide topical cream 0.1 %	(Vanos)	
fluocinonide topical gel 0.05 %		
fluocinonide topical ointment 0.05 %		
fluocinonide topical solution 0.05 %		
fluticasone propionate topical cream 0.05 %		
halobetasol propionate topical cream 0.05 %		
halobetasol propionate topical ointment 0.05 %		
hydrocortisone 2.5% cream		
hydrocortisone topical cream 1 %	(Ala-Cort)	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	
hydrocortisone topical lotion 2.5 %		
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	
hydrocortisone topical ointment 2.5 %		
hydrocortisone valerate topical cream 0.2 %		
mometasone topical cream 0.1 %		
mometasone topical ointment 0.1 %		
mometasone topical solution 0.1 %		

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Drug Name		Requirements/Limits
pimecrolimus topical cream 1 %	(Elidel)	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
tacrolimus topical ointment 0.03 %, 0.1 %		QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %		
triamcinolone acetonide topical cream 0.5 %	(Triderm)	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	
Dermatological Retinoids		
adapalene topical cream 0.1 %	(Differin)	
ALTRENO TOPICAL LOTION 0.05 %		PA
tazarotene topical cream 0.1 %	(Tazorac)	
tretinoin topical cream 0.025 %	(Avita)	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	PA
Scabicides and Pediculicides		
malathion topical lotion 0.5 %	(Ovide)	
permethrin topical cream 5 %	(Elimite)	QL (60 per 30 days)
DEVICES		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST

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

Drug Name		Requirements/Limits
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic, safety)	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16” 30 GAUGE X 3/16”		PA; ST
ASSURE ID DUO-SHIELD 30GX5/16” 30 GAUGE X 5/16”		PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2”		PA; ST
ASSURE ID PEN NEEDLE 30GX3/16” 30 GAUGE X 3/16”		PA; ST
ASSURE ID PEN NEEDLE 30GX5/16” 30 GAUGE X 5/16”		PA; ST
ASSURE ID PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic, safety)	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16”		PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2” (RX) 0.5 ML 29 GAUGE X 1/2”		PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64” 0.5 ML 31 GAUGE X 15/64”		PA; ST
ASSURE ID SYR 1 ML 31GX15/64” 1 ML 31 GAUGE X 15/64”		PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16”		PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16”		PA; ST
BD ECLIPSE 30GX1/2” SYRINGE 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
BD ECLIPSE NEEDLE 30GX1/2” (OTC) 30 X 1/2 “		PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16”		PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 25GX1” 1 ML 25 X 1”		PA; ST

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Drug Name		Requirements/Limits
BD INSULIN SYR 1 ML 25GX5/8” 1 ML 25 GAUGE X 5/8”	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 26GX1/2” 1 ML 26 X 1/2”		PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 27GX5/8” MICRO-FINE 1 ML 27 GAUGE X 5/8”	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2”		PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16”		PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16”		PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2”		PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64”		PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8”	(insulin syringe-needle u-100)	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64”		PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2”		PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64”		PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST

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

Drug Name		Requirements/Limits
CARETOUCH SYR 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16” 1 ML 28 X 5/16”		PA; ST
CARETOUCH SYR 1 ML 29GX5/16” 1 ML 29 GAUGE X 5/16		PA; ST
CARETOUCH SYR 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32” 32GX4MM, STERILE 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
COMFORT EZ 0.3 ML 31G 15/64” 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ 0.5 ML 31G 15/64” 1/2 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2” 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 1 ML 31G 15/64” 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16”, 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST

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

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Drug Name		Requirements/Limits
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
CURAD GAUZE PADS 2” X 2” 2 X 2 “	(gauze bandage)	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/ BAG 2 X 2 “		PA; ST
CURITY GUAZE PADS 1’S(12 PLY) 2 X 2 “	(gauze bandage)	PA; ST
DERMACEA 2”X2” GAUZE 12 PLY, USP TYPE VII 2 X 2 “	(gauze bandage)	PA; ST
DERMACEA GAUZE 2”X2” SPONGE 8 PLY 2 X 2 “		PA; ST
DERMACEA NON-WOVEN 2”X2” SPNGE 2 X 2 “		PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2”		PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2”		PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2”		PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2”		PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16”		PA; ST

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Drug Name		Requirements/Limits
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4”	(insulin syr/ndl u100 half mark)	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16”		PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64”		PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16”		PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64”		PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16”		PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64”		PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64”		PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4”	(insulin syringe-needle u-100)	PA; ST

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Drug Name		Requirements/Limits
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
DROPLET MICRON 34G X 9/64” 34 GAUGE X 9/64”		PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8”		PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64”		PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16”		PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64”		PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16”		PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64”		PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16”		PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2”		PA; ST

Drug Name		Requirements/Limits
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		PA; ST
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"		PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		PA; ST

Drug Name		Requirements/Limits
EASY COMFORT PEN NDL 31GX1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 “	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		PA; ST
EASY COMFORT SYR 1 ML 30GX1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2” 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2” 1/2 ML 27 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2” 0.5 ML 29 GAUGE X 1/2”		PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16”		PA; ST
EASY TOUCH 1 ML SYR 27GX1/2” 1 ML 27 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2” 1 ML 29 GAUGE X 1/2”		PA; ST

Drug Name		Requirements/Limits
EASY TOUCH 1 ML SYR 30GX1/2” 1 ML 30 GAUGE X 1/2”		PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2”		PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2”		PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2”		PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16”, 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16”, 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2” 1 ML 29 GAUGE X 1/2”		PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2” 1 ML 30 GAUGE X 1/2”		PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16”		PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16”		PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16”		PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16”		PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST

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

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Drug Name		Requirements/Limits
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE		PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 “	(gauze bandage)	PA; ST
GNP CLICKFINE 31G X 1/4” NDL 6MM, UNIVERSAL 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
GNP CLICKFINE 31G X 5/16” NDL 8MM, UNIVERSAL 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
GNP ULT C 0.3 ML 29GX1/2” (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2”		PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2” 1/2 ML 29	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16”	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	PA; ST
GS PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16”	(1st Tier Unifine Pentips)	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16”	(1st Tier Unifine Pentips)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST

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Drug Name		Requirements/Limits
HEALTHWISE INS 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2”		PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		
INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16”	(Ultra Comfort Insulin Syringe)	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4”	(Droplet Insulin Syr(half unit))	PA; ST

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Drug Name		Requirements/Limits
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2” (RX) 0.5 ML 30 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2” INNER 1/2 ML 27 GAUGE X 1/2”	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4”	(Sure Comfort Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4”	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		PA; ST
INSULIN SYRINGE 1 ML 27G 1/2” INNER 1 ML 27 GAUGE X 1/2”	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8”	(BD SafetyGlide Syringe)	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2” SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2”	(BD Eclipse Luer-Lok)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4” 1 ML 31 GAUGE X 1/4”	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64”		PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST

Drug Name		Requirements/Limits
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 “		PA; ST
LITE TOUCH 31GX1/4” PEN NEEDLE 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16”	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16”, 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2” 0.3 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2” 1/2 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2” 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST

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

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

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Drug Name		Requirements/Limits
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	(Ultra Comfort Insulin Syringe)	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
NOVOFINE 30 NEEDLE		PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"		PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)		QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST

Drug Name		Requirements/Limits
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16”	(Embrace Pen Needle)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16”	(CareFine Pen Needle)	PA; ST
PEN NEEDLE 30G X 5/16” 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
PEN NEEDLE 31G X 1/4” HRI 31 GAUGE X 1/4”	(1st Tier Unifine Pentips)	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2”	(1st Tier Unifine Pentips Plus)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 29G 1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31G 1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX3/16” MINI, 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16” SHORT, 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32” 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
PREFPLS INS SYR 1 ML 30GX5/16” (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	PA; ST
PREVENT PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”		PA; ST

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

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

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

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

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Drug Name		Requirements/Limits
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TECHLITE PEN NEEDLE 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
TECHLITE PEN NEEDLE 29GX3/8” 29 GAUGE X 3/8”		PA; ST
TECHLITE PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
TECHLITE PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
TECHLITE PEN NEEDLE 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
TECHLITE PEN NEEDLE 32GX1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
TECHLITE PEN NEEDLE 32GX5/16” 32 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
TECHLITE PEN NEEDLE 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2”, 1 ML 28 GAUGE X 1/2”, 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8”	(Thinpro Insulin Syringe)	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8”	(insulin syringe-needle u-100)	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8”	(insulin syringe-needle u-100)	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2”, 1/2 ML 27 GAUGE X 1/2”, 1/2 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2”, 0.3 ML 30 X 3/8”	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8”		PA; ST

Drug Name		Requirements/Limits
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2”, 1/2 ML 28 GAUGE X 1/2”, 1/2 ML 30 X 3/8”	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8”		PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2”, 1 ML 29 GAUGE X 1/2”, 1 ML 30 GAUGE X 3/8”	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8”		PA; ST
TOPCARE CLICKFINE 31G X 1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
TOPCARE CLICKFINE 31G X 5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2”, 0.3 ML 30 GAUGE X 5/16”, 0.3 ML 31 GAUGE X 5/16”, 0.5 ML 29 GAUGE X 1/2”, 0.5 ML 30 GAUGE X 5/16”, 0.5 ML 31 GAUGE X 5/16”, 1 ML 29 GAUGE X 1/2”, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16” 1/2 ML 32 GAUGE X 5/16”		PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic, safety)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4”		PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32”		PA; ST
TRUE COMFORT 0.5 ML 30G 1/2” 0.5 ML 30 GAUGE X 1/2”		PA; ST
TRUE COMFORT 0.5 ML 30G 5/16” 0.5 ML 30 GAUGE X 5/16”		PA; ST
TRUE COMFORT 0.5 ML 31G 5/16” 0.5 ML 31 GAUGE X 5/16”		PA; ST
TRUE COMFORT 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST

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Drug Name		Requirements/Limits
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16” 1 ML 32 GAUGE X 5/16”		PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2” 1 ML 30 GAUGE X 1/2”		PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16” 1 ML 30 GAUGE X 5/16”		PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16” 1 ML 31 GAUGE X 5/16”		PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16” 1 ML 32 GAUGE X 5/16”		PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST

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

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

Drug Name		Requirements/Limits
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2”		PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16”		PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4”		PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16”		PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32”		PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4”		PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16”		PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16”		PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2”, 0.3 ML 30 GAUGE X 5/16”, 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2”, 0.5 ML 30 GAUGE X 5/16”, 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2”, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTILET PEN NEEDLE 29 GAUGE		PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2” CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2” 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST

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

Drug Name		Requirements/Limits
ULTRACARE PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16” 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32” 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64”		PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16”		PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST

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

Drug Name		Requirements/Limits
UNIFINE PENTIPS PLUS 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32” 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16”		PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16”		PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32”		PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16”		PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16”		PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic, safety)	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4”		PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16”		PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32”		PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
VANISHPOINT 0.5 ML 30GX1/2” SY OUTER 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
VANISHPOINT INS 1 ML 30GX3/16” 1 ML 30 GAUGE X 3/16”		PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2” 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST

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Drug Name		Requirements/Limits
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32”		PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2” 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRING 1 ML 31G 5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
VERSALON ALL PURPOSE SPONGE 25’S,N-STERILE,3PLY 2 X 2 “		PA; ST
V-GO 20 DEVICE		QL (30 per 30 days)
V-GO 30 DEVICE		QL (30 per 30 days)
V-GO 40 DEVICE		QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20’S,LARGE	(alcohol swabs)	PA; ST
ENZYME COFACTORS/CHAPERONES		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		PA; NM; NDS; QL (90 per 30 days)
ENZYME REPLACEMENT/MODIFIERS		
Enzyme Replacement/Modifiers		

Drug Name		Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT		
javygtor oral tablet,soluble 100 mg	(sapropterin)	PA; NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML		PA BvD; NM; NDS
sapropterin oral tablet,soluble 100 mg	(Javygtor)	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		PA; NM; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600-252,600 UNIT		
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		
cromolyn ophthalmic (eye) drops 4 %		
epinastine ophthalmic (eye) drops 0.05 %		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	

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Drug Name		Requirements/Limits
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic (ear) solution 2 %		
bacitracin ophthalmic (eye) ointment 500 unit/gram		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		QL (3.5 per 4 days)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)		
gentamicin ophthalmic (eye) drops 0.3 %		
hydrocortisone-acetic acid otic (ear) drops 1-2 %		
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	

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Drug Name		Requirements/Limits
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	
ofloxacin otic (ear) drops 0.3 %		
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		
sulfacetamide sodium ophthalmic (eye) drops 10 %		
sulfacetamide sodium ophthalmic (eye) ointment 10 %		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		
tobramycin ophthalmic (eye) drops 0.3 %		
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		
trifluridine ophthalmic (eye) drops 1 %		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	ST
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	
bromfenac ophthalmic (eye) drops 0.09 %		
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		
diclofenac sodium ophthalmic (eye) drops 0.1 %		
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		QL (50 per 25 days)

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

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

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Drug Name		Requirements/Limits
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		QL (30 per 30 days)
sodium polystyrene sulfonate oral powder		
sps (with sorbitol) oral suspension 15-20 gram/60 ml		
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	NM; NDS
ursodiol oral capsule 300 mg		
ursodiol oral tablet 250 mg		
ursodiol oral tablet 500 mg	(URSO Forte)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		
XERMELO ORAL TABLET 250 MG		PA; NM; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		
Phosphate Binders		
calcium acetate(phosphat bind) oral capsule 667 mg		
calcium acetate(phosphat bind) oral tablet 667 mg		
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	
sevelamer carbonate oral tablet 800 mg	(Renvela)	

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

Drug Name		Requirements/Limits
danazol oral capsule 100 mg, 200 mg, 50 mg		
oxandrolone oral tablet 10 mg, 2.5 mg		PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		PA
testosterone enanthate intramuscular oil 200 mg/ml		PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		PA; QL (2 per 28 days)
Estrogens and Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG		PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/ gram)	(Estrace)	
estradiol vaginal tablet 10 mcg	(Yuvafem)	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/ GRAM		

Drug Name		Requirements/Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	
yuvafem vaginal tablet 10 mcg	(estradiol)	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
dexamethasone oral solution 0.5 mg/5 ml		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		
fludrocortisone oral tablet 0.1 mg		
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	
methylprednisolone oral tablet 32 mg		
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		PA BvD
prednisolone oral solution 15 mg/5 ml		PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)		PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	PA BvD
prednisone oral solution 5 mg/5 ml		PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML		PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML		PA; NM; NDS; QL (15 per 30 days)

Drug Name		Requirements/Limits
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML		PA; NM; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		PA; NM; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/ spray (0.1 ml)		
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		PA; NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	(Somatuline Depot)	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		PA; NM; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	(leuprolide (3 month))	PA NSO
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)		PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	
ORGOVYX ORAL TABLET 120 MG		PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG		PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		PA; NM; NDS

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Drug Name		Requirements/Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		PA; NM; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	
Thyroid and Antithyroid Agents		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	
levothyroxine oral tablet 300 mcg	(Levo-T)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	
methimazole oral tablet 10 mg, 5 mg		
propylthiouracil oral tablet 50 mg		
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		PA; NM; NDS

Drug Name		Requirements/Limits
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	(tacrolimus)	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	(tacrolimus)	PA BvD; NM; NDS
azathioprine oral tablet 50 mg	(Imuran)	PA BvD
azathioprine sodium injection recon soln 100 mg		PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	PA BvD
cyclosporine modified oral capsule 50 mg		PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	PA BvD

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Drug Name		Requirements/Limits
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		PA; NM; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)		PA BvD; NM; NDS
gengraf oral capsule 100 mg, 25 mg	(cyclosporine modified)	PA BvD
gengraf oral solution 100 mg/ml	(cyclosporine modified)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074

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Drug Name		Requirements/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		PA; NM; NDS; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	(Remicade)	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML		PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG		PA; NM; NDS

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

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Drug Name	Requirements/Limits
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PA; NM; NDS
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PA; NM; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	PA; NM; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	PA; NM; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	PA; NM; NDS

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

Drug Name	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	$0 copay

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

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Drug Name		Requirements/Limits
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML		
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML		$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML		$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML		$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML		
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML		$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML		
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML		$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT		$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML		$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT		$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)		$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS		
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	
balsalazide oral capsule 750 mg	(Colazal)	

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Drug Name		Requirements/Limits
budesonide oral capsule,delayed,extend. release 3 mg		
budesonide rectal foam 2 mg/actuation	(Uceris)	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
alendronate oral solution 70 mg/75 ml		QL (300 per 28 days)
alendronate oral tablet 10 mg		QL (30 per 30 days)
alendronate oral tablet 35 mg		QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		
calcitriol oral capsule 0.25 mcg, 0.5 mcg		
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg		QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		PA; NM; NDS; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	
paricalcitol oral capsule 4 mcg		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		QL (60 per 30 days)
teriparatide 560 mcg/2.24 ml 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	PA; NM; NDS; QL (2.48 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		PA; NM; NDS; QL (1.56 per 30 days)

Drug Name		Requirements/Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		PA; NM; NDS
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		PA; NM; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		
betaine oral powder 1 gram/scoop	(Cystadane)	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML		PA; NM; NDS
diazoxide oral suspension 50 mg/ml	(Proglycem)	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		
hydroxyzine pamoate oral capsule 25 mg, 50 mg		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		
mesna oral tablet 400 mg	(Mesnex)	NM; NDS
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		

Drug Name		Requirements/Limits
OPHTHALMIC AGENTS		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg		
acetazolamide oral tablet 125 mg, 250 mg		
acetazolamide sodium injection recon soln 500 mg		
betaxolol ophthalmic (eye) drops 0.5 %		
bimatoprost ophthalmic (eye) drops 0.03 %		QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	
brimonidine ophthalmic (eye) drops 0.2 %		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	
carteolol ophthalmic (eye) drops 1 %		
dorzolamide ophthalmic (eye) drops 2 %		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		QL (5 per 30 days)

Drug Name		Requirements/Limits
REPLACEMENT PREPARATIONS		
Replacement Preparations		
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	
d5 %-0.45 % sodium chloride intravenous parenteral solution		
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	
magnesium sulfate injection solution 500 mg/ml (50 %)		
magnesium sulfate injection syringe 500 mg/ml (50 %)		
potassium chloride intravenous solution 2 meq/ml		PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	
potassium chloride oral tablet extended release 15 meq, 20 meq		
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	
potassium citrate oral tablet extended release 5 meq (540 mg)		

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Drug Name		Requirements/Limits
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		
sodium chloride 0.9 % intravenous parenteral solution		
sodium chloride 0.9% solution mini-bag, single use		
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)	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	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)	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	QL (60 per 30 days)

Drug Name		Requirements/Limits
Antileukotrienes		
montelukast oral tablet 10 mg	(Singulair)	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		QL (36 per 30 days)
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		PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ ACTUATION		QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %		PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION		QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		QL (4 per 28 days)
theophylline oral solution 80 mg/15 ml		
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		

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Drug Name		Requirements/Limits
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		
tiotropium bromide inhalation capsule, w/ inhalation device 18 mcg	(Spiriva with HandiHaler)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG		PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG		PA; NM; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/ INHALATION DEVICE 40 MG		NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML		PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml		PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML		PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG		PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML		PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML		PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA; NM; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	(Esbriet)	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	PA; NM; NDS; QL (90 per 30 days)
roflumilast oral tablet 250 mcg	(Daliresp)	QL (28 per 28 days)

Drug Name		Requirements/Limits
roflumilast oral tablet 500 mcg	(Daliresp)	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		PA; NM; NDS
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		
cyclobenzaprine oral tablet 10 mg, 5 mg		PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg		
dantrolene oral capsule 25 mg	(Dantrium)	
methocarbamol oral tablet 500 mg, 750 mg		PA-HRM; AGE (Max 64 Years)
tizanidine oral tablet 2 mg		
tizanidine oral tablet 4 mg	(Zanaflex)	
SLEEP DISORDER AGENTS		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	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		PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	PA; QL (60 per 30 days)

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Drug Name		Requirements/Limits
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		PA
tadalafil oral tablet 5 mg	(Cialis)	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		PA; NM; NDS
VITAMINS AND MINERALS		
Vitamins and Minerals		
bal-care dha combo pack 27-1-430 mg		
bal-care dha essential pack 27 mg iron-1 mg -374 mg		
c-nate dha softgel 28 mg iron-1 mg -200 mg		
completenate tablet chew 29 mg iron- 1 mg		
folivane-ob capsule 85-1 mg		
kosher prenatal plus iron tab 30 mg iron- 1 mg		
marnatal-f capsule 60 mg iron-1 mg		
m-natal plus tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
mynatal advance oral tablet 90-1-50 mg		
mynatal capsule 65 mg iron- 1 mg		
mynatal oral tablet 90-1-50 mg		
mynatal plus captab 65 mg iron- 1 mg		
mynatal-z captab 65 mg iron- 1 mg		
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		
newgen tablet 32-1,000 mg-mcg		
niva-plus tablet 27 mg iron- 1 mg		
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		

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Drug Name		Requirements/Limits
o-cal prenatal oral tablet 15 mg iron- 1,000 mcg		
pnv 29-1 oral tablet 29 mg iron- 1 mg		
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg		
pnv-omega softgel 28-1-300 mg		
pr natal 400 combo pack 29-1-400 mg		
pr natal 400 ec combo pack 29-1-400 mg		
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		
pr natal 430 ec combo pack 29-1-430 mg		
prena1 true combo pack 30 mg iron- 1.4 mg-300 mg		
prenaissance oral capsule 29-1.25-55-325 mg		
prenaissance plus oral capsule 28-1-50-250 mg		
prenatabs fa tablet 29-1 mg		
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		
prenatal 19 chewable tablet 29 mg iron- 1 mg		
prenatal low iron oral tablet 27 mg iron- 1 mg		
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
prenatal-u capsule 106.5-1 mg		
preplus oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
pretab oral tablet 29-1 mg		
r-natal ob softgel 20 mg iron- 1 mg-320 mg		
select-ob chewable caplet 29 mg iron- 1 mg		
select-ob chewable caplet 29 mg iron- 1 mg		
se-natal 19 chewable tablet 29 mg iron- 1 mg		
taron-c dha capsule 35-1-200 mg		
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg		

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Drug Name	Requirements/Limits
triveen-duo dha oral combo pack 29-1-400 mg	
virt-c dha softgel (rx) 35-1-200 mg	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	
virt-pn plus oral capsule 28-1-300 mg	
vitafol gummies 3.33 mg iron- 0.33 mg	
vitafol nano tablet 18 mg iron- 1 mg	
vitafol-ob+dha combo pack 65-1-250 mg	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	
vp-pnv-dha oral capsule 28 mg iron- 1 mg-200 mg	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	
zatean-pn plus softgel 28-1-300 mg	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	

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

Nombre del Medicamento		Requerimientos/ Límites
AGENTES ANTI CÁNCER		
Agentes Anti Cáncer		
abiraterone oral tablet 250 mg	(Abirtega)	PA NSO; NM; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	PA NSO; NM; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		PA NSO; NM; NDS
anastrozole oral tablet 1 mg	(Arimidex)	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		PA NSO; NM; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG		PA NSO; NM; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		PA NSO; NM; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		PA NSO; NM; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	NM; NDS
BALVERSA ORAL TABLET 3 MG		PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		PA NSO; NM; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	PA NSO; NM; NDS

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Nombre del Medicamento		Requerimientos/ Límites
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	PA NSO; NM; NDS
bexarotene oral capsule 75 mg	(Targretin)	PA NSO; NM; NDS
bexarotene topical gel 1 %	(Targretin)	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		PA NSO; NM; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		
bortezomib injection recon soln 1 mg, 2.5 mg		PA NSO
bortezomib injection recon soln 3.5 mg	(Velcade)	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML		PA NSO
BOSULIF ORAL CAPSULE 100 MG		PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG		PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG		PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG		PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG		PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)		PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)		PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		PA NSO; NM; NDS; QL (56 per 28 days)

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Nombre del Medicamento		Requerimientos/ Límites
COTELLIC ORAL TABLET 20 MG		PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		PA BvD; NM; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml		PA BvD; NM; NDS
cyclophosphamide intravenous solution 500 mg/ml	(Frindovyx)	PA BvD; NM; NDS
cyclophosphamide oral capsule 25 mg, 50 mg		PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg		PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML		PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG		PA NSO; NM; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	(Sprycel)	PA NSO; NM; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg	(Sprycel)	PA NSO; NM; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG		PA NSO; NM; NDS
DAURISMO ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG		PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg		NM; NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Caelyx)	PA BvD; NM; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML		PA NSO; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML		PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML		PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG		NM; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG		PA NSO; NM; NDS

Nombre del Medicamento		Requerimientos/ Límites
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML		PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG		PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG		PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		PA NSO; NM; NDS; QL (90 per 30 days)
erlotinib oral tablet 100 mg, 25 mg		PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg		PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		
etoposide intravenous solution 20 mg/ml		
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	NM; NDS
everolimus (antineoplastic) oral tablet 10 mg	(Torpenz)	PA NSO; NM; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	PA NSO; NM; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	PA NSO; NM; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	
FAKZYNJA ORAL TABLET 200 MG		PA NSO; NM; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		PA BvD
floxuridine injection recon soln 0.5 gram		PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		PA BvD
flutamide oral capsule 125 mg	(Eulexin)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		PA NSO; NM; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG		PA NSO; NM; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	(Iressa)	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA NSO; NM; NDS; QL (30 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
GLEOSTINE ORAL CAPSULE 10 MG	(lomustine)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	(lomustine)	NM; NDS
GOMEKLI ORAL CAPSULE 1 MG		PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		PA NSO; NM; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG		PA NSO; NM; NDS
hydroxyurea oral capsule 500 mg	(Hydrea)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG		PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram	(Ifex)	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml		
imatinib oral tablet 100 mg	(Gleevec)	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg	(Gleevec)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG		PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ ML		PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG		PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG		PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML		PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML		PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG		PA NSO; NM; NDS; QL (180 per 30 days)

Nombre del Medicamento	Requerimientos/ Límites
INLYTA ORAL TABLET 5 MG	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		PA NSO; NM; NDS
letrozole oral tablet 2.5 mg	(Femara)	
LEUKERAN ORAL TABLET 2 MG		NM; NDS
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		PA NSO
LONSURF ORAL TABLET 15-6.14 MG		PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG		PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)		PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG		PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG		PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG		PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG		PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG		PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML		PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG		PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG		PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG		NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)		PA NSO; NM; NDS; QL (140 per 28 days)

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Nombre del Medicamento	Requerimientos/ Límites
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	NM; NDS
megestrol oral tablet 20 mg, 40 mg	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ ML	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml (Purixan)	NM; NDS
mercaptopurine oral tablet 50 mg	
methotrexate sodium (pf) injection recon soln 1 gram	
methotrexate sodium (pf) injection solution 25 mg/ml	
methotrexate sodium injection solution 25 mg/ml	
methotrexate sodium oral tablet 2.5 mg	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ ml	
MVASI INTRAVENOUS SOLUTION 25 MG/ ML	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PA NSO; NM; NDS; QL (24 per 28 days)

Nombre del Medicamento		Requerimientos/ Límites
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG		PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG		PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML		PA NSO; NM; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML		PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG		PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG		PA NSO; NM; NDS; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	(Abraxane)	PA BvD; NM; NDS
pazopanib oral tablet 200 mg	(Votrient)	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		PA NSO; NM; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg		NM; NDS
pemetrexed disodium intravenous solution 25 mg/ml		NM; NDS
pemetrexed intravenous recon soln 100 mg, 500 mg		NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML		NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)		PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)		PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		PA NSO; NM; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG		PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG		PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG		PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG		PA NSO; NM; NDS; QL (60 per 30 days)

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Nombre del Medicamento	Requerimientos/ Límites
RETEVMO ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	PA NSO; NM; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	PA NSO; NM; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	NM; NDS
sorafenib oral tablet 200 mg (Nexavar)	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (84 per 28 days)

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Nombre del Medicamento		Requerimientos/ Límites
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Sutent)	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG		PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	(thioguanine)	
TABRECTA ORAL TABLET 150 MG, 200 MG		PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG		PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML		PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg		
TASIGNA ORAL CAPSULE 150 MG, 200 MG	(nilotinib hcl)	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	(nilotinib hcl)	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG		PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG		PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG		PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		
TIVDAK INTRAVENOUS RECON SOLN 40 MG		PA NSO; NM; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml	(etoposide)	
toremifene oral tablet 60 mg	(Fareston)	NM; NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	PA NSO; NM; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG		PA NSO; NM; NDS

Nombre del Medicamento	Requerimientos/ Límites
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	PA NSO; NM; NDS

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Nombre del Medicamento	Requerimientos/ Límites
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	PA NSO; NM; NDS

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Nombre del Medicamento		Requerimientos/ Límites
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML		PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		PA NSO
ZOLINZA ORAL CAPSULE 100 MG		NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML		PA NSO; NM; NDS; QL (20 per 28 days)
AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS		
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
acamprosate oral tablet,delayed release (dr/ec) 333 mg		
buprenorphine hcl sublingual tablet 2 mg, 8 mg		QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		
disulfiram oral tablet 250 mg, 500 mg		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	QL (4 per 30 days)
naltrexone oral tablet 50 mg		
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	
AGENTES ANTIANSIEDAD		

Nombre del Medicamento		Requerimientos/ Límites
Benzodiacepinas		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		QL (180 per 30 days)
diazepam injection solution 5 mg/ml		QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	QL (150 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	QL (120 per 30 days)
triazolam oral tablet 0.125 mg		QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	QL (60 per 30 days)
AGENTES ANTIDEMENCIA		
Agentes Antidemencia		
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg		
donepezil oral tablet,disintegrating 5 mg		QL (30 per 30 days)
ergoloid oral tablet 1 mg		
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		QL (30 per 30 days)
galantamine oral solution 4 mg/ml		QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		ST; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	QL (30 per 30 days)
AGENTES ANTIDIABETICO		
Agentes Antidiabeticos, Varios		
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG		QL (30 per 30 days)
metformin oral solution 500 mg/5 ml	(Riomet)	QL (765 per 30 days)
metformin oral tablet 1,000 mg		QL (75 per 30 days)
metformin oral tablet 500 mg		QL (150 per 30 days)
metformin oral tablet 750 mg		QL (60 per 30 days)
metformin oral tablet 850 mg		QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg		QL (120 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
metformin oral tablet extended release 24 hr 750 mg		QL (60 per 30 days)
mifepristone oral tablet 300 mg	(Korlym)	PA; NM; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		QL (120 per 30 days)
repaglinide oral tablet 2 mg		QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapagliflozin propanediol-metformin)	QL (30 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG		QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG		QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	QL (60 per 30 days)
Insulinas		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max $35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		max $35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		max $35 copay per month supply; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	max $35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	max $35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	max $35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		max $35 copay per month supply; QL (30 per 28 days)

Nombre del Medicamento		Requerimientos/ Límites
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		max $35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	max $35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	max $35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	max $35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max $35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max $35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max $35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max $35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		max $35 copay per month supply; QL (15 per 28 days)
Sulfonilureas		
glimepiride oral tablet 1 mg, 2 mg		QL (30 per 30 days)
glimepiride oral tablet 4 mg		QL (60 per 30 days)
glipizide oral tablet 10 mg		QL (120 per 30 days)
glipizide oral tablet 2.5 mg		QL (60 per 30 days)
glipizide oral tablet 5 mg		QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		PA-HRM; AGE (Max 64 Years)
AGENTES ANTIGOTA		
Agentes Antigota, Otros		
allopurinol oral tablet 100 mg	(Zyloprim)	
allopurinol oral tablet 300 mg		
colchicine oral capsule 0.6 mg	(Mitigare)	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		
probenecid-colchicine oral tablet 500-0.5 mg		
AGENTES ANTIMIGRAÑA		
Agentes Antimigraña		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		PA; QL (1.5 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		PA; QL (18 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/ actuation, 5 mg/actuation		QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		PA; QL (16 per 30 days)
AGENTES ANTINAUSEA		
Agentes Antinausea		
aprepitant oral capsule 125 mg		PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		
meclizine oral tablet 25 mg	(Dramamine (meclizine))	
ondansetron hcl oral tablet 4 mg, 8 mg		PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	
prochlorperazine rectal suppository 25 mg	(Compro)	
promethazine injection solution 25 mg/ml	(Phenergan)	PA-HRM; AGE (Max 64 Years)

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Nombre del Medicamento		Requerimientos/ Límites
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
AGENTES ANTIPARASITARIOS		
Agentes Antiparasitarios		
albendazole oral tablet 200 mg		NM; NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	
chloroquine phosphate oral tablet 250 mg, 500 mg		
COARTEM ORAL TABLET 20-120 MG		
hydroxychloroquine oral tablet 100 mg		QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	
ivermectin oral tablet 6 mg		
mefloquine oral tablet 250 mg		
nitazoxanide oral tablet 500 mg	(Alinia)	NM; NDS; QL (60 per 30 days)
paromomycin oral capsule 250 mg	(Humatin)	
pentamidine inhalation recon soln 300 mg	(Nebupent)	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	
praziquantel oral tablet 600 mg	(Biltricide)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		
pyrimethamine oral tablet 25 mg	(Daraprim)	PA; NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	PA
tinidazole oral tablet 250 mg, 500 mg		
AGENTES ANTIPARKINSON		
Agentes Antiparkinson		
amantadine hcl oral capsule 100 mg		
amantadine hcl oral solution 50 mg/5 ml		
amantadine hcl oral tablet 100 mg		

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Nombre del Medicamento	Requerimientos/ Límites
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	
bromocriptine oral tablet 2.5 mg	
cabergoline oral tablet 0.5 mg	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	
carbidopa-levodopa oral tablet 25-250 mg	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	
entacapone oral tablet 200 mg	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	PA; NM; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	PA; NM; NDS; QL (30 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	
selegiline hcl oral capsule 5 mg	
selegiline hcl oral tablet 5 mg	
trihexyphenidyl oral tablet 2 mg, 5 mg	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	PA; NM; NDS; QL (560 per 28 days)
AGENTES ANTIPSICÓTICOS	
Agentes Antipsicóticos	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	NM; NDS; QL (2 per 28 days)

Nombre del Medicamento		Requerimientos/ Límites
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG		NM; NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml		
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	(Abilify)	
aripiprazole oral tablet,disintegrating 10 mg		ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg		ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML		NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML		NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML		NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		NM; NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	(Saphris)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Clozaril)	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg		ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg		ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg		ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		ST; NM; NDS; QL (60 per 30 days)

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Nombre del Medicamento	Requerimientos/ Límites
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	ST; NM; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	NM; NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	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	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	ST
fluphenazine decanoate injection solution 25 mg/ml	
fluphenazine hcl injection solution 2.5 mg/ml	
fluphenazine hcl oral concentrate 5 mg/ml	
fluphenazine hcl oral elixir 2.5 mg/5 ml	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	
haloperidol lactate injection solution 5 mg/ml	
haloperidol lactate intramuscular syringe 5 mg/ml	
haloperidol lactate oral concentrate 2 mg/ml	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	NM; NDS; QL (5 per 166 days)

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Nombre del Medicamento		Requerimientos/ Límites
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML		NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML		NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML		NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML		QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML		NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML		NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML		NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML		NM; NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	QL (30 per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		PA NSO; NM; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg		QL (240 per 30 days)
molindone oral tablet 25 mg		QL (270 per 30 days)
molindone oral tablet 5 mg		NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG		PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG		PA NSO; NM; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg		QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg		
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	(Zyprexa)	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg		
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		ST; NM; NDS
paliperidone oral tablet extended release 24hr 1.5 mg		QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	QL (30 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		
prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	
quetiapine oral tablet 150 mg		QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		NM; NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	
risperidone oral tablet 0.25 mg		
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	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		ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		

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

Nombre del Medicamento		Requerimientos/ Límites
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %		PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %		PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %		PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %		PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution		
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %		PA BvD
AGENTES CARDIOVASCULARES		
Agentes Alfa-Adrenérgicos		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		
prazosin oral capsule 1 mg, 2 mg, 5 mg		
Agentes Antiarritmicos		
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	
amiodarone oral tablet 400 mg		
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	
flecainide oral tablet 100 mg, 150 mg, 50 mg		

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Nombre del Medicamento		Requerimientos/ Límites
MULTAQ ORAL TABLET 400 MG		
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		
propafenone oral tablet 150 mg, 225 mg, 300 mg		
quinidine sulfate oral tablet 200 mg, 300 mg		
Agentes Bloqueadores Beta-Adrenérgicos		
acebutolol oral capsule 200 mg, 400 mg		
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	
labetalol oral tablet 100 mg, 200 mg, 300 mg		
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	
metoprolol tartrate oral tablet 25 mg		
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	
sotalol oral tablet 240 mg	(Betapace)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		
Agentes Bloqueadores Da Canal De Calcio		

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Nombre del Medicamento		Requerimientos/ Límites
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	
diltiazem 24hr er 360 mg cap once-a-day dosage	(Tiadylt ER)	
diltiazem 24hr er 420 mg cap	(Tiadylt ER)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	
diltiazem hcl oral tablet 90 mg		
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		
verapamil oral tablet 120 mg, 40 mg, 80 mg		
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		
Agentes Cardiovasculares, Varios		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		PA; NM; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML		QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	PA; NM; NDS; QL (18 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg		QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA; QL (30 per 30 days)
Antagonistas De Receptores De Angiotensina Ii		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	
irbesartan oral tablet 75 mg		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	
olmesartan-amlodipin-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	(Tribenzor)	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	
telmisartan oral tablet 20 mg		
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	
Dihidropiridinas		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	

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Nombre del Medicamento		Requerimientos/ Límites
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	
amlodipine-valsartan-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	(Exforge HCT)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		
Dislipidémicos		
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	
cholestyramine light oral powder in packet 4 gram		
colesevelam oral powder in packet 3.75 gram	(WelChol)	
colesevelam oral tablet 625 mg	(WelChol)	
colestipol oral packet 5 gram		
colestipol oral tablet 1 gram	(Colestid)	
ezetimibe oral tablet 10 mg	(Zetia)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	QL (30 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		
fluvastatin oral capsule 20 mg, 40 mg		QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	
gemfibrozil oral tablet 600 mg	(Lopid)	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		
NEXLETOL ORAL TABLET 180 MG		ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		ST; QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		
niacor oral tablet 500 mg	(niacin)	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 80 mg		
pravastatin oral tablet 20 mg, 40 mg		QL (30 per 30 days)
prevalite oral powder in packet 4 gram		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		QL (30 per 30 days)
Diuréticos		
amiloride oral tablet 5 mg		
amiloride-hydrochlorothiazide oral tablet 5-50 mg		

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Nombre del Medicamento		Requerimientos/ Límites
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		
chlorthalidone oral tablet 25 mg, 50 mg		
furosemide injection solution 10 mg/ml		
furosemide injection syringe 10 mg/ml		
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	
hydrochlorothiazide oral capsule 12.5 mg		
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		
indapamide oral tablet 1.25 mg, 2.5 mg		
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	PA; NM; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	PA; NM; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		
Inhibidores De Enzima Convertidoras De Angiotensina		
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	
benazepril oral tablet 5 mg		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	

Nombre del Medicamento		Requerimientos/ Límites
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		
fosinopril oral tablet 10 mg, 20 mg, 40 mg		
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	
moexipril oral tablet 15 mg, 7.5 mg		
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona		
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG		PA; QL (30 per 30 days)
Vasodilatadores		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		
isosorbide dinitrate oral tablet 40 mg	(Isordil)	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	
isosorbide mononitrate oral tablet 10 mg, 20 mg		
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	
minoxidil oral tablet 10 mg, 2.5 mg		
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	

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Nombre del Medicamento		Requerimientos/ Límites
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	
AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA		
Agentes De Enfermedad Intestinal Inflamatoria		
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	
balsalazide oral capsule 750 mg	(Colazal)	
budesonide oral capsule,delayed,extend. release 3 mg		
budesonide rectal foam 2 mg/actuation	(Uceris)	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	
AGENTES DE ENFERMEDAD ÓSEA METABÓLICA		
Agentes De Enfermedad Ósea Metabólica		
alendronate oral solution 70 mg/75 ml		QL (300 per 28 days)
alendronate oral tablet 10 mg		QL (30 per 30 days)
alendronate oral tablet 35 mg		QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		
calcitriol oral capsule 0.25 mcg, 0.5 mcg		
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg		QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		PA; NM; NDS; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	
paricalcitol oral capsule 4 mcg		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		QL (60 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
teriparatide 560 mcg/2.24 ml 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	PA; NM; NDS; QL (2.48 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		PA; NM; NDS
AGENTES DE TRASTORNO DE SUEÑO		
Agentes De Trastorno De Sueño		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	QL (30 per 30 days)
AGENTES DEL SISTEMA NERVIOSO CENTRAL		
Agentes Del Sistema Nervioso Central		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg		QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg		QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG		PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG		PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG		PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG		PA; NM; NDS; QL (210 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)		PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		PA; NM; NDS; QL (15 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	PA; NM; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	PA; NM; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	PA; NM; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	PA; NM; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	PA; NM; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	PA; NM; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		PA; NM; NDS; QL (30 per 30 days)

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

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Nombre del Medicamento	Requerimientos/ Límites
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; NM; NDS
riluzole oral tablet 50 mg (Rilutek)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	PA; NM; NDS; QL (120 per 30 days)
AGENTES DEL TRACTO RESPIRATORIO	
Agentes Del Tracto Respiratorio, Otros	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	PA; NM; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/ INHALATION DEVICE 40 MG	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)

Nombre del Medicamento		Requerimientos/ Límites
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML		PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA; NM; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	(Esbriet)	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	PA; NM; NDS; QL (90 per 30 days)
roflumilast oral tablet 250 mcg	(Daliresp)	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		PA; NM; NDS
Antiinflamatorios, Corticoesteroides Inhalados		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	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)	PA BvD; QL (120 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	QL (60 per 30 days)
Antileucotrinos		
montelukast oral tablet 10 mg	(Singulair)	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	
Broncodilatadores		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		QL (36 per 30 days)
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		PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %		PA BvD

Nombre del Medicamento		Requerimientos/ Límites
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION		QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		QL (4 per 28 days)
theophylline oral solution 80 mg/15 ml		
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		
tiotropium bromide inhalation capsule, w/ inhalation device 18 mcg	(Spiriva with HandiHaler)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		QL (60 per 30 days)
AGENTES DENTALES Y ORALES		
Agentes Dentales Y Orales		
cevimeline oral capsule 30 mg	(Evoxac)	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	
dentagel dental gel 1.1 %	(fluoride (sodium))	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	
AGENTES DERMATOLÓGICOS		
Agentes Antiinflamatorios Dermatológicos		
ala-cort topical cream 1 %	(hydrocortisone)	

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Nombre del Medicamento		Requerimientos/ Límites
betamethasone dipropionate topical cream 0.05 %		
betamethasone dipropionate topical lotion 0.05 %		
betamethasone dipropionate topical ointment 0.05 %		
betamethasone valerate topical cream 0.1 %		
betamethasone valerate topical lotion 0.1 %		
betamethasone valerate topical ointment 0.1 %		
betamethasone, augmented topical cream 0.05 %		
betamethasone, augmented topical gel 0.05 %		
betamethasone, augmented topical lotion 0.05 %		
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	
clobetasol scalp solution 0.05 %		
clobetasol topical cream 0.05 %		
clobetasol topical gel 0.05 %		
clobetasol topical lotion 0.05 %	(Clobex)	
clobetasol topical ointment 0.05 %		
clobetasol topical shampoo 0.05 %	(Clobex)	
clobetasol-emollient topical cream 0.05 %		
clobetasol-emollient topical foam 0.05 %	(Olux-E)	
EUCRISA TOPICAL OINTMENT 2 %		
fluocinolone topical cream 0.01 %		
fluocinolone topical cream 0.025 %	(Synalar)	
fluocinolone topical ointment 0.025 %	(Synalar)	
fluocinonide topical cream 0.05 %		
fluocinonide topical cream 0.1 %	(Vanos)	
fluocinonide topical gel 0.05 %		
fluocinonide topical ointment 0.05 %		
fluocinonide topical solution 0.05 %		
fluticasone propionate topical cream 0.05 %		
halobetasol propionate topical cream 0.05 %		
halobetasol propionate topical ointment 0.05 %		
hydrocortisone 2.5% cream		
hydrocortisone topical cream 1 %	(Ala-Cort)	

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Nombre del Medicamento		Requerimientos/ Límites
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	
hydrocortisone topical lotion 2.5 %		
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	
hydrocortisone topical ointment 2.5 %		
hydrocortisone valerate topical cream 0.2 %		
mometasone topical cream 0.1 %		
mometasone topical ointment 0.1 %		
mometasone topical solution 0.1 %		
pimecrolimus topical cream 1 %	(Elidel)	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	
tacrolimus topical ointment 0.03 %, 0.1 %		QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %		
triamcinolone acetonide topical cream 0.5 %	(Triderm)	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	
Agentes Dermatológicos, Otros		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		
acyclovir topical ointment 5 %	(Zovirax)	QL (30 per 30 days)
ammonium lactate topical cream 12 %		
ammonium lactate topical lotion 12 %	(AmLactin)	
calcipotriene scalp solution 0.005 %		QL (120 per 30 days)
calcipotriene topical cream 0.005 %		QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	
fluorouracil topical solution 2 %, 5 %		
imiquimod topical cream in packet 5 %		QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		QL (5 per 5 days)

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Nombre del Medicamento		Requerimientos/ Límites
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		NM; NDS
PANRETIN TOPICAL GEL 0.1 %		NM; NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %		
SANTYL TOPICAL OINTMENT 250 UNIT/ GRAM		QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	
Antibacterianos Dermatológicos		
clindamycin phosphate topical solution 1 %		QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	
clindamycin-benzoyl peroxide topical gel 1-5 %		
erythromycin with ethanol topical solution 2 %		
gentamicin topical cream 0.1 %		QL (90 per 30 days)
gentamicin topical ointment 0.1 %		QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	
metronidazole topical gel 0.75 %	(Rosadan)	
metronidazole topical gel 1 %	(Metrogel)	
mupirocin topical ointment 2 %	(Centany)	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	(clindamycin-benzoyl peroxide)	
rosadan topical cream 0.75 %	(metronidazole)	
selenium sulfide topical lotion 2.5 %		
silver sulfadiazine topical cream 1 %	(SSD)	
ssd topical cream 1 %	(silver sulfadiazine)	
Escabicidas Y Pediculicidas		
malathion topical lotion 0.5 %	(Ovide)	
permethrin topical cream 5 %	(Elimite)	QL (60 per 30 days)
Retinoides Dermatológicos		
adapalene topical cream 0.1 %	(Differin)	
ALTRENO TOPICAL LOTION 0.05 %		PA
tazarotene topical cream 0.1 %	(Tazorac)	
tretinoin topical cream 0.025 %	(Avita)	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	PA
AGENTES GASTROINTESTINALES		
Agentes Antiúlceras Y Supresores De Ácidos		

Nombre del Medicamento		Requerimientos/ Límites
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		
cimetidine hcl oral solution 300 mg/5 ml		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	
famotidine oral tablet 40 mg	(Pepcid)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	QL (30 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	
Agentes Gastrointestinales, Otros		
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	PA; NM; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	
dicyclomine oral capsule 10 mg		
dicyclomine oral solution 10 mg/5 ml		
dicyclomine oral tablet 20 mg		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	
generlac oral solution 10 gram/15 ml	(lactulose)	
glycopyrrolate oral tablet 1 mg	(Robinul)	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	

Nombre del Medicamento		Requerimientos/ Límites
kionex (with sorbitol) oral suspension 15-20 gram/60 ml		
lactulose oral solution 10 gram/15 ml	(Constulose)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	QL (60 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml		
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		QL (30 per 30 days)
sodium polystyrene sulfonate oral powder		
sps (with sorbitol) oral suspension 15-20 gram/60 ml		
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	NM; NDS
ursodiol oral capsule 300 mg		
ursodiol oral tablet 250 mg		
ursodiol oral tablet 500 mg	(URSO Forte)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		
XERMELO ORAL TABLET 250 MG		PA; NM; NDS; QL (84 per 28 days)
Enlaces De Fosfato		
calcium acetate(phosphat bind) oral capsule 667 mg		
calcium acetate(phosphat bind) oral tablet 667 mg		
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	
sevelamer carbonate oral tablet 800 mg	(Renvela)	
sevelamer hcl oral tablet 400 mg, 800 mg		
Laxantes		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	

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Nombre del Medicamento		Requerimientos/ Límites
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		
AGENTES GENITOURINARIOS		
Agentes Genitourinarios, Varios		
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	
finasteride oral tablet 5 mg	(Proscar)	
tamsulosin oral capsule 0.4 mg	(Flomax)	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		
Antiespasmódicos, Urinario		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	
flavoxate oral tablet 100 mg		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	
oxybutynin chloride oral syrup 5 mg/5 ml		
oxybutynin chloride oral tablet 5 mg		
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		
tolterodine oral tablet 1 mg, 2 mg		
trospium oral capsule,extended release 24hr 60 mg		
trospium oral tablet 20 mg		

Nombre del Medicamento		Requerimientos/ Límites
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR		
Agentes Tiroideos Y Antitiroideos		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	
levothyroxine oral tablet 300 mcg	(Levo-T)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	
methimazole oral tablet 10 mg, 5 mg		
propylthiouracil oral tablet 50 mg		
Andrógenos		
danazol oral capsule 100 mg, 200 mg, 50 mg		
oxandrolone oral tablet 10 mg, 2.5 mg		PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		PA
testosterone enanthate intramuscular oil 200 mg/ml		PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		PA; QL (2 per 28 days)
Estrógenos Y Antiestrógenos		
DUAVEE ORAL TABLET 0.45-20 MG		PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/ gram)	(Estrace)	
estradiol vaginal tablet 10 mcg	(Yuvafem)	QL (18 per 28 days)

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Nombre del Medicamento		Requerimientos/ Límites
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/ GRAM		
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	
yuvafem vaginal tablet 10 mcg	(estradiol)	QL (18 per 28 days)
Glucocorticoides/Mineralocorticoides		
dexamethasone oral solution 0.5 mg/5 ml		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		
fludrocortisone oral tablet 0.1 mg		
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	
methylprednisolone oral tablet 32 mg		
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		PA BvD
prednisolone oral solution 15 mg/5 ml		PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)		PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	PA BvD
prednisone oral solution 5 mg/5 ml		PA BvD

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Nombre del Medicamento		Requerimientos/ Límites
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	
Pituitario		
ACTHAR INJECTION GEL 80 UNIT/ML		PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML		PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML		PA; NM; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		PA; NM; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/ spray (0.1 ml)		
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		PA; NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	(Somatuline Depot)	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		PA; NM; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	(leuprolide (3 month))	PA NSO
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)		PA; NM; NDS

Nombre del Medicamento		Requerimientos/ Límites
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	
ORGOVYX ORAL TABLET 120 MG		PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG		PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		PA; NM; NDS
Progestinas		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	
AGENTES INMUNOLÓGICOS		
Agentes Inmunológicos		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		PA; NM; NDS

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Nombre del Medicamento		Requerimientos/ Límites
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	(tacrolimus)	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	(tacrolimus)	PA BvD; NM; NDS
azathioprine oral tablet 50 mg	(Imuran)	PA BvD
azathioprine sodium injection recon soln 100 mg		PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	PA BvD
cyclosporine modified oral capsule 50 mg		PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	PA BvD

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Nombre del Medicamento		Requerimientos/ Límites
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		PA; NM; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)		PA BvD; NM; NDS
gengraf oral capsule 100 mg, 25 mg	(cyclosporine modified)	PA BvD
gengraf oral solution 100 mg/ml	(cyclosporine modified)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		PA; NM; NDS; Only NDCs starting with 00074

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

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

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Nombre del Medicamento	Requerimientos/ Límites
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PA; NM; NDS
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PA; NM; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	PA; NM; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	PA; NM; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	PA; NM; NDS

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

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Nombre del Medicamento	Requerimientos/ Límites
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	$0 copay

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

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Nombre del Medicamento	Requerimientos/ Límites
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	$0 copay
AGENTES OFTÁLMICOS	
Agentes Antiglaucoma	
acetazolamide oral capsule, extended release 500 mg	
acetazolamide oral tablet 125 mg, 250 mg	

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Nombre del Medicamento		Requerimientos/ Límites
acetazolamide sodium injection recon soln 500 mg		
betaxolol ophthalmic (eye) drops 0.5 %		
bimatoprost ophthalmic (eye) drops 0.03 %		QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	
brimonidine ophthalmic (eye) drops 0.2 %		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	
carteolol ophthalmic (eye) drops 1 %		
dorzolamide ophthalmic (eye) drops 2 %		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		QL (5 per 30 days)
AGENTES PARA LOS OJOS, OÍDOS, NARIZ, GARGANTA		
Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta		
acetic acid otic (ear) solution 2 %		
bacitracin ophthalmic (eye) ointment 500 unit/gram		

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Nombre del Medicamento		Requerimientos/ Límites
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		QL (3.5 per 4 days)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)		
gentamicin ophthalmic (eye) drops 0.3 %		
hydrocortisone-acetic acid otic (ear) drops 1-2 %		
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	
ofloxacin otic (ear) drops 0.3 %		
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	

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Nombre del Medicamento		Requerimientos/ Límites
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		
sulfacetamide sodium ophthalmic (eye) drops 10 %		
sulfacetamide sodium ophthalmic (eye) ointment 10 %		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		
tobramycin ophthalmic (eye) drops 0.3 %		
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		
trifluridine ophthalmic (eye) drops 1 %		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	ST
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	
bromfenac ophthalmic (eye) drops 0.09 %		
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		
diclofenac sodium ophthalmic (eye) drops 0.1 %		
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	QL (16 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		QL (60 per 30 days)
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios		
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		
cromolyn ophthalmic (eye) drops 4 %		
epinastine ophthalmic (eye) drops 0.05 %		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	
AGENTES TERAPEUTICOS MISCELÁNEOS		

Nombre del Medicamento		Requerimientos/ Límites
Agentes Terapeuticos Misceláneos		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		PA; NM; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		
betaine oral powder 1 gram/scoop	(Cystadane)	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML		PA; NM; NDS
diazoxide oral suspension 50 mg/ml	(Proglycem)	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		
hydroxyzine pamoate oral capsule 25 mg, 50 mg		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		
mesna oral tablet 400 mg	(Mesnex)	NM; NDS
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		
AGENTES VASODILATADORES		
Agentes Vasodilatadores		

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Nombre del Medicamento		Requerimientos/ Límites
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		PA
tadalafil oral tablet 5 mg	(Cialis)	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		PA; NM; NDS
ANALGÉSICOS		
Agentes Antiinflamatorios No Esteroideos		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	QL (1000 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram / actuation(2 %)	(Pennsaid)	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	

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Nombre del Medicamento		Requerimientos/ Límites
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	
etodolac oral capsule 200 mg, 300 mg		
etodolac oral tablet 400 mg	(Lodine)	
etodolac oral tablet 500 mg		
flurbiprofen oral tablet 100 mg		
ibu oral tablet 400 mg	(ibuprofen)	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	
ibuprofen oral tablet 400 mg	(IBU)	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	
indomethacin oral capsule 25 mg, 50 mg		PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		
nabumetone oral tablet 500 mg, 750 mg		
naproxen oral tablet 250 mg, 375 mg		
naproxen oral tablet 500 mg	(Naprosyn)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	
sulindac oral tablet 150 mg, 200 mg		
Analgésicos, Varios		
acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)		QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

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Nombre del Medicamento		Requerimientos/ Límites
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml		QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	QL (180 per 30 days)
methadone oral tablet 10 mg		QL (120 per 30 days)
methadone oral tablet 5 mg		QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml		QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg		QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	QL (90 per 30 days)
morphine oral tablet extended release 60 mg	(MS Contin)	QL (60 per 30 days)
oxycodone oral capsule 5 mg		QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg		QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	QL (120 per 30 days)
oxycodone oral tablet 20 mg		QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	QL (180 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	QL (240 per 30 days)
tramadol oral tablet 50 mg		QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		QL (300 per 30 days)
ANESTÉSICOS		
Anestesia Local		
dermacinrx lidocan 5% patch outer	(lidocaine)	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	QL (30 per 30 days)
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	
lidocaine-prilocaine topical cream 2.5-2.5 %		PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		PA; QL (90 per 30 days)
ANTAGONISTAS DE METALES PESADOS		
Antagonistas De Metales Pesados		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	PA; NM; NDS
trientine oral capsule 250 mg	(Syprine)	PA; NM; NDS; QL (240 per 30 days)
ANTI INFECCIOSOS (MEMBRANA CUTÁNEA Y MUCOSA)		
Anti Infecciosos (Membrana Cutánea Y Mucosa)		
clindamycin phosphate vaginal cream 2 %	(Cleocin)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	
terconazole vaginal cream 0.4 %, 0.8 %		
terconazole vaginal suppository 80 mg		
ANTIBACTERIANOS		
Aminoglicósidos		

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Nombre del Medicamento		Requerimientos/ Límites
amikacin injection solution 500 mg/2 ml		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml		
neomycin oral tablet 500 mg		
streptomycin intramuscular recon soln 1 gram		NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		
Antibacteriales, Misceláneos		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	NM; NDS
daptomycin intravenous recon soln 350 mg, 500 mg		NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	
methenamine hippurate oral tablet 1 gram		
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	
metronidazole oral tablet 250 mg, 500 mg		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	QL (60 per 30 days)

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Nombre del Medicamento		Requerimientos/ Límites
trimethoprim oral tablet 100 mg		
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		
vancomycin oral capsule 125 mg	(Vancocin)	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		PA; NM; NDS; QL (90 per 30 days)
Antibióticos B-Lactam Misceláneos		
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		PA; NM; LA; NDS
ertapenem injection recon soln 1 gram		
imipenem-cilastatin intravenous recon soln 250 mg		
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	
meropenem intravenous recon soln 1 gram, 500 mg		
Cefalosporinas		
cefaclor oral capsule 250 mg, 500 mg		
cefadroxil oral capsule 500 mg		
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		
cefdinir oral capsule 300 mg		
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
cefepime injection recon soln 1 gram, 2 gram		
cefixime oral capsule 400 mg		
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		
cefpodoxime oral tablet 100 mg, 200 mg		
cefprozil oral tablet 250 mg, 500 mg		
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		

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Nombre del Medicamento		Requerimientos/ Límites
cefuroxime axetil oral tablet 250 mg, 500 mg		
cefuroxime sodium injection recon soln 750 mg		
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		
cephalexin oral capsule 250 mg, 500 mg		
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
tazicef injection recon soln 1 gram, 2 gram, 6 gram	(ceftazidime)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		NM; NDS
Macrólidos		
azithromycin intravenous recon soln 500 mg	(Zithromax)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		
clarithromycin oral tablet 250 mg, 500 mg		
DIFICID ORAL TABLET 200 MG		NM; NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	
erythromycin oral tablet 250 mg, 500 mg		
Penicilinas		
amoxicillin oral capsule 250 mg, 500 mg		
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		
amoxicillin oral tablet 500 mg, 875 mg		
amoxicillin oral tablet,chewable 125 mg, 250 mg		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	

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Nombre del Medicamento		Requerimientos/ Límites
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		
ampicillin oral capsule 500 mg		
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		
dicloxacillin oral capsule 250 mg, 500 mg		
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT		
nafcillin injection recon soln 1 gram, 10 gram, 2 gram		
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		
penicillin v potassium oral tablet 250 mg, 500 mg		
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		
Quinolonas		
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	
ciprofloxacin hcl oral tablet 750 mg		
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		

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Nombre del Medicamento		Requerimientos/ Límites
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		
levofloxacin oral solution 250 mg/10 ml		
levofloxacin oral tablet 250 mg		
levofloxacin oral tablet 500 mg, 750 mg		
moxifloxacin 400 mg/250 ml bag suv, p/f, inner		
moxifloxacin oral tablet 400 mg		
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	
Sulfonamidas		
sulfadiazine oral tablet 500 mg		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	
Tetraciclinas		
demeclocycline oral tablet 150 mg, 300 mg		
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	
doxycycline hyclate oral capsule 100 mg		
doxycycline hyclate oral capsule 50 mg	(Morgidox)	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		
doxycycline hyclate oral tablet 50 mg	(Targadox)	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	
doxycycline monohydrate oral capsule 150 mg		QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	
doxycycline monohydrate oral tablet 50 mg		

Nombre del Medicamento		Requerimientos/ Límites
minocycline oral capsule 100 mg, 50 mg, 75 mg		
tetracycline oral capsule 250 mg, 500 mg		
tigecycline intravenous recon soln 50 mg	(Tygacil)	NM; NDS
ANTICONCEPTIVOS		
Anticonceptivos		
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg		
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	

Nombre del Medicamento		Requerimientos/ Límites
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg		
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	

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

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

Nombre del Medicamento		Requerimientos/ Límites
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
NEXPLANON SUBDERMAL IMPLANT 68 MG		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	

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Nombre del Medicamento		Requerimientos/ Límites
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg		
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	

Nombre del Medicamento		Requerimientos/ Límites
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	

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Nombre del Medicamento		Requerimientos/ Límites
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin. estradiol)	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin. estradiol)	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
ANTICONVULSIVOS		
Anticonvulsivos		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	
carbamazepine oral tablet 200 mg	(Epitol)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	
carbamazepine oral tablet,chewable 100 mg, 200 mg		
clobazam oral suspension 2.5 mg/ml	(Onfi)	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	QL (60 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
DIACOMIT ORAL CAPSULE 250 MG		PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		ST; NM; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		ST; NM; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA NSO; NM; NDS
epitol oral tablet 200 mg	(carbamazepine)	
EPRONTIA ORAL SOLUTION 25 MG/ML		ST
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	ST; NM; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	ST; NM; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	
felbamate oral suspension 600 mg/5 ml		
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		PA NSO; NM; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	(perampanel)	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	ST; NM; NDS; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	QL (2160 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
gabapentin oral tablet 600 mg	(Neurontin)	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	
levetiracetam oral solution 100 mg/ml	(Keppra)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	
levetiracetam oral tablet for suspension 250 mg	(Spritam)	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	ST; NM; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	ST; NM; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	

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

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Nombre del Medicamento		Requerimientos/ Límites
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		NM; NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		
ZONISADE ORAL SUSPENSION 100 MG/5 ML		
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	
zonisamide oral capsule 50 mg		
ZTALMY ORAL SUSPENSION 50 MG/ML		PA NSO; NM; NDS; QL (1080 per 30 days)
ANTIDEPRESIVOS		
Antidepresivos		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		ST; NM; NDS
bupropion hcl oral tablet 100 mg, 75 mg		
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	

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Nombre del Medicamento		Requerimientos/ Límites
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	
citalopram oral solution 10 mg/5 ml		
citalopram oral tablet 10 mg	(Celexa)	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		
doxepin oral concentrate 10 mg/ml		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG		ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg		QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		ST; NM; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg	(Prozac)	
fluoxetine oral capsule 40 mg		
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		
MARPLAN ORAL TABLET 10 MG		

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Nombre del Medicamento		Requerimientos/ Límites
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	
mirtazapine oral tablet 45 mg, 7.5 mg		
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	
nortriptyline oral solution 10 mg/5 ml		
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		
phenelzine oral tablet 15 mg	(Nardil)	
protriptyline oral tablet 10 mg, 5 mg		
RALDESY ORAL SOLUTION 10 MG/ML		PA NSO; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		
trimipramine oral capsule 100 mg, 25 mg, 50 mg		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		PA NSO; NM; NDS; QL (14 per 14 days)

Nombre del Medicamento		Requerimientos/ Límites
ANTIFÚNGICOS		
Antifúngicos		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		PA BvD
amphotericin b injection recon soln 50 mg		PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	PA BvD; NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	
clotrimazole-betamethasone topical cream 1-0.05 %		QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		PA; NM; NDS
econazole nitrate topical cream 1 %		QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		
fluconazole oral suspension for reconstitution 10 mg/ml		
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	
fluconazole oral tablet 100 mg	(Diflucan)	
fluconazole oral tablet 150 mg, 200 mg, 50 mg		
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		
griseofulvin microsize oral tablet 500 mg		
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		
itraconazole oral capsule 100 mg	(Sporanox)	
ketoconazole oral tablet 200 mg		
ketoconazole topical cream 2 %		QL (180 per 30 days)
ketoconazole topical shampoo 2 %		QL (360 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	
miconazole-3 vaginal suppository 200 mg		
nyamyc topical powder 100,000 unit/gram	(nystatin)	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		
nystatin oral tablet 500,000 unit		
nystatin topical cream 100,000 unit/gram		QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		
nystop topical powder 100,000 unit/gram	(nystatin)	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		
voriconazole intravenous recon soln 200 mg	(Vfend IV)	PA BvD; NM; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	PA; NM; NDS
voriconazole oral tablet 200 mg		
voriconazole oral tablet 50 mg	(Vfend)	
ANTIHISTAMÍNICOS		
Antihistamínicos		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	
ANTIMICOBACTERIALES		
Antimicobacteriales		
dapsone oral tablet 100 mg, 25 mg		
ethambutol oral tablet 100 mg, 400 mg		
isoniazid oral tablet 100 mg, 300 mg		
PRIFTIN ORAL TABLET 150 MG		
pyrazinamide oral tablet 500 mg		
rifabutin oral capsule 150 mg		
rifampin intravenous recon soln 600 mg	(Rifadin)	
rifampin oral capsule 150 mg, 300 mg		
SIRTURO ORAL TABLET 100 MG, 20 MG		PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		
ANTIVIRALES (SITÉMICO)		
Antirretrovirales		
abacavir oral solution 20 mg/ml	(Ziagen)	

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Nombre del Medicamento		Requerimientos/ Límites
abacavir oral tablet 300 mg		
abacavir-lamivudine oral tablet 600-300 mg		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG		NM; NDS
atazanavir oral capsule 150 mg		
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		NM; NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		NM; NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	(emtricita-rilpivirine-tenofdf)	NM; NDS
darunavir oral tablet 600 mg, 800 mg	(Prezista)	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		
DOVATO ORAL TABLET 50-300 MG		NM; NDS
EDURANT ORAL TABLET 25 MG		NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		NM; NDS
efavirenz oral capsule 200 mg, 50 mg		
efavirenz oral tablet 600 mg		
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	NM; NDS

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Nombre del Medicamento		Requerimientos/ Límites
emtricitabine oral capsule 200 mg	(Emtriva)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	NM; NDS
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		
etravirine oral tablet 100 mg, 200 mg	(Intelence)	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG		NM; NDS
fosamprenavir oral tablet 700 mg		NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		NM; NDS
INTELENCE ORAL TABLET 25 MG		
ISENTRESS HD ORAL TABLET 600 MG		NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		NM; NDS
ISENTRESS ORAL TABLET 400 MG		NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG		
JULUCA ORAL TABLET 50-25 MG		NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	
lamivudine oral tablet 100 mg		
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	
lamivudine-zidovudine oral tablet 150-300 mg		
LEXIVA ORAL SUSPENSION 50 MG/ML		
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	NM; NDS
nevirapine oral suspension 50 mg/5 ml		QL (1200 per 30 days)

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Nombre del Medicamento	Requerimientos/ Límites
nevirapine oral tablet 200 mg	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	
NORVIR ORAL SOLUTION 80 MG/ML	
ODEFSEY ORAL TABLET 200-25-25 MG	NM; NDS
PIFELTRO ORAL TABLET 100 MG	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	
REYATAZ ORAL POWDER IN PACKET 50 MG	NM; NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	NM; NDS
ritonavir oral tablet 100 mg (Norvir)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; NDS
SELZENTRY ORAL TABLET 25 MG	
SELZENTRY ORAL TABLET 75 MG	NM; NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	PA BvD; NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	NM; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	

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Nombre del Medicamento		Requerimientos/ Límites
TIVICAY ORAL TABLET 10 MG		
TIVICAY ORAL TABLET 25 MG, 50 MG		NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG		NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		
TRIZIVIR ORAL TABLET 300-150-300 MG		NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)		NM; NDS
VEMLIDY ORAL TABLET 25 MG		ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		NM; NDS
VOCABRIA ORAL TABLET 30 MG		
zidovudine oral capsule 100 mg	(Retrovir)	
zidovudine oral syrup 10 mg/ml	(Retrovir)	
zidovudine oral tablet 300 mg		
Antivirales Hcv		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG		PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG		PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG		PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		PA; NM; NDS; QL (28 per 28 days)
Antivirales, Varios		
LIVTENCITY ORAL TABLET 200 MG		PA; NM; NDS
oseltamivir oral capsule 30 mg	(Tamiflu)	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	QL (42 per 180 days)

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Nombre del Medicamento		Requerimientos/ Límites
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)		QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)		QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ ACTUATION		QL (60 per 180 days)
Interferones		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		PA; NM; NDS
Nucleósidos Y Nucleótidos		
acyclovir oral capsule 200 mg		
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	
acyclovir oral tablet 400 mg, 800 mg		
acyclovir sodium intravenous solution 50 mg/ml		PA BvD
adefovir oral tablet 10 mg	(Hepsera)	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		
ribavirin oral tablet 200 mg		
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	NM; NDS
valganciclovir oral tablet 450 mg	(Valcyte)	
COFACTORES ENZIMÁTICOS/OTROS		
Cofactores Enzimáticos/Otros		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		PA; NM; NDS; QL (90 per 30 days)
DISPOSITIVOS		
Dispositivos		

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Nombre del Medicamento		Requerimientos/ Límites
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16”, 31 GAUGE X 3/16”, 31 GAUGE X 5/16”, 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2” 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST

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

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

Nombre del Medicamento		Requerimientos/ Límites
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2”		PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64”		PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64”		PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
BORDERED GAUZE 2”X2” 2 X 2 “	(gauze bandage)	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST

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Nombre del Medicamento		Requerimientos/ Límites
CARETOUCH PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16” 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16” 1 ML 28 X 5/16”		PA; ST
CARETOUCH SYR 1 ML 29GX5/16” 1 ML 29 GAUGE X 5/16		PA; ST
CARETOUCH SYR 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32” 32GX4MM, STERILE 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
COMFORT EZ 0.3 ML 31G 15/64” 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ 0.5 ML 31G 15/64” 1/2 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2” 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 1 ML 31G 15/64” 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST

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

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

Nombre del Medicamento		Requerimientos/ Límites
DERMACEA GAUZE 2”X2” SPONGE 8 PLY 2 X 2 “		PA; ST
DERMACEA NON-WOVEN 2”X2” SPNGE 2 X 2 “		PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2”		PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2”		PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2”		PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2”		PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16”		PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4”	(insulin syr/ndl u100 half mark)	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16”		PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64”		PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16”		PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64”		PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16”		PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64”		PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST

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Nombre del Medicamento		Requerimientos/ Límites
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64”		PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
DROPLET MICRON 34G X 9/64” 34 GAUGE X 9/64”		PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8”		PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST

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

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Nombre del Medicamento		Requerimientos/ Límites
EASY COMFORT 0.5 ML 32GX5/16” 1/2 ML 32 GAUGE X 5/16”		PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT 1 ML 32GX5/16” 1 ML 32 GAUGE X 5/16”		PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32”		PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16”		PA; ST
EASY COMFORT PEN NDL 31GX1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 “	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		PA; ST
EASY COMFORT SYR 1 ML 30GX1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	PA; ST

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

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

Nombre del Medicamento		Requerimientos/ Límites
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4”		PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE		PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 “	(gauze bandage)	PA; ST
GNP CLICKFINE 31G X 1/4” NDL 6MM, UNIVERSAL 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
GNP CLICKFINE 31G X 5/16” NDL 8MM, UNIVERSAL 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
GNP ULT C 0.3 ML 29GX1/2” (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2”		PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2” 1/2 ML 29	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST

Nombre del Medicamento		Requerimientos/ Límites
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16”	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	PA; ST
GS PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16”	(1st Tier Unifine Pentips)	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16”	(1st Tier Unifine Pentips)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2”		PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST

Nombre del Medicamento		Requerimientos/ Límites
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		
INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16”	(Ultra Comfort Insulin Syringe)	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4”	(Droplet Insulin Syr(half unit))	PA; ST
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2” (RX) 0.5 ML 30 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2” INNER 1/2 ML 27 GAUGE X 1/2”	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4”	(Sure Comfort Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4”	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		PA; ST
INSULIN SYRINGE 1 ML 27G 1/2” INNER 1 ML 27 GAUGE X 1/2”	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8”	(BD SafetyGlide Syringe)	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2” SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2”	(BD Eclipse Luer-Lok)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4” 1 ML 31 GAUGE X 1/4”	(Droplet Insulin Syringe)	PA; ST

Nombre del Medicamento		Requerimientos/ Límites
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64”		PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 “		PA; ST
LITE TOUCH 31GX1/4” PEN NEEDLE 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16”	(insulin syringe-needle u-100)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST

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

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

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Nombre del Medicamento		Requerimientos/ Límites
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8”	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSUL SYR U100 1 ML 3’S, 29GX1/2” (OTC) 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR 1 ML 3’S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2”		PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
MS INSULIN SYR 1 ML 31GX5/16” (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	(Ultra Comfort Insulin Syringe)	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
NOVOFINE 30 NEEDLE		PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6” 32 GAUGE X 1/6”		PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5”		PA; ST

Nombre del Medicamento		Requerimientos/ Límites
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)		QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16”	(Embrace Pen Needle)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16”	(CareFine Pen Needle)	PA; ST
PEN NEEDLE 30G X 5/16” 30 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
PEN NEEDLE 31G X 1/4” HRI 31 GAUGE X 1/4”	(1st Tier Unifine Pentips)	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2”	(1st Tier Unifine Pentips Plus)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 29G 1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST

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Nombre del Medicamento		Requerimientos/ Límites
PENTIPS PEN NEEDLE 31G 1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX3/16” MINI, 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16” SHORT, 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32” 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
PREFPLS INS SYR 1 ML 30GX5/16” (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	PA; ST
PREVENT PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”		PA; ST
PREVENT PEN NEEDLE 31GX5/16” 31 GAUGE X 5/16”		PA; ST
PRO COMFORT 0.5 ML 30GX1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 30GX1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
PRO COMFORT PEN NDL 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 32G X 1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST

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Nombre del Medicamento		Requerimientos/ Límites
PRODIGY INS SYR 1 ML 28GX1/2” 1 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic, safety)	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4”		PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32”		PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32”		PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32”	(Comfort Touch Pen Needle)	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64”		PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64”		PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64”	(Comfort EZ Insulin Syringe)	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64”	(Comfort EZ Insulin Syringe)	PA; ST
RELION INS SYR 1 ML 31GX15/64” 1 ML 31 GAUGE X 15/64”	(Comfort EZ Insulin Syringe)	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16”		PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16”,10X10 0.3 ML 30 GAUGE X 5/16”		PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2”,10X10 0.5 ML 29 GAUGE X 1/2”		PA; ST

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

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

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

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Nombre del Medicamento		Requerimientos/ Límites
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2”, 1 ML 28 GAUGE X 1/2”, 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8”	(Thinpro Insulin Syringe)	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8”	(insulin syringe-needle u-100)	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8”	(insulin syringe-needle u-100)	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2”, 1/2 ML 27 GAUGE X 1/2”, 1/2 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2”, 0.3 ML 30 X 3/8”	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8”		PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2”, 1/2 ML 28 GAUGE X 1/2”, 1/2 ML 30 X 3/8”	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8”		PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2”, 1 ML 29 GAUGE X 1/2”, 1 ML 30 GAUGE X 3/8”	(insulin syringe-needle u-100)	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8”		PA; ST
TOPCARE CLICKFINE 31G X 1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
TOPCARE CLICKFINE 31G X 5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2”, 0.3 ML 30 GAUGE X 5/16”, 0.3 ML 31 GAUGE X 5/16”, 0.5 ML 29 GAUGE X 1/2”, 0.5 ML 30 GAUGE X 5/16”, 0.5 ML 31 GAUGE X 5/16”, 1 ML 29 GAUGE X 1/2”, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16” 1/2 ML 32 GAUGE X 5/16”		PA; ST

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

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

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

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Nombre del Medicamento		Requerimientos/ Límites
ULTICARE SYR 0.3 ML 30GX1/2” 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16” SHORT NDL 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16” SHORT NDL 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTICARE SYR 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2”		PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2”		PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2”		PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16”		PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2”		PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16”		PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4”		PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16”		PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32”		PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4”		PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16”		PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16”		PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2”, 0.3 ML 30 GAUGE X 5/16”, 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2”, 0.5 ML 30 GAUGE X 5/16”, 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST

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

Nombre del Medicamento		Requerimientos/ Límites
ULTRA FLO SYR 0.5 ML 29G 1/2” 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 30G X 5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 30GX1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRACARE INS 1 ML 31G X 5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16” 32 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32” 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64”		PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16”		PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST

Nombre del Medicamento		Requerimientos/ Límites
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 31GX3/16” 31GX5MM,STRL,MINI 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 32GX1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST

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

Nombre del Medicamento		Requerimientos/ Límites
UNIFINE PENTIPS 32GX5/32” 32GX4MM, STRL, NANO 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 33GX5/32” 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS MAX 30GX3/16” 30 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		PA; ST
UNIFINE PENTIPS PLUS 29GX1/2” 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16” 30 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4” ULTRA SHORT, 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16” MINI 31 GAUGE X 3/16”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16” SHORT 31 GAUGE X 5/16”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32” 33 GAUGE X 5/32”	(pen needle, diabetic)	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16”		PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16”		PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32”		PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16”		PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16”		PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic, safety)	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4”		PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16”		PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32”		PA; ST

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

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Nombre del Medicamento		Requerimientos/ Límites
VERIFINE SYRNG 0.3 ML 31G 5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	PA; ST
VERSALON ALL PURPOSE SPONGE 25’S,N-STERILE,3PLY 2 X 2 “		PA; ST
V-GO 20 DEVICE		QL (30 per 30 days)
V-GO 30 DEVICE		QL (30 per 30 days)
V-GO 40 DEVICE		QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20’S,LARGE	(alcohol swabs)	PA; ST
PREPARACIONES DE REEMPLAZO		
Preparaciones De Reemplazo		
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	
d5 %-0.45 % sodium chloride intravenous parenteral solution		
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	
magnesium sulfate injection solution 500 mg/ml (50 %)		
magnesium sulfate injection syringe 500 mg/ml (50 %)		
potassium chloride intravenous solution 2 meq/ml		PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	
potassium chloride oral tablet extended release 15 meq, 20 meq		
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	

Nombre del Medicamento		Requerimientos/ Límites
potassium chloride oral tablet,er particles/ crystals 15 meq	(Klor-Con M15)	
potassium chloride oral tablet,er particles/ crystals 20 meq	(Klor-Con M20)	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	
potassium citrate oral tablet extended release 5 meq (540 mg)		
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		
sodium chloride 0.9 % intravenous parenteral solution		
sodium chloride 0.9% solution mini-bag, single use		
PRODUCTOS SANGUÍNEOS/MODIFICADORES/EXPANSORES DE VOLUMEN		
Agentes Hematológicos, Varios		
anagrelide oral capsule 0.5 mg	(Agrylin)	
anagrelide oral capsule 1 mg		
tranexamic acid oral tablet 650 mg		
Anticoagulantes		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		
ELIQUIS ORAL TABLET 2.5 MG		QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ ml, 150 mg/ml	(Lovenox)	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	NM; NDS; QL (24 per 30 days)

Nombre del Medicamento		Requerimientos/ Límites
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	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		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML		QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	QL (60 per 30 days)
Inhibidores De Agregación De Plaquetas		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	
cilostazol oral tablet 100 mg, 50 mg		
clopidogrel oral tablet 75 mg	(Plavix)	
dipyridamole oral tablet 50 mg, 75 mg		PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg		
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	QL (30 per 30 days)
Modificadores De Formación De Sangre		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		PA; NM; NDS

Nombre del Medicamento		Requerimientos/ Límites
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	(eltrombopag olamine)	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	(eltrombopag olamine)	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	(eltrombopag olamine)	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	(eltrombopag olamine)	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	(eltrombopag olamine)	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML		PA; QL (4 per 28 days)
REEMPLAZO/MODIFICADORES DE ENZIMA		
Reemplazo/Modificadores De Enzima		
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		
javygtor oral tablet,soluble 100 mg	(sapropterin)	PA; NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML		PA BvD; NM; NDS
sapropterin oral tablet,soluble 100 mg	(Javygtor)	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		PA; NM; LA; NDS

Nombre del Medicamento		Requerimientos/ Límites
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600-252,600 UNIT		
RELAJANTES MUSCULARES ESQUELÉTICOS		
Relajantes Musculares Esqueléticos		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		
cyclobenzaprine oral tablet 10 mg, 5 mg		PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg		
dantrolene oral capsule 25 mg	(Dantrium)	
methocarbamol oral tablet 500 mg, 750 mg		PA-HRM; AGE (Max 64 Years)
tizanidine oral tablet 2 mg		
tizanidine oral tablet 4 mg	(Zanaflex)	
VITAMINAS Y MINERALES		
Vitaminas Y Minerales		
bal-care dha combo pack 27-1-430 mg		
bal-care dha essential pack 27 mg iron-1 mg -374 mg		
c-nate dha softgel 28 mg iron-1 mg -200 mg		
completenate tablet chew 29 mg iron- 1 mg		
folivane-ob capsule 85-1 mg		
kosher prenatal plus iron tab 30 mg iron- 1 mg		
marnatal-f capsule 60 mg iron-1 mg		
m-natal plus tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	
mynatal advance oral tablet 90-1-50 mg		
mynatal capsule 65 mg iron- 1 mg		
mynatal oral tablet 90-1-50 mg		
mynatal plus captab 65 mg iron- 1 mg		
mynatal-z captab 65 mg iron- 1 mg		
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		
newgen tablet 32-1,000 mg-mcg		
niva-plus tablet 27 mg iron- 1 mg		

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

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

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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 08/01/2025. For more recent information or other questions, please contact Member Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. and Saturday-Sunday from 10:00 a.m. – 2:00 p.m., or visit www.imperialhealthplan.com.

Este formulario se actualizó el 01/08/2025. 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.