2025

Drug Formulary

Formulario de Medicamentos

C-SNP

Imperial Senior Value (HMO C-SNP) 005

IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Senior Value (HMO C-SNP)

2025 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 25222, Version Number 16.

This formulary was updated on 09/01/2025. 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 www.imperialhealthplan.com.

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

Contents

What is the Imperial Senior Value (HMO C-SNP) Formulary? **3**

Can the Formulary change? **3**

How do I use the Formulary? **4**

What are generic drugs? **4**

What are original biological products and how are they related to biosimilars? **5**

Are there any restrictions on my coverage? **5**

What if my drug is not on the Formulary? **5**

How do I request an exception to the Imperial Senior Value (HMO C-SNP) Formulary? **6**

What can I do if my drug is not on the formulary or has a restriction? **6**

For more information **7**

Imperial Senior Value (HMO C-SNP) Formulary **7**

Imperial Standard CSNP 2025 6-Tier (List of Covered Drugs) List of Drugs by Medical Condition **16**

Legend **20**

Imperial Standard CSNP 2025 6-Tier (List of Covered Drugs) **22**

Index of Drugs / Índice de medicamentos **345**

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 Health Plan.

This document includes a Drug List (formulary) for our plan which is current as of 09/01/2025. 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 Senior Value (HMO C-SNP) Formulary?

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

Can the Formulary change?

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

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

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

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

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add

prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of 09/01/2025. To get updated information about the drugs covered by Imperial Senior Value (HMO C-SNP) please contact us. Our contact information appears on the front and back cover pages. In the event of non-maintenance changes to the formulary throughout the plan year, we may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the errata sheet.

How do I use the Formulary?

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

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

Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 345. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Beneficiaries who are discharged from the hospital and are provided a discharge list of medications based upon the formulary of the hospital.

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

For more information

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

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

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

Imperial Senior Value (HMO C-SNP) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Senior Value (HMO C-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 345.

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

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

Imperial Senior Value (HMO C-SNP)

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

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

HPMS Approved Formulary File Submission ID 25222, Version Number 16.

Este formulario se actualizó el 01/09/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicio al Cliente llamando al 1-800-838-8271, o para los usuarios de TTY al 711, del 1 de octubre al 31 de marzo: lunes a domingo, de 8:00 a.m. a 8:00 p.m., excepto los días festivos, o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m., excepto los días festivos, o visite www.imperialhealthplan.com.

IR_505 H5496 Drug Formulary 6T_C ENG

Contenido

¿Qué es el formulario de Imperial Senior Value (HMO C-SNP)? **10**

¿El Formulario puede cambiar? **10**

¿Cómo utilizo el Formulario? **11**

¿Qué son los medicamentos genéricos? **12**

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares? **12**

¿Hay alguna restricción en mi cobertura? **12**

¿Qué pasa si mi medicamento no está en el Formulario? **13**

¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Senior Value (HMO C-SNP)? **13**

¿Qué puedo hacer si mi medicamento no está en el Formulario o si tiene una restricción? **14**

Para obtener más información **15**

Formulario de Imperial Senior Value (HMO C-SNP) **15**

Imperial Standard CSNP 2025 6-Tier (Lista de medicamentos cubiertos) Lista de medicamentos por condición médica **18**

Leyenda **21**

Imperial Standard CSNP 2025 6-Tier (Lista de medicamentos cubiertos) **184**

Index of Drugs / Índice de medicamentos **345**

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

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

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 01/09/2025. Para obtener una Lista de los medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de los medicamentos (Formulario), aparece en las páginas de la portada y la portada posterior.

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

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

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

¿El Formulario puede cambiar?

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

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

- **Sustitución inmediata de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro Formulario si lo reemplazamos con una cierta versión nueva de ese medicamento que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca o productos biológicos originales en nuestro Formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.
- Podemos realizar estos cambios inmediatos solo si estamos sumando una nueva versión genérica de un medicamento de marca, o si agregamos ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el Formulario (por ejemplo, agregar un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una receta nueva).
- Si actualmente está tomando el medicamento de marca o el producto biológico original, quizás no le informemos con anticipación que realizaremos un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
- Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo para usted el medicamento que se cambiará. Para obtener más información, consulte la sección a continuación titulada “¿Cómo puedo solicitar una excepción al Formulario de Imperial Senior Value (HMO C-SNP)?”
- Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”.
- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se debe retirar por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro Formulario y, luego, notificarles a los miembros que toman el medicamento.

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

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

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

El Formulario adjunto entra en vigencia el 01/09/2025. Para recibir información actualizada sobre los medicamentos cubiertos por Imperial Senior Value (HMO C-SNP) comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En caso de cambios al formulario durante el año del plan que no sean relacionados al mantenimiento, podemos realizar cambios a través de las hojas de correcciones que le enviemos. Además, puede visitar nuestro sitio web para encontrar un enlace a la hoja de correcciones.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica
El Formulario comienza en la página 184. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría “CARDIOVASCULAR”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 18. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético
Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 345. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

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

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

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

¿Hay alguna restricción en mi cobertura?

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

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

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 184. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

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

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

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

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

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

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

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

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

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

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar una excepción de nivel o 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?

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

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

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

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

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

Para obtener más información

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

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

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

Formulario de Imperial Senior Value (HMO C-SNP)

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos que cubre Imperial Senior Value (HMO C-SNP). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 345.

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

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

Imperial Standard CSNP 2025 6-Tier (List of Covered Drugs)
List of Drugs by Medical Condition

ANALGESICS 22
ANESTHETICS 25
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS 25
ANTIANXIETY AGENTS 26
ANTIBACTERIALS 27
ANTICANCER AGENTS 33
ANTICONVULSANTS 49
ANTIDEMENTIA AGENTS 54
ANTIDEPRESSANTS 55
ANTIDIABETIC AGENTS 57
ANTIFUNGALS 62
ANTIGOUT AGENTS 64
ANTIHISTAMINES 64
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE) 64
ANTIMIGRAINE AGENTS 64
ANTIMYCOBACTERIALS 66
ANTINAUSEA AGENTS 66
ANTIPARASITE AGENTS 67
ANTIPARKINSONIAN AGENTS 68
ANTIPSYCHOTIC AGENTS 69
ANTIVIRALS (SYSTEMIC) 75
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS 81
CALORIC AGENTS 83
CARDIOVASCULAR AGENTS 84
CENTRAL NERVOUS SYSTEM AGENTS 93
CONTRACEPTIVES 96
DENTAL AND ORAL AGENTS 104
DERMATOLOGICAL AGENTS 105
DEVICES 108
ENZYME COFACTORS/CHAPERONES 146
ENZYME REPLACEMENT/MODIFIERS 147
EYE, EAR, NOSE, THROAT AGENTS 147
GASTROINTESTINAL AGENTS 151
GENITOURINARY AGENTS 154
HEAVY METAL ANTAGONISTS 154
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING 155

IMMUNOLOGICAL AGENTS **159**
INFLAMMATORY BOWEL DISEASE AGENTS **170**
METABOLIC BONE DISEASE AGENTS **171**
MISCELLANEOUS THERAPEUTIC AGENTS **172**
OPHTHALMIC AGENTS **173**
REPLACEMENT PREPARATIONS **174**
RESPIRATORY TRACT AGENTS **175**
SKELETAL MUSCLE RELAXANTS **179**
SLEEP DISORDER AGENTS **179**
VASODILATING AGENTS **180**
VITAMINS AND MINERALS **180**

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

AGENTES ANTI CÁNCER **184**
AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS **199**
AGENTES ANTIANSIEDAD **200**
AGENTES ANTIDEMENCIA **201**
AGENTES ANTIDIABETICO **202**
AGENTES ANTIGOTA **206**
AGENTES ANTIMIGRAÑA **207**
AGENTES ANTINAUSEA **208**
AGENTES ANTIPARASITARIOS **209**
AGENTES ANTIPARKINSON **210**
AGENTES ANTIPSICÓTICOS **211**
AGENTES CALÓRICOS **217**
AGENTES CARDIOVASCULARES **217**
AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA **227**
AGENTES DE ENFERMEDAD ÓSEA METABÓLICA **227**
AGENTES DE TRASTORNO DE SUEÑO **228**
AGENTES DEL SISTEMA NERVIOSO CENTRAL **228**
AGENTES DEL TRACTO RESPIRATORIO **232**
AGENTES DENTALES Y ORALES **235**
AGENTES DERMATOLÓGICOS **236**
AGENTES GASTROINTESTINALES **239**
AGENTES GENITOURINARIOS **242**
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR **243**
AGENTES INMUNOLÓGICOS **248**
AGENTES OFTÁLMICOS **259**
AGENTES PARA LOS OJOS, OÍDOS, NARIZ, GARGANTA **260**
AGENTES TERAPEUTICOS MISCELÁNEOS **263**
AGENTES VASODILATADORES **264**
ANALGÉSICOS **265**
ANESTÉSICOS **268**
ANTAGONISTAS DE METALES PESADOS **269**
ANTI INFECCIOSOS (MEMBRANA CUTÁNEA Y MUCOSA) **269**
ANTIBACTERIANOS **269**
ANTICONCEPTIVOS **275**

ANTICONVULSIVOS **283**
ANTIDEPRESIVOS **288**
ANTIFÚNGICOS **291**
ANTIHISTAMÍNICOS **292**
ANTIMICOBACTERIALES **293**
ANTIVIRALES (SITÉMICO) **293**
COFACTORES ENZIMÁTICOS/OTROS **299**
DISPOSITIVOS **299**
PREPARACIONES DE REEMPLAZO **337**
PRODUCTOS SANGUÍNEOS/MODIFICADORES/EXPANSORES DE VOLUMEN **338**
REEMPLAZO/MODIFICADORES DE ENZIMA **340**
RELAJANTES MUSCULARES ESQUELÉTICOS **341**
VITAMINAS Y MINERALES **342**

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

Legend

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

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

CB: Capped Benefit - This drug has a specified limit amount per month and does not allow early refill. EX: Excluded Drug - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you may not be eligible to receive extra help to pay for this drug through other programs.

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

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

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

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

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

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

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

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

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

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

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

Leyenda

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
ANALGESICS			
Analgesics, Miscellaneous			
acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)		1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		2	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		2	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)	2	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	2	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		2	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	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	2	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	2	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	2	QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	2	QL (180 per 30 days)
methadone oral tablet 10 mg	2	QL (120 per 30 days)
methadone oral tablet 5 mg	2	QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	2	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml	2	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	2	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg (MS Contin)	2	QL (90 per 30 days)
morphine oral tablet extended release 60 mg (MS Contin)	2	QL (60 per 30 days)
oxycodone oral capsule 5 mg	2	QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	2	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	2	QL (120 per 30 days)
oxycodone oral tablet 20 mg	2	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)	2	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg (Endocet)	2	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg (Endocet)	2	QL (240 per 30 days)
tramadol oral tablet 50 mg	1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	2	QL (300 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		2	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram / actuation(2 %)	(Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	
flurbiprofen oral tablet 100 mg		2	
ibu oral tablet 400 mg	(ibuprofen)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		2	PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		1	

Drug Name		Drug Tier	Requirements/ Limits
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	2	
sulindac oral tablet 150 mg, 200 mg		2	
ANESTHETICS			
Local Anesthetics			
dermacinrx lidocan 5% patch outer	(lidocaine)	2	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	2	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	2	QL (30 per 30 days)
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		2	PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	2	
lidocaine-prilocaine topical cream 2.5-2.5 %		2	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		3	PA; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		2	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		2	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	4	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	4	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		2	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		2	
disulfiram oral tablet 250 mg, 500 mg		2	

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

Drug Name		Drug Tier	Requirements/ Limits
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		3	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		2	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		2	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg		2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		4	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	2	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		2	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	2	
ANTIANXIETY AGENTS			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		4	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		2	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		2	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	2	QL (150 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
lorazepam 4 mg/ml vial inner	(Ativan)	1	
lorazepam injection solution 2 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	4	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	2	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
temazepam oral capsule 22.5 mg	(Restoril)	2	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	2	QL (120 per 30 days)
triazolam oral tablet 0.125 mg		2	QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	2	QL (60 per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
amikacin injection solution 500 mg/2 ml		2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		5	PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		2	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml		2	
neomycin oral tablet 500 mg		2	
streptomycin intramuscular recon soln 1 gram		5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		2	
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	2	

Drug Name		Drug Tier	Requirements/ Limits
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	2	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	NM; NDS
daptomycin intravenous recon soln 350 mg, 500 mg		5	NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	2	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	2	
methenamine hippurate oral tablet 1 gram		2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	QL (60 per 30 days)
trimethoprim oral tablet 100 mg		2	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		2	
vancomycin oral capsule 125 mg	(Vancocin)	2	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		5	PA; NM; NDS; QL (90 per 30 days)
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		2	
cefadroxil oral capsule 500 mg		2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		2	

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

Drug Name		Drug Tier	Requirements/ Limits
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		2	
cefdinir oral capsule 300 mg		2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	
cefepime injection recon soln 1 gram, 2 gram		2	
cefixime oral capsule 400 mg		4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		2	
cefpodoxime oral tablet 100 mg, 200 mg		4	
cefprozil oral tablet 250 mg, 500 mg		2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		2	
cefuroxime axetil oral tablet 250 mg, 500 mg		2	
cefuroxime sodium injection recon soln 750 mg		2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		2	
cephalexin oral capsule 250 mg, 500 mg		1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	(ceftazidime)	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		5	NM; NDS
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	2	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	2	

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

Drug Name		Drug Tier	Requirements/ Limits
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	
clarithromycin oral tablet 250 mg, 500 mg		2	
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	5	NM; NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	
erythromycin oral tablet 250 mg, 500 mg		4	
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	PA; NM; LA; NDS
ertapenem injection recon soln 1 gram		2	
imipenem-cilastatin intravenous recon soln 250 mg		2	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	2	
meropenem 2 gram vial inner, suv, p/f		4	
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg		2	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		2	

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

Drug Name		Drug Tier	Requirements/ Limits
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		2	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		4	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		2	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg		2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT		4	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram		2	
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	2	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml		2	

Drug Name		Drug Tier	Requirements/ Limits
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		2	
penicillin v potassium oral tablet 250 mg, 500 mg		1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		2	
Quinolones			
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg		1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		2	
levofloxacin oral solution 250 mg/10 ml		4	
levofloxacin oral tablet 250 mg		1	
levofloxacin oral tablet 500 mg, 750 mg		1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner		2	
moxifloxacin oral tablet 400 mg		2	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	2	
Sulfonamides			
sulfadiazine oral tablet 500 mg		2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		4	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	2	

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

Drug Name		Drug Tier	Requirements/ Limits
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	2	
doxycycline hyclate oral capsule 100 mg		2	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		2	
doxycycline hyclate oral tablet 50 mg	(Targadox)	2	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	2	
doxycycline monohydrate oral capsule 150 mg		2	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		2	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	2	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		2	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	2	
doxycycline monohydrate oral tablet 50 mg		2	
minocycline oral capsule 100 mg, 50 mg, 75 mg		2	
tetracycline oral capsule 250 mg, 500 mg		4	
tigecycline intravenous recon soln 50 mg	(Tygacil)	5	NM; NDS
ANTICANCER AGENTS			
Anticancer Agents			
abiraterone oral tablet 250 mg	(Abirtega)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	2	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/ Limits
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		5	PA NSO; NM; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		5	PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG		5	PA NSO; NM; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		5	PA NSO; NM; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		5	NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	5	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	5	PA NSO; NM; NDS
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NM; NDS
bexarotene topical gel 1 %	(Targretin)	5	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	PA NSO; NM; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit	2	
bortezomib injection recon soln 1 mg, 2.5 mg	4	PA NSO
bortezomib injection recon soln 3.5 mg (Velcade)	4	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML	4	PA NSO
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	5	PA BvD; NM; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	5	PA BvD; NM; NDS
cyclophosphamide intravenous solution 500 mg/ml (Frindovyx)	5	PA BvD; NM; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	2	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	5	PA NSO; NM; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	5	PA NSO; NM; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	5	NM; NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Caelyx)	5	PA BvD; NM; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO

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

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	5	PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	5	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
etoposide intravenous solution 20 mg/ml	2	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NM; NDS
everolimus (antineoplastic) oral tablet 10 mg (Torpenz)	5	PA NSO; NM; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg (Torpenz)	5	PA NSO; NM; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg (Aromasin)	2	
FAKZYNJA ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NM; NDS

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

Drug Name		Drug Tier	Requirements/ Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		3	PA BvD
floxuridine injection recon soln 0.5 gram		2	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		2	PA BvD
flutamide oral capsule 125 mg	(Eulexin)	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		5	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	5	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		5	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	(Iressa)	5	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	(lomustine)	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	(lomustine)	5	NM; NDS
GOMEKLI ORAL CAPSULE 1 MG		5	PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		5	PA NSO; NM; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		5	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		5	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG		5	PA NSO; NM; NDS
hydroxyurea oral capsule 500 mg	(Hydrea)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	2	
imatinib oral tablet 100 mg (Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ ML	5	PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	5	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NM; NDS
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	PA NSO; NM; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
megestrol oral tablet 20 mg, 40 mg	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml (Purixan)	5	NM; NDS
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection recon soln 1 gram	2	
methotrexate sodium (pf) injection solution 25 mg/ml	2	
methotrexate sodium injection solution 25 mg/ml	2	
methotrexate sodium oral tablet 2.5 mg	2	PA BvD; ST

Drug Name	Drug Tier	Requirements/ Limits
mitoxantrone intravenous concentrate 2 mg/ml	2	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/ WEEK (100 MG X 4), 500 MG/ WEEK (100 MG X 5), 600 MG/ WEEK (100 MG X 6)	5	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NM; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
sorafenib oral tablet 200 mg (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	5	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	

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

Drug Name		Drug Tier	Requirements/ Limits
TABRECTA ORAL TABLET 150 MG, 200 MG		5	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		5	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG		5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML		5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg		2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	(nilotinib hcl)	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	(nilotinib hcl)	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		5	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG		5	PA NSO; NM; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml	(etoposide)	2	
toremifene oral tablet 60 mg	(Fareston)	5	NM; NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG		5	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/ Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg	5	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	5	PA NSO; NM; NDS

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

Drug Name	Drug Tier	Requirements/ Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/ WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/ WEEK (10 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/ WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NM; NDS; QL (20 per 28 days)
ANTICONVULSANTS		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	2	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	2	
carbamazepine oral tablet 200 mg (Epitol)	2	

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

Drug Name		Drug Tier	Requirements/ Limits
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	
carbamazepine oral tablet,chewable 100 mg, 200 mg		2	
clobazam oral suspension 2.5 mg/ml	(Onfi)	2	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		5	ST; NM; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		5	ST; NM; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NM; NDS
epitol oral tablet 200 mg	(carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	4	ST
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	5	ST; NM; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	5	ST; NM; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
rufinamide oral tablet 400 mg	(Banzel)	5	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		5	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG		4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	(levetiracetam)	4	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		2	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral capsule, sprinkle 50 mg		2	
topiramate oral solution 25 mg/ml	(Eprontia)	2	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	
valproic acid oral capsule 250 mg		2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		5	NM; NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NM; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	1	
fluoxetine oral capsule 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
MARPLAN ORAL TABLET 10 MG	4	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	2	
mirtazapine oral tablet 45 mg, 7.5 mg	2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml	4	
paroxetine hcl oral suspension 10 mg/5 ml (Paxil)	4	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	4	

Drug Name		Drug Tier	Requirements/ Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	
phenelzine oral tablet 15 mg	(Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg		4	
RALDESY ORAL SOLUTION 10 MG/ ML		4	PA NSO; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		5	PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		5	PA NSO; NM; NDS; QL (14 per 14 days)
ANTIDIABETIC AGENTS			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	6	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg	6	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)	6	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	6	QL (120 per 30 days)
repaglinide oral tablet 2 mg	6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulins		

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

Drug Name		Drug Tier	Requirements/ Limits
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	$0 copay; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		3	$0 copay; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	$0 copay; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	$0 copay; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		3	$0 copay; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	2	$0 copay; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	2	$0 copay; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	2	$0 copay; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	2	$0 copay; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	2	$0 copay; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	3	$0 copay
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	3	$0 copay
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	3	$0 copay
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	3	$0 copay
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	$0 copay; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	$0 copay; QL (30 per 28 days)

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

Drug Name		Drug Tier	Requirements/ Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	$0 copay; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	$0 copay; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	$0 copay; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		3	$0 copay; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	3	$0 copay
SEMGLEE(INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	3	$0 copay
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	$0 copay; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	3	$0 copay
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	3	$0 copay
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	3	$0 copay
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	3	$0 copay
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	3	$0 copay
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		3	$0 copay; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		6	QL (30 per 30 days)
glimepiride oral tablet 4 mg		6	QL (60 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
glipizide oral tablet 10 mg		6	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		6	QL (60 per 30 days)
glipizide oral tablet 5 mg		6	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		6	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		6	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		6	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		6	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		6	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		6	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		6	PA-HRM; AGE (Max 64 Years)
ANTIFUNGALS			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD
amphotericin b injection recon soln 50 mg		2	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	5	PA BvD; NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	2	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	2	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	4	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	2	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	2	
clotrimazole-betamethasone topical cream 1-0.05 %		2	QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA; NM; NDS
econazole nitrate topical cream 1 %		2	QL (170 per 30 days)

Drug Name		Drug Tier	Requirements/ Limits
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
fluconazole oral suspension for reconstitution 10 mg/ml		2	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		2	
griseofulvin microsize oral tablet 500 mg		4	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		4	
itraconazole oral capsule 100 mg	(Sporanox)	2	
ketoconazole oral tablet 200 mg		2	
ketoconazole topical cream 2 %		2	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		2	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	2	
miconazole-3 vaginal suppository 200 mg		2	
nyamyc topical powder 100,000 unit/ gram	(nystatin)	2	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ ml		2	
nystatin oral tablet 500,000 unit		2	
nystatin topical cream 100,000 unit/ gram		2	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/ gram		2	QL (60 per 30 days)
nystatin topical powder 100,000 unit/ gram	(Nyamyc)	2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	
nystop topical powder 100,000 unit/ gram	(nystatin)	2	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/ Limits
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	5	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA BvD; NM; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	PA; NM; NDS
voriconazole oral tablet 200 mg, 50 mg		4	
ANTIGOUT AGENTS			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	2	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	2	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		2	
probenecid-colchicine oral tablet 500-0.5 mg		2	
ANTIHISTAMINES			
Antihistamines			
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	4	
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		4	
ANTIMIGRAINE AGENTS			
Antimigraine Agents			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; QL (1 per 30 days)

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

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

Drug Name		Drug Tier	Requirements/ Limits
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		2	
ethambutol oral tablet 100 mg, 400 mg		2	
isoniazid oral tablet 100 mg, 300 mg		1	
PRIFTIN ORAL TABLET 150 MG		4	
pyrazinamide oral tablet 500 mg		2	
rifabutin oral capsule 150 mg		4	
rifampin intravenous recon soln 600 mg	(Rifadin)	2	
rifampin oral capsule 150 mg, 300 mg		2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		4	
ANTINAUSEA AGENTS			
Antinausea Agents			
aprepitant oral capsule 125 mg		2	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		2	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	2	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	2	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	2	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	4	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	2	

Drug Name		Drug Tier	Requirements/ Limits
prochlorperazine rectal suppository 25 mg	(Compro)	2	
promethazine injection solution 25 mg/ml	(Phenergan)	2	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	2	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	2	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
ANTIPARASITE AGENTS			
Antiparasite Agents			
albendazole oral tablet 200 mg		5	NM; NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	2	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 100 mg		2	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	2	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
ivermectin oral tablet 6 mg		2	
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	5	NM; NDS; QL (60 per 30 days)
paromomycin oral capsule 250 mg	(Humatin)	2	
pentamidine inhalation recon soln 300 mg	(Nebupent)	2	PA BvD

Drug Name		Drug Tier	Requirements/ Limits
pentamidine injection recon soln 300 mg	(Pentam)	2	
praziquantel oral tablet 600 mg	(Biltricide)	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA
tinidazole oral tablet 250 mg, 500 mg		2	
ANTIPARKINSONIAN AGENTS			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral solution 50 mg/5 ml		2	
amantadine hcl oral tablet 100 mg		2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		2	
bromocriptine oral tablet 2.5 mg		2	
cabergoline oral tablet 0.5 mg		2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	2	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	2	
carbidopa-levodopa oral tablet 25-250 mg		2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg		2	
carbidopa-levodopa oral tablet,disintegrating 25-100 mg, 25-250 mg		4	
entacapone oral tablet 200 mg		2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG		5	PA; NM; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML		5	PA; NM; NDS; QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	4	
trihexyphenidyl oral tablet 2 mg, 5 mg	2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ ML	5	PA; NM; NDS; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	2	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	2	
aripiprazole oral tablet,disintegrating 10 mg	4	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	2	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	4	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NM; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 21 days)

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	2	
fluphenazine hcl oral concentrate 5 mg/ml	2	
fluphenazine hcl oral elixir 2.5 mg/5 ml	2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	2	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	2	QL (30 per 30 days)
lurasidone oral tablet 80 mg (Latuda)	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	2	QL (240 per 30 days)
molindone oral tablet 25 mg	2	QL (270 per 30 days)
molindone oral tablet 5 mg	5	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/ Limits
NUPLAZID ORAL TABLET 10 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg		2	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg		2	
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	(Zyprexa)	2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg		2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		5	ST; NM; NDS
paliperidone oral tablet extended release 24hr 1.5 mg		4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	4	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		5	NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		2	
prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)		2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	2	
quetiapine oral tablet 150 mg		2	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	NM; NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	2	QL (2 per 28 days)

Drug Name		Drug Tier	Requirements/ Limits
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	5	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	2	
risperidone oral tablet 0.25 mg		2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	5	NM; NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		5	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML		5	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML		5	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML		5	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML		5	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML		5	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML		5	NM; NDS; QL (0.14 per 28 days)

Drug Name		Drug Tier	Requirements/ Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML		5	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)		4	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	2	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		5	NM; NDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)			
Antiretrovirals			
abacavir oral solution 20 mg/ml	(Ziagen)	2	
abacavir oral tablet 300 mg		2	
abacavir-lamivudine oral tablet 600-300 mg		2	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	5	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG		5	NM; NDS
atazanavir oral capsule 150 mg		2	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	NM; NDS; QL (30 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		5	NM; NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		5	NM; NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		5	NM; NDS
darunavir oral tablet 600 mg, 800 mg	(Prezista)	5	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		2	
DOVATO ORAL TABLET 50-300 MG		5	NM; NDS
EDURANT ORAL TABLET 25 MG		5	NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		5	NM; NDS
efavirenz oral capsule 200 mg, 50 mg		2	
efavirenz oral tablet 600 mg		2	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NM; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	2	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	5	NM; NDS
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	2	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	5	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ ML		4	

Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
etravirine oral tablet 100 mg, 200 mg (Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
fosamprenavir oral tablet 700 mg	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	4	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	2	
lamivudine oral tablet 100 mg	2	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	2	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	2	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	2	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	5	NM; NDS
nevirapine oral suspension 50 mg/5 ml	2	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	2	QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
zidovudine oral capsule 100 mg (Retrovir)	2	
zidovudine oral syrup 10 mg/ml (Retrovir)	2	
zidovudine oral tablet 300 mg	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NM; NDS
oseltamivir oral capsule 30 mg (Tamiflu)	2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg (Tamiflu)	2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg (Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	2	QL (540 per 180 days)

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ ACTUATION	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	

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

Drug Name		Drug Tier	Requirements/ Limits
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	4	
acyclovir oral tablet 400 mg, 800 mg		2	
acyclovir sodium intravenous solution 50 mg/ml		2	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	2	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	
ribavirin oral tablet 200 mg		2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	5	NM; NDS
valganciclovir oral tablet 450 mg	(Valcyte)	2	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
Anticoagulants			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	2	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		3	
ELIQUIS ORAL TABLET 2.5 MG		3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	2	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	2	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	2	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	2	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	2	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	5	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	5	NM; NDS; QL (18 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	5	NM; NDS; QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	2	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	3	QL (60 per 30 days)
Blood Formation Modifiers			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		5	PA; NM; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	5	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	(Promacta)	5	PA; NM; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	5	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	5	PA; NM; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	5	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		5	PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		5	PA; NM; NDS

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		3	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	6	
irbesartan oral tablet 75 mg		6	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	6	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	6	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	6	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	6	
olmesartan-amlodipin-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)	6	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	6	
telmisartan oral tablet 20 mg		6	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	6	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	6	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	6	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	6	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	6	
benazepril oral tablet 5 mg		6	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	6	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		6	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		6	

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

Drug Name	Drug Tier	Requirements/ Limits
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	6	
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	6	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	6	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	6	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	6	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	6	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	6	
moexipril oral tablet 15 mg, 7.5 mg	6	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	6	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	6	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	6	
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg (Altace)	6	
ramipril oral capsule 10 mg	6	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	6	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	6	
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg (Pacerone)	2	
amiodarone oral tablet 400 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
MULTAQ ORAL TABLET 400 MG	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	2	

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

Drug Name		Drug Tier	Requirements/ Limits
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		2	
propafenone oral tablet 150 mg, 225 mg, 300 mg		2	
quinidine sulfate oral tablet 200 mg, 300 mg		2	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	2	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		2	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	2	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	2	

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

Drug Name		Drug Tier	Requirements/ Limits
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	2	
sotalol oral tablet 240 mg	(Betapace)	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		4	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	2	
diltiazem 24hr er 360 mg cap once-a-day dosage	(Tiadylt ER)	2	
diltiazem 24hr er 420 mg cap	(Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	2	
diltiazem hcl oral tablet 90 mg		2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	2	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		4	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		2	
Cardiovascular Agents, Miscellaneous			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; NM; NDS; QL (30 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
CORLANOR ORAL SOLUTION 5 MG/5 ML		3	QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	2	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	2	
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	3	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	2	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml		3	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	2	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	5	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	3	QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	5	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg		2	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; QL (30 per 30 days)
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	6	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		6	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	6	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	6	

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

Drug Name		Drug Tier	Requirements/ Limits
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)	2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		2	
Diuretics			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	
chlorthalidone oral tablet 25 mg, 50 mg		2	
furosemide injection solution 10 mg/ml		1	
furosemide injection syringe 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	5	PA; NM; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		2	

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

Drug Name		Drug Tier	Requirements/ Limits
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)	5	PA; NM; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	6	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	6	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		6	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	6	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	
cholestyramine light oral powder in packet 4 gram		2	
colesevelam oral powder in packet 3.75 gram	(WelChol)	4	
colesevelam oral tablet 625 mg	(WelChol)	2	
colestipol oral packet 5 gram		2	
colestipol oral tablet 1 gram	(Colestid)	2	
ezetimibe oral tablet 10 mg	(Zetia)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	6	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	6	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	6	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	6	QL (30 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	6	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		6	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	2	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	PA; QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	2	
minoxidil oral tablet 10 mg, 2.5 mg		2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	
CENTRAL NERVOUS SYSTEM AGENTS			
Central Nervous System Agents			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg		2	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg		2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG		5	PA; NM; NDS; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NM; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	2	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg (Adderall XR)	2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg (Adderall XR)	2	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)	2	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46) (Tecfidera)	5	PA; NM; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg (Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg (Gilenya)	5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml (Glatopa)	5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml (Glatopa)	5	PA; NM; NDS; QL (12 per 28 days)

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

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

Drug Name		Drug Tier	Requirements/ Limits
MAYZENT ORAL TABLET 1 MG, 2 MG		5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		5	PA; NM; NDS
methylphenidate hcl oral solution 10 mg/5 ml	(Methylin)	2	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML		5	PA; NM; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML		5	PA; NM; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML		5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		5	PA; NM; NDS
riluzole oral tablet 50 mg	(Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		3	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		5	PA; NM; NDS; QL (120 per 30 days)
CONTRACEPTIVES			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	

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

Drug Name		Drug Tier	Requirements/ Limits
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	

Drug Name		Drug Tier	Requirements/ Limits
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	2	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	2	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	2	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	2	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	2	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	2	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	

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

Drug Name		Drug Tier	Requirements/ Limits
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	2	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	2	

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

Drug Name		Drug Tier	Requirements/ Limits
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	2	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		2	
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	

Drug Name		Drug Tier	Requirements/ Limits
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	2	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	

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

Drug Name		Drug Tier	Requirements/ Limits
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin. estradiol)	2	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin. estradiol)	2	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	2	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	

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

Drug Name		Drug Tier	Requirements/ Limits
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	2	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	2	
DERMATOLOGICAL AGENTS			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acyclovir topical ointment 5 %	(Zovirax)	4	QL (30 per 30 days)
ammonium lactate topical cream 12 %		2	
ammonium lactate topical lotion 12 %	(AmLactin)	2	
calcipotriene scalp solution 0.005 %		2	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		2	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		2	QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	2	
fluorouracil topical solution 2 %		2	
fluorouracil topical solution 5 %		4	
imiquimod topical cream in packet 5 %		2	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		3	QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %		5	NM; NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %		2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		5	PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	
Dermatological Antibacterials			
clindamycin phosphate topical solution 1 %		2	QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/ Limits
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %		4	
erythromycin with ethanol topical solution 2 %		2	
gentamicin topical cream 0.1 %		2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	2	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %	(Metrogel)	4	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	(clindamycin-benzoyl peroxide)	1	
rosadan topical cream 0.75 %	(metronidazole)	2	
selenium sulfide topical lotion 2.5 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	2	
ssd topical cream 1 %	(silver sulfadiazine)	4	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	2	
betamethasone dipropionate topical cream 0.05 %		2	
betamethasone dipropionate topical lotion 0.05 %		2	
betamethasone dipropionate topical ointment 0.05 %		2	
betamethasone valerate topical cream 0.1 %		2	
betamethasone valerate topical lotion 0.1 %		2	
betamethasone valerate topical ointment 0.1 %		2	
betamethasone, augmented topical cream 0.05 %		2	
betamethasone, augmented topical gel 0.05 %		2	
betamethasone, augmented topical lotion 0.05 %		2	

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

Drug Name		Drug Tier	Requirements/ Limits
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %		2	
clobetasol topical cream 0.05 %		2	
clobetasol topical gel 0.05 %		2	
clobetasol topical lotion 0.05 %	(Clobex)	4	
clobetasol topical ointment 0.05 %		2	
clobetasol topical shampoo 0.05 %	(Clobex)	2	
clobetasol-emollient topical cream 0.05 %		2	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	4	
EUCRISA TOPICAL OINTMENT 2 %		3	
fluocinolone topical cream 0.01 %		2	
fluocinolone topical cream 0.025 %	(Synalar)	2	
fluocinolone topical ointment 0.025 %	(Synalar)	2	
fluocinonide topical cream 0.05 %		2	
fluocinonide topical cream 0.1 %	(Vanos)	2	
fluocinonide topical gel 0.05 %		2	
fluocinonide topical ointment 0.05 %		2	
fluocinonide topical solution 0.05 %		2	
fluticasone propionate topical cream 0.05 %		2	
halobetasol propionate topical cream 0.05 %		2	
halobetasol propionate topical ointment 0.05 %		2	
hydrocortisone 2.5% cream		2	
hydrocortisone topical cream 1 %	(Ala-Cort)	2	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	2	
hydrocortisone topical lotion 2.5 %		2	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %		1	
hydrocortisone valerate topical cream 0.2 %		2	
mometasone topical cream 0.1 %		2	

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32”	(pen needle, diabetic)	2	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)	2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2” 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	1	PA; ST

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	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)	2	PA; ST
BD INSULIN SYR 1 ML 25GX1” 1 ML 25 X 1”		2	PA; ST
BD INSULIN SYR 1 ML 25GX5/8” 1 ML 25 GAUGE X 5/8”	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 26GX1/2” 1 ML 26 X 1/2”		2	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8” MICRO-FINE 1 ML 27 GAUGE X 5/8”	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	2	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2”		2	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16”		2	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16”		2	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2”		2	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64”		2	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8”	(insulin syringe-needle u-100)	2	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64”		2	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2”		2	PA; ST

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

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
COMFORT EZ SYR 0.5 ML 30GX1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2” 1 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2” 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
COMFORT POINT PEN NDL 31GX1/3” 31 GAUGE X 1/3”		2	PA; ST
COMFORT POINT PEN NDL 31GX1/6” 31 GAUGE X 1/6”		2	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
CURAD GAUZE PADS 2” X 2” 2 X 2 “	(gauze bandage)	1	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 “		1	PA; ST

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

Drug Name		Drug Tier	Requirements/ Limits
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"		2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		2	PA; ST

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

Drug Name		Drug Tier	Requirements/ Limits
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64”		2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET MICRON 34G X 9/64” 34 GAUGE X 9/64”		2	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8”		2	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST

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

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 “	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		2	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2” 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2” 1/2 ML 27 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2” 0.5 ML 29 GAUGE X 1/2”		2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16”		2	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2” 1 ML 27 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2” 1 ML 29 GAUGE X 1/2”		2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2” 1 ML 30 GAUGE X 1/2”		2	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2”		2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2”		2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2”		2	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16”, 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16”		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16”		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16”		2	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4”		2	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	2	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE		2	PA; ST

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	2	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Droplet Insulin Syr(half unit))	2	PA; ST
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST

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

Drug Name		Drug Tier	Requirements/ Limits
INSULIN SYRING 0.5 ML 27G 1/2” INNER 1/2 ML 27 GAUGE X 1/2”	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4”	(Sure Comfort Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4”	(Droplet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		2	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2” INNER 1 ML 27 GAUGE X 1/2”	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8”	(BD SafetyGlide Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2” SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2”	(BD Eclipse Luer-Lok)	2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4” 1 ML 31 GAUGE X 1/4”	(Droplet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2”	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	2	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64”		2	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST

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

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

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16”	(Embrace Pen Needle)	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16”	(CareFine Pen Needle)	2	PA; ST
PEN NEEDLE 30G X 5/16” 30 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
PEN NEEDLE 31G X 1/4” HRI 31 GAUGE X 1/4”	(1st Tier Unifine Pentips)	2	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2”	(1st Tier Unifine Pentips Plus)	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31G 1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16” MINI, 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16” SHORT, 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32G 1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST

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

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

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16” 1 ML 32 GAUGE X 5/16”		2	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2” 1 ML 30 GAUGE X 1/2”		2	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16” 1 ML 30 GAUGE X 5/16”		2	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16” 1 ML 31 GAUGE X 5/16”		2	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16” 1 ML 32 GAUGE X 5/16”		2	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2” 0.3 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST

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

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

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

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

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

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

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

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

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

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

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

Drug Name		Drug Tier	Requirements/ Limits
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32”		2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2” 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRING 1 ML 31G 5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25’S,N-STERILE,3PLY 2 X 2 “		1	PA; ST
V-GO 20 DEVICE		3	QL (30 per 30 days)
V-GO 30 DEVICE		3	QL (30 per 30 days)
V-GO 40 DEVICE		3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20’S,LARGE	(alcohol swabs)	1	PA; ST
ENZYME COFACTORS/CHAPERONES			
Enzyme Cofactors/Chaperones			

Drug Name		Drug Tier	Requirements/ Limits
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		5	PA; NM; NDS; QL (90 per 30 days)
ENZYME REPLACEMENT/MODIFIERS			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		3	
javygtor oral tablet,soluble 100 mg	(sapropterin)	5	PA; NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA BvD; NM; NDS
sapropterin oral tablet,soluble 100 mg	(Javygtor)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		5	PA; NM; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		3	
EYE, EAR, NOSE, THROAT AGENTS			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	2	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		2	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		2	
cromolyn ophthalmic (eye) drops 4 %		2	

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

Drug Name		Drug Tier	Requirements/ Limits
epinastine ophthalmic (eye) drops 0.05 %		4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		3	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		2	
bacitracin ophthalmic (eye) ointment 500 unit/gram		2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		2	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		2	QL (3.5 per 4 days)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)		2	
gentamicin ophthalmic (eye) drops 0.3 %		2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		2	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	2	

Drug Name		Drug Tier	Requirements/ Limits
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	2	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 %		2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	
sulfacetamide sodium ophthalmic (eye) drops 10 %		2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		2	
tobramycin ophthalmic (eye) drops 0.3 %		1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		2	
trifluridine ophthalmic (eye) drops 1 %		2	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		5	PA; NM; NDS; QL (10 per 42 days)

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

Drug Name		Drug Tier	Requirements/ Limits
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	3	ST
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	2	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	2	
bromfenac ophthalmic (eye) drops 0.09 %		4	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	2	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		4	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	4	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		3	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	QL (5 per 16 days)

Drug Name		Drug Tier	Requirements/ Limits
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	4	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	2	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		4	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	4	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)
GASTROINTESTINAL AGENTS			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		4	
cimetidine hcl oral solution 300 mg/5 ml		2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	2	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	4	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	4	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	QL (30 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	1	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	QL (30 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	2	
Gastrointestinal Agents, Other			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NM; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	2	
dicyclomine oral capsule 10 mg		2	
dicyclomine oral solution 10 mg/5 ml		2	
dicyclomine oral tablet 20 mg		2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	2	
generlac oral solution 10 gram/15 ml	(lactulose)	2	
glycopyrrolate oral tablet 1 mg	(Robinul)	2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	
kionex (with sorbitol) oral suspension 15-20 gram/60 ml		2	
lactulose oral solution 10 gram/15 ml	(Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		3	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	2	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	2	QL (60 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram		2	

Drug Name		Drug Tier	Requirements/ Limits
sps (with sorbitol) oral suspension 15-20 gram/60 ml		2	
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	5	NM; NDS
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet 250 mg		2	
ursodiol oral tablet 500 mg	(URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		3	
XERMELO ORAL TABLET 250 MG		5	PA; NM; NDS; QL (84 per 28 days)
Laxatives			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		3	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	2	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	2	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	3	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		2	
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		3	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		2	
calcium acetate(phosphat bind) oral tablet 667 mg		2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	2	
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	

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

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

Drug Name		Drug Tier	Requirements/ Limits
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NM; NDS
trientine oral capsule 250 mg	(Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		2	
oxandrolone oral tablet 10 mg, 2.5 mg		2	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		2	PA
testosterone enanthate intramuscular oil 200 mg/ml		2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	4	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG		3	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)

Drug Name		Drug Tier	Requirements/ Limits
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	2	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	2	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
dexamethasone oral solution 0.5 mg/5 ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
fludrocortisone oral tablet 0.1 mg		2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	2	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	2	

Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone oral tablet 32 mg	2	
methylprednisolone oral tablets,dose pack 4 mg (Medrol (Pak))	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	2	PA BvD
prednisolone oral solution 15 mg/5 ml	2	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	2	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	2	PA BvD
prednisone oral solution 5 mg/5 ml	2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	2	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	2	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ ML	5	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NM; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	2	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	2	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)

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

Drug Name		Drug Tier	Requirements/ Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		5	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		5	PA; NM; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	(leuprolide (3 month))	4	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)		5	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		4	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	4	
ORGOVYX ORAL TABLET 120 MG		5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG		5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		5	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)

Drug Name		Drug Tier	Requirements/ Limits
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NM; NDS
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		3	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		2	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
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)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	2	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	
IMMUNOLOGICAL AGENTS			
Immunological Agents			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		5	PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		5	PA; NM; NDS

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

Drug Name		Drug Tier	Requirements/ Limits
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		5	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	(tacrolimus)	4	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	(tacrolimus)	5	PA BvD; NM; NDS
azathioprine oral tablet 50 mg	(Imuran)	2	PA BvD
azathioprine sodium injection recon soln 100 mg		2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		5	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	2	PA BvD
cyclosporine modified oral capsule 50 mg		2	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	2	PA BvD

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

Drug Name		Drug Tier	Requirements/ Limits
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	2	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NM; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	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)	5	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		5	PA; NM; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	5	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)		5	PA BvD; NM; NDS
gengraf oral capsule 100 mg, 25 mg	(cyclosporine modified)	2	PA BvD
gengraf oral solution 100 mg/ml	(cyclosporine modified)	2	PA BvD

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	5	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg (CellCept)	2	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS; QL (360 per 30 days)

Drug Name		Drug Tier	Requirements/ Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG		5	PA; NM; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML		5	PA; NM; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	(ustekinumab-aekn)	3	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	(ustekinumab-aekn)	5	PA; NM; NDS
sirolimus oral solution 1 mg/ml		5	PA BvD; NM; NDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML		5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML		5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML		5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)		5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	(ustekinumab)	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	(ustekinumab)	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab)	5	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG		5	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	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)	5	PA; NM; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NM; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NM; NDS

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

Drug Name	Drug Tier	Requirements/ Limits
YUFLYMA(CF) SUBCUTANEOUS (adalimumab-aaty) SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	$0 copay
ADACEL(TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; $0 copay

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

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

Drug Name	Drug Tier	Requirements/ Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	3	$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; $0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	3	$0 copay

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

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

Drug Name	Drug Tier	Requirements/ Limits
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS		
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	2	
balsalazide oral capsule 750 mg (Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg	4	

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

Drug Name		Drug Tier	Requirements/ Limits
budesonide rectal foam 2 mg/actuation	(Uceris)	2	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	2	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	2	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	4	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	4	
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		4	QL (300 per 28 days)
alendronate oral tablet 10 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		2	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	2	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	5	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg		2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		5	PA; NM; NDS; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		3	QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)

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

Drug Name		Drug Tier	Requirements/ Limits
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	5	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		5	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ ML)		5	PA; NM; NDS
MISCELLANEOUS THERAPEUTIC AGENTS			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		5	PA; NM; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		3	
betaine oral powder 1 gram/scoop	(Cystadane)	5	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML		5	PA; NM; NDS
diazoxide oral suspension 50 mg/ml	(Proglycem)	2	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	5	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		2	
mesna oral tablet 400 mg	(Mesnex)	5	NM; NDS
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	2	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
OPHTHALMIC AGENTS		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
acetazolamide sodium injection recon soln 500 mg	2	
betaxolol ophthalmic (eye) drops 0.5 %	2	
bimatoprost ophthalmic (eye) drops 0.03 %	4	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	2	
brimonidine ophthalmic (eye) drops 0.2 %	2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	4	
brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)	2	
carteolol ophthalmic (eye) drops 1 %	2	
dorzolamide ophthalmic (eye) drops 2 %	2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	2	
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)

Drug Name		Drug Tier	Requirements/ Limits
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		3	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	4	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		4	QL (5 per 30 days)
REPLACEMENT PREPARATIONS			
Replacement Preparations			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	2	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	2	
d5 %-0.45 % sodium chloride intravenous parenteral solution		2	
klor-con m10 oral tablet,er particles/ crystals 10 meq	(potassium chloride)	2	
klor-con m15 oral tablet,er particles/ crystals 15 meq	(potassium chloride)	2	
klor-con m20 oral tablet,er particles/ crystals 20 meq	(potassium chloride)	2	
magnesium sulfate injection solution 500 mg/ml (50 %)		4	
magnesium sulfate injection syringe 500 mg/ml (50 %)		2	
potassium chloride intravenous solution 2 meq/ml		2	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		2	

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

Drug Name		Drug Tier	Requirements/ Limits
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		4	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	2	
potassium chloride oral tablet extended release 15 meq, 20 meq		2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	2	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	2	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)		2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	
sodium chloride 0.9 % intravenous parenteral solution		2	
sodium chloride 0.9% solution mini-bag, single use		2	
RESPIRATORY TRACT AGENTS			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ ACTUATION	(fluticasone propion-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/ Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	2	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	2	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	2	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		2	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		2	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		2	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	2	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)	2	QL (60 per 30 days)
Antileukotrienes			
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	2	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	4	
Bronchodilators			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		3	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		2	QL (36 per 30 days)

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

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

Drug Name	Drug Tier	Requirements/ Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; NM; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
pirfenidone oral tablet 267 mg	(Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		5	PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
roflumilast oral tablet 250 mcg	(Daliresp)	2	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	2	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		5	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; NM; NDS
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		2	
cyclobenzaprine oral tablet 10 mg, 5 mg		2	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg		4	
dantrolene oral capsule 25 mg	(Dantrium)	4	
methocarbamol oral tablet 500 mg, 750 mg		2	PA-HRM; AGE (Max 64 Years)
tizanidine oral tablet 2 mg		2	
tizanidine oral tablet 4 mg	(Zanaflex)	2	
SLEEP DISORDER AGENTS			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)

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

Drug Name		Drug Tier	Requirements/ Limits
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	5	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	2	QL (30 per 30 days)
VASODILATING AGENTS			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	2	PA; QL (360 per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	2	EX; CB (6 EA per 30 days)
tadalafil oral tablet 2.5 mg		2	PA
tadalafil oral tablet 5 mg	(Cialis)	2	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		5	PA; NM; NDS
VITAMINS AND MINERALS			
Vitamins And Minerals			
bal-care dha combo pack 27-1-430 mg		2	
bal-care dha essential pack 27 mg iron-1 mg -374 mg		2	

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

Drug Name	Drug Tier	Requirements/ Limits
c-nate dha softgel 28 mg iron-1 mg -200 mg	2	
completenate tablet chew 29 mg iron-1 mg	2	
folivane-ob capsule 85-1 mg	2	
kosher prenatal plus iron tab 30 mg iron- 1 mg	2	
marnatal-f capsule 60 mg iron-1 mg	2	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
mynatal advance oral tablet 90-1-50 mg	2	
mynatal capsule 65 mg iron- 1 mg	2	
mynatal oral tablet 90-1-50 mg	2	
mynatal plus captab 65 mg iron- 1 mg	2	
mynatal-z captab 65 mg iron- 1 mg	2	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	2	
newgen tablet 32-1,000 mg-mcg	2	
niva-plus tablet 27 mg iron- 1 mg	2	
obstetrix dha combo pack 29 mg iron-1,700 mcg dfe	2	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	2	
o-cal prenatal oral tablet 15 mg iron-1,000 mcg	2	
pnv 29-1 oral tablet 29 mg iron- 1 mg	2	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	2	
pnv-omega softgel 28-1-300 mg	2	
pr natal 400 combo pack 29-1-400 mg	2	
pr natal 400 ec combo pack 29-1-400 mg	2	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg	2	
pr natal 430 ec combo pack 29-1-430 mg	2	

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

Drug Name		Drug Tier	Requirements/ Limits
prena1 true combo pack 30 mg iron-1.4 mg-300 mg		2	
prenaissance oral capsule 29-1.25-55-325 mg		2	
prenaissance plus oral capsule 28-1-50-250 mg		2	
prenatabs fa tablet 29-1 mg		2	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		2	
prenatal 19 chewable tablet 29 mg iron- 1 mg		2	
prenatal low iron oral tablet 27 mg iron-1 mg		2	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	2	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	2	
prenatal-u capsule 106.5-1 mg		2	
preplus oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	2	
pretab oral tablet 29-1 mg		2	
r-natal ob softgel 20 mg iron- 1 mg-320 mg		2	
select-ob chewable caplet 29 mg iron-1 mg		2	
select-ob chewable caplet 29 mg iron-1 mg		2	
se-natal 19 chewable tablet 29 mg iron- 1 mg		2	
taron-c dha capsule 35-1-200 mg		2	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg		2	
triveen-duo dha oral combo pack 29-1-400 mg		2	
virt-c dha softgel (rx) 35-1-200 mg		2	
virt-nate dha softgel 28 mg iron-1 mg -200 mg		2	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg		2	
virt-pn plus oral capsule 28-1-300 mg		2	

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

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
AGENTES ANTI CÁNCER			
Agentes Anti Cáncer			
abiraterone oral tablet 250 mg	(Abirtega)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	2	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		5	PA NSO; NM; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		5	PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG		5	PA NSO; NM; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		5	PA NSO; NM; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		5	NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; NM; NDS; QL (84 per 28 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
BALVERSA ORAL TABLET 4 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	5	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	5	PA NSO; NM; NDS
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NM; NDS
bexarotene topical gel 1 %	(Targretin)	5	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		5	PA NSO; NM; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		2	
bortezomib injection recon soln 1 mg, 2.5 mg		4	PA NSO
bortezomib injection recon soln 3.5 mg	(Velcade)	4	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML		4	PA NSO
BOSULIF ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CALQUENCE ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)		5	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)		5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG		5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		5	PA BvD; NM; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml		5	PA BvD; NM; NDS
cyclophosphamide intravenous solution 500 mg/ml	(Frindovyx)	5	PA BvD; NM; NDS
cyclophosphamide oral capsule 25 mg, 50 mg		2	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg		3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML		5	PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG		5	PA NSO; NM; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	(Sprycel)	5	PA NSO; NM; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg	(Sprycel)	5	PA NSO; NM; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG		5	PA NSO; NM; NDS
DAURISMO ORAL TABLET 100 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg		5	NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
doxorubicin, peg-liposomal intravenous (Caelyx) *suspension 2 mg/ml*	5	PA BvD; NM; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	5	PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	5	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
etoposide intravenous solution 20 mg/ ml	2	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NM; NDS

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
GOMEKLI ORAL CAPSULE 1 MG		5	PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		5	PA NSO; NM; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		5	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		5	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG		5	PA NSO; NM; NDS
hydroxyurea oral capsule 500 mg	(Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG		5	PA NSO; NM; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram	(Ifex)	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml		2	
imatinib oral tablet 100 mg	(Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg	(Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML		5	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG		5	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML		5	PA NSO; NM; NDS

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
IMKELDI ORAL SOLUTION 80 MG/ ML	5	PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)		5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)		5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG		5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	(Tykerb)	5	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	5	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/ DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		5	PA NSO; NM; NDS
letrozole oral tablet 2.5 mg	(Femara)	2	
LEUKERAN ORAL TABLET 2 MG		5	NM; NDS
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	4	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG		5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG		5	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ ML)		5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG		5	PA NSO; NM; NDS; QL (90 per 30 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NM; NDS
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	PA NSO; NM; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
megestrol oral tablet 20 mg, 40 mg	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)

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

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

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NM; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		5	NM; NDS
sorafenib oral tablet 200 mg	(Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG		5	PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Sutent)	5	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG		5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	(thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG		5	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		5	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG		5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML		5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg		2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	(nilotinib hcl)	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	(nilotinib hcl)	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		5	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TIVDAK INTRAVENOUS RECON SOLN 40 MG		5	PA NSO; NM; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml	(etoposide)	2	
toremifene oral tablet 60 mg	(Fareston)	5	NM; NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG		5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		4	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		5	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG		5	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML		5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG		5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		5	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML		5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG		3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG		5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG		5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG		5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
vinorelbine intravenous solution 10 mg/ ml, 50 mg/5 ml	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/ WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/ WEEK (10 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/ WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NM; NDS; QL (20 per 28 days)
AGENTES ANTI-ADICCIÓN/DE TRATAMIENTO DE ABUSO DE SUSTANCIAS		
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
buprenorphine hcl sublingual tablet 2 mg, 8 mg		2	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	4	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	4	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		2	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		2	
disulfiram oral tablet 250 mg, 500 mg		2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		3	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		2	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		2	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg		2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		4	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	2	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		2	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	2	
AGENTES ANTIANSIEDAD			
Benzodiacepinas			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		2	QL (300 per 30 days)

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		2	ST; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	2	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		2	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		2	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	2	QL (30 per 30 days)
AGENTES ANTIDIABETICO			
Agentes Antidiabeticos, Varios			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG		3	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml	(Riomet)	4	QL (765 per 30 days)
metformin oral tablet 1,000 mg		6	QL (75 per 30 days)
metformin oral tablet 500 mg		6	QL (150 per 30 days)
metformin oral tablet 750 mg		6	QL (60 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
metformin oral tablet 850 mg		6	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg		6	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg		6	QL (60 per 30 days)
mifepristone oral tablet 300 mg	(Korlym)	5	PA; NM; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		6	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		3	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	6	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		6	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	6	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		6	QL (120 per 30 days)
repaglinide oral tablet 2 mg		6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		3	QL (30 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG		3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG		3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulinas			
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	$0 copay; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		3	$0 copay; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	$0 copay; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	$0 copay; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		3	$0 copay; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	2	$0 copay; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	2	$0 copay; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	2	$0 copay; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	2	$0 copay; QL (30 per 28 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	2	$0 copay; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	3	$0 copay
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	3	$0 copay
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	3	$0 copay
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	3	$0 copay
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	$0 copay; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	$0 copay; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	$0 copay; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	$0 copay; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	$0 copay; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		3	$0 copay; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	3	$0 copay
SEMGLEE(INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	3	$0 copay
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	$0 copay; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	3	$0 copay

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	3	$0 copay
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	3	$0 copay
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	3	$0 copay
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	3	$0 copay
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		3	$0 copay; QL (15 per 28 days)
Sulfonilureas			
glimepiride oral tablet 1 mg, 2 mg		6	QL (30 per 30 days)
glimepiride oral tablet 4 mg		6	QL (60 per 30 days)
glipizide oral tablet 10 mg		6	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		6	QL (60 per 30 days)
glipizide oral tablet 5 mg		6	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		6	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		6	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		6	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		6	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		6	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		6	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		6	PA-HRM; AGE (Max 64 Years)
AGENTES ANTIGOTA			
Agentes Antigota, Otros			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	2	QL (60 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
colchicine oral tablet 0.6 mg	(Colcrys)	2	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		2	
probenecid-colchicine oral tablet 500-0.5 mg		2	
AGENTES ANTIMIGRAÑA			
Agentes Antimigraña			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		3	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		3	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	2	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		2	QL (18 per 30 days)
sumatriptan 4 mg/0.5 ml inject outer, suv	(Imitrex STATdose Pen)	2	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		2	QL (12 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
sumatriptan succinate oral tablet 100 mg	(Imitrex)	2	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	2	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	4	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	4	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days)
AGENTES ANTINAUSEA			
Agentes Antinausea			
aprepitant oral capsule 125 mg		2	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		2	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	2	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	2	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	2	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	4	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	2	
prochlorperazine rectal suppository 25 mg	(Compro)	2	
promethazine injection solution 25 mg/ml	(Phenergan)	2	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
promethazine rectal suppository 25 mg	(Promethegan)	2	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	2	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
AGENTES ANTIPARASITARIOS			
Agentes Antiparasitarios			
albendazole oral tablet 200 mg		5	NM; NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	2	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 100 mg		2	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	2	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
ivermectin oral tablet 6 mg		2	
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	5	NM; NDS; QL (60 per 30 days)
paromomycin oral capsule 250 mg	(Humatin)	2	
pentamidine inhalation recon soln 300 mg	(Nebupent)	2	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	2	
praziquantel oral tablet 600 mg	(Biltricide)	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NM; NDS

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA
tinidazole oral tablet 250 mg, 500 mg		2	
AGENTES ANTIPARKINSON			
Agentes Antiparkinson			
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral solution 50 mg/5 ml		2	
amantadine hcl oral tablet 100 mg		2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		2	
bromocriptine oral tablet 2.5 mg		2	
cabergoline oral tablet 0.5 mg		2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	2	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	2	
carbidopa-levodopa oral tablet 25-250 mg		2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg		2	
carbidopa-levodopa oral tablet,disintegrating 25-100 mg, 25-250 mg		4	
entacapone oral tablet 200 mg		2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG		5	PA; NM; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML		5	PA; NM; NDS; QL (600 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		2	
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		2	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg		2	

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	2	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	4	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NM; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 21 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	2	
fluphenazine hcl oral concentrate 5 mg/ml	2	
fluphenazine hcl oral elixir 2.5 mg/5 ml	2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	2	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 166 days)

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	(Zyprexa)	2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg		2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		5	ST; NM; NDS
paliperidone oral tablet extended release 24hr 1.5 mg		4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	4	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		5	NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		2	
prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)		2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	2	
quetiapine oral tablet 150 mg		2	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	NM; NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	5	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	2	
risperidone oral tablet 0.25 mg		2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	2	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	5	NM; NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
AGENTES CALÓRICOS		
Agentes Calóricos		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	2	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
AGENTES CARDIOVASCULARES		
Agentes Alfa-Adrenérgicos		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	2	
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		2	
prazosin oral capsule 1 mg, 2 mg, 5 mg		2	
Agentes Antiarritmicos			
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	2	
amiodarone oral tablet 400 mg		2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg		2	
MULTAQ ORAL TABLET 400 MG		3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		2	
propafenone oral tablet 150 mg, 225 mg, 300 mg		2	
quinidine sulfate oral tablet 200 mg, 300 mg		2	
Agentes Bloqueadores Beta-Adrenérgicos			
acebutolol oral capsule 200 mg, 400 mg		2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	2	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		2	

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	2	
diltiazem hcl oral tablet 90 mg		2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	2	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		4	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		2	
Agentes Cardiovasculares, Varios			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; NM; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML		3	QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	2	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	2	
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	3	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	2	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml		3	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	2	QL (4 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	5	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	3	QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	5	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg		2	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; QL (30 per 30 days)
Antagonistas De Receptores De Angiotensina Ii			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	6	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		3	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	6	
irbesartan oral tablet 75 mg		6	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	6	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	6	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	6	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	6	
olmesartan-amlodipin-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)	6	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	6	
telmisartan oral tablet 20 mg		6	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	6	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	6	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	6	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	6	
Dihidropiridinas			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	6	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		6	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	6	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	6	
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)	2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		2	
Dislipidémicos			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	6	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	6	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		6	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	6	QL (30 per 30 days)

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

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	2	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg (Livalo)	2	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 80 mg	6	
pravastatin oral tablet 20 mg, 40 mg	6	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor)	6	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	6	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg	6	QL (30 per 30 days)
Diuréticos		
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
chlorthalidone oral tablet 25 mg, 50 mg	2	
furosemide injection solution 10 mg/ml	1	
furosemide injection syringe 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	5	PA; NM; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		2	
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)	5	PA; NM; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	
Inhibidores De Enzima Convertidoras De Angiotensina			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	6	
benazepril oral tablet 5 mg		6	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	6	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		6	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		6	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	6	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	6	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		6	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		6	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		6	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	6	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	6	
moexipril oral tablet 15 mg, 7.5 mg		6	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		6	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	6	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	6	
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	(Altace)	6	
ramipril oral capsule 10 mg		6	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		6	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		6	
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	2	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	PA; QL (30 per 30 days)
Vasodilatadores			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	2	
minoxidil oral tablet 10 mg, 2.5 mg		2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	2	

Nombre del Medicamento		Nivel 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)	2	
AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA			
Agentes De Enfermedad Intestinal Inflamatoria			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	2	
balsalazide oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg		4	
budesonide rectal foam 2 mg/actuation	(Uceris)	2	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	2	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	2	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	4	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	4	
AGENTES DE ENFERMEDAD ÓSEA METABÓLICA			
Agentes De Enfermedad Ósea Metabólica			
alendronate oral solution 70 mg/75 ml		4	QL (300 per 28 days)
alendronate oral tablet 10 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		2	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	2	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	5	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg		2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		5	PA; NM; NDS; QL (2 per 28 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		3	QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	5	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		5	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ ML)		5	PA; NM; NDS
AGENTES DE TRASTORNO DE SUEÑO			
Agentes De Trastorno De Sueño			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ ml	(Xyrem)	5	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	2	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		2	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg		2	QL (30 per 30 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NM; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	2	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg (Adderall XR)	2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg (Adderall XR)	2	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)	2	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46) (Tecfidera)	5	PA; NM; NDS

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	5	PA; NM; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	5	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)	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		5	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		5	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		5	PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		5	PA; NM; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	2	
lithium carbonate oral tablet extended release 450 mg		2	
lithium citrate oral solution 8 meq/5 ml		2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
methylphenidate hcl oral solution 10 mg/5 ml (Methylin)	2	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	5	PA; NM; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
riluzole oral tablet 50 mg (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)
AGENTES DEL TRACTO RESPIRATORIO		
Agentes Del Tracto Respiratorio, Otros		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; NM; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (112 per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
pirfenidone oral capsule 267 mg	(Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		5	PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
roflumilast oral tablet 250 mcg	(Daliresp)	2	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	2	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		5	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; NM; NDS
Antiinflamatorios, Corticoesteroides Inhalados			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ ACTUATION	(fluticasone propion-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/ actuation	(budesonide-formoterol)	2	QL (30.9 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	2	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/ actuation, 80-4.5 mcg/actuation	(Breyna)	2	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		2	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		2	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		2	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	2	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)	2	QL (60 per 30 days)
Antileucotrinos			
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	2	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	4	
Broncodilatadores			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ ACTUATION		3	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		2	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		2	PA BvD

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
cevimeline oral capsule 30 mg	(Evoxac)	2	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	2	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	2	
AGENTES DERMATOLÓGICOS			
Agentes Antiinflamatorios Dermatológicos			
ala-cort topical cream 1 %	(hydrocortisone)	2	
betamethasone dipropionate topical cream 0.05 %		2	
betamethasone dipropionate topical lotion 0.05 %		2	
betamethasone dipropionate topical ointment 0.05 %		2	
betamethasone valerate topical cream 0.1 %		2	
betamethasone valerate topical lotion 0.1 %		2	
betamethasone valerate topical ointment 0.1 %		2	
betamethasone, augmented topical cream 0.05 %		2	
betamethasone, augmented topical gel 0.05 %		2	
betamethasone, augmented topical lotion 0.05 %		2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %		2	
clobetasol topical cream 0.05 %		2	

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 %		2	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %		1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		2	
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	2	
Agentes Dermatológicos, Otros			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acyclovir topical ointment 5 %	(Zovirax)	4	QL (30 per 30 days)
ammonium lactate topical cream 12 %		2	
ammonium lactate topical lotion 12 %	(AmLactin)	2	
calcipotriene scalp solution 0.005 %		2	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		2	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		2	QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	2	
fluorouracil topical solution 2 %		2	
fluorouracil topical solution 5 %		4	
imiquimod topical cream in packet 5 %		2	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		3	QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %		5	NM; NDS; QL (60 per 28 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
podofilox topical solution 0.5 %		2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		5	PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	
Antibacterianos Dermatológicos			
clindamycin phosphate topical solution 1 %		2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %		4	
erythromycin with ethanol topical solution 2 %		2	
gentamicin topical cream 0.1 %		2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	2	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %	(Metrogel)	4	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	(clindamycin-benzoyl peroxide)	1	
rosadan topical cream 0.75 %	(metronidazole)	2	
selenium sulfide topical lotion 2.5 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	2	
ssd topical cream 1 %	(silver sulfadiazine)	4	
Escabicidas Y Pediculicidas			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %	(Elimite)	2	QL (60 per 30 days)
Retinoides Dermatológicos			
adapalene topical cream 0.1 %	(Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %		4	PA
tazarotene topical cream 0.1 %	(Tazorac)	2	
tretinoin topical cream 0.025 %	(Avita)	2	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	2	PA
AGENTES GASTROINTESTINALES			
Agentes Antiúlceras Y Supresores De Ácidos			

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		4	
cimetidine hcl oral solution 300 mg/5 ml		2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	2	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	4	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	4	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	1	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	QL (30 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	2	
Agentes Gastrointestinales, Otros			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NM; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	2	
dicyclomine oral capsule 10 mg		2	
dicyclomine oral solution 10 mg/5 ml		2	
dicyclomine oral tablet 20 mg		2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	2	
generlac oral solution 10 gram/15 ml	(lactulose)	2	
glycopyrrolate oral tablet 1 mg	(Robinul)	2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	
kionex (with sorbitol) oral suspension 15-20 gram/60 ml		2	
lactulose oral solution 10 gram/15 ml	(Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		3	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	2	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	2	QL (60 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram		2	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		2	
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	5	NM; NDS
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet 250 mg		2	
ursodiol oral tablet 500 mg	(URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		3	
XERMELO ORAL TABLET 250 MG		5	PA; NM; NDS; QL (84 per 28 days)
Enlaces De Fosfato			
calcium acetate(phosphat bind) oral capsule 667 mg		2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
calcium acetate(phosphat bind) oral tablet 667 mg		2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	2	
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	
sevelamer hcl oral tablet 400 mg, 800 mg		2	
Laxantes			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		3	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	2	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	2	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	3	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		2	
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		3	
AGENTES GENITOURINARIOS			
Agentes Genitourinarios, Varios			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	2	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	2	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
Antiespasmódicos, Urinario			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	2	
flavoxate oral tablet 100 mg		2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	2	
oxybutynin chloride oral syrup 5 mg/5 ml		2	
oxybutynin chloride oral tablet 5 mg		2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		2	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		2	
tolterodine oral tablet 1 mg, 2 mg		2	
trospium oral capsule,extended release 24hr 60 mg		4	
trospium oral tablet 20 mg		2	
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)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	2	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	
Andrógenos			
danazol oral capsule 100 mg, 200 mg, 50 mg		2	
oxandrolone oral tablet 10 mg, 2.5 mg		2	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		2	PA
testosterone enanthate intramuscular oil 200 mg/ml		2	PA; QL (5 per 28 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	4	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		3	PA; QL (2 per 28 days)
Estrógenos Y Antiestrógenos			
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG		3	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	2	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	2	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	PA-HRM; AGE (Max 64 Years)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(estradiol)	4	QL (18 per 28 days)
Glucocorticoides/Mineralocorticoides			
dexamethasone oral solution 0.5 mg/5 ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
fludrocortisone oral tablet 0.1 mg		2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	2	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	2	
methylprednisolone oral tablet 32 mg		2	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		2	PA BvD
prednisolone oral solution 15 mg/5 ml		2	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)		2	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	2	PA BvD
prednisone oral solution 5 mg/5 ml		2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	2	
Pituitario			
ACTHAR INJECTION GEL 80 UNIT/ ML		5	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML		5	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML		5	PA; NM; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		5	PA; NM; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)		2	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		2	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		5	PA; NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	(Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		5	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		5	PA; NM; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	(leuprolide (3 month))	4	PA NSO

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		5	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		4	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	4	
ORGOVYX ORAL TABLET 120 MG		5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG		5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		5	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NM; NDS
Progestinas			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		3	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		2	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
AGENTES INMUNOLÓGICOS			
Agentes Inmunológicos			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		5	PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		5	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	(tacrolimus)	4	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	(tacrolimus)	5	PA BvD; NM; NDS
azathioprine oral tablet 50 mg	(Imuran)	2	PA BvD
azathioprine sodium injection recon soln 100 mg		2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		5	PA; NM; NDS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		5	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	2	PA BvD
cyclosporine modified oral capsule 50 mg		2	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	2	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	2	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NM; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	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)	5	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		5	PA; NM; NDS

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		5	PA; NM; NDS; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	(Remicade)	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		5	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	2	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	2	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	5	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	2	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML		5	PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		5	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		5	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG		5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)		5	PA; NM; NDS

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ ML	5	PA; NM; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML	3	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 90 MG/ML	5	PA; NM; NDS
sirolimus oral solution 1 mg/ml	5	PA BvD; NM; NDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; NDS
STELARA INTRAVENOUS (ustekinumab) SOLUTION 130 MG/26 ML	5	PA; NM; NDS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	(ustekinumab)	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ ML	(ustekinumab)	5	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG		5	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ ML)		5	PA; NM; NDS
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		5	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		5	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML		5	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		5	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)		5	PA; NM; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		5	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ ML		5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG		5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG		5	PA; NM; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML		5	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		3	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NM; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NM; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	5	PA; NM; NDS
Vacunas		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	$0 copay
ADACEL(TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	$0 copay

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	3	$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	3	

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	$0 copay
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	$0 copay

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)		3	$0 copay
AGENTES OFTÁLMICOS			
Agentes Antiglaucoma			
acetazolamide oral capsule, extended release 500 mg		2	
acetazolamide oral tablet 125 mg, 250 mg		2	
acetazolamide sodium injection recon soln 500 mg		2	
betaxolol ophthalmic (eye) drops 0.5 %		2	
bimatoprost ophthalmic (eye) drops 0.03 %		4	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	2	
brimonidine ophthalmic (eye) drops 0.2 %		2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	4	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	2	
carteolol ophthalmic (eye) drops 1 %		2	
dorzolamide ophthalmic (eye) drops 2 %		2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	2	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		3	QL (2.5 per 25 days)

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

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

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		5	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		3	
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	3	ST
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	2	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	2	
bromfenac ophthalmic (eye) drops 0.09 %		4	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	2	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		4	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	4	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		3	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	QL (3.5 per 14 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	4	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	2	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		4	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	4	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	2	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		2	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		2	
cromolyn ophthalmic (eye) drops 4 %		2	
epinastine ophthalmic (eye) drops 0.05 %		4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		3	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	2	
AGENTES TERAPEUTICOS MISCELÁNEOS			
Agentes Terapeuticos Misceláneos			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		5	PA; NM; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		3	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
betaine oral powder 1 gram/scoop	(Cystadane)	5	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML		5	PA; NM; NDS
diazoxide oral suspension 50 mg/ml	(Proglycem)	2	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	5	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		2	
mesna oral tablet 400 mg	(Mesnex)	5	NM; NDS
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	2	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		5	PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		3	
AGENTES VASODILATADORES			
Agentes Vasodilatadores			

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	2	PA; QL (360 per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	2	EX; CB (6 EA per 30 days)
tadalafil oral tablet 2.5 mg		2	PA
tadalafil oral tablet 5 mg	(Cialis)	2	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		5	PA; NM; NDS
ANALGÉSICOS			
Agentes Antiinflamatorios No Esteroideos			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		2	QL (300 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram / actuation(2 %)	(Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	
flurbiprofen oral tablet 100 mg		2	
ibu oral tablet 400 mg	(ibuprofen)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		2	PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	2	
sulindac oral tablet 150 mg, 200 mg		2	
Analgésicos, Varios			
acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)		1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		2	QL (360 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
acetaminophen-codeine oral tablet 300-60 mg		2	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)	2	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	2	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		2	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		2	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		2	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		2	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		2	QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	2	QL (180 per 30 days)
methadone oral tablet 10 mg		2	QL (120 per 30 days)

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
lidocaine-prilocaine topical cream 2.5-2.5 %		2	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		3	PA; QL (90 per 30 days)
ANTAGONISTAS DE METALES PESADOS			
Antagonistas De Metales Pesados			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	2	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NM; NDS
trientine oral capsule 250 mg	(Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
ANTI INFECCIOSOS (MEMBRANA CUTÁNEA Y MUCOSA)			
Anti Infecciosos (Membrana Cutánea Y Mucosa)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	4	
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		4	
ANTIBACTERIANOS			
Aminoglicósidos			
amikacin injection solution 500 mg/2 ml		2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		5	PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		2	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml		2	
neomycin oral tablet 500 mg		2	
streptomycin intramuscular recon soln 1 gram		5	NM; NDS

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		2	
Antibacteriales, Misceláneos			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	2	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	2	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	NM; NDS
daptomycin intravenous recon soln 350 mg, 500 mg		5	NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	2	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	2	
methenamine hippurate oral tablet 1 gram		2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	QL (60 per 30 days)
trimethoprim oral tablet 100 mg		2	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		2	
vancomycin oral capsule 125 mg	(Vancocin)	2	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	2	QL (112 per 14 days)

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS; QL (90 per 30 days)
Antibióticos B-Lactam Misceláneos		
aztreonam injection recon soln 1 gram, 2 gram (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
ertapenem injection recon soln 1 gram	2	
imipenem-cilastatin intravenous recon soln 250 mg	2	
imipenem-cilastatin intravenous recon soln 500 mg (Primaxin IV)	2	
meropenem 2 gram vial inner, suv, p/f	4	
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg	2	
Cefalosporinas		
cefaclor oral capsule 250 mg, 500 mg	2	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefepime injection recon soln 1 gram, 2 gram	2	
cefixime oral capsule 400 mg	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	2	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	2	

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
erythromycin oral tablet 250 mg, 500 mg		4	
Penicilinas			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		2	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		4	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		2	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg		2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT		4	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram		2	
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	2	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml		2	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		2	
penicillin v potassium oral tablet 250 mg, 500 mg		1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		2	
Quinolonas			
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg		1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		2	
levofloxacin oral solution 250 mg/10 ml		4	
levofloxacin oral tablet 250 mg		1	
levofloxacin oral tablet 500 mg, 750 mg		1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner		2	
moxifloxacin oral tablet 400 mg		2	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	2	
Sulfonamidas			
sulfadiazine oral tablet 500 mg		2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetraciclinas			
demeclocycline oral tablet 150 mg, 300 mg		4	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	2	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	2	
doxycycline hyclate oral capsule 100 mg		2	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		2	
doxycycline hyclate oral tablet 50 mg	(Targadox)	2	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	2	
doxycycline monohydrate oral capsule 150 mg		2	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		2	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	2	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		2	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	2	
doxycycline monohydrate oral tablet 50 mg		2	
minocycline oral capsule 100 mg, 50 mg, 75 mg		2	
tetracycline oral capsule 250 mg, 500 mg		4	
tigecycline intravenous recon soln 50 mg	(Tygacil)	5	NM; NDS
ANTICONCEPTIVOS			
Anticonceptivos			

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	2	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	2	QL (1 per 28 days)

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

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	2	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	2	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		2	
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e. estradiol-iron)	2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e. estradiol-iron)	2	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	2	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e. estradiol)	2	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e. estradiol-iron)	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin. estradiol)	2	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin. estradiol)	2	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
ANTICONVULSIVOS			
Anticonvulsivos			
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ ML		3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		3	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	
carbamazepine oral tablet 200 mg	(Epitol)	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	
carbamazepine oral tablet,chewable 100 mg, 200 mg		2	
clobazam oral suspension 2.5 mg/ml	(Onfi)	2	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		5	ST; NM; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		5	ST; NM; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NM; NDS
epitol oral tablet 200 mg	(carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ ML	(topiramate)	4	ST
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	5	ST; NM; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	5	ST; NM; NDS; QL (60 per 30 days)

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

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

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
rufinamide oral tablet 200 mg	(Banzel)	2	ST
rufinamide oral tablet 400 mg	(Banzel)	5	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		5	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG		4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	(levetiracetam)	4	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		2	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral capsule, sprinkle 50 mg		2	
topiramate oral solution 25 mg/ml	(Eprontia)	2	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	
valproic acid oral capsule 250 mg		2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		5	NM; NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		3	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		3	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		3	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)		3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML		4	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	2	
zonisamide oral capsule 50 mg		2	
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA NSO; NM; NDS; QL (1080 per 30 days)
ANTIDEPRESIVOS			
Antidepresivos			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		5	ST; NM; NDS
bupropion hcl oral tablet 100 mg, 75 mg		2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml		2	
citalopram oral tablet 10 mg	(Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	4	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	4	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	2	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin oral concentrate 10 mg/ml	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NM; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	1	
fluoxetine oral capsule 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
MARPLAN ORAL TABLET 10 MG	4	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	2	
mirtazapine oral tablet 45 mg, 7.5 mg	2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		4	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	4	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	4	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	
phenelzine oral tablet 15 mg	(Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg		4	
RALDESY ORAL SOLUTION 10 MG/ ML		4	PA NSO; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		5	PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		5	PA NSO; NM; NDS; QL (14 per 14 days)
ANTIFÚNGICOS			
Antifúngicos			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD
amphotericin b injection recon soln 50 mg		2	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	5	PA BvD; NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	2	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	2	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	4	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	2	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	2	
clotrimazole-betamethasone topical cream 1-0.05 %		2	QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA; NM; NDS
econazole nitrate topical cream 1 %		2	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
fluconazole oral suspension for reconstitution 10 mg/ml		2	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
griseofulvin microsize oral tablet 500 mg		4	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		4	
itraconazole oral capsule 100 mg	(Sporanox)	2	
ketoconazole oral tablet 200 mg		2	
ketoconazole topical cream 2 %		2	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		2	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	2	
miconazole-3 vaginal suppository 200 mg		2	
nyamyc topical powder 100,000 unit/ gram	(nystatin)	2	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ ml		2	
nystatin oral tablet 500,000 unit		2	
nystatin topical cream 100,000 unit/ gram		2	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/ gram		2	QL (60 per 30 days)
nystatin topical powder 100,000 unit/ gram	(Nyamyc)	2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	
nystop topical powder 100,000 unit/ gram	(nystatin)	2	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	5	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA BvD; NM; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ ml)	(Vfend)	5	PA; NM; NDS
voriconazole oral tablet 200 mg, 50 mg		4	
ANTIHISTAMÍNICOS			
Antihistamínicos			
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
ANTIMICOBACTERIALES			
Antimicobacteriales			
dapsone oral tablet 100 mg, 25 mg		2	
ethambutol oral tablet 100 mg, 400 mg		2	
isoniazid oral tablet 100 mg, 300 mg		1	
PRIFTIN ORAL TABLET 150 MG		4	
pyrazinamide oral tablet 500 mg		2	
rifabutin oral capsule 150 mg		4	
rifampin intravenous recon soln 600 mg	(Rifadin)	2	
rifampin oral capsule 150 mg, 300 mg		2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		4	
ANTIVIRALES (SITÉMICO)			
Antirretrovirales			
abacavir oral solution 20 mg/ml	(Ziagen)	2	
abacavir oral tablet 300 mg		2	
abacavir-lamivudine oral tablet 600-300 mg		2	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	5	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG		5	NM; NDS
atazanavir oral capsule 150 mg		2	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		5	NM; NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		5	NM; NDS; QL (24 per 365 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		5	NM; NDS
darunavir oral tablet 600 mg, 800 mg	(Prezista)	5	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		2	
DOVATO ORAL TABLET 50-300 MG		5	NM; NDS
EDURANT ORAL TABLET 25 MG		5	NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		5	NM; NDS
efavirenz oral capsule 200 mg, 50 mg		2	
efavirenz oral tablet 600 mg		2	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NM; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	2	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	5	NM; NDS
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	2	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	5	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		4	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG		5	NM; NDS
fosamprenavir oral tablet 700 mg		5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NM; NDS

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
GENVOYA ORAL TABLET 150-150-200-10 MG		5	NM; NDS
INTELENCE ORAL TABLET 25 MG		4	
ISENTRESS HD ORAL TABLET 600 MG		5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		5	NM; NDS
ISENTRESS ORAL TABLET 400 MG		5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG		3	
JULUCA ORAL TABLET 50-25 MG		5	NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	4	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	2	
lamivudine oral tablet 100 mg		2	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg		2	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	2	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	2	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	2	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	5	NM; NDS
nevirapine oral suspension 50 mg/5 ml		2	QL (1200 per 30 days)
nevirapine oral tablet 200 mg		2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		2	QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		2	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG		4	
NORVIR ORAL SOLUTION 80 MG/ML		4	
ODEFSEY ORAL TABLET 200-25-25 MG		5	NM; NDS
PIFELTRO ORAL TABLET 100 MG		5	NM; NDS

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		5	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG		5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		4	
TRIZIVIR ORAL TABLET 300-150-300 MG		5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)		5	NM; NDS
VEMLIDY ORAL TABLET 25 MG		5	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	NM; NDS
VIREAD ORAL POWDER 40 MG/ SCOOP (40 MG/GRAM)		5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	NM; NDS
VOCABRIA ORAL TABLET 30 MG		4	
zidovudine oral capsule 100 mg	(Retrovir)	2	
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	
zidovudine oral tablet 300 mg		2	
Antivirales Hcv			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG		5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG		5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG		5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	5	PA; NM; NDS; QL (28 per 28 days)

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
VOSEVI ORAL TABLET 400-100-100 MG		5	PA; NM; NDS; QL (28 per 28 days)
Antivirales, Varios			
LIVTENCITY ORAL TABLET 200 MG		5	PA; NM; NDS
oseltamivir oral capsule 30 mg	(Tamiflu)	2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)		2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)		2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG		2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ ACTUATION		4	QL (60 per 180 days)
Interferones			
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		5	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		5	PA; NM; NDS
Nucleósidos Y Nucleótidos			
acyclovir oral capsule 200 mg		1	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	4	
acyclovir oral tablet 400 mg, 800 mg		2	
acyclovir sodium intravenous solution 50 mg/ml		2	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	2	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ribavirin oral tablet 200 mg		2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	5	NM; NDS
valganciclovir oral tablet 450 mg	(Valcyte)	2	
COFACTORES ENZIMÁTICOS/OTROS			
Cofactores Enzimáticos/Otros			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		5	PA; NM; NDS; QL (90 per 30 days)
DISPOSITIVOS			
Dispositivos			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32”	(pen needle, diabetic)	2	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)	2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16” 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16”		2	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2” (RX) 0.5 ML 29 GAUGE X 1/2”		2	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64” 0.5 ML 31 GAUGE X 15/64”		2	PA; ST
ASSURE ID SYR 1 ML 31GX15/64” 1 ML 31 GAUGE X 15/64”		2	PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16”		2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16”		2	PA; ST
BD ECLIPSE 30GX1/2” SYRINGE 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
BD ECLIPSE NEEDLE 30GX1/2” (OTC) 30 X 1/2 “		2	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16”		2	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	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)	2	PA; ST
BD INSULIN SYR 1 ML 25GX1” 1 ML 25 X 1”		2	PA; ST
BD INSULIN SYR 1 ML 25GX5/8” 1 ML 25 GAUGE X 5/8”	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 26GX1/2” 1 ML 26 X 1/2”		2	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8” MICRO-FINE 1 ML 27 GAUGE X 5/8”	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	2	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2”		2	PA; ST

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16”		2	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16”		2	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2”		2	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64”		2	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8”	(insulin syringe-needle u-100)	2	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64”		2	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2”		2	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64”		2	PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	1	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64”		2	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64”	(insulin syringe-needle u-100)	2	PA; ST

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
BORDERED GAUZE 2”X2” 2 X 2 “	(gauze bandage)	1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16” 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16” 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16” 32 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32” 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16” 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 28GX5/16” 1 ML 28 X 5/16”		2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16” 1 ML 29 GAUGE X 5/16		2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
CURAD GAUZE PADS 2” X 2” 2 X 2 “	(gauze bandage)	1	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 “		1	PA; ST
CURITY GUAZE PADS 1’S(12 PLY) 2 X 2 “	(gauze bandage)	1	PA; ST
DERMACEA 2”X2” GAUZE 12 PLY, USP TYPE VII 2 X 2 “	(gauze bandage)	1	PA; ST
DERMACEA GAUZE 2”X2” SPONGE 8 PLY 2 X 2 “		1	PA; ST
DERMACEA NON-WOVEN 2”X2” SPNGE 2 X 2 “		1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2”		2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2”		2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2”		2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2”		2	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16”		2	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4”	(insulin syr/ndl u100 half mark)	2	PA; ST

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16”	2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64”	2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16”	2	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64”	2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16”	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64”	2	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2” (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64”	2	PA; ST

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NOVOFINE PLUS PEN NDL 32GX1/6” 32 GAUGE X 1/6”	2	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5”	2	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/ LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16” (pen needle, diabetic)	2	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16” (Embrace Pen Needle)	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16” (CareFine Pen Needle)	2	PA; ST
PEN NEEDLE 30G X 5/16” 30 GAUGE X 5/16” (pen needle, diabetic)	2	PA; ST
PEN NEEDLE 31G X 1/4” HRI 31 GAUGE X 1/4” (1st Tier Unifine Pentips)	2	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4” (pen needle, diabetic)	2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2” (1st Tier Unifine Pentips Plus)	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2” (pen needle, diabetic)	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32” (pen needle, diabetic)	2	PA; ST

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31G 1/4” 31 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16” MINI, 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16” SHORT, 8MM 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32G 1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32” 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
PREFPLS INS SYR 1 ML 30GX5/16” (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4” 31 GAUGE X 1/4”		2	PA; ST
PREVENT PEN NEEDLE 31GX5/16” 31 GAUGE X 5/16”		2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2” 0.5 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16” 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16” 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2” 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16” 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64”	(Comfort EZ Insulin Syringe)	2	PA; ST
RELION INS SYR 1 ML 31GX15/64” 1 ML 31 GAUGE X 15/64”	(Comfort EZ Insulin Syringe)	2	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16”		2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16”,10X10 0.3 ML 30 GAUGE X 5/16”		2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2”,10X10 0.5 ML 29 GAUGE X 1/2”		2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16”,10X10 0.5 ML 30 GAUGE X 5/16”		2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2”,10X10 1 ML 28 GAUGE X 1/2”		2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2”,10X10 1 ML 29 GAUGE X 1/2”		2	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32”	(Comfort EZ PRO Safety Pen Ndl)	2	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16”	(pen needle, diabetic, safety)	2	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2” 0.5 ML 30 GAUGE X 1/2”		2	PA; ST
SECURESAFE PEN NDL 30GX5/16” OUTER 30 GAUGE X 5/16”		2	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2” OUTER 0.5 ML 29 GAUGE X 1/2”		2	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2” OUTER 1 ML 29 GAUGE X 1/2”		2	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16”		2	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16”		2	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16”		2	PA; ST
STERILE PADS 2” X 2” 2 X 2 “	(gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4”		2	PA; ST

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16” 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16”	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2”	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2” 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16”	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2”	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 31GX3/16” 31GX5MM,STRL,MINI 31 GAUGE X 3/16”	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 32GX1/4” 32 GAUGE X 1/4”	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 32GX5/32” 32GX4MM, STRL, NANO 32 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 33GX5/32” 33 GAUGE X 5/32”	(pen needle, diabetic)	2	PA; ST

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

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

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

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

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

Nombre del Medicamento		Nivel 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)	2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	PA; ST
V-GO 20 DEVICE		3	QL (30 per 30 days)
V-GO 30 DEVICE		3	QL (30 per 30 days)
V-GO 40 DEVICE		3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST
PREPARACIONES DE REEMPLAZO			
Preparaciones De Reemplazo			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	2	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	2	
d5 %-0.45 % sodium chloride intravenous parenteral solution		2	
klor-con m10 oral tablet,er particles/ crystals 10 meq	(potassium chloride)	2	
klor-con m15 oral tablet,er particles/ crystals 15 meq	(potassium chloride)	2	
klor-con m20 oral tablet,er particles/ crystals 20 meq	(potassium chloride)	2	
magnesium sulfate injection solution 500 mg/ml (50 %)		4	
magnesium sulfate injection syringe 500 mg/ml (50 %)		2	
potassium chloride intravenous solution 2 meq/ml		2	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		4	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	2	
potassium chloride oral tablet extended release 15 meq, 20 meq		2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	2	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	2	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)		2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	
sodium chloride 0.9 % intravenous parenteral solution		2	
sodium chloride 0.9% solution mini-bag, single use		2	
PRODUCTOS SANGUÍNEOS/MODIFICADORES/EXPANSORES DE VOLUMEN			
Agentes Hematológicos, Varios			
anagrelide oral capsule 0.5 mg	(Agrylin)	2	
anagrelide oral capsule 1 mg		2	
tranexamic acid oral tablet 650 mg		2	
Anticoagulantes			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	2	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		3	
ELIQUIS ORAL TABLET 2.5 MG		3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	2	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	2	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	2	QL (18 per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	2	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	2	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	5	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	5	NM; NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	5	NM; NDS; QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	2	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	3	QL (60 per 30 days)
Inhibidores De Agregación De Plaquetas			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		2	
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	3	
cilostazol oral tablet 100 mg, 50 mg		2	
clopidogrel oral tablet 75 mg	(Plavix)	1	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
dipyridamole oral tablet 50 mg, 75 mg		2	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg		2	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	2	QL (30 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	2	
Modificadores De Formación De Sangre			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		5	PA; NM; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	5	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	(Promacta)	5	PA; NM; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	5	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	5	PA; NM; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	5	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		5	PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		5	PA; NM; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML		3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML		3	PA; QL (4 per 28 days)
REEMPLAZO/MODIFICADORES DE ENZIMA			

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	3	
javygtor oral tablet,soluble 100 mg (sapropterin)	5	PA; NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
sapropterin oral tablet,soluble 100 mg (Javygtor)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
RELAJANTES MUSCULARES ESQUELÉTICOS		
Relajantes Musculares Esqueléticos		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	2	
cyclobenzaprine oral tablet 10 mg, 5 mg	2	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg	4	
dantrolene oral capsule 25 mg (Dantrium)	4	
methocarbamol oral tablet 500 mg, 750 mg	2	PA-HRM; AGE (Max 64 Years)
tizanidine oral tablet 2 mg	2	
tizanidine oral tablet 4 mg (Zanaflex)	2	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VITAMINAS Y MINERALES		
Vitaminas Y Minerales		
bal-care dha combo pack 27-1-430 mg	2	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	2	
c-nate dha softgel 28 mg iron-1 mg -200 mg	2	
completenate tablet chew 29 mg iron-1 mg	2	
folivane-ob capsule 85-1 mg	2	
kosher prenatal plus iron tab 30 mg iron- 1 mg	2	
marnatal-f capsule 60 mg iron-1 mg	2	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
mynatal advance oral tablet 90-1-50 mg	2	
mynatal capsule 65 mg iron- 1 mg	2	
mynatal oral tablet 90-1-50 mg	2	
mynatal plus captab 65 mg iron- 1 mg	2	
mynatal-z captab 65 mg iron- 1 mg	2	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	2	
newgen tablet 32-1,000 mg-mcg	2	
niva-plus tablet 27 mg iron- 1 mg	2	
obstetrix dha combo pack 29 mg iron-1,700 mcg dfe	2	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	2	
o-cal prenatal oral tablet 15 mg iron-1,000 mcg	2	
pnv 29-1 oral tablet 29 mg iron- 1 mg	2	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	2	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	2	
pnv-omega softgel 28-1-300 mg	2	
pr natal 400 combo pack 29-1-400 mg	2	

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

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
pr natal 400 ec combo pack 29-1-400 mg		2	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		2	
pr natal 430 ec combo pack 29-1-430 mg		2	
prena1 true combo pack 30 mg iron-1.4 mg-300 mg		2	
prenaissance oral capsule 29-1.25-55-325 mg		2	
prenaissance plus oral capsule 28-1-50-250 mg		2	
prenatabs fa tablet 29-1 mg		2	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		2	
prenatal 19 chewable tablet 29 mg iron- 1 mg		2	
prenatal low iron oral tablet 27 mg iron-1 mg		2	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	2	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	2	
prenatal-u capsule 106.5-1 mg		2	
preplus oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	2	
pretab oral tablet 29-1 mg		2	
r-natal ob softgel 20 mg iron- 1 mg-320 mg		2	
select-ob chewable caplet 29 mg iron-1 mg		2	
select-ob chewable caplet 29 mg iron-1 mg		2	
se-natal 19 chewable tablet 29 mg iron- 1 mg		2	
taron-c dha capsule 35-1-200 mg		2	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg		2	
triveen-duo dha oral combo pack 29-1-400 mg		2	
virt-c dha softgel (rx) 35-1-200 mg		2	

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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
virt-nate dha softgel 28 mg iron-1 mg -200 mg	2	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	2	
virt-pn plus oral capsule 28-1-300 mg	2	
vitafol gummies 3.33 mg iron- 0.33 mg	2	
vitafol nano oral tablet 18 mg iron- 1 mg	2	
vitafol-ob+dha combo pack 65-1-250 mg	2	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	2	
vp-pnv-dha oral capsule 28 mg iron- 1 mg-200 mg	2	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	2	
zatean-pn plus softgel 28-1-300 mg	2	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	2	

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

Index of Drugs / Índice de medicamentos

1

1ST TIER UNIFINE PENTIPS . 108, 109, 299
1ST TIER UNIFINE PENTIPS PLUS 109, 299

A

abacavir 75, 293
abacavir-lamivudine 75, 293
ABELCET 62, 291
abigale 155, 244
abigale lo 155, 244
ABILIFY ASIMTUFII 69, 211
ABILIFY MAINTENA 69, 211
abiraterone 33, 184
abirtega 33, 184
ABOUTTIME PEN NEEDLE 109, 299
ABRYSVO (PF) 166, 254
acamprosate 25, 199
acarbose 57, 202
acebutolol 87, 218
acetaminophen-codeine 22, 266, 267
acetazolamide 173, 259
acetazolamide sodium 173, 259
acetic acid 148, 260
acetylcysteine 178, 232
acitretin 105, 238
ACTEMRA 159, 248
ACTEMRA ACTPEN 159, 248
ACTHAR 157, 246
ACTHAR SELFJECT 157, 246
ACTHIB (PF) 166, 254
ACTIMMUNE 172, 263
acyclovir 80, 81, 105, 238, 298
acyclovir sodium 81, 298
ADACEL(TDAP ADOLESN/ADULT) (PF) 166, 254
adapalene 108, 239
adefovir 81, 298
ADEMPAS 180, 265
adrucil 33, 184
ADVAIR HFA 175, 233
ADVOCATE PEN NEEDLE 109, 300
ADVOCATE SYRINGES .. 109, 299, 300
afirmelle 96, 276
AIMOVIG AUTOINJECTOR 64, 207
AIRSUPRA 175, 176, 233, 234
AJOVY AUTOINJECTOR ... 65, 207
AJOVY SYRINGE 65, 207
AKEEGA 33, 184
ala-cort 106, 236
albendazole 67, 209
albuterol sulfate 176, 177, 234
ALCOHOL PADS 110, 300
ALCOHOL PREP PADS ... 126, 316
ALCOHOL PREP SWABS 110, 300
ALCOHOL SWABS 109, 300
ALCOHOL WIPES 110, 300
ALECENSA 34, 184
alendronate 171, 227
alfuzosin 154, 242
aliskiren 93, 226
allopurinol 64, 206
alosetron 170, 227
alprazolam 26, 200
ALREX 150, 262
altavera (28) 97, 276
ALTRENO 108, 239
ALUNBRIG 34, 184
ALVAIZ 82, 340
alyacen 1/35 (28) 97, 276
alyacen 7/7/7 (28) 97, 276
ALYFTREK 178, 232
alyq 180, 265
amantadine hcl 68, 210
amethyst (28) 97, 276
amikacin 27, 269
amiloride 90, 224
amiloride-hydrochlorothiazide 90, 224
amiodarone 86, 218
amitriptyline 55, 288
amlodipine 89, 222
amlodipine-atorvastatin 91, 222
amlodipine-benazepril 89, 222
amlodipine-olmesartan 89, 222
amlodipine-valsartan 89, 222
amlodipine-valsartan-hcthiazid .. 90, 222
ammonium lactate 105, 238
amoxapine 55, 288
amoxicil-clarithromy-lansopraz 151, 240
amoxicillin 30, 273
amoxicillin-pot clavulanate ... 31, 273
amphotericin b 62, 291
amphotericin b liposome 62, 291
ampicillin 31, 273
ampicillin sodium 31, 273
ampicillin-sulbactam 31, 273
anagrelide 83, 338
anastrozole 34, 184
ANKTIVA 34, 184
ANORO ELLIPTA 177, 235
aprepitant 66, 208
APRETUDE 75, 293
apri 97, 276
APTIVUS 75, 293
AQINJECT PEN NEEDLE 110, 300
ARCALYST 160, 248
AREXVY (PF) 166, 254
ARIKAYCE 27, 269
aripiprazole 69, 211
ARISTADA 70, 211, 212
ARISTADA INITIO 69, 211
armodafinil 179, 228
ARNUITY ELLIPTA 175, 233
asenapine maleate 70, 212
aspirin-dipyridamole 83, 339
ASSURE ID DUO PRO SFTY PEN NDL 110, 300
ASSURE ID DUO-SHIELD 110, 300
ASSURE ID INSULIN SAFETY 110, 300, 301
ASSURE ID PEN NEEDLE 110, 300
ASSURE ID PRO PEN NEEDLE 110, 301
ASTAGRAF XL 160, 248
atazanavir 75, 293
atenolol 87, 218
atenolol-chlorthalidone 87, 218
atomoxetine 93, 228
atorvastatin 91, 222
atovaquone 67, 209
atovaquone-proguanil 67, 209
atropine 147, 263
ATROVENT HFA 177, 235
aubra eq 97, 276
AUGTYRO 34, 184
aurovela 1.5/30 (21) 97, 276
aurovela 1/20 (21) 97, 276

aurovela 24 fe 97, 276
aurovela fe 1.5/30 (28)..... 97, 276
aurovela fe 1-20 (28)..... 97, 276
AUSTEDO 93, 229
AUSTEDO XR 93, 94, 229
AUSTEDO XR TITRATION KT(WK1-4)..... 94, 229
AUTOSHIELD DUO PEN NEEDLE.. 110, 301
AUVELITY 55, 288
aviane..... 97, 276
AVMAPKI..... 34, 184
AVMAPKI-FAKZYNJA 34, 184
AVONEX..... 94, 229
AXTLE 34, 184
ayuna 97, 276
AYVAKIT..... 34, 184
azacitidine..... 34, 184
azathioprine 160, 248
azathioprine sodium 160, 248
azelastine..... 147, 263
azithromycin..... 29, 30, 272
aztreonam..... 30, 271
azurette (28)..... 97, 276

B

bacitracin..... 148, 260
bacitracin-polymyxin b..... 148, 260
baclofen..... 179, 341
bal-care dha..... 180, 342
bal-care dha essential 180, 342
balsalazide 170, 227
BALVERSA..... 34, 184, 185
BAQSIMI..... 172, 263
BCG VACCINE, LIVE (PF) 166, 254
BD ALCOHOL SWABS..... 112, 302
BD AUTOSHIELD DUO PEN NEEDLE 110, 301
BD ECLIPSE LUER-LOK.. 110, 301
BD INSULIN SYRINGE..... 111, 301
BD INSULIN SYRINGE (HALF UNIT)..... 110, 301
BD INSULIN SYRINGE SLIP TIP..... 111, 301
BD INSULIN SYRINGE ULTRA-FINE..... 111, 301
BD NANO 2ND GEN PEN NEEDLE 111, 301
BD SAFETYGLIDE INSULIN SYRINGE 111, 112, 301, 302
BD SAFETYGLIDE SYRINGE..... 111, 302
BD ULTRA-FINE MICRO PEN NEEDLE..... 112, 302
BD ULTRA-FINE MINI PEN NEEDLE..... 112, 302
BD ULTRA-FINE NANO PEN NEEDLE..... 112, 302
BD ULTRA-FINE ORIG PEN NEEDLE..... 112, 302
BD ULTRA-FINE SHORT PEN NEEDLE..... 112, 302
BD VEO INSULIN SYR (HALF UNIT)..... 112, 302
BD VEO INSULIN SYRINGE UF..... 112, 302
BELSOMRA 179, 228
benazepril 85, 225
benazepril-hydrochlorothiazide 85, 225
bendamustine 34, 185
BENDAMUSTINE..... 34, 185
BENDEKA 34, 185
BENLYSTA..... 160, 248
benztropine 68, 210
BESREMI..... 160, 248
betaine 172, 264
betamethasone, augmented 106, 107, 236
betamethasone dipropionate..... 106, 236
betamethasone valerate.... 106, 236
BETASERON..... 94, 229
betaxolol..... 173, 259
bethanechol chloride 154, 242
bexarotene 34, 185
BEXSERO 166, 254
bicalutamide..... 34, 185
BICILLIN L-A..... 31, 273
BIKTARVY 75, 293
bimatoprost 173, 259
bisoprolol fumarate 87, 218
bisoprolol-hydrochlorothiazide 87, 219
BIZENGRI..... 35, 185
bleomycin..... 35, 185
blisovi 24 fe 97, 276
blisovi fe 1.5/30 (28)..... 97, 276
blisovi fe 1/20 (28)..... 97, 276
BOOSTRIX TDAP 166, 254
BORDERED GAUZE 112, 303
bortezomib 35, 185
BORUZU..... 35, 185
bosentan 180, 265
BOSULIF..... 35, 185
BRAFTOVI..... 35, 185
BREO ELLIPTA 175, 176, 233
breyna 176, 233
BREZTRI AEROSPHERE 177, 235
BRILINTA..... 83, 339
brimonidine 173, 259
brimonidine-timolol 173, 259
brinzolamide..... 173, 259
BRIVIACT 49, 283
bromfenac..... 150, 262
bromocriptine 68, 210
BRONCHITOL..... 178, 232
BRUKINSA 35, 185
budesonide . 170, 171, 176, 227, 234
budesonide-formoterol 176, 234
bumetanide 90, 224
buprenorphine..... 22, 267
buprenorphine hcl..... 25, 200
buprenorphine-naloxone 25, 200
bupropion hcl 55, 288
bupropion hcl (smoking deter)..... 25, 200
buspirone 172, 264
butalbital-acetaminop-caf-cod 22, 267
butalbital-acetaminophen-caff..... 22, 267

C

CABENUVA..... 76, 293
cabergoline 68, 210
CABOMETYX..... 35, 185
cabotegravir 76, 293, 294
calcipotriene..... 105, 238
calcitonin (salmon)..... 171, 227
calcitriol 171, 227
calcium acetate(phosphat bind)..... 153, 241, 242
CALQUENCE 35, 186
CALQUENCE (ACALABRUTINIB MAL)..... 35, 185
camila..... 97, 276
CAMZYOS..... 88, 220
candesartan..... 84, 221
candesartan-hydrochlorothiazid..... 84, 221
CAPLYTA..... 70, 212
CAPRELSA..... 35, 186
captopril..... 85, 225
carbamazepine..... 49, 50, 283, 284
carbidopa-levodopa..... 68, 210

CAREFINE PEN NEEDLE 112, 303
CARETOUCH ALCOHOL PREP PAD 112, 303
CARETOUCH INSULIN SYRINGE .. 113, 303, 304
CARETOUCH PEN NEEDLE 112, 113, 303
carglumic acid 152, 240
carteolol 173, 259
cartia xt 88, 219
carvedilol 87, 219
CAYSTON 30, 271
cefaclor 28, 271
cefadroxil 28, 271
cefazolin 29, 271
cefdinir 29, 271
cefepime 29, 271
cefixime 29, 271
cefoxitin 29, 271
cefpodoxime 29, 271
cefprozil 29, 271
ceftazidime 29, 271
ceftriaxone 29, 272
cefuroxime axetil 29, 272
cefuroxime sodium 29, 272
celecoxib 24, 265
cephalexin 29, 272
cevimeline 104, 236
chateal eq (28) 97, 276
chlordiazepoxide hcl 26, 200
chlorhexidine gluconate 104, 236
chloroquine phosphate 67, 209
chlorpromazine 70, 212
chlorthalidone 90, 224
cholestyramine light 91, 223
cholestyramine (with sugar) 91, 223
ciclopirox 62, 291
cilostazol 83, 339
CIMDUO 76, 294
cimetidine hcl 151, 240
CIMZIA 160, 248
CIMZIA POWDER FOR RECONST. 160, 248
cinacalcet 171, 227
CINQAIR 178, 232
ciprofloxacin-dexamethasone 148, 260
ciprofloxacin hcl ... 32, 148, 260, 274
ciprofloxacin in 5 % dextrose 32, 274
citalopram 55, 288
clarithromycin 30, 272
CLENPIQ 153, 242
CLICKFINE PEN NEEDLE 113, 123, 304, 313
clindamycin-benzoyl peroxide 106, 239
clindamycin hcl 27, 270
clindamycin phosphate 28, 64, 105, 106, 239, 269, 270
CLINIMIX 6%-D5W (SULFITE-FREE) 83, 217
CLINIMIX 8%-D10W(SULFITE-FREE) 83, 217
CLINIMIX 8%-D14W(SULFITE-FREE) 84, 217
CLINIMIX E 8%-D10W SULFITEFREE 84, 217
CLINIMIX E 8%-D14W SULFITEFREE 84, 217
clobazam 50, 284
clobetasol 107, 236, 237
clobetasol-emollient 107, 237
clomipramine 55, 288
clonazepam 26, 200
clonidine 84, 217, 218
clonidine hcl 84, 217
clopidogrel 83, 339
clorazepate dipotassium 26, 201
clotrimazole 62, 291
clotrimazole-betamethasone 62, 291
clozapine 70, 212
c-nate dha 181, 342
COARTEM 67, 209
COBENFY 70, 212
COBENFY STARTER PACK 70, 212
colchicine 64, 206, 207
colesevelam 91, 223
colestipol 91, 223
colistin (colistimethate na) 28, 270
COMBIVENT RESPIMAT . 177, 235
COMETRIQ 35, 186
COMFORT EZ INSULIN SYRINGE . 113, 114, 115, 304, 305
COMFORT EZ PEN NEEDLES 114, 304, 305
COMFORT EZ PRO SAFETY PEN NDL 114, 305
COMFORT TOUCH PEN NEEDLE . 115, 305, 306
completenate 181, 342
compro 66, 208
constulose 152, 240
COPIKTRA 35, 186
CORLANOR 89, 220
CORTROPHIN GEL 157, 246
COSENTYX 160, 172, 249, 264
COSENTYX (2 SYRINGES) 160, 248
COSENTYX PEN (2 PENS) 160, 249
COSENTYX UNOREADY PEN 160, 249
COTELLIC 36, 186
CREON 147, 341
CRESEMBA 62, 291
cromolyn 147, 152, 178, 232, 240, 263
cryselle (28) 97, 276
CURAD GAUZE PAD 115, 306
CURITY ALCOHOL SWABS 115, 306
CURITY GAUZE 115, 116, 306
cyclafem 1/35 (28) 97, 277
cyclafem 7/7/7 (28) 98, 277
cyclobenzaprine 179, 341
cyclophosphamide 36, 186
cyclosporine 150, 160, 161, 249, 262
cyclosporine modified 160, 249
CYLTEZO(CF) 161, 249
CYLTEZO(CF) PEN 161, 249
CYLTEZO(CF) PEN CROHN'S-UC-HS 161, 249
CYLTEZO(CF) PEN PSORIASIS-UV 161, 249
cyred eq 98, 277

D

d5 %-0.45 % sodium chloride 174, 337
d5 % and 0.9 % sodium chloride 174, 337
d5 % (d-glucose)-0.9 % sodchlr 174, 337
dabigatran etexilate 81, 338
dalfampridine 94, 229
danazol 155, 243
dantrolene 179, 341
DANYELZA 36, 186
DANZITEN 36, 186
dapsone 66, 293
DAPTACEL (DTAP PEDIATRIC) (PF) 166, 255

daptomycin 28, 270
darunavir 76, 294
dasatinib 36, 186
dasetta 1/35 (28) 98, 277
dasetta 7/7/7 (28) 98, 277
DATROWAY 36, 186
DAURISMO 36, 186
deblitane 98, 277
decitabine 36, 186
deferasirox 154, 269
DELSTRIGO 76, 294
demeclocycline 32, 275
DENGVAXIA (PF) 166, 255
denta 5000 plus 104, 236
dentagel 104, 236
DEPO-SUBQ PROVERA 104 ..... 159, 247
DERMACEA 116, 306
DERMACEA NON-WOVEN 116, 306
dermacinrx lidocan 25, 268
DESCOVY 76, 294
desipramine 55, 288, 289
desmopressin 157, 246
desog-e.estradiol/e.estradiol 98, 277
desogestrel-ethinyl estradiol 98, 277
desvenlafaxine succinate 55, 289
dexamethasone 156, 245
dexamethasone sodium phosphate .. 150, 156, 245, 262
dextroamphetamine-amphetamine ... 94, 229
dextrose 5 % in water (d5w) 84, 217
DIACOMIT 50, 284
diazepam 26, 50, 201, 284
diazepam intensol 26, 201
diazoxide 172, 264
diclofenac epolamine 24, 265
diclofenac-misoprostol 24, 266
diclofenac potassium 24, 265
diclofenac sodium 24, 150, 262, 265, 266
dicloxacillin 31, 273
dicyclomine 152, 240
didanosine 76, 294
DIFICID 30, 272
difluprednate 150, 262
digoxin 89, 220
dihydroergotamine 65, 207
diltiazem hcl 88, 219, 220
dilt-xr 88, 220
dimethyl fumarate 94, 229, 230
diphenoxylate-atropine 152, 241
dipyridamole 83, 340
disulfiram 25, 200
divalproex 50, 284
dofetilide 86, 218
dolishale 98, 277
donepezil 54, 201
dorzolamide 173, 259
dorzolamide-timolol 173, 259
DOVATO 76, 294
doxazosin 84, 218
doxepin 55, 289
doxorubicin, peg-liposomal . 36, 187
doxy-100 ..... 32, 275
doxycycline hyclate 33, 275
doxycycline monohydrate 33, 275
DRIZALMA SPRINKLE 55, 289
dronabinol 66, 208
DROPLET INSULIN SYR(HALF UNIT) 116, 306, 307
DROPLET INSULIN SYRINGE 116, 117, 306, 307, 308
DROPLET MICRON PEN NEEDLE . 117, 308
DROPLET PEN NEEDLE 117, 118, 308
DROPSAFE ALCOHOL PREP PADS 118, 308
DROPSAFE INSULIN SYRINGE 118, 308, 309
DROPSAFE PEN NEEDLE 118, 309
droxidopa 84, 218
DUAVEE 155, 244
duloxetine 55, 289
DUPIXENT PEN 161, 249
DUPIXENT SYRINGE 161, 249
dutasteride 154, 242

E

EASY COMFORT ALCOHOL PAD .. 119, 309
EASY COMFORT INSULIN SYRINGE 119, 120, 309, 310
EASY COMFORT PEN NEEDLES .. 119, 310
EASY COMFORT SAFETY PEN NEEDLE 118, 119, 309
EASY GLIDE INSULIN SYRINGE 120, 310
EASY GLIDE PEN NEEDLE 120, 310
EASY TOUCH 121, 311, 312
EASY TOUCH ALCOHOL PREP PADS 120, 311
EASY TOUCH FLIPLOCK INSULIN 121, 311
EASY TOUCH FLIPLOCK SYRINGE 120, 311
EASY TOUCH INSULIN SAFETY SYR 120, 310, 311
EASY TOUCH INSULIN SYRINGE .. 120, 121, 122, 310, 311, 312
EASY TOUCH LUER LOCK INSULIN 121, 311
EASY TOUCH PEN NEEDLE 121, 312
EASY TOUCH SAFETY PEN NEEDLE 121, 122, 312
EASY TOUCH SHEATHLOCK INSULIN 120, 121, 311
EASY TOUCH UNI-SLIP .. 122, 312
econazole nitrate 62, 291
EDURANT 76, 294
EDURANT PED 76, 294
efavirenz 76, 294
efavirenz-emtricitabin-tenofov 76, 294
efavirenz-lamivu-tenofov disop 76, 294
ELAHERE 36, 187
ELEPSIA XR 50, 284
ELIGARD 37, 187
ELIGARD (3 MONTH) 36, 187
ELIGARD (4 MONTH) 36, 187
ELIGARD (6 MONTH) 36, 187
elinest 98, 277
ELIQUIS 81, 338
ELIQUIS DVT-PE TREAT 30D START 81, 338
ELREXFIO 37, 187
eltrombopag olamine 82, 340
eluryng 98, 277
EMBRACE PEN NEEDLE 122, 312, 313
EMCYT 37, 187
EMGALITY PEN 65, 207
EMGALITY SYRINGE 65, 207
emoquette 98, 277
EMRELIS 37, 187
EMSAM 56, 289
emtricitabine 76, 294
emtricitabine-tenofovir (tdf) .. 76, 294

emtricita-rilpivirine-tenof df .. 76, 294
EMTRIVA 76, 294
emzahh 98, 277
enalapril-hydrochlorothiazide 86, 225
enalapril maleate 86, 225
ENBREL 161, 249, 250
ENBREL MINI..... 161, 249
ENBREL SURECLICK..... 161, 250
endocet 22, 267
ENGERIX-B PEDIATRIC (PF) 167, 255
ENGERIX-B (PF)..... 166, 255
enilloring..... 98, 277
enoxaparin 81, 338, 339
enpresse 98, 277
enskyce..... 98, 277
entacapone 68, 210
entecavir..... 81, 298
ENTRESTO 84, 221
ENTRESTO SPRINKLE..... 85, 221
enulose..... 152, 241
EPCLUSA 80, 297
EPIDIOLEX..... 50, 284
epinastine..... 148, 263
epinephrine 89, 220
epitol..... 50, 284
EPIVIR HBV..... 77, 294
EPKINLY 37, 187
eplerenone 93, 226
EPRONTIA 50, 284
ERBITUX 37, 187
ergoloid 54, 201
ERIVEDGE 37, 187
ERLEADA..... 37, 187
erlotinib..... 37, 187
errin 98, 277
ertapenem..... 30, 271
erythromycin 30, 148, 260, 273
erythromycin ethylsuccinate 30, 272
erythromycin with ethanol . 106, 239
ERZOFRI 70, 71, 212
escitalopram oxalate..... 56, 289
eslicarbazepine..... 50, 284
esomeprazole magnesium 151, 240
estarylla..... 98, 277
estradiol..... 155, 156, 244
estradiol-norethindrone acet 156, 244
eszopiclone..... 179, 228
ethambutol 66, 293
ethosuximide..... 50, 285
ethynodiol diac-eth estradiol 98, 277
etodolac..... 24, 266
etonogestrel-ethinyl estradiol 98, 277
ETOPOPHOS..... 37, 187
etoposide 37, 187
etravirine 77, 294
EUCRISA..... 107, 237
EULEXIN 37, 187
everolimus (antineoplastic) .. 37, 188
everolimus (immunosuppressive)..... 161, 250
EVOTAZ..... 77, 294
exemestane 37, 188
EXTENCILLINE..... 31, 273
EYSUVIS 150, 262
ezetimibe..... 91, 223
ezetimibe-simvastatin 91, 223

F

FAKZYNJA 37, 188
falmina (28) 98, 278
famciclovir 81, 298
famotidine 151, 240
FANAPT..... 71, 213
FANAPT TITRATION PACK A..... 71, 213
FANAPT TITRATION PACK B..... 71, 213
FANAPT TITRATION PACK C 71, 213
FARXIGA..... 57, 202
FASENRA..... 178, 232
FASENRA PEN 178, 232
febuxostat..... 64, 207
feirza 99, 278
felbamate 51, 285
felodipine..... 90, 222
femynor 99, 278
fenofibrate 92, 223
fenofibrate micronized 92, 223
fenofibrate nanocrystallized 92, 223
fentanyl..... 23, 267
fentanyl citrate..... 22, 267
fesoterodine 154, 243
FETZIMA 56, 289
FIASP FLEXTOUCH U-100 INSULIN 60, 204
FIASP PENFILL U-100 INSULIN..... 60, 204
FIASP U-100 INSULIN..... 60, 204
finasteride 154, 242
fingolimod..... 94, 230
FINTEPLA..... 51, 285
FIRMAGON KIT W DILUENT SYRINGE 37, 38, 188
flavoxate..... 154, 243
flecainide..... 86, 218
floxuridine..... 38, 188
fluconazole..... 63, 291
fluconazole in nacl (iso-osm)..... 63, 291
flucytosine 63, 291
fludrocortisone 156, 245
flunisolide 150, 262
fluocinolone..... 107, 237
fluocinolone acetonide oil .. 150, 262
fluocinonide..... 107, 237
fluoride (sodium) 104, 236
fluorometholone..... 150, 262
fluorouracil 38, 105, 188, 238
fluoxetine..... 56, 289
fluphenazine decanoate 71, 213
fluphenazine hcl..... 71, 213
flurbiprofen 24, 266
flurbiprofen sodium 150, 262
flutamide 38, 188
fluticasone propionate 107, 150, 176, 234, 237, 262
fluticasone propion-salmeterol 176, 234
fluvastatin 92, 223
fluvoxamine..... 56, 289
folivane-ob 181, 342
fondaparinux 81, 339
fosamprenavir 77, 294
fosinopril..... 86, 225
fosinopril-hydrochlorothiazide 86, 225
fosphenytoin..... 51, 285
FOTIVDA..... 38, 188
FREESTYLE PRECISION 123, 313
FRUZAQLA 38, 188
fulvestrant..... 38, 188
furosemide 90, 224
FUZEON 77, 294
FYARRO 38, 188
FYCOMPA 51, 285

G

gabapentin 51, 285
galantamine 54, 201
gallifrey..... 159, 247
GAMUNEX-C 161, 250

GARDASIL 9 (PF) 167, 255
GAUZE PAD 123, 313
gavilyte-c..... 153, 242
gavilyte-g..... 153, 242
gavilyte-n..... 153, 242
GAVRETO 38, 188
gefitinib..... 38, 188
gemfibrozil..... 92, 223
generlac 152, 241
gengraf..... 161, 250
gentak 148, 260
gentamicin..... 27, 106, 148, 239, 260, 269
gentamicin sulfate (ped) (pf) 27, 269
gentamicin sulfate (pf) 27, 269
GENVOYA 77, 295
GILOTRIF 38, 188
glatiramer 94, 230
glatopa 95, 230
GLEOSTINE 38, 188
glimepiride..... 61, 206
glipizide 62, 206
glipizide-metformin 62, 206
glutamine (sickle cell) 172, 264
glyburide 62, 206
glyburide-metformin..... 62, 206
glyburide micronized..... 62, 206
glycopyrrolate..... 152, 241
glydo..... 25, 268
GLYXAMBI 57, 202
GOMEKLI 38, 189
griseofulvin microsize .. 63, 291, 292
griseofulvin ultramicrosize ... 63, 292
guanfacine 84, 95, 218, 230
GVOKE 172, 264
GVOKE HYPOPEN 2-PACK 172, 264
GVOKE PFS 1-PACK SYRINGE..... 172, 264

H

HAEGARDA 82, 340
hailey 24 fe..... 99, 278
hailey fe 1.5/30 (28) 99, 278
hailey fe 1/20 (28)..... 99, 278
halobetasol propionate 107, 237
haloette 99, 278
haloperidol 71, 213
haloperidol decanoate 71, 213
haloperidol lactate..... 71, 213
HARVONI 80, 297
HAVRIX (PF)..... 167, 255
HEALTHWISE INSULIN SYRINGE.. 123, 124, 314
HEALTHWISE PEN NEEDLE..... 124, 314
HEALTHY ACCENTS UNIFINE PENTIP..... 124, 314
heather 99, 278
heparin (porcine)..... 82, 339
HEPLISAV-B (PF)..... 167, 255
HERCEPTIN HYLECTA..... 38, 189
HERZUMA..... 38, 189
HIBERIX (PF) 167, 255
HUMIRA 162, 250
HUMIRA(CF) 162, 251
HUMIRA(CF) PEDI CROHNS STARTER..... 162, 250
HUMIRA(CF) PEN 162, 251
HUMIRA(CF) PEN CROHNS-UC-HS..... 162, 250
HUMIRA(CF) PEN PEDIATRIC UC . 162, 250
HUMIRA(CF) PEN PSOR-UV-ADOL HS 162, 250
HUMIRA PEN..... 162, 250
HUMIRA PEN CROHNS-UC-HS START 162, 250
HUMIRA PEN PSOR-UVEITS-ADOL HS 162, 250
HUMULIN R U-500 (CONC) INSULIN 60, 204
HUMULIN R U-500 (CONC) KWIKPEN..... 60, 204
hydralazine..... 89, 221
hydrochlorothiazide..... 90, 224
hydrocodone-acetaminophen 23, 267
hydrocortisone 107, 156, 171, 227, 237, 245
hydrocortisone-acetic acid 148, 260
hydrocortisone valerate 107, 237
hydromorphone 23, 267
hydroxychloroquine..... 67, 209
hydroxyurea 38, 189
hydroxyzine hcl 64, 292
hydroxyzine pamoate 172, 264

I

ibandronate 171, 227
IBRANCE..... 39, 189
IBTROZI 39, 189
ibu..... 24, 266
ibuprofen 24, 266
icatibant..... 89, 221
iclevia 99, 278
ICLUSIG..... 39, 189
icosapent ethyl 92, 223
IDHIFA 39, 189
ifosfamide..... 39, 189
ILEVRO..... 150, 262
imatinib..... 39, 189
IMBRUVICA..... 39, 189
IMDELLTRA..... 39, 189
imipenem-cilastatin..... 30, 271
imipramine hcl..... 56, 289
imiquimod..... 105, 238
IMJUDO 39, 189
IMKELDI..... 39, 190
IMOVAX RABIES VACCINE (PF) 167, 255
IMPAVIDO..... 67, 209
incassia 99, 278
INCONTROL ALCOHOL PADS 124, 314
INCONTROL PEN NEEDLE..... 124, 314, 315
INCRELEX..... 157, 246
indapamide 90, 224
indomethacin 24, 266
INFANRIX (DTAP) (PF)..... 167, 255
infliximab 162, 251
INGREZZA 95, 230
INGREZZA INITIATION PK(TARDIV)..... 95, 230
INGREZZA SPRINKLE..... 95, 230
INLYTA..... 39, 190
INPEN (FOR HUMALOG) BLUE 124, 315
INPEN (NOVOLOG OR FIASP) BLUE 124, 315
INQOVI 39, 190
INREBIC 39, 190
insulin aspart u-100 .... 60, 204, 205
insulin asp prt-insulin aspart 60, 204
insulin glargine-yfgn..... 60, 205
INSULIN SYRINGE..... 111, 302
INSULIN SYRINGE MICROFINE..... 111, 301
INSULIN SYRINGE NEEDLELESS . 125, 315
INSULIN SYRINGE-NEEDLE U-100 122, 124, 125, 129, 131, 132, 136, 139, 140, 313, 315, 316, 319, 321, 322, 323, 326, 329, 330
INSULIN SYR/NDL U100 HALF

MARK 124, 315
INSULIN U-500 SYRINGE-NEEDLE 125, 316
INSUPEN PEN NEEDLE 125, 126, 316
INTELENCE 77, 295
INTRON A 80, 298
introvale 99, 278
INVEGA HAFYERA 72, 213
INVEGA SUSTENNA 72, 214
INVEGA TRINZA 72, 214
INVELTYS 150, 262
IPOL 167, 255
ipratropium-albuterol 177, 235
ipratropium bromide 148, 177, 235, 263
irbesartan 85, 221
irbesartan-hydrochlorothiazide 85, 221
ISENTRESS 77, 295
ISENTRESS HD 77, 295
isibloom 99, 278
isoniazid 66, 293
ISOPROPYL ALCOHOL 105, 238
isosorbide dinitrate 93, 226
isosorbide mononitrate 93, 226
ITOVEBI 39, 40, 190
itraconazole 63, 292
ivabradine 89, 221
ivermectin 67, 209
IV PREP WIPES 126, 316
IWILFIN 40, 190
IXCHIQ (PF) 167, 255
IXIARO (PF) 167, 255

J

JAKAFI 40, 190
jantoven 82, 339
JANUMET 58, 202
JANUMET XR 58, 202
JANUVIA 58, 202
JARDIANCE 58, 202
javygtor 147, 341
JAYPIRCA 40, 190
JEMPERLI 40, 190
jencycla 99, 278
JENTADUETO 58, 202
JENTADUETO XR 58, 202
jolessa 99, 278
juleber 99, 278
JULUCA 77, 295
junel 1.5/30 (21) 99, 278
junel 1/20 (21) 99, 278
junel fe 1.5/30 (28) 99, 278
junel fe 1/20 (28) 99, 278
junel fe 24 ..... 99, 278
JYLAMVO 40, 190
JYNARQUE 90, 225
JYNNEOS (PF) 167, 255

K

KALETRA 77, 295
KALYDECO 178, 232
kariva (28) 99, 279
kelnor 1/35 (28) 100, 279
kelnor 1/50 (28) 100, 279
KERENDIA 93, 226
KESIMPTA PEN 95, 230
ketoconazole 63, 292
ketorolac 24, 150, 262, 266
KEYTRUDA 40, 190
KIMMTRAK 40, 190
KINERET 162, 251
KINRIX (PF) 167, 256
kionex (with sorbitol) 152, 241
KISQALI 40, 190, 191
KISQALI FEMARA CO-PACK 40, 190
KLISYRI (250 MG) 105, 238
klor-con m10 ..... 174, 337
klor-con m15 ..... 174, 337
klor-con m20 ..... 174, 337
KLOXXADO 26, 200
KOSELUGO 40, 191
kosher prenatal plus iron 181, 342
KRAZATI 40, 191
kurvelo (28) 100, 279
KYLEENA 100, 279
KYNMOBI 68, 210

L

labetalol 87, 219
lacosamide 51, 285
lactulose 152, 241
lamivudine 77, 295
lamivudine-zidovudine 77, 295
lamotrigine 51, 285
lanreotide 157, 246
lansoprazole 151, 240
LANTUS SOLOSTAR U-100 INSULIN 60, 205
LANTUS U-100 INSULIN 60, 205
lapatinib 40, 191
larin 1.5/30 (21) 100, 279
larin 1/20 (21) 100, 279
larin 24 fe 100, 279
larin fe 1.5/30 (28) 100, 279
larin fe 1/20 (28) 100, 279
larissia 100, 279
latanoprost 173, 259
LAZCLUZE 40, 41, 191
leflunomide 162, 251
lenalidomide 41, 191
LENTOCILIN S 31, 274
LENVIMA 41, 191
lessina 100, 279
letrozole 41, 191
leucovorin calcium 172, 264
LEUKERAN 41, 191
leuprolide 41, 191
leuprolide (3 month) 41, 191
levetiracetam 51, 285, 286
levobunolol 173, 259
levocetirizine 64, 293
levofloxacin 32, 274
levofloxacin in d5w 32, 274
levonest (28) 100, 279
levonorgest-eth.estradiol-iron 100, 279
levonorgestrel-ethinyl estrad 100, 279
levonorg-eth estrad triphasic 100, 279
levora-28 ..... 100, 279
levothyroxine 159, 243
LEXIVA 77, 295
LIBERVANT 52, 286
lidocaine 25, 268
lidocaine hcl 25, 268
lidocaine-prilocaine 25, 269
lidocaine viscous 25, 268
lidocan iii 25, 269
LILETTA 101, 280
lillow (28) 101, 280
linezolid 28, 270
linezolid in dextrose 5% 28, 270
LINZESS 152, 241
liothyronine 159, 243
LISCO 126, 316
lisinopril 86, 226
lisinopril-hydrochlorothiazide 86, 226
LITE TOUCH INSULIN PEN NEEDLES 126, 316, 317
LITE TOUCH INSULIN SYRINGE 126, 127, 316, 317

lithium carbonate 95, 230
lithium citrate 95, 230
LIVTENCITY 79, 298
LOKELMA 152, 241
LONSURF 41, 191
loperamide 152, 241
lopinavir-ritonavir 77, 295
LOQTORZI 41, 191
lorazepam 26, 27, 201
lorazepam intensol 27, 201
LORBRENA 41, 191
losartan 85, 221
losartan-hydrochlorothiazide 85, 221
LOTEMAX 150, 262
LOTEMAX SM 150, 263
loteprednol etabonate 151, 263
lovastatin 92, 223
low-ogestrel (28) 101, 280
loxapine succinate 72, 214
lubiprostone 152, 241
LUMAKRAS 41, 192
LUMIGAN 173, 259
LUNSUMIO 41, 192
LUPRON DEPOT 42, 158, 192, 246
LUPRON DEPOT (3 MONTH) 41, 158, 192, 246
LUPRON DEPOT (4 MONTH) 42, 192
LUPRON DEPOT (6 MONTH) 42, 192
LUPRON DEPOT-PED 158, 246
LUPRON DEPOT-PED (3 MONTH) . 158, 246
lurasidone 72, 214
lutera (28) 101, 280
LUTRATE DEPOT (3 MONTH) 158, 246
LYBALVI 72, 214
lyleq 101, 280
LYNOZYFIC 42, 192
LYNPARZA 42, 192
LYSODREN 42, 192
LYTGOBI 42, 192
lyza 101, 280

M

MAGELLAN INSULIN SAFETY SYRNG 127, 317
MAGELLAN SYRINGE 127, 317
magnesium sulfate 174, 337
malathion 108, 239
maraviroc 77, 295
MARGENZA 42, 192
marlissa (28) 101, 280
marnatal-f 181, 342
MARPLAN 56, 289
MATULANE 42, 192
MAVENCLAD (4 TABLET PACK) 95, 230
MAVENCLAD (5 TABLET PACK) 95, 230
MAVENCLAD (6 TABLET PACK) 95, 230
MAVENCLAD (7 TABLET PACK) 95, 231
MAVENCLAD (8 TABLET PACK) 95, 231
MAVENCLAD (9 TABLET PACK) 95, 231
MAVENCLAD (10 TABLET PACK) ... 95, 230
MAXICOMFORT II PEN NEEDLE ... 127, 317
MAXI-COMFORT INSULIN SYRINGE 127, 317, 318
MAXICOMFORT INSULIN SYRINGE 127, 317, 318
MAXICOMFORT SAFETY PEN NEEDLE 127, 318
MAYZENT 95, 96, 231
MAYZENT STARTER(FOR 1MG MAINT) 96, 231
MAYZENT STARTER(FOR 2MG MAINT) 96, 231
meclizine 66, 208
medroxyprogesterone 159, 247
mefloquine 67, 209
megestrol 42, 159, 192, 248
MEKINIST 42, 192
MEKTOVI 42, 192
meleya 101, 280
meloxicam 24, 266
memantine 54, 202
MENACTRA (PF) 167, 256
MENQUADFI (PF) 167, 256
MENVEO A-C-Y-W-135-DIP (PF) 167, 256
mercaptopurine 42, 193
meropenem 30, 271
mesalamine 171, 227
mesna 172, 264
metformin 58, 202, 203
methadone 23, 267, 268
methazolamide 174, 259
methenamine hippurate 28, 270
methimazole 159, 243
methocarbamol 179, 341
methotrexate sodium 42, 193
methotrexate sodium (pf) 42, 193
methoxsalen 105, 238
methsuximide 52, 286
methylphenidate hcl 96, 231
methylprednisolone ... 156, 157, 245
methylprednisolone acetate 156, 245
metoclopramide hcl 152, 241
metolazone 90, 225
metoprolol succinate 87, 219
metoprolol tartrate 87, 219
metronidazole 28, 64, 106, 239, 269, 270
metronidazole in nacl (iso-os) 28, 270
metyrosine 89, 221
micafungin 63, 292
miconazole-3 ..... 63, 292
MICRODOT INSULIN PEN NEEDLE 127, 318
MICRODOT READYGARD PEN NEEDLE 127, 318
microgestin 1.5/30 (21) 101, 280
microgestin 1/20 (21) 101, 280
microgestin 24 fe 101, 280
microgestin fe 1.5/30 (28) .. 101, 280
microgestin fe 1/20 (28) 101, 280
midodrine 84, 218
MIEBO (PF) 148, 263
mifepristone 58, 203
mili 101, 280
mimvey 156, 244
minitran 93, 226
MINI ULTRA-THIN II 128, 318
minocycline 33, 275
minoxidil 93, 226
MIPLYFFA 147, 299
MIRENA 101, 280
mirtazapine 56, 289, 290
misoprostol 151, 240
mitoxantrone 43, 193
M-M-R II (PF) 168, 256
m-natal plus 181, 342
modafinil 179, 180, 228
moexipril 86, 226
molindone 72, 214
mometasone .....

107, 108, 151, 237, 263
MONOJECT INSULIN SAFETY SYRING..... 128, 129, 319
MONOJECT INSULIN SYRINGE..... 128, 129, 318, 319
MONOJECT SYRINGE 128, 318
MONOJECT ULTRA COMFORT INSULIN 141, 332
mono-linyah 101, 280
montelukast..... 176, 234
morphine 23, 268
MORPHINE 23, 268
morphine concentrate..... 23, 268
MOUNJARO 58, 203
MOVANTIK 152, 241
moxifloxacin 32, 148, 260, 274
moxifloxacin-sod.ace,sul-water 32, 274
moxifloxacin-sod.chloride(iso) 32, 274
MRESVIA (PF)..... 168, 256
MULTAQ..... 86, 218
mupirocin 106, 239
MVASI 43, 193
mycophenolate mofetil..... 162, 163, 251
mycophenolate mofetil (hcl)..... 162, 251
mycophenolate sodium 163, 251
mynatal..... 181, 342
mynatal advance..... 181, 342
mynatal plus..... 181, 342
mynatal-z..... 181, 342
mynate 90 plus 181, 342
MYRBETRIQ 154, 243

N

nabumetone..... 25, 266
nafcillin 31, 274
naloxone..... 26, 200
naltrexone 26, 200
NANO 2ND GEN PEN NEEDLE 129, 319
naproxen 25, 266
naratriptan..... 65, 207
NATACYN 148, 260
nateglinide..... 58, 203
NATPARA..... 171, 227
NAYZILAM..... 52, 286
nebivolol 87, 219
nefazodone 56, 290
neomycin..... 27, 269
neomycin-bacitracin-poly-hc 148, 260
neomycin-bacitracin-polymyxin..... 148, 261
neomycin-polymyxin b-dexameth 149, 261
neomycin-polymyxin-gramicidin 149, 261
neomycin-polymyxin-hc 149, 261
neo-polycin 149, 261
neo-polycin hc 149, 261
NERLYNX 43, 193
neuac 106, 239
NEULASTA ONPRO 82, 340
nevirapine..... 77, 78, 295
newgen 181, 342
NEXLETOL..... 92, 223
NEXLIZET..... 92, 223
NEXPLANON..... 101, 280
niacin..... 92, 223
niacor 92, 223
NICOTROL NS 26, 200
nifedipine..... 90, 222
NIKTIMVO 163, 251
nilutamide..... 43, 193
NINLARO..... 43, 193
nitazoxanide..... 67, 209
nitisinone 147, 341
nitrofurantoin macrocrystal.. 28, 270
nitrofurantoin monohyd/m-cryst 28, 270
nitroglycerin.. 93, 172, 226, 227, 264
niva-plus..... 181, 342
NIVESTYM 83, 340
NORDITROPIN FLEXPRO..... 158, 247
norelgestromin-ethin.estradiol..... 101, 280
norethindrone acetate..... 159, 248
norethindrone (contraceptive)..... 101, 280
norethindrone-e.estradiol-iron..... 102, 281
norgestimate-ethinyl estradiol 102, 281
norlyda 102, 281
nortrel 1/35 (21)..... 102, 281
nortrel 1/35 (28)..... 102, 281
nortrel 7/7/7 (28)..... 102, 281
nortriptyline 56, 290
NORVIR..... 78, 295
NOVOFINE 30..... 129, 319
NOVOFINE 32..... 129, 319
NOVOFINE PLUS 129, 320
NOVOLIN 70-30 FLEXPEN U-100... 60, 205
NOVOLIN 70/30 U-100 INSULIN..... 60, 205
NOVOLIN N FLEXPEN..... 61, 205
NOVOLIN N NPH U-100 INSULIN ... 61, 205
NOVOLIN R FLEXPEN..... 61, 205
NOVOLIN R REGULAR U100 INSULIN 61, 205
NOVOTWIST..... 129, 320
NUBEQA 43, 193
NUCALA 178, 232
NULOJIX..... 163, 251
NUPLAZID..... 72, 73, 214
NURTEC ODT 65, 207
nyamyc..... 63, 292
nylia 1/35 (28)..... 102, 281
nylia 7/7/7 (28)..... 102, 281
nymyo..... 102, 281
nystatin..... 63, 292
nystatin-triamcinolone..... 63, 292
nystop..... 63, 292
NYVEPRIA 83, 340

O

obstetrix dha 181, 342
obstetrix dha prenatal duo. 181, 342
o-cal prenatal..... 181, 342
OCREVUS..... 96, 231
OCREVUS ZUNOVO..... 96, 231
octreotide acetate 158, 247
ODEFSEY..... 78, 295
ODOMZO..... 43, 193
OFEV 178, 232
ofloxacin..... 149, 261
OGIVRI 43, 193
OGSIVEO 43, 193
OJEMDA..... 43, 193
OJJAARA 43, 193
olanzapine..... 73, 214, 215
olmesartan..... 85, 221
olmesartan-amlodipin-hcthiazid..... 85, 221
olmesartan-hydrochlorothiazide..... 85, 221
olopatadine 148, 263
omega-3 acid ethyl esters... 92, 224
omeprazole..... 151, 240
OMNIPOD 5 G6-G7 INTRO

KT(GEN5)..... 129, 320
OMNIPOD 5 G6-G7 PODS (GEN 5) 129, 320
OMNIPOD 5 (G6/LIBRE 2 PLUS)..... 129, 320
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) 129, 320
OMNIPOD CLASSIC PDM KIT(GEN 3)..... 129, 320
OMNIPOD CLASSIC PODS (GEN 3)..... 130, 320
OMNIPOD DASH INTRO KIT (GEN 4)..... 130, 320
OMNIPOD DASH PDM KIT (GEN 4) 130, 320
OMNIPOD DASH PODS (GEN 4).... 130, 320
ONAPGO..... 68, 210
ondansetron..... 66, 208
ondansetron hcl..... 66, 208
ONTRUZANT..... 43, 193
ONUREG..... 43, 193
OPDIVO..... 43, 194
OPDIVO QVANTIG..... 43, 194
OPDUALAG..... 43, 194
OPIPZA..... 73, 215
OPSUMIT..... 180, 265
ORENCIA..... 163, 251
ORENCIA CLICKJECT..... 163, 251
ORENCIA (WITH MALTOSE)..... 163, 251
ORFADIN..... 147, 341
ORGOVYX..... 158, 247
ORILISSA..... 158, 247
ORKAMBI..... 178, 232
orquidea..... 102, 281
ORSERDU..... 43, 194
oseltamivir..... 79, 298
OTEZLA..... 163, 251
OTEZLA STARTER..... 163, 251
oxandrolone..... 155, 243
oxcarbazepine..... 52, 286
oxybutynin chloride..... 154, 243
oxycodone..... 23, 268
oxycodone-acetaminophen. 23, 268
OZEMPIC..... 58, 203

P

pacerone..... 86, 218
paclitaxel protein-bound..... 44, 194
paliperidone..... 73, 215
PANRETIN..... 105, 238
pantoprazole..... 151, 152, 240
paricalcitol..... 171, 228
paromomycin..... 67, 209
paroxetine hcl..... 56, 290
PAXLOVID..... 80, 298
pazopanib..... 44, 194
PEDIARIX (PF)..... 168, 256
PEDVAX HIB (PF)..... 168, 256
peg 3350-electrolytes..... 153, 242
PEGASYS..... 80, 298
peg-electrolyte soln..... 153, 242
PEMAZYRE..... 44, 194
pemetrexed disodium..... 44, 194
PEMRYDI RTU..... 44, 194
PENBRAYA MENACWY COMPONENT(PF)..... 168, 256
PENBRAYA MENB COMPONENT (PF)..... 168, 256
PENBRAYA (PF)..... 168, 256
penicillamine..... 155, 269
penicillin g potassium..... 31, 274
penicillin g procaine..... 31, 274
penicillin v potassium..... 32, 274
PENMENVY MEN A-B-C-W-Y (PF). 168, 256
PENMENVY MENACWY COMPONENT(PF)..... 168, 256
PENMENVY MENB COMPONENT (PF)..... 168, 256
PEN NEEDLE..... 130, 320, 321
PEN NEEDLE, DIABETIC..... 115, 123, 128, 130, 132, 305, 314, 318, 320, 322
PEN NEEDLE, DIABETIC, SAFETY 133, 323
PENTACEL (PF)..... 168, 256
pentamidine..... 67, 68, 209
PENTIPS PEN NEEDLE..... 130, 131, 321
pentoxifylline..... 83, 340
perampanel..... 52, 286
perindopril erbumine..... 86, 226
periogard..... 104, 236
permethrin..... 108, 239
perphenazine..... 73, 215
perphenazine-amitriptyline.. 57, 290
PERSERIS..... 73, 215
phenelzine..... 57, 290
phenobarbital..... 52, 286
PHENYTEK..... 52, 286
phenytoin..... 52, 286
phenytoin sodium..... 52, 286
phenytoin sodium extended 52, 286
PIFELTRO..... 78, 295
pilocarpine hcl.... 105, 174, 236, 259
pimecrolimus..... 108, 237
pimozide..... 73, 215
pimtrea (28)..... 102, 281
pioglitazone..... 59, 203
pioglitazone-metformin..... 59, 203
piperacillin-tazobactam..... 32, 274
PIP PEN NEEDLE..... 131, 321
PIQRAY..... 44, 194
pirfenidone..... 178, 179, 233
pirmella..... 102, 281
pitavastatin calcium..... 92, 224
PLEGRIDY..... 96, 231
pnv 29-1..... 181, 342
pnv-dha + docusate..... 181, 342
pnv-omega..... 181, 342
podofilox..... 105, 239
polycin..... 149, 261
polymyxin b sulf-trimethoprim..... 149, 261
POMALYST..... 44, 194
portia 28..... 102, 281
posaconazole..... 64, 292
potassium chloride..... 174, 175, 337, 338
potassium citrate..... 175, 338
pramipexole..... 69, 210
prasugrel hcl..... 83, 340
pravastatin..... 92, 224
praziquantel..... 68, 209
prazosin..... 84, 218
prednisolone..... 157, 245
prednisolone acetate..... 151, 263
prednisolone sodium phosphate..... 157, 245
prednisone..... 157, 245
pregabalin..... 52, 286
PREHEVBRIO (PF)..... 168, 257
PREMARIN..... 156, 244, 245
PREMPHASE..... 156, 245
PREMPRO..... 156, 245
prena1 true..... 182, 343
prenaissance..... 182, 343
prenaissance plus..... 182, 343
prenatabs fa..... 182, 343
prenatal 19..... 182, 343
prenatal 19 (with docusate) 182, 343
prenatal low iron..... 182, 343
prenatal plus..... 182, 343
prenatal plus (calcium carb).....

181, 342
prenatal-u 182, 343
prenatal vitamin plus low iron 182, 343
preplus 182, 343
pretab 182, 343
prevalite 92, 224
PREVENT DROPSAFE PEN NEEDLE 131, 321
previfem 102, 281
PREVYMIS 80, 298
PREZCOBIX 78, 296
PREZISTA 78, 296
PRIFTIN 66, 293
PRIMAQUINE 68, 209
primidone 52, 286
PRIORIX (PF) 168, 257
pr natal 400 ..... 181, 342
pr natal 400 ec 181, 343
pr natal 430 ..... 181, 343
pr natal 430 ec 181, 343
probenecid 64, 207
probenecid-colchicine 64, 207
PROCALAMINE 3% 84, 217
prochlorperazine 67, 208
prochlorperazine edisylate 66, 73, 208, 215
prochlorperazine maleate 66, 208
PRO COMFORT ALCOHOL PADS 131, 321
PRO COMFORT INSULIN SYRINGE 131, 321
PRO COMFORT PEN NEEDLE 131, 322
procto-med hc 108, 238
proctosol hc 108, 238
proctozone-hc 108, 238
PRODIGY INSULIN SYRINGE 131, 322
progesterone micronized 159, 248
PROGRAF 163, 252
PROLIA 171, 228
promethazine 67, 208, 209
promethegan 67, 209
propafenone 87, 218
propranolol 87, 219
propylthiouracil 159, 243
PROQUAD (PF) 169, 257
protriptyline 57, 290
PULMOZYME 147, 341
PURE COMFORT ALCOHOL PADS 132, 322
PURE COMFORT PEN NEEDLE 132, 322
PURE COMFORT SAFETY PEN NEEDLE 132, 322
pyrazinamide 66, 293
pyridostigmine bromide 172, 264
pyrimethamine 68, 209

Q

QINLOCK 44, 194
QUADRACEL (PF) 169, 257
quetiapine 73, 215
quinapril 86, 226
quinapril-hydrochlorothiazide 86, 226
quinidine sulfate 87, 218
quinine sulfate 68, 210
QULIPTA 65, 207

R

RABAVERT (PF) 169, 257
rabeprazole 152, 240
RALDESY 57, 290
raloxifene 156, 245
ramipril 86, 226
ranolazine 89, 221
rasagiline 69, 210
RASUVO (PF) 163, 252
RAYALDEE 171, 228
reclipsen (28) 102, 281
RECOMBIVAX HB (PF) 169, 257
RELENZA DISKHALER 80, 298
repaglinide 59, 203
REPATHA PUSHTRONEX 92, 224
REPATHA SURECLICK 92, 224
REPATHA SYRINGE 92, 224
RETACRIT 83, 340
RETEVMO 44, 194, 195
RETROVIR 78, 296
REVUFORJ 44, 195
REXULTI 73, 215
REYATAZ 78, 296
REZLIDHIA 44, 195
REZUROCK 163, 252
RHOPRESSA 174, 259
RIABNI 45, 195
ribavirin 81, 299
rifabutin 66, 293
rifampin 66, 293
rilpivirine 78, 296
riluzole 96, 231
RINVOQ 164, 252
RINVOQ LQ 163, 252
risperidone 74, 215, 216
risperidone microspheres 73, 74, 215
ritonavir 78, 296
RITUXAN HYCELA 45, 195
rivaroxaban 82, 339
rivastigmine 55, 202
rivastigmine tartrate 54, 202
rizatriptan 65, 207
r-natal ob 182, 343
ROCKLATAN 174, 260
roflumilast 179, 233
ROMVIMZA 45, 195
ropinirole 69, 210
rosadan 106, 239
rosuvastatin 92, 224
ROTARIX 169, 257
ROTATEQ VACCINE 169, 257
ROZLYTREK 45, 195
RUBRACA 45, 195
rufinamide 52, 53, 286, 287
RUKOBIA 78, 296
RUXIENCE 45, 195
RYBELSUS 59, 203
RYBREVANT 45, 195
RYDAPT 45, 195
RYKINDO 74, 216
RYTELO 45, 195

S

SAFESNAP INSULIN SYRINGE 132, 133, 323
SAFETY PEN NEEDLE 133, 323
SANTYL 105, 239
sapropterin 147, 341
SAVELLA 96, 231
SCEMBLIX 45, 195
scopolamine base 67, 209
SECUADO 74, 216
SECURESAFE INSULIN SYRINGE 133, 323
SECURESAFE PEN NEEDLE 133, 323
SELARSDI 164, 252
select-ob 182, 343
select-ob (folic acid) 182, 343
selegiline hcl 69, 211
selenium sulfide 106, 239
SELZENTRY 78, 296
SEMGLEE(INSULIN GLARGINE-YFGN) 61, 205

SEMGLEE(INSULIN GLARG-YFGN)PEN 61, 205
se-natal 19 chewable 182, 343
SEREVENT DISKUS 177, 235
SEROSTIM 158, 247
sertraline 57, 290
setlakin 103, 282
sevelamer carbonate 153, 242
sevelamer hcl 154, 242
SEZABY 53, 287
sf 5000 plus 105, 236
sharobel 103, 282
SHINGRIX (PF) 169, 257
SIGNIFOR 158, 247
sildenafil 180, 265
sildenafil (pulm.hypertension) 180, 265
silver sulfadiazine 106, 239
SIMBRINZA 174, 260
simliya (28) 103, 282
simvastatin 93, 224
sirolimus 164, 252
SIRTURO 66, 293
SKYLA 103, 282
SKYRIZI 164, 252
SKY SAFETY PEN NEEDLE 133, 323
sodium chloride 0.9 % 175, 338
sodium chloride 0.45 % 175, 338
sodium fluoride-pot nitrate. 105, 236
sodium oxybate 180, 228
sodium polystyrene sulfonate 152, 241
sodium,potassium,mag sulfates 153, 242
solifenacin 154, 243
SOLIQUA 100/33 ..... 61, 205
SOLTAMOX 45, 196
SOMATULINE DEPOT 158, 247
SOMAVERT 159, 247
sorafenib 45, 196
sorine 87, 219
sotalol 88, 219
sotalol af 87, 219
SPIRIVA RESPIMAT 177, 235
spironolactone 90, 225
spironolacton-hydrochlorothiaz 90, 225
SPRAVATO 57, 290
sprintec (28) 103, 282
SPRITAM 53, 287
sps (with sorbitol) 153, 241
sronyx 103, 282
ssd 106, 239
stavudine 78, 296
STELARA 164, 252, 253
STERILE PADS 133, 323
STIOLTO RESPIMAT 177, 235
STIVARGA 45, 196
STOBOCLO 171, 228
STRENSIQ 147, 341
streptomycin 27, 269
STRIBILD 78, 296
STRIVERDI RESPIMAT 177, 235
subvenite 53, 287
sucralfate 152, 240
sulfacetamide-prednisolone 149, 261
sulfacetamide sodium 149, 261
sulfadiazine 32, 274
sulfamethoxazole-trimethoprim 32, 274, 275
sulfasalazine 171, 227
sulindac 25, 266
sumatriptan 65, 207
sumatriptan succinate.. 65, 207, 208
sunitinib malate 45, 196
SUNLENCA 78, 296
SURE COMFORT ALCOHOL PREP PADS 134, 324
SURE COMFORT INS. SYR. U-100 133, 324
SURE COMFORT INSULIN SYRINGE 133, 134, 324
SURE COMFORT PEN NEEDLE 134, 324
SURE COMFORT SAFETY PEN NEEDLE 133, 323, 324
SURE-FINE PEN NEEDLES 134, 324, 325
SURE-JECT INSULIN SYRINGE 134, 135, 325
SURE-PREP ALCOHOL PREP PADS 135, 325
SUTAB 153, 242
SYMPAZAN 53, 287
SYMTUZA 79, 296
SYNJARDY 59, 203
SYNJARDY XR 59, 203
SYNRIBO 45, 196
SYRINGE WITH NEEDLE, SAFETY 133, 323

T

TABLOID 45, 196
TABRECTA 46, 196
tacrolimus 108, 164, 238, 253
tadalafil 180, 265
TAFINLAR 46, 196
tafluprost (pf) 174, 260
TAGRISSO 46, 196
TALVEY 46, 196
TALZENNA 46, 196
tamoxifen 46, 196
tamsulosin 154, 242
tarina 24 fe 103, 282
tarina fe 1-20 eq (28) 103, 282
taron-c dha 182, 343
taron-prex prenatal-dha 182, 343
TASIGNA 46, 196
TAVNEOS 164, 253
tazarotene 108, 239
tazicef 29, 272
taztia xt 88, 220
TAZVERIK 46, 196
TDVAX 169, 257
TECHLITE INSULIN SYRINGE 135, 325, 326
TECHLITE INSULN SYR(HALF UNIT) 135, 325
TECHLITE PEN NEEDLE 135, 136, 326
TECHLITE PLUS PEN NEEDLE 136, 326
TECVAYLI 46, 196
TEFLARO 29, 272
telmisartan 85, 221, 222
telmisartan-hydrochlorothiazid 85, 222
temazepam 27, 201
TEMIXYS 79, 296
TENIVAC (PF) 169, 257, 258
tenofovir disoproxil fumarate 79, 296
TEPMETKO 46, 196
terazosin 154, 242
terbinafine hcl 64, 292
terconazole 64, 269
teriparatide 172, 228
TERUMO INSULIN SYRINGE 136, 326
testosterone 155, 244
testosterone cypionate 155, 243
testosterone enanthate 155, 243
TETANUS,DIPHTHERIA TOX PED(PF) 169, 258
tetrabenazine 96, 232

tetracycline 33, 275
TEVIMBRA 46, 196
THALOMID 172, 264
theophylline 177, 235
THINPRO INSULIN SYRINGE 136, 326, 327
thioridazine 74, 216
thiothixene 74, 216
tiadylt er 88, 220
tiagabine 53, 287
TIBSOVO 46, 196
ticagrelor 83, 340
TICE BCG 46, 196
TICOVAC 169, 170, 258
tigecycline 33, 275
tilia fe 103, 282
timolol 174, 260
timolol maleate 88, 174, 219, 260
tinidazole 68, 210
tiotropium bromide 177, 235
TIVDAK 46, 197
TIVICAY 79, 296
TIVICAY PD 79, 297
tizanidine 179, 341
TOBI PODHALER 27, 270
tobramycin 149, 261
tobramycin-dexamethasone 149, 261
tobramycin in 0.225 % nacl . 27, 270
tobramycin sulfate 27, 270
tolterodine 154, 243
tolvaptan (polycys kidney dis) 91, 225
TOPCARE CLICKFINE 136, 327
TOPCARE ULTRA COMFORT 137, 327
topiramate 53, 287
toposar 46, 197
toremifene 46, 197
torpenz 46, 197
torsemide 91, 225
TOUJEO MAX U-300 SOLOSTAR .. 61, 205
TOUJEO SOLOSTAR U-300 INSULIN 61, 206
TRADJENTA 59, 203
tramadol 23, 268
tramadol-acetaminophen 23, 268
trandolapril 86, 226
trandolapril-verapamil 86, 226
tranexamic acid 83, 338
tranylcypromine 57, 290
travoprost 174, 260
TRAZIMERA 46, 197
trazodone 57, 290
TRECATOR 66, 293
TRELEGY ELLIPTA 178, 235
TRELSTAR 47, 197
TREMFYA 164, 165, 253
TREMFYA PEN 165, 253
TREMFYA PEN INDUCTION PK-CROHN 165, 253
TRESIBA FLEXTOUCH U-100 ..... 61, 206
TRESIBA FLEXTOUCH U-200 ..... 61, 206
TRESIBA U-100 INSULIN ... 61, 206
tretinoin 108, 239
tretinoin (antineoplastic) 47, 197
triamcinolone acetonide 105, 108, 157, 236, 238, 246
triamterene-hydrochlorothiazid 91, 225
triazolam 27, 201
trientine 155, 269
tri-estarylla 103, 282
tri femynor 103, 282
trifluoperazine 74, 216
trifluridine 149, 261
trihexyphenidyl 69, 211
TRIJARDY XR 59, 203, 204
tri-legest fe 103, 282
tri-linyah 103, 282
tri-lo-estarylla 103, 282
tri-lo-marzia 103, 282
tri-lo-mili 103, 282
tri-lo-sprintec 103, 282
trimethoprim 28, 270
tri-mili 103, 282
trimipramine 57, 290
TRINTELLIX 57, 290
tri-nymyo 103, 282
tri-previfem (28) 103, 282
tri-sprintec (28) 104, 283
TRIUMEQ 79, 297
TRIUMEQ PD 79, 297
triveen-duo dha 182, 343
trivora (28) 104, 283
tri-vylibra 104, 283
tri-vylibra lo 104, 283
TRIZIVIR 79, 297
TROGARZO 79, 297
trospium 154, 243
TRUE COMFORT ALCOHOL PADS 137, 328
TRUE COMFORT INSULIN SYRINGE 137, 327, 328
TRUE COMFORT PEN NEEDLE 137, 138, 328
TRUE COMFORT PRO ALCOHOL PADS 138, 328
TRUE COMFORT PRO INS SYRINGE 137, 138, 327, 328
TRUE COMFORT SAFE INSULIN SYRG 137, 138, 327, 328
TRUE COMFORT SAFETY PEN NEEDLE 137, 327
TRUEPLUS INSULIN 138, 139, 329
TRUEPLUS PEN NEEDLE 138, 329
TRULICITY 59, 204
TRUMENBA 170, 258
TRUQAP 47, 197
TRUXIMA 47, 197
TUKYSA 47, 197
TURALIO 47, 197
turqoz (28) 104, 283
TWINRIX (PF) 170, 258
TYBOST 173, 264
TYENNE 165, 253
TYENNE AUTOINJECTOR 165, 253
TYMLOS 172, 228
TYPHIM VI 170, 258

U

UBRELVY 66, 208
ULTICARE 139, 140, 330
ULTICARE INSULIN SYRINGE 139, 329, 330
ULTICARE INSULN SYR(HALF UNIT) 139, 329
ULTICARE PEN NEEDLE 139, 140, 330
ULTICARE SAFETY PEN NEEDLE . 140, 330
ULTIGUARD SAFEPACK-INSULIN SYR 140, 141, 331
ULTIGUARD SAFEPACK-PEN NEEDLE 140, 141, 331
ULTILET ALCOHOL SWAB 141, 331
ULTILET INSULIN SYRINGE 125, 141, 315, 331
ULTILET PEN NEEDLE 141, 331
ULTRACARE INSULIN SYRINGE ...

142, 332, 333
ULTRACARE PEN NEEDLE 143, 333
ULTRA CMFT INS SYR (HALF UNIT)..... 123, 133, 313, 323
ULTRA COMFORT INSULIN SYRINGE..... 118, 123, 141, 309, 313, 314, 331, 332
ULTRA-FINE INS SYR (HALF UNIT)..... 143, 333
ULTRA-FINE INSULIN SYRINGE.... 143, 333, 334
ULTRA-FINE PEN NEEDLE..... 143, 333
ULTRA FLO INSULIN SYRINGE..... 142, 332
ULTRA FLO INSUL SYR(HALF UNIT)..... 142, 332
ULTRA FLO PEN NEEDLE..... 142, 332
ULTRA-THIN II INS PEN NEEDLES 144, 334
ULTRA-THIN II INSULIN SYRINGE. 143, 144, 334
ULTRA-THIN II (SHORT) INS SYR.. 143, 144, 334
ULTRA-THIN II (SHORT) PEN NDL. 144, 334
ULTRA THIN PEN NEEDLE..... 142, 332
UNIFINE OTC PEN NEEDLE..... 144, 334
UNIFINE PEN NEEDLE.... 144, 334
UNIFINE PENTIPS..... 130, 144, 320, 334, 335
UNIFINE PENTIPS MAXFLOW 144, 335
UNIFINE PENTIPS PLUS..... 144, 145, 335
UNIFINE PENTIPS PLUS MAXFLOW..... 144, 335
UNIFINE PROTECT..... 145, 335
UNIFINE SAFECONTROL PEN NEEDLE..... 145, 335
UNIFINE ULTRA PEN NEEDLE..... 145, 335, 336
UPTRAVI 180, 265
ursodiol..... 153, 241
UZEDY 74, 75, 216

V

valacyclovir..... 81, 299
VALCHLOR..... 105, 239
valganciclovir 81, 299
valproate sodium 53, 287
valproic acid 53, 287
valproic acid (as sodium salt) 53, 287
valsartan 85, 222
valsartan-hydrochlorothiazide 85, 222
VALTOCO 53, 287
valtya..... 104, 283
vancomycin..... 28, 270
VANFLYTA..... 47, 197
VANISHPOINT INSULIN SYRINGE 145, 336
VANISHPOINT SYRINGE 145, 336
VAQTA (PF) 170, 258
varenicline tartrate 26, 200
VARIVAX (PF) 170, 258
VAXCHORA VACCINE..... 170, 258
VEGZELMA..... 47, 197
VELTASSA..... 153, 241
VEMLIDY 79, 297
VENCLEXTA 47, 197
VENCLEXTA STARTING PACK..... 47, 197
venlafaxine..... 57, 290
VEOZAH..... 173, 264
verapamil..... 88, 220
VERIFINE INSULIN SYRINGE..... 145, 146, 336, 337
VERIFINE PEN NEEDLE.. 146, 336
VERIFINE PLUS PEN NEEDLE..... 146, 336
VERIFINE PLUS PEN NEEDLE-SHARP..... 146, 336
VERQUVO..... 89, 221
VERSACLOZ..... 75, 216
VERSALON..... 146, 337
VERZENIO 47, 197
V-GO 20..... 146, 337
V-GO 30..... 146, 337
V-GO 40..... 146, 337
vienva..... 104, 283
vigabatrin..... 53, 287
vigadrone 53, 287
vigpoder 53, 287
vilazodone..... 57, 291
VIMKUNYA..... 170, 258
vinorelbine..... 47, 198
viorele (28) 104, 283
VIRACEPT..... 79, 297
VIREAD 79, 297
virt-c dha 182, 343
virt-nate dha..... 182, 344
virt-pn dha..... 182, 344
virt-pn plus 182, 344
vitafol gummies..... 183, 344
vitafol nano..... 183, 344
vitafol-ob+dha 183, 344
VITRAKVI 47, 198
VIVIMUSTA..... 47, 198
VIVOTIF 170, 258
VIZIMPRO 48, 198
VOCABRIA 79, 297
volnea (28) 104, 283
VONJO..... 48, 198
VORANIGO 48, 198
voriconazole..... 64, 292
VOSEVI..... 80, 298
VOWST 173, 264
vp-ch-pnv..... 183, 344
vp-pnv-dha..... 183, 344
VRAYLAR..... 75, 216
VUMERITY..... 96, 232
VYALEV..... 69, 211
vylibra..... 104, 283
VYLOY 48, 198
VYZULTA..... 174, 260

W

warfarin 82, 339
WEBCOL 146, 337
WELIREG 48, 198
WINREVAIR 179, 233
wixela inhub 176, 234

X

XALKORI 48, 198
xarah fe 104, 283
XARELTO 82, 339
XARELTO DVT-PE TREAT 30D START 82, 339
XATMEP 48, 198
XCOPRI 54, 288
XCOPRI MAINTENANCE PACK..... 54, 288
XCOPRI TITRATION PACK 54, 288
XDEMVY 149, 262
XELJANZ..... 165, 253
XELJANZ XR..... 165, 253
XERMELO 153, 241
XGEVA..... 172, 228
XIFAXAN 28, 271

XIGDUO XR 59, 204
XIIDRA..... 151, 263
XOLAIR..... 179, 233
XOSPATA..... 48, 198
XPOVIO 48, 198, 199
XTANDI..... 48, 199
xulane..... 104, 283
XULTOPHY 100/3.6 ..... 61, 206
XYOSTED..... 155, 244

Y

YERVOY 49, 199
YESINTEK..... 165, 253, 254
YF-VAX (PF)..... 170, 259
YONSA 49, 199
YUFLYMA(CF)..... 166, 254
YUFLYMA(CF) AI CROHN'S-UC-HS..... 165, 254
YUFLYMA(CF) AUTOINJECTOR..... 165, 254
yuvafem..... 156, 245

Z

zafemy..... 104, 283
zafirlukast..... 176, 234
zaleplon..... 180, 228
zatean-pn dha..... 183, 344
zatean-pn plus 183, 344
ZEGALOGUE AUTOINJECTOR 173, 264
ZEGALOGUE SYRINGE .. 173, 264
ZEJULA 49, 199
ZELBORAF..... 49, 199
zenatane 105, 239
ZENPEP..... 147, 341
zidovudine..... 79, 297
ZIIHERA..... 49, 199
zingiber..... 183, 344
ziprasidone hcl..... 75, 217
ziprasidone mesylate..... 75, 217
ZIRABEV 49, 199
ZIRGAN 150, 262
ZOLADEX..... 49, 199
ZOLINZA..... 49, 199
zolpidem..... 180, 228
ZONISADE 54, 288
zonisamide..... 54, 288
zovia 1-35 (28) 104, 283
zovia 1/35e (28) 104, 283
ZTALMY..... 54, 288
ZTLIDO 25, 269
ZURZUVAE 57, 291
ZYDELIG 49, 199
ZYKADIA..... 49, 199
ZYLET..... 150, 262
ZYNLONTA..... 49, 199
ZYNYZ..... 49, 199
ZYPREXA RELPREVV 75, 217

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 09/01/2025. 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 www.imperialhealthplan.com.

Este formulario se actualizó el 01/09/2025. 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.