

2025

Drug Formulary

Formulario de Medicamentos

HMO – 1 Tier

Imperial Giveback (HMO) 014



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Giveback (HMO)

2025 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 25225, Version Number 13.

This formulary was updated on 06/24/2025. 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_506 H5496 Drug Formulary 1T_C ENG 09/13/24

Contents

Can the Formulary change?	3
How do I use the Formulary?	4
What are generic drugs?	4
What are original biological products and how are they related to biosimilars?	4
Are there any restrictions on my coverage?	5
What if my drug is not on the Formulary?	5
How do I request an exception to Imperial Giveback (HMO)'s Formulary?.....	6
What can I do if my drug is not on the formulary or has a restriction?	6
For more information	7
Imperial Giveback (HMO)'s Formulary	7
Imperial MAPD 2025 1-Tier (List of Covered Drugs) List of Drugs by Medical Condition.....	16
Legend.....	20
Imperial MAPD 2025 1-Tier (List of Covered Drugs)	22
Index of Drugs	304

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

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

This document includes a Drug List (formulary) for our plan which is current as of 06/24/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Imperial Giveback (HMO) formulary?

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

Can the Formulary change?

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 06/24/2025. To get updated information about the drugs covered by Imperial Giveback (HMO) please contact us. Our contact information appears on the front and back cover pages. In the event of non-maintenance changes to the formulary throughout the plan year, we may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 21. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR”. If you know what your drug is used for, look for the category name in the list that begins on page 16. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 304. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and,

depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Imperial Giveback (HMO)'s Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Imperial Giveback (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 304.

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

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

Imperial Giveback (HMO)

Formulario para 2025

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

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

HPMS Approved Formulary File Submission ID 25225, Version Number 13.

Este formulario se actualizó el 24/06/2025. 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_506 H5496 Drug Formulary 1T_C ENG 09/13/24

Contenido

¿Qué es el formulario de Imperial Giveback (HMO)?	9
¿El Formulario puede cambiar?	10
¿Cómo utilizo el Formulario?.....	11
¿Qué son los medicamentos genéricos?	11
¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?.....	12
¿Hay alguna restricción en mi cobertura?	12
¿Qué pasa si mi medicamento no está en el Formulario?	13
¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Giveback (HMO)?.....	13
¿Qué puedo hacer si mi medicamento no está en el Formulario o si tiene una restricción?	14
Para obtener más información.....	15
Formulario de Imperial Health Plan of California	15
Imperial MAPD 2025 1 Tier (Lista de Medicamentos Cubiertos) Lista de medicamentos por condición médica	18
Leyenda.....	21
Imperial MAPD 2025 1-Tier (Lista de medicamentos cubiertos).....	163
Índice de drogas.....	304

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

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

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 24/06/2025. Para obtener una Lista de los medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de los medicamentos (Formulario), aparece en las páginas de la portada y la portada posterior.

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

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

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

otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿El Formulario puede cambiar?

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

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

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

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

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

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

- **Medicamentos retirados del mercado.** Si un fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se debe retirar por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro Formulario y, luego, notificarles a los miembros que toman el medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del Formulario cuando agreguemos un equivalente genérico o eliminar un producto biológico original cuando agreguemos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Podemos realizar cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario; agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento, debemos

notificar a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia el cambio. Alternativamente, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

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

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

El Formulario adjunto entra en vigencia el 24/06/2025. Para recibir información actualizada sobre los medicamentos cubiertos por Imperial Giveback (HMO) comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En caso de cambios al formulario durante el año del plan que no sean relacionados al mantenimiento, podemos realizar cambios a través de las hojas de correcciones que le enviemos. Además, puede visitar nuestro sitio web para encontrar un enlace a la hoja de correcciones.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 21. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría “CARDIOVASCULAR”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 18. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 304. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Imperial Giveback (HMO) cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (Food and Drug Administration, FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y, suelen costar menos que los de marca. Hay

medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Normalmente, los medicamentos genéricos pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de obtener una receta nueva, según las leyes estatales.

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

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

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

¿Hay alguna restricción en mi cobertura?

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

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

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 21. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

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

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

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

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

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

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

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

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

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

24 horas después de recibir la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas.

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

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

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

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

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

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

Para obtener más información

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

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

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

Formulario de Imperial Health Plan of California

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos que cubre Imperial Giveback (HMO). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 304.

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

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

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

List of Drugs by Medical Condition

Analgesics	22
Anesthetics	24
Anti-Addiction/Substance Abuse Treatment Agents	25
Antianxiety Agents	25
Antibacterials	26
Anticancer Agents	31
Anticonvulsants	46
Antidementia Agents	50
Antidepressants	50
Antidiabetic Agents	52
Antifungals	57
Antigout Agents	58
Antihistamines	58
Anti-Infectives (Skin And Mucous Membrane)	58
Antimigraine Agents	59
Antimycobacterials	60
Antinausea Agents	60
Antiparasite Agents	61
Antiparkinsonian Agents	61
Antipsychotic Agents	62
Antivirals (Systemic)	67
Blood Products/Modifiers/Volume Expanders	72
Caloric Agents	74
Cardiovascular Agents	75
Central Nervous System Agents	83
Contraceptives	85
Dental And Oral Agents	92
Dermatological Agents	93
Devices	96
Enzyme Cofactors/Chaperones	131

Enzyme Replacement/Modifiers	131
Eye, Ear, Nose, Throat Agents	132
Gastrointestinal Agents.....	135
Genitourinary Agents.....	137
Heavy Metal Antagonists.....	138
Hormonal Agents, Stimulant/Replacement/Modifying.....	138
Immunological Agents.....	142
Inflammatory Bowel Disease Agents	151
Metabolic Bone Disease Agents	151
Miscellaneous Therapeutic Agents	152
Ophthalmic Agents	153
Replacement Preparations	154
Respiratory Tract Agents	155
Skeletal Muscle Relaxants	159
Sleep Disorder Agents.....	159
Vasodilating Agents.....	159
Vitamins And Minerals.....	160

Imperial MAPD 2025 1 Tier (Lista de Medicamentos Cubiertos)

Lista de medicamentos por condición médica

Agentes Anti Cáncer	163
Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias	177
Agentes Antiansiedad.....	178
Agentes Antidemencia.....	178
Agentes Antidiabetico	179
Agentes Antigota.....	183
Agentes Antimigraña	183
Agentes Antinausea.....	184
Agentes Antiparasitarios.....	185
Agentes Antiparkinson	186
Agentes Antipsicóticos	187
Agentes Calóricos.....	192
Agentes Cardiovasculares	192
Agentes De Enfermedad Intestinal Inflamatoria.....	200
Agentes De Enfermedad Ósea Metabólica	200
Agentes De Trastorno De Sueño	201
Agentes Del Sistema Nervioso Central.....	201
Agentes Del Tracto Respiratorio	204
Agentes Dentales Y Orales.....	207
Agentes Dermatológicos.....	208
Agentes Gastrointestinales.....	211
Agentes Genitourinarios	213
Agentes Hormonales, Estimulante/Reemplazo/Modificador.....	214
Agentes Inmunológicos.....	218
Agentes Oftálmicos.....	227
Agentes Para Los Ojos, Oídos, Nariz, Garganta	228
Agentes Terapeuticos Misceláneos	231
Agentes Vasodilatadores	232
Analgésicos	232
Anestésicos	235

Antagonistas De Metales Pesados	235
Anti Infecciosos (Membrana Cutánea Y Mucosa)	236
Antibacterianos	236
Anticonceptivos	241
Anticonvulsivos.....	248
Antidepresivos	252
Antifúngicos	254
Antihistamínicos	256
Antimicobacteriales	256
Antivirales (Sitémico).....	256
Cofactores Enzimáticos/Otros	261
Dispositivos	261
Preparaciones De Reemplazo	296
Productos Sanguíneos/Modificadores/Expansores De Volumen.....	297
Reemplazo/Modificadores De Enzima.....	300
Relajantes Musculares Esqueléticos	300
Vitaminas Y Minerales	301

Legend

1: Covered Medications

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

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

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

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

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

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

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

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

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

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

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

Leyenda

1: Medicamentos cubiertos

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Requirements / Limits
<i>methadone oral tablet 5 mg</i>	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg (MS Contin)</i>	QL (90 per 30 days)
<i>morphine oral tablet extended release 60 mg (MS Contin)</i>	QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg (Roxicodone)</i>	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)</i>	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg (Endocet)</i>	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg (Endocet)</i>	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)</i>	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 % (Flector)</i>	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	QL (300 per 30 days)

Drug Name		Requirements / Limits
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	(Pennsaid)	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 50-200 mg-mcg	(Arthrotec 50)	
diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 75-200 mg-mcg	(Arthrotec 75)	
ec-naproxen dr 375 mg tablet	(naproxen)	
etodolac oral capsule 200 mg, 300 mg		
etodolac oral tablet 400 mg	(Lodine)	
etodolac oral tablet 500 mg		
flurbiprofen oral tablet 100 mg	(Lurbipr)	
ibu oral tablet 400 mg	(ibuprofen)	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	
ibuprofen oral tablet 400 mg	(IBU)	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	
indomethacin oral capsule 25 mg, 50 mg		PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		
nabumetone oral tablet 500 mg, 750 mg		
naproxen oral tablet 250 mg, 375 mg		
naproxen oral tablet 500 mg	(Naprosyn)	
naproxen oral tablet, delayed release (dr/ec) 375 mg	(EC-Naprosyn)	
sulindac oral tablet 150 mg, 200 mg		
venngel one topical kit 1 %		QL (1000 per 30 days)
ANESTHETICS		
Local Anesthetics		
dermacinrx lidocan 5% patch outer	(lidocaine)	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	QL (30 per 30 days)
lidocaine topical adhesive patch, medicated 5 %	(DermacinRx Lidocan)	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	
lidocaine-prilocaine topical cream 2.5-2.5 %		PA; QL (30 per 30 days)

Drug Name	Requirements / Limits
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	PA; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
Anti-Addiction/Substance Abuse Treatment Agents	
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	
ANTIANXIETY AGENTS	
Benzodiazepines	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (120 per 30 days)

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

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

Drug Name	Requirements / Limits
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	
cefdinir oral capsule 300 mg	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
cefepime injection recon soln 1 gram, 2 gram	
cefixime oral capsule 400 mg	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	
cefpodoxime oral tablet 100 mg, 200 mg	
cefprozil oral tablet 250 mg, 500 mg	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	
cefuroxime axetil oral tablet 250 mg, 500 mg	
cefuroxime sodium injection recon soln 750 mg	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	
cephalexin oral capsule 250 mg, 500 mg	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
tazicef injection recon soln 1 gram, 2 gram, 6 gram (ceftazidime)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	NM; NDS
Macrolides	
azithromycin intravenous recon soln 500 mg (Zithromax)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	
clarithromycin oral tablet 250 mg, 500 mg	
DIFICID ORAL TABLET 200 MG	NM; NDS; QL (20 per 10 days)

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

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

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

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

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Drug Name	Requirements / Limits
<i>bexarotene topical gel 1 %</i> (Targretin)	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	PA NSO; NM; NDS; QL (75 per 28 days)
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML	PA NSO
BOSULIF ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	PA NSO; NM; LA; NDS; QL (63 per 28 days)

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

Drug Name	Requirements / Limits
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	
<i>etoposide intravenous solution 20 mg/ml</i>	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	NM; NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	PA NSO; NM; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	
FAKZYNJA ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	PA NSO; NM; NDS; QL (21 per 28 days)

Drug Name	Requirements / Limits
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	NM; NDS
GOMEKLI ORAL CAPSULE 1 MG	PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	PA NSO; NM; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; NDS; QL (216 per 30 days)

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Drug Name	Requirements / Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	PA NSO; NM; NDS; QL (91 per 28 days)

Drug Name	Requirements / Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	
LEUKERAN ORAL TABLET 2 MG	NM; NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	PA NSO; NM; NDS; QL (240 per 30 days)

Drug Name	Requirements / Limits
LUMAKRAS ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension 20 mg/ml (Purixan)</i>	NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	
<i>methotrexate sodium oral tablet 2.5 mg</i>	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	

Drug Name	Requirements / Limits
MVASI INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	PA NSO; NM; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	PA NSO; NM; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	PA BvD; NM; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)

Drug Name	Requirements / Limits
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	NM; NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	PA NSO; NM; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	PA NSO; NM; NDS; QL (8 per 28 days)

Drug Name	Requirements / Limits
ROZLYTREK ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	PA NSO; NM; NDS
SCSEMBLIX ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	PA NSO; NM; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	
TABRECTA ORAL TABLET 150 MG, 200 MG	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	PA NSO; NM; NDS

Drug Name	Requirements / Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml (etoposide)</i>	
<i>toremifene oral tablet 60 mg (Fareston)</i>	NM; NDS
<i>torpenz oral tablet 10 mg (everolimus (antineoplastic))</i>	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg (everolimus (antineoplastic))</i>	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (300 per 30 days)

Drug Name	Requirements / Limits
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	PA NSO; NM; NDS; QL (120 per 30 days)

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

Drug Name	Requirements / Limits
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	PA NSO; NM; NDS; QL (20 per 28 days)
ANTICONVULSANTS	
Anticonvulsants	
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine)	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine)	ST; NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	
carbamazepine oral tablet 200 mg (Epitol)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	
carbamazepine oral tablet, chewable 100 mg, 200 mg	
clobazam oral suspension 2.5 mg/ml (Onfi)	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	
divalproex oral capsule, delayed rel sprinkle 125 mg (Depakote Sprinkles)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg (Depakote ER)	
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg (Depakote)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA NSO; NM; NDS
epitol oral tablet 200 mg (carbamazepine)	

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

Drug Name	Requirements / Limits
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	ST; NM; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	

Drug Name	Requirements / Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	
<i>topiramate oral capsule, sprinkle 50 mg</i>	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	
<i>valproic acid oral capsule 250 mg</i>	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	NM; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	
<i>zonisamide oral capsule 50 mg</i>	

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

Drug Name	Requirements / Limits
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin oral concentrate 10 mg/ml</i>	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
MARPLAN ORAL TABLET 10 MG	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	

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

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

Drug Name		Requirements / Limits
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		QL (120 per 30 days)
repaglinide oral tablet 2 mg		QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG		QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG		QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)

Drug Name		Requirements / Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	<i>(Novolog Mix 70-30FlexPen U-100)</i>	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	<i>(Novolog Mix 70-30 U-100 Insuln)</i>	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	<i>(Novolog PenFill U-100 Insulin)</i>	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	<i>(Novolog FlexPen U-100 Insulin)</i>	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	<i>(Novolog U-100 Insulin aspart)</i>	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)

Drug Name		Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max \$35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>		QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>		QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>		QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>		QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>		QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	(Glucotrol XL)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>		QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>		QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		PA-HRM; AGE (Max 64 Years)

Drug Name	Requirements / Limits
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PA-HRM; AGE (Max 64 Years)
ANTIFUNGALS	
Antifungals	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	PA BvD
amphotericin b injection recon soln 50 mg	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg (AmBisome)	PA BvD; NM; NDS
ciclopirox topical cream 0.77 % (Ciclodan)	QL (180 per 30 days)
ciclopirox topical solution 8 % (Ciclodan)	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 % (Loprox (as olamine))	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg	
clotrimazole topical cream 1 % (Antifungal (clotrimazole))	
clotrimazole topical solution 1 % (Athlete's Foot (clotrimazole))	
clotrimazole-betamethasone topical cream 1-0.05 %	QL (90 per 30 days)
econazole nitrate topical cream 1 %	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	
fluconazole oral suspension for reconstitution 10 mg/ml	
fluconazole oral suspension for reconstitution 40 mg/ml (Diflucan)	
fluconazole oral tablet 100 mg (Diflucan)	
fluconazole oral tablet 150 mg, 200 mg, 50 mg	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml	
griseofulvin microsize oral tablet 500 mg	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	
itraconazole oral capsule 100 mg (Sporanox)	
ketoconazole oral tablet 200 mg	
ketoconazole topical cream 2 %	QL (180 per 30 days)
ketoconazole topical shampoo 2 %	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg (Mycamine)	

Drug Name	Requirements / Limits
<i>micronazole-3 vaginal suppository 200 mg</i>	
<i>nyamyc topical powder 100,000 unit/gram (nystatin)</i>	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	
<i>nystatin oral tablet 500,000 unit</i>	
<i>nystatin topical cream 100,000 unit/gram</i>	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram (Nyamyc)</i>	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	
<i>nystop topical powder 100,000 unit/gram (nystatin)</i>	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg (Noxafil)</i>	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>voriconazole intravenous recon soln 200 mg (Vfend IV)</i>	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)</i>	PA; NM; NDS
<i>voriconazole oral tablet 200 mg</i>	
<i>voriconazole oral tablet 50 mg (Vfend)</i>	
ANTIGOUT AGENTS	
Antigout Agents, Other	
<i>allopurinol oral tablet 100 mg (Zyloprim)</i>	
<i>allopurinol oral tablet 300 mg</i>	
<i>colchicine oral capsule 0.6 mg (Mitigare)</i>	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	
ANTIHISTAMINES	
Antihistamines	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	
Anti-Infectives (Skin And Mucous Membrane)	
<i>clindamycin phosphate vaginal cream 2 % (Cleocin)</i>	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram) (Vandazole)</i>	

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

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

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

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

Drug Name	Requirements / Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	NM; NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	ST; NM; NDS

Drug Name	Requirements / Limits
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	NM; NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	NM; NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	ST
<i>fluphenazine decanoate injection solution</i> 25 mg/ml	
<i>fluphenazine hcl injection solution</i> 2.5 mg/ml	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	
<i>haloperidol lactate injection solution</i> 5 mg/ml	
<i>haloperidol lactate intramuscular syringe</i> 5 mg/ml	
<i>haloperidol lactate oral concentrate</i> 2 mg/ml	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	NM; NDS; QL (1 per 21 days)

Drug Name	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	ST; NM; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	QL (60 per 30 days)

Drug Name	Requirements / Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	
<i>quetiapine oral tablet 150 mg</i>	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NM; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo)	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	
<i>risperidone oral tablet 0.25 mg</i>	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	NM; NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	

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

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

Drug Name	Requirements / Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg (Truvada)</i>	NM; NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg (Truvada)</i>	
EMTRIVA ORAL SOLUTION 10 MG/ML	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	
<i>etravirine oral tablet 100 mg, 200 mg (Intelece)</i>	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	NM; NDS
INTELECE ORAL TABLET 25 MG	
ISENTRESS HD ORAL TABLET 600 MG	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	NM; NDS
ISENTRESS ORAL TABLET 400 MG	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	
JULUCA ORAL TABLET 50-25 MG	NM; NDS
<i>lamivudine oral solution 10 mg/ml (Epivir)</i>	
<i>lamivudine oral tablet 100 mg</i>	
<i>lamivudine oral tablet 150 mg, 300 mg (Epivir)</i>	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	
LEXIVA ORAL SUSPENSION 50 MG/ML	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)</i>	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)</i>	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)</i>	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg (Selzentry)</i>	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	

Drug Name	Requirements / Limits
NORVIR ORAL SOLUTION 80 MG/ML	
ODEFSEY ORAL TABLET 200-25-25 MG	NM; NDS
PIFELTRO ORAL TABLET 100 MG	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	
REYATAZ ORAL POWDER IN PACKET 50 MG	NM; NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	NM; NDS
<i>ritonavir oral tablet 100 mg (Norvir)</i>	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; NDS
SELZENTRY ORAL TABLET 25 MG	
SELZENTRY ORAL TABLET 75 MG	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	PA BvD; NM; NDS
SYM TUZA ORAL TABLET 800-150-200-10 MG	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg (Viread)</i>	
TIVICAY ORAL TABLET 10 MG	
TIVICAY ORAL TABLET 25 MG, 50 MG	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	

Drug Name	Requirements / Limits
TRIZIVIR ORAL TABLET 300-150-300 MG	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	NM; NDS
VEMLIDY ORAL TABLET 25 MG	ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; NDS
VOCABRIA ORAL TABLET 30 MG	
<i>zidovudine oral capsule 100 mg (Retrovir)</i>	
<i>zidovudine oral syrup 10 mg/ml (Retrovir)</i>	
<i>zidovudine oral tablet 300 mg</i>	
Antivirals, Miscellaneous	
LIVTENCITY ORAL TABLET 200 MG	PA; NM; NDS
<i>oseltamivir oral capsule 30 mg (Tamiflu)</i>	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg (Tamiflu)</i>	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg (Tamiflu)</i>	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)</i>	QL (540 per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10)	QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (6)- 100 MG (5)	QL (11 per 28 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	QL (60 per 180 days)
HCV Antivirals	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	PA; NM; NDS; QL (28 per 28 days)

Drug Name	Requirements / Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	PA; NM; NDS; QL (28 per 28 days)
Interferons	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PA; NM; NDS
Nucleosides And Nucleotides	
acyclovir oral capsule 200 mg	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	
acyclovir oral tablet 400 mg, 800 mg	
acyclovir sodium intravenous solution 50 mg/ml	PA BvD
adefovir oral tablet 10 mg (Hepsera)	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	
ribavirin oral tablet 200 mg	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	NM; NDS
valganciclovir oral tablet 450 mg (Valcyte)	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	
Anticoagulants	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	
ELIQUIS ORAL TABLET 2.5 MG	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml (Lovenox)	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	QL (48 per 30 days)

Drug Name		Requirements / Limits
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	NM; NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)		
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML		QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		PA; NM; NDS

Drug Name	Requirements / Limits
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG (eltrombopag olamine)	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG (eltrombopag olamine)	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG (eltrombopag olamine)	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG (eltrombopag olamine)	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (eltrombopag olamine)	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous	
anagrelide oral capsule 0.5 mg (Agrylin)	
anagrelide oral capsule 1 mg	
tranexamic acid oral tablet 650 mg	
Platelet-Aggregation Inhibitors	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	
cilostazol oral tablet 100 mg, 50 mg	
clopidogrel oral tablet 75 mg (Plavix)	
dipyridamole oral tablet 50 mg, 75 mg	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	QL (30 per 30 days)
CALORIC AGENTS	
Caloric Agents	
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD

Drug Name	Requirements / Limits
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	PA BvD
CARDIOVASCULAR AGENTS	
Alpha-Adrenergic Agents	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	PA; NM; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	
Angiotensin II Receptor Antagonists	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	

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

Drug Name	Requirements / Limits
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	
olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	
telmisartan oral tablet 20 mg	
telmisartan oral tablet 40 mg, 80 mg (Micardis)	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)	
Angiotensin-Converting Enzyme Inhibitors	
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	
benazepril oral tablet 5 mg	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	
moexipril oral tablet 15 mg, 7.5 mg	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	

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

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

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

Drug Name	Requirements / Limits
amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	
Diuretics	
amiloride oral tablet 5 mg	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	
chlorthalidone oral tablet 25 mg, 50 mg	
furosemide injection solution 10 mg/ml	
furosemide injection syringe 10 mg/ml	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	
hydrochlorothiazide oral capsule 12.5 mg	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	
indapamide oral tablet 1.25 mg, 2.5 mg	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	
Dyslipidemics	
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg (Caduet)	

Drug Name	Requirements / Limits
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	
cholestyramine light oral powder in packet 4 gram	
colesevelam oral powder in packet 3.75 gram (WelChol)	
colesevelam oral tablet 625 mg (WelChol)	
colestipol oral packet 5 gram	
colestipol oral tablet 1 gram (Colestid)	
ezetimibe oral tablet 10 mg (Zetia)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80)	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	
fluvastatin oral capsule 20 mg, 40 mg	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	
gemfibrozil oral tablet 600 mg (Lopid)	
icosapent ethyl oral capsule 0.5 gram (Vascepa)	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram (Vascepa)	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	
NEXLETOL ORAL TABLET 180 MG	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	ST; QL (30 per 30 days)
niacin oral tablet 500 mg (Niacor)	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	
niacor oral tablet 500 mg (niacin)	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	ST; QL (120 per 30 days)

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

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

Drug Name	Requirements / Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	PA; NM; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	PA; NM; NDS; QL (60 per 30 days)
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	
<i>lithium carbonate oral tablet extended release 450 mg</i>	
<i>lithium citrate oral solution 8 meq/5 ml</i>	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	PA; NM; NDS; QL (30 per 30 days)

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

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

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

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

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

Drug Name		Requirements / Limits
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		
mono-lynh oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
NEXPLANON SUBDERMAL IMPLANT 68 MG		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	

Drug Name		Requirements / Limits
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	

Drug Name		Requirements / Limits
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estradiol)	
violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estr adiol)	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estr adiol)	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradi ol-iron)	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.es tradiol)	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.es tradiol)	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
cevimeline oral capsule 30 mg	(Evoxac)	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	

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

Drug Name		Requirements / Limits
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	
dentagel dental gel 1.1 %	(fluoride (sodium))	
fluoride (sodium) dental solution 0.2 %	(PrevuDent)	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	
DERMATOLOGICAL AGENTS		
Dermatological Agents, Other		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		
acyclovir topical ointment 5 %	(Zovirax)	QL (30 per 30 days)
ammonium lactate topical cream 12 %		
ammonium lactate topical lotion 12 %	(AmLactin)	
calcipotriene scalp solution 0.005 %		QL (120 per 30 days)
calcipotriene topical cream 0.005 %		QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		QL (120 per 30 days)
fluorouracil topical cream 5 %	(Efudex)	
fluorouracil topical solution 2 %, 5 %		
imiquimod topical cream in packet 5 %		QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		QL (5 per 5 days)
methoxsalen oral capsule, liqd-filled,rapid rel 10 mg		NM; NDS
PANRETIN TOPICAL GEL 0.1 %		NM; NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %		QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	

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

Drug Name	Requirements / Limits
<i>clobetasol topical shampoo 0.05 % (Clobex)</i>	
<i>clobetasol-emollient topical cream 0.05 %</i>	
<i>clobetasol-emollient topical foam 0.05 % (Olux-E)</i>	
EUCRISA TOPICAL OINTMENT 2 %	
<i>fluocinolone topical cream 0.01 %</i>	
<i>fluocinolone topical cream 0.025 % (Synalar)</i>	
<i>fluocinolone topical ointment 0.025 % (Synalar)</i>	
<i>fluocinonide topical cream 0.05 %</i>	
<i>fluocinonide topical cream 0.1 % (Vanos)</i>	
<i>fluocinonide topical gel 0.05 %</i>	
<i>fluocinonide topical ointment 0.05 %</i>	
<i>fluocinonide topical solution 0.05 %</i>	
<i>fluticasone propionate topical cream 0.05 %</i>	
<i>halobetasol propionate topical cream 0.05 %</i>	
<i>halobetasol propionate topical ointment 0.05 %</i>	
<i>hydrocortisone 2.5% cream</i>	
<i>hydrocortisone topical cream 1 % (Ala-Cort)</i>	
<i>hydrocortisone topical cream with perineal applicator 2.5 % (Procto-Med HC)</i>	
<i>hydrocortisone topical lotion 2.5 %</i>	
<i>hydrocortisone topical ointment 1 % (Anti-Itch (HC))</i>	
<i>hydrocortisone topical ointment 2.5 %</i>	
<i>hydrocortisone valerate topical cream 0.2 %</i>	
<i>mometasone topical cream 0.1 %</i>	
<i>mometasone topical ointment 0.1 %</i>	
<i>mometasone topical solution 0.1 %</i>	
<i>pimecrolimus topical cream 1 % (Elidel)</i>	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 % (hydrocortisone)</i>	
<i>proctosol hc topical cream with perineal applicator 2.5 % (hydrocortisone)</i>	
<i>proctozone-hc topical cream with perineal applicator 2.5 % (hydrocortisone)</i>	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide topical cream 0.5 % (Triderm)</i>	

Drug Name	Requirements / Limits
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	
<i>triamcinolone acetonide topical ointment</i> 0.05 % (Trianex)	
Dermatological Retinoids	
<i>adapalene topical cream 0.1 %</i> (Differin)	
ALTRENO TOPICAL LOTION 0.05 %	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	
<i>tretinoin topical cream 0.025 %</i> (Avita)	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	PA
Scabicides And Pediculicides	
<i>malathion topical lotion 0.5 %</i> (Ovide)	
<i>permethrin topical cream 5 %</i> (Elimite)	QL (60 per 30 days)
DEVICES	
Devices	
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	PA; ST

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

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

Drug Name		Requirements / Limits
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	PA; ST
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST

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

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

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

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

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

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

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

Drug Name		Requirements / Limits
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST

Drug Name		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)	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		PA; ST

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

Drug Name		Requirements / Limits
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST

Drug Name		Requirements / Limits
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Droplet Insulin Syr(half unit))	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	PA; ST

Drug Name		Requirements / Limits
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(BD SafetyGlide Syringe)	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	PA; ST

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

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

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

Drug Name		Requirements / Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)		QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST

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

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

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

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

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

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

Drug Name		Requirements / Limits
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		PA; ST
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
TRUE COMFORT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		PA; ST
TRUE COMFORT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		PA; ST
TRUE COMFORT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST

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

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

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

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

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

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

Drug Name		Requirements / Limits
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STRL, MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		PA; ST

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

Drug Name		Requirements / Limits
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S, N-STERILE,3PLY 2 X 2 "		PA; ST
V-GO 20 DEVICE		QL (30 per 30 days)
V-GO 30 DEVICE		QL (30 per 30 days)
V-GO 40 DEVICE		QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S, LARGE	(alcohol swabs)	PA; ST
ENZYME COFACTORS/CHAPERONES		
<i>Enzyme Cofactors/Chaperones</i>		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		PA; NM; NDS; QL (90 per 30 days)
ENZYME REPLACEMENT/MODIFIERS		
<i>Enzyme Replacement/Modifiers</i>		
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		
javygtor oral tablet, soluble 100 mg	(sapropterin)	PA; NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML		PA BvD; NM; NDS
sapropterin oral tablet, soluble 100 mg	(Javygtor)	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		PA; NM; LA; NDS

Drug Name	Requirements / Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	
EYE, EAR, NOSE, THROAT AGENTS	
Eye, Ear, Nose, Throat Agents, Miscellaneous	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)	QL (60 per 30 days)
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	
cromolyn ophthalmic (eye) drops 4 %	
epinastine ophthalmic (eye) drops 0.05 %	
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)	QL (30 per 28 days)
ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 % (Eye Allergy Itch-Redness Rlf)	
olopatadine ophthalmic (eye) drops 0.2 % (Eye Allergy Itch Relief)	
Eye, Ear, Nose, Throat Anti-Infectives Agents	
acetic acid otic (ear) solution 2 %	
bacitracin ophthalmic (eye) ointment 500 unit/gram	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	QL (3.5 per 4 days)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	

Drug Name	Requirements / Limits
gentamicin ophthalmic (eye) drops 0.3 %	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment (Neo-Polycin HC) 3.5-400-10,000 mg-unit/g-1%	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment (Neo-Polycin) 3.5-400-10,000 mg-unit-unit/g	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension (Maxitrol) 3.5mg/ml-10,000 unit/ml-0.1 %	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment (Maxitrol) 3.5 mg/g-10,000 unit/g-0.1 %	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	
neo-polycin hc ophthalmic (eye) ointment (neomycin-bacitracin-pol y-hc) 3.5-400-10,000 mg-unit/g-1%	
neo-polycin ophthalmic (eye) ointment (neomycin-bacitracin-pol ymyxin) 3.5-400-10,000 mg-unit-unit/g	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	
ofloxacin otic (ear) drops 0.3 %	
polycin ophthalmic (eye) ointment (bacitracin-polymyxin b) 500-10,000 unit/gram	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	
sulfacetamide sodium ophthalmic (eye) drops 10 %	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	
tobramycin ophthalmic (eye) drops 0.3 %	
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %	

Drug Name	Requirements / Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	
XDEMYV OPTHALMIC (EYE) DROPS 0.25 %	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	
ZYLET OPTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents	
ALREX OPTHALMIC (EYE) DROPS, SUSPENSION 0.2 % (loteprednol etabonate)	ST
<i>bromfenac ophthalmic (eye) drops 0.07 % (Prolensa)</i>	
<i>bromfenac ophthalmic (eye) drops 0.075 % (BromSite)</i>	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)</i>	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	
<i>difluprednate ophthalmic (eye) drops 0.05 % (Durezol)</i>	
EYSUVIS OPTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	QL (8.3 per 14 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 % (DermOtic Oil)</i>	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 % (FML Liquifilm)</i>	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation (24 Hour Allergy Relief)</i>	QL (16 per 30 days)
ILEVRO OPTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	
INVELTYS OPTHALMIC (EYE) DROPS, SUSPENSION 1 %	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 % (Acular)</i>	QL (10 per 25 days)
LOTEMAX OPTHALMIC (EYE) OINTMENT 0.5 %	QL (3.5 per 14 days)
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL 0.38 %	QL (5 per 16 days)

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

Drug Name	Requirements / Limits
Gastrointestinal Agents, Other	
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	PA; NM; NDS
constulose oral solution 10 gram/15 ml (lactulose)	
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	
dicyclomine oral capsule 10 mg	
dicyclomine oral solution 10 mg/5 ml	
dicyclomine oral tablet 20 mg	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml (lactulose)	
generlac oral solution 10 gram/15 ml (lactulose)	
glycopyrrolate oral tablet 1 mg (Robinul)	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	
lactulose oral solution 10 gram/15 ml (Constulose)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	QL (60 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml	
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	
ursodiol oral capsule 200 mg, 400 mg (Reltone)	NM; NDS
ursodiol oral capsule 300 mg	
ursodiol oral tablet 250 mg	
ursodiol oral tablet 500 mg (URSO Forte)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	
XERMELO ORAL TABLET 250 MG	PA; NM; NDS; QL (84 per 28 days)

Drug Name	Requirements / Limits
Laxatives	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	
<i>gavilyte-c oral recon soln</i> 240-22.72-6.72 -5.84 gram (peg 3350-electrolytes)	
<i>gavilyte-g oral recon soln</i> 236-22.74-6.74 -5.86 gram (peg 3350-electrolytes)	
<i>gavilyte-n oral recon soln</i> 420 gram (peg-electrolyte soln)	
<i>peg 3350-electrolytes oral recon soln</i> 236-22.74-6.74 -5.86 gram (GaviLyte-G)	
<i>peg-electrolyte soln oral recon soln</i> 420 gram (GaviLyte-N)	
<i>sodium, potassium, mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	
<i>sodium, potassium, mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram 2 pack (480ml)	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	
Phosphate Binders	
<i>calcium acetate(phosphat bind) oral capsule</i> 667 mg	
<i>calcium acetate(phosphat bind) oral tablet</i> 667 mg	
<i>sevelamer carbonate oral powder in packet</i> 0.8 gram, 2.4 gram (Renvela)	
<i>sevelamer carbonate oral tablet</i> 800 mg (Renvela)	
<i>sevelamer hcl oral tablet</i> 400 mg, 800 mg	
GENITOURINARY AGENTS	
Antispasmodics, Urinary	
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	
<i>fesoterodine oral tablet extended release</i> 24 hr 4 mg, 8 mg (Toviaz)	
<i>flavoxate oral tablet</i> 100 mg	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	
<i>oxybutynin chloride oral syrup</i> 5 mg/5 ml	
<i>oxybutynin chloride oral tablet</i> 5 mg	
<i>oxybutynin chloride oral tablet extended release</i> 24hr 10 mg, 15 mg, 5 mg	

Drug Name	Requirements / Limits
solifenacin oral tablet 10 mg, 5 mg (Vesicare)	
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	
tolterodine oral tablet 1 mg, 2 mg	
trospium oral capsule, extended release 24hr 60 mg	
trospium oral tablet 20 mg	
Genitourinary Agents, Miscellaneous	
alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg (Avodart)	
finasteride oral tablet 5 mg (Proscar)	
tamsulosin oral capsule 0.4 mg (Flomax)	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	
HEAVY METAL ANTAGONISTS	
Heavy Metal Antagonists	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)	PA
penicillamine oral tablet 250 mg (Depen Titratabs)	PA; NM; NDS
trientine oral capsule 250 mg (Syprine)	PA; NM; NDS; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING	
Androgens	
danazol oral capsule 100 mg, 200 mg, 50 mg	
oxandrolone oral tablet 10 mg, 2.5 mg	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	PA
testosterone enanthate intramuscular oil 200 mg/ml	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	PA; QL (150 per 30 days)

Drug Name	Requirements / Limits
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) (AndroGel)	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	PA; QL (2 per 28 days)
Estrogens And Antiestrogens	
DUAVEE ORAL TABLET 0.45-20 MG	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	
estradiol vaginal tablet 10 mcg (Yuvaferm)	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg (Mimvey)	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg (estradiol-norethindrone acet)	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg (Evista)	
yuvaferm vaginal tablet 10 mcg (estradiol)	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids	
dexamethasone oral solution 0.5 mg/5 ml	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	

Drug Name	Requirements / Limits
<i>fludrocortisone oral tablet 0.1 mg</i>	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	
<i>methylprednisolone oral tablet 32 mg</i>	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	
<i>triamcinolone acetate injection suspension 40 mg/ml</i> (Kenalog)	
Pituitary	
ACTHAR INJECTION GEL 80 UNIT/ML	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	PA; NM; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	PA; NM; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PA; NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	PA NSO; NM; NDS; QL (0.5 per 28 days)

Drug Name	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	PA; NM; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide (3 month))	PA NSO
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	
ORGOVYX ORAL TABLET 120 MG	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; NDS
Progestins	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg (norethindrone acetate)	
medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)	QL (1 per 84 days)

Drug Name	Requirements / Limits
medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg (Gallifrey)	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	
Thyroid And Antithyroid Agents	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (Euthyrox)	
levothyroxine oral tablet 300 mcg (Levo-T)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)	
methimazole oral tablet 10 mg, 5 mg	
propylthiouracil oral tablet 50 mg	
IMMUNOLOGICAL AGENTS	
Immunological Agents	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	PA BvD
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG (tacrolimus)	PA BvD; NM; NDS
azathioprine oral tablet 50 mg (Imuran)	PA BvD
azathioprine sodium injection recon soln 100 mg	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PA; NM; NDS; QL (8 per 28 days)

Drug Name	Requirements / Limits
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	PA; NM; NDS
<i>cyclosporine intravenous solution</i> 250 mg/5 ml (Sandimmune)	PA BvD
<i>cyclosporine modified oral capsule</i> 100 mg, 25 mg (Gengraf)	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	PA BvD
<i>cyclosporine modified oral solution</i> 100 mg/ml (Gengraf)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	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)	PA; NM; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	PA; NM; NDS

Drug Name	Requirements / Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PA; NM; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PA; NM; NDS; Only NDCs starting with 00074

Drug Name	Requirements / Limits
<i>infliximab intravenous recon soln 100 mg (Remicade)</i>	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)</i>	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg (CellCept)</i>	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)</i>	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg (CellCept)</i>	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg (Myfortic)</i>	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	ST
REZUROCK ORAL TABLET 200 MG	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	PA; NM; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM; NDS

Drug Name	Requirements / Limits
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)</i>	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM; NDS

Drug Name	Requirements / Limits
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PA; NM; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	PA; NM; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT (adalimumab-aaty) 80 MG/0.8 ML	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT (adalimumab-aaty) 40 MG/0.4 ML, 80 MG/0.8 ML	PA; NM; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, (adalimumab-aaty) 40 MG/0.4 ML	PA; NM; NDS
Vaccines	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 copay

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

Drug Name	Requirements / Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; \$0 copay
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 copay

Drug Name	Requirements / Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	

Drug Name	Requirements / Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE (typhoid vi polysacch 25 MCG/0.5 ML vaccine)	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0 copay

Drug Name	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	\$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	\$0 copay
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS	
<i>Inflammatory Bowel Disease Agents</i>	
<i>alosectron oral tablet 0.5 mg, 1 mg (Lotronex)</i>	
<i>balsalazide oral capsule 750 mg (Colazal)</i>	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	
<i>budesonide rectal foam 2 mg/actuation (Uceris)</i>	
<i>hydrocortisone rectal enema 100 mg/60 ml (Cortenema)</i>	
<i>mesalamine oral capsule, extended release 500 mg (Pentasa)</i>	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)</i>	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)</i>	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg (Azulfidine)</i>	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)</i>	
METABOLIC BONE DISEASE AGENTS	
<i>Metabolic Bone Disease Agents</i>	
<i>alendronate oral solution 70 mg/75 ml</i>	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg (Fosamax)</i>	QL (4 per 28 days)

Drug Name	Requirements / Limits
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	
cinacalcet oral tablet 30 mg, 60 mg (Sensipar)	QL (60 per 30 days)
cinacalcet oral tablet 90 mg (Sensipar)	NM; NDS; QL (120 per 30 days)
ibandronate oral tablet 150 mg	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	PA; NM; NDS; QL (2 per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	
paricalcitol oral capsule 4 mcg	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	QL (60 per 30 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PA; NM; NDS
MISCELLANEOUS THERAPEUTIC AGENTS	
Miscellaneous Therapeutic Agents	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PA; NM; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	
betaine oral powder 1 gram/scoop (Cystadane)	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	PA; NM; NDS
diazoxide oral suspension 50 mg/ml (Proglycem)	
glutamine (sickle cell) oral powder in packet 5 gram (Endari)	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	

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

Drug Name		Requirements / Limits
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %		
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		QL (5 per 30 days)
REPLACEMENT PREPARATIONS		
Replacement Preparations		
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	
d5 %-0.45 % sodium chloride intravenous parenteral solution		
klor-con m10 oral tablet, er particles/crystals 10 meq	(potassium chloride)	
klor-con m15 oral tablet, er particles/crystals 15 meq	(potassium chloride)	
klor-con m20 oral tablet, er particles/crystals 20 meq	(potassium chloride)	
magnesium sulfate injection solution 500 mg/ml (50 %)		
magnesium sulfate injection syringe 500 mg/ml (50 %)		

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

Drug Name		Requirements / Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		QL (60 per 30 days)
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(budesonide-formoterol)	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	(Pulmicort)	PA BvD; QL (120 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyana)	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>		QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>		QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>		QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(Wixela Inhub)	QL (60 per 30 days)
<i>wixela inhale inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(fluticasone propion-salmeterol)	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i>	(Singulair)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	(Singulair)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	(Accolate)	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	(Ventolin HFA)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>		QL (13.4 per 30 days)

Drug Name	Requirements / Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE (umeclidinium-vilanterol) 62.5-25 MCG/ACTUATION	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	QL (60 per 30 days)
Respiratory Tract Agents, Other	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	PA BvD

Drug Name	Requirements / Limits
ALYFTREK ORAL TABLET 10-50-125 MG	PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	PA; NM; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg (Esbriet)</i>	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg (Esbriet)</i>	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	PA; NM; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg (Esbriet)</i>	PA; NM; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg (Daliresp)</i>	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg (Daliresp)</i>	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM; NDS

Drug Name	Requirements / Limits
SKELETAL MUSCLE RELAXANTS	
Skeletal Muscle Relaxants	
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	
cyclobenzaprine oral tablet 10 mg, 5 mg	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg	
dantrolene oral capsule 25 mg (Dantrium)	
methocarbamol oral tablet 500 mg, 750 mg	PA-HRM; AGE (Max 64 Years)
tizanidine oral tablet 2 mg	
tizanidine oral tablet 4 mg (Zanaflex)	
SLEEP DISORDER AGENTS	
Sleep Disorder Agents	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	QL (30 per 30 days)
modafinil oral tablet 100 mg (Provigil)	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg (Provigil)	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml (Xyrem)	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg (Ambien)	QL (30 per 30 days)
zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	QL (30 per 30 days)
VASODILATING AGENTS	
Vasodilating Agents	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg (tadalafil (pulm. hypertension))	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg (Tracleer)	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg	PA
tadalafil oral tablet 5 mg (Cialis)	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	PA; NM; NDS; QL (60 per 30 days)

Drug Name	Requirements / Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	PA; NM; NDS
VITAMINS AND MINERALS	
<i>Vitamins And Minerals</i>	
<i>bal-care dha combo pack 27-1-430 mg</i>	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	
<i>folivane-ob capsule 85-1 mg</i>	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	
<i>mynatal advance oral tablet 90-1-50 mg</i>	
<i>mynatal capsule 65 mg iron- 1 mg</i>	
<i>mynatal oral tablet 90-1-50 mg</i>	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	
<i>newgen tablet 32-1,000 mg-mcg</i>	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	
<i>o-cal prenatal oral tablet 15 mg iron- 1,000 mcg</i>	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	
<i>pnv-omega softgel 28-1-300 mg</i>	

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

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

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

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

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

Nombre del Medicamento	Requerimientos / Límites
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	PA NSO; NM; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	PA NSO; NM; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	PA NSO; NM; NDS
DAURISMO ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	NM; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	PA BvD; NM; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	PA NSO; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	PA NSO

Nombre del Medicamento	Requerimientos / Límites
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	NM; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	PA NSO; NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	
<i>etoposide intravenous solution 20 mg/ml</i>	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	NM; NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	PA NSO; NM; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	
FAKZYNJA ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	

Nombre del Medicamento	Requerimientos / Límites
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	NM; NDS
GOMEKLI ORAL CAPSULE 1 MG	PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	PA NSO; NM; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	PA NSO; QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
IMBRUVICA ORAL CAPSULE 140 MG	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	PA NSO; NM; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	PA NSO; NM; NDS; QL (49 per 28 days)

Nombre del Medicamento	Requerimientos / Límites
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	
LEUKERAN ORAL TABLET 2 MG	NM; NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	PA NSO; NM; NDS

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

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

Nombre del Medicamento	Requerimientos / Límites
ORSERDU ORAL TABLET 86 MG	PA NSO; NM; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	PA BvD; NM; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	NM; NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA NSO; NM; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	PA NSO; NM; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	PA NSO; NM; NDS; QL (60 per 30 days)

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

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

Nombre del Medicamento	Requerimientos / Límites
TRUQAP ORAL TABLET 160 MG, 200 MG	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	
VITRAKVI ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA NSO; NM; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)

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

Nombre del Medicamento	Requerimientos / Límites
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA NSO; NM; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	PA NSO; NM; NDS

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

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

Nombre del Medicamento	Requerimientos / Límites
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	QL (60 per 30 days)
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg	ST; QL (30 per 30 days)
memantine oral capsule, sprinkle, er 24hr 7 mg (Namenda XR)	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	QL (30 per 30 days)
AGENTES ANTIDIABETICO	
Agentes Antidiabeticos, Varios	
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml (Riomet)	QL (765 per 30 days)
metformin oral tablet 1,000 mg	QL (75 per 30 days)
metformin oral tablet 500 mg	QL (150 per 30 days)

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

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

Nombre del Medicamento		Requerimientos / Límites
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG		QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG		QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	QL (60 per 30 days)
Insulinas		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	<i>(Novolog Mix 70-30FlexPen U-100)</i>	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	<i>(Novolog Mix 70-30 U-100 Insulin)</i>	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	<i>(Novolog PenFill U-100 Insulin)</i>	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	<i>(Novolog FlexPen U-100 Insulin)</i>	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	<i>(Novolog U-100 Insulin aspart)</i>	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	max \$35 copay per month supply

Nombre del Medicamento		Requerimientos / Límites
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	max \$35 copay per month supply

Nombre del Medicamento	Requerimientos / Límites
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonilureas	
glimepiride oral tablet 1 mg, 2 mg	QL (30 per 30 days)
glimepiride oral tablet 4 mg	QL (60 per 30 days)
glipizide oral tablet 10 mg	QL (120 per 30 days)
glipizide oral tablet 2.5 mg	QL (60 per 30 days)
glipizide oral tablet 5 mg	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg (Glucotrol XL)	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PA-HRM; AGE (Max 64 Years)
AGENTES ANTIGOTA	
Agentes Antigota, Otros	
allopurinol oral tablet 100 mg (Zyloprim)	
allopurinol oral tablet 300 mg	
colchicine oral capsule 0.6 mg (Mitigare)	QL (60 per 30 days)
colchicine oral tablet 0.6 mg (Colcrys)	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg (Uloric)	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg	
probenecid-colchicine oral tablet 500-0.5 mg	
AGENTES ANTIMIGRAÑA	
Agentes Antimigraña	
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PA; QL (1.5 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	PA; QL (16 per 30 days)
AGENTES ANTINAUSEA	
Agentes Antinausea	
<i>aprepitant oral capsule 125 mg</i>	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	

Nombre del Medicamento		Requerimientos / Límites
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		
meclizine oral tablet 25 mg	(Dramamine (meclizine))	
ondansetron hcl oral tablet 4 mg, 8 mg		PA BvD
ondansetron oral tablet, disintegrating 4 mg, 8 mg		PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	
prochlorperazine rectal suppository 25 mg	(Compro)	
promethazine injection solution 25 mg/ml	(Phenergan)	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
AGENTES ANTIPARASITARIOS		
Agentes Antiparasitarios		
albendazole oral tablet 200 mg		NM; NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	
chloroquine phosphate oral tablet 250 mg, 500 mg		
COARTEM ORAL TABLET 20-120 MG		
hydroxychloroquine oral tablet 100 mg		QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	
ivermectin oral tablet 6 mg		
mefloquine oral tablet 250 mg		
nitazoxanide oral tablet 500 mg	(Alinia)	NM; NDS; QL (60 per 30 days)
paromomycin oral capsule 250 mg	(Humatin)	
pentamidine inhalation recon soln 300 mg	(Nebupent)	PA BvD

Nombre del Medicamento	Requerimientos / Límites
<i>pentamidine injection recon soln 300 mg (Pentam)</i>	
<i>praziquantel oral tablet 600 mg (Biltricide)</i>	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	
<i>pyrimethamine oral tablet 25 mg (Daraprim)</i>	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg (Qualaquin)</i>	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	
AGENTES ANTIPARKINSON	
Agentes Antiparkinson	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>benztropine oral tablet 0.5 mg, 1 mg</i>	
<i>benztropine oral tablet 2 mg</i>	
<i>bromocriptine oral tablet 2.5 mg</i>	
<i>cabergoline oral tablet 0.5 mg</i>	
<i>carbidopa-levodopa oral tablet 10-100 mg (Sinemet)</i>	
<i>carbidopa-levodopa oral tablet 25-100 mg (Dhivy)</i>	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>entacapone oral tablet 200 mg</i>	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	PA; NM; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	PA; NM; NDS; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	
<i>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	
<i>selegiline hcl oral capsule 5 mg</i>	
<i>selegiline hcl oral tablet 5 mg</i>	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	PA; NM; NDS; QL (560 per 28 days)
AGENTES ANTIPSICÓTICOS	
<i>Agentes Antipsicóticos</i>	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	NM; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	NM; NDS; QL (2 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	NM; NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	

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

Nombre del Medicamento	Requerimientos / Límites
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	PA NSO; NM; NDS; QL (30 per 30 days)

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

Nombre del Medicamento	Requerimientos / Límites
NUPLAZID ORAL TABLET 10 MG	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	ST; NM; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	
<i>quetiapine oral tablet 150 mg</i>	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NM; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo)	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	
<i>risperidone oral tablet 0.25 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON (risperidone microspheres) 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	NM; NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	

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

Nombre del Medicamento	Requerimientos / Límites
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	
droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	
prazosin oral capsule 1 mg, 2 mg, 5 mg	
Agentes Antiarrítmicos	
amiodarone oral tablet 100 mg, 200 mg (Pacerone)	
amiodarone oral tablet 400 mg	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	
MULTAQ ORAL TABLET 400 MG	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	
propafenone oral tablet 150 mg, 225 mg, 300 mg	
quinidine sulfate oral tablet 200 mg, 300 mg	
Agentes Bloqueadores Beta-Adrenérgicos	
acebutolol oral capsule 200 mg, 400 mg	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	
atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)	
atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	
labetalol oral tablet 100 mg, 200 mg, 300 mg	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	

Nombre del Medicamento	Requerimientos / Límites
metoprolol tartrate oral tablet 25 mg	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (sotalol)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg (sotalol)	
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	
sotalol oral tablet 240 mg (Betapace)	
timolol maleate oral tablet 10 mg	
timolol maleate oral tablet 20 mg, 5 mg	
Agentes Bloqueadores Da Canal De Calcio	
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl)	
diltiazem 24hr er 360 mg cap once-a-day dosage (Tiadylt ER)	
diltiazem 24hr er 420 mg cap (Tiadylt ER)	
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg	
diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg (Tiadylt ER)	
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	
diltiazem hcl oral tablet 90 mg	
dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl)	
taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (diltiazem hcl)	
tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl)	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	
verapamil oral tablet 120 mg, 40 mg, 80 mg	

Nombre del Medicamento	Requerimientos / Límites
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	
Agentes Cardiovasculares, Varios	
CORLANOR ORAL SOLUTION 5 MG/5 ML	QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	
digoxin oral tablet 62.5 mcg (0.0625 mg) (Lanoxin)	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml (Auvi-Q)	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml (EpiPen Jr)	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	
icatibant subcutaneous syringe 30 mg/3 ml (Firazyr)	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg (Corlanor)	QL (60 per 30 days)
metyrosine oral capsule 250 mg (Demser)	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PA; QL (30 per 30 days)
Antagonistas De Receptores De Angiotensina II	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETS 15-16 MG, 6-6 MG	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)	
losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	

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

Nombre del Medicamento	Requerimientos / Límites
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	
cholestyramine light oral powder in packet 4 gram	
colesevelam oral powder in packet 3.75 gram (WelChol)	
colesevelam oral tablet 625 mg (WelChol)	
colestipol oral packet 5 gram	
colestipol oral tablet 1 gram (Colestid)	
ezetimibe oral tablet 10 mg (Zetia)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80)	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	
fluvastatin oral capsule 20 mg, 40 mg	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	
gemfibrozil oral tablet 600 mg (Lopid)	
icosapent ethyl oral capsule 0.5 gram (Vascepa)	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram (Vascepa)	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	
NEXLETOL ORAL TABLET 180 MG	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	ST; QL (30 per 30 days)
niacin oral tablet 500 mg (Niacor)	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	
niacor oral tablet 500 mg (niacin)	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg (Livalo)	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 80 mg	
pravastatin oral tablet 20 mg, 40 mg	QL (30 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>prevalite oral powder in packet 4 gram</i>	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	QL (30 per 30 days)
Diuréticos	
<i>amiloride oral tablet 5 mg</i>	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>furosemide injection solution 10 mg/ml</i>	
<i>furosemide injection syringe 10 mg/ml</i>	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	

Nombre del Medicamento	Requerimientos / Límites
Inhibidores De Enzima Convertidoras De Angiotensina	
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	
benazepril oral tablet 5 mg	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	
moexipril oral tablet 15 mg, 7.5 mg	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	
Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona	
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	
eplerenone oral tablet 25 mg, 50 mg (Inspra)	
KERENDIA ORAL TABLET 10 MG, 20 MG	PA; QL (30 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
Vasodilatadores	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg	
isosorbide dinitrate oral tablet 40 mg (Isordil)	
isosorbide dinitrate oral tablet 5 mg (Isordil Titrados)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (nitroglycerin)	
minoxidil oral tablet 10 mg, 2.5 mg	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	
AGENTES DE ENFERMEDAD INTESTINAL INFLAMATORIA	
Agentes De Enfermedad Intestinal Inflamatoria	
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	
balsalazide oral capsule 750 mg (Colazal)	
budesonide oral capsule, delayed, extend.release 3 mg	
budesonide rectal foam 2 mg/actuation (Uceris)	
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	
mesalamine oral capsule, extended release 500 mg (Pentasa)	
mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)	
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg (Azulfidine)	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)	
AGENTES DE ENFERMEDAD ÓSEA METABÓLICA	
Agentes De Enfermedad Ósea Metabólica	
alendronate oral solution 70 mg/75 ml	QL (300 per 28 days)
alendronate oral tablet 10 mg	QL (30 per 30 days)
alendronate oral tablet 35 mg	QL (4 per 28 days)
alendronate oral tablet 70 mg (Fosamax)	QL (4 per 28 days)

Nombre del Medicamento	Requerimientos / Límites
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	NM; NDS; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	PA; NM; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	
<i>paricalcitol oral capsule 4 mcg</i>	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	QL (60 per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	PA; NM; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PA; NM; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	PA; NM; NDS
AGENTES DE TRASTORNO DE SUEÑO	
Agentes De Trastorno De Sueño	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	PA; NM; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	QL (30 per 30 days)
AGENTES DEL SISTEMA NERVIOSO CENTRAL	
Agentes Del Sistema Nervioso Central	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	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	Requerimientos / Límites
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	PA; NM; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA; NM; NDS; QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	PA; NM; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	PA; NM; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	PA; NM; NDS; QL (60 per 30 days)
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	PA; NM; NDS; QL (30 per 30 days)

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

Nombre del Medicamento	Requerimientos / Límites
<i>glatiramer subcutaneous syringe 40 mg/ml (Glatopa)</i>	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml (glatiramer)</i>	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml (glatiramer)</i>	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)</i>	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium carbonate oral tablet extended release 300 mg (Lithobid)</i>	
<i>lithium carbonate oral tablet extended release 450 mg</i>	
<i>lithium citrate oral solution 8 meq/5 ml</i>	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	PA; NM; NDS

Nombre del Medicamento	Requerimientos / Límites
<i>methylphenidate hcl oral solution 10 mg/5 ml</i> (Methylin)	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	PA; NM; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	PA; NM; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	PA; NM; NDS; QL (120 per 30 days)
AGENTES DEL TRACTO RESPIRATORIO	
<i>Agentes Del Tracto Respiratorio, Otros</i>	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	PA; NM; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	PA; NM; NDS; QL (1 per 28 days)

Nombre del Medicamento	Requerimientos / Límites
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg (Esbriet)</i>	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg (Esbriet)</i>	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	PA; NM; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg (Esbriet)</i>	PA; NM; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg (Daliresp)</i>	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg (Daliresp)</i>	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PA; NM; NDS
Antiinflamatorios, Corticoesteroides Inhalados	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	QL (30 per 30 days)

Nombre del Medicamento		Requerimientos / Límites
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	QL (60 per 30 days)
Antileucotrinós		
montelukast oral tablet 10 mg	(Singulair)	
montelukast oral tablet, chewable 4 mg, 5 mg	(Singulair)	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	
Broncodilatadores		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		PA BvD

Nombre del Medicamento	Requerimientos / Límites
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	QL (60 per 30 days)
AGENTES DENTALES Y ORALES	
Agentes Dentales Y Orales	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	
<i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	
<i>dentagel dental gel 1.1 %</i> (fluoride (sodium))	

Nombre del Medicamento		Requerimientos / Límites
fluoride (sodium) dental solution 0.2 %	(PreviDent)	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	
AGENTES DERMATOLÓGICOS		
Agentes Antiinflamatorios Dermatológicos		
ala-cort topical cream 1 %	(hydrocortisone)	
betamethasone dipropionate topical cream 0.05 %		
betamethasone dipropionate topical lotion 0.05 %		
betamethasone dipropionate topical ointment 0.05 %		
betamethasone valerate topical cream 0.1 %		
betamethasone valerate topical lotion 0.1 %		
betamethasone valerate topical ointment 0.1 %		
betamethasone, augmented topical cream 0.05 %		
betamethasone, augmented topical gel 0.05 %		
betamethasone, augmented topical lotion 0.05 %		
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	
clobetasol scalp solution 0.05 %		
clobetasol topical cream 0.05 %		
clobetasol topical gel 0.05 %		
clobetasol topical lotion 0.05 %	(Clobex)	
clobetasol topical ointment 0.05 %		
clobetasol topical shampoo 0.05 %	(Clobex)	
clobetasol-emollient topical cream 0.05 %		
clobetasol-emollient topical foam 0.05 %	(Olux-E)	
EUCRISA TOPICAL OINTMENT 2 %		
fluocinolone topical cream 0.01 %		

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

Nombre del Medicamento	Requerimientos / Límites
Agentes Dermatológicos, Otros	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	
acyclovir topical ointment 5 % (Zovirax)	QL (30 per 30 days)
ammonium lactate topical cream 12 %	
ammonium lactate topical lotion 12 % (AmLactin)	
calcipotriene scalp solution 0.005 %	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	QL (120 per 30 days)
fluorouracil topical cream 5 % (Efudex)	
fluorouracil topical solution 2 %, 5 %	
imiquimod topical cream in packet 5 %	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	QL (5 per 5 days)
methoxsalen oral capsule, liqd-filled,rapid rel 10 mg	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	NM; NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	PA NSO; NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	
Antibacterianos Dermatológicos	
clindamycin phosphate topical solution 1 %	QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	
clindamycin-benzoyl peroxide topical gel 1-5 %	
erythromycin with ethanol topical solution 2 %	
gentamicin topical cream 0.1 %	QL (90 per 30 days)
gentamicin topical ointment 0.1 %	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	
metronidazole topical gel 0.75 % (Rosadan)	
metronidazole topical gel 1 % (Metrogel)	
mupirocin topical ointment 2 % (Centany)	QL (220 per 30 days)
neuac topical gel 1.2 %(1 % base) -5 % (clindamycin-benzoyl peroxide)	
rosadan topical cream 0.75 % (metronidazole)	

Nombre del Medicamento		Requerimientos / Límites
selenium sulfide topical lotion 2.5 %		
silver sulfadiazine topical cream 1 % (SSD)		
ssd topical cream 1 % (silver sulfadiazine)		
Escabicidas Y Pediculicidas		
malathion topical lotion 0.5 % (Ovide)		
permethrin topical cream 5 % (Elimite)		QL (60 per 30 days)
Retinoides Dermatológicos		
adapalene topical cream 0.1 % (Differin)		
ALTRENO TOPICAL LOTION 0.05 %		PA
tazarotene topical cream 0.1 % (Tazorac)		
tretinoin topical cream 0.025 % (Avita)		PA
tretinoin topical cream 0.05 %, 0.1 % (Retin-A)		PA
AGENTES GASTROINTESTINALES		
Agentes Antiúlceras Y Supresores De Ácidos		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		
cimetidine hcl oral solution 300 mg/5 ml		
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg (Acid Reducer (esomeprazole))		QL (30 per 30 days)
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg (Nexium)		QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg (Nexium Packet)		ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg (Nexium Packet)		ST; QL (60 per 30 days)
famotidine oral tablet 20 mg (Acid Controller)		
famotidine oral tablet 40 mg (Pepcid)		
lansoprazole oral capsule, delayed release(dr/ec) 15 mg (Acid Reducer (lansoprazole))		QL (30 per 30 days)
lansoprazole oral capsule, delayed release(dr/ec) 30 mg (Prevacid)		QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)		
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg		
pantoprazole oral tablet, delayed release (dr/ec) 20 mg (Protonix)		QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg (Protonix)		QL (60 per 30 days)
rabeprazole oral tablet, delayed release (dr/ec) 20 mg (AcipHex)		QL (30 per 30 days)
sucralfate oral tablet 1 gram (Carafate)		

Nombre del Medicamento	Requerimientos / Límites
Agentes Gastrointestinales, Otros	
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	PA; NM; NDS
constulose oral solution 10 gram/15 ml (lactulose)	
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	
dicyclomine oral capsule 10 mg	
dicyclomine oral solution 10 mg/5 ml	
dicyclomine oral tablet 20 mg	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml (lactulose)	
generlac oral solution 10 gram/15 ml (lactulose)	
glycopyrrolate oral tablet 1 mg (Robinul)	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	
lactulose oral solution 10 gram/15 ml (Constulose)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	QL (60 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml	
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	
ursodiol oral capsule 200 mg, 400 mg (Reltone)	NM; NDS
ursodiol oral capsule 300 mg	
ursodiol oral tablet 250 mg	
ursodiol oral tablet 500 mg (URSO Forte)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	
XERMELO ORAL TABLET 250 MG	PA; NM; NDS; QL (84 per 28 days)

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

Nombre del Medicamento	Requerimientos / Límites
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	
<i>flavoxate oral tablet 100 mg</i>	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	
<i>oxybutynin chloride oral tablet 5 mg</i>	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	
<i>trospium oral tablet 20 mg</i>	
AGENTES HORMONALES, ESTIMULANTE/REEMPLAZO/MODIFICADOR	
Agentes Tiroideos Y Antitiroideos	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
Andrógenos	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	PA; QL (300 per 30 days)

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

Nombre del Medicamento	Requerimientos / Límites
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	
fludrocortisone oral tablet 0.1 mg	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	
methylprednisolone acetate injection suspension 40 mg/ml (Depo-Medrol)	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)	
methylprednisolone oral tablet 32 mg	
methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak))	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	PA BvD
prednisolone oral solution 15 mg/5 ml	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	PA BvD
prednisone oral solution 5 mg/5 ml	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PA BvD
prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	
Pituitario	
ACTHAR INJECTION GEL 80 UNIT/ML	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	PA; NM; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	PA; NM; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	
desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	PA; NM; NDS

Nombre del Medicamento		Requerimientos / Límites
<i>lanreotide subcutaneous syringe</i> 120 mg/0.5 ml	(Somatuline Depot)	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		PA; NM; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	(leuprolide (3 month))	PA NSO
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		PA; NM; NDS
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml		
<i>octreotide acetate injection solution</i> 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	
ORGOVYX ORAL TABLET 120 MG		PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG		PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		PA; NM; NDS
Progestinas		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i>	(norethindrone acetate)	

Nombre del Medicamento	Requerimientos / Límites
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	
AGENTES INMUNOLÓGICOS	
Agentes Inmunológicos	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	PA BvD
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG (tacrolimus)	PA BvD; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PA; NM; NDS

Nombre del Medicamento	Requerimientos / Límites
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	PA; NM; NDS
<i>cyclosporine intravenous solution</i> 250 mg/5 ml (Sandimmune)	PA BvD
<i>cyclosporine modified oral capsule</i> 100 mg, 25 mg (Gengraf)	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	PA BvD
<i>cyclosporine modified oral solution</i> 100 mg/ml (Gengraf)	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	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)	PA; NM; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	PA; NM; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PA; NM; NDS

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

Nombre del Medicamento	Requerimientos / Límites
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PA; NM; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PA; NM; NDS; Only NDCs starting with 00074
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	PA BvD

Nombre del Medicamento	Requerimientos / Límites
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	PA BvD; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	ST
REZUROCK ORAL TABLET 200 MG	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	PA; NM; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PA; NM; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA BvD

Nombre del Medicamento	Requerimientos / Límites
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION (ustekinumab) 130 MG/26 ML	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION (ustekinumab) 45 MG/0.5 ML	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE (ustekinumab) 45 MG/0.5 ML, 90 MG/ML	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	PA; NM; NDS; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PA; NM; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	PA; NM; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PA; NM; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PA; NM; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	PA; NM; NDS

Nombre del Medicamento	Requerimientos / Límites
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	PA; NM; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT (adalimumab-aaty) 80 MG/0.8 ML	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT (adalimumab-aaty) 40 MG/0.4 ML, 80 MG/0.8 ML	PA; NM; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, (adalimumab-aaty) 40 MG/0.4 ML	PA; NM; NDS
Vacunas	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	

Nombre del Medicamento	Requerimientos / Límites
DENGAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	
IROL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 copay

Nombre del Medicamento	Requerimientos / Límites
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	
PREHEVBRIQ (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD; \$0 copay

Nombre del Medicamento	Requerimientos / Límites
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 copay
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE (typhoid vi polysacch 25 MCG/0.5 ML vaccine)	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	\$0 copay

Nombre del Medicamento	Requerimientos / Límites
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	\$0 copay
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 copay
AGENTES OFTÁLMICOS	
Agentes Antiglaucoma	
acetazolamide oral capsule, extended release 500 mg	
acetazolamide oral tablet 125 mg, 250 mg	
acetazolamide sodium injection recon soln 500 mg	
betaxolol ophthalmic (eye) drops 0.5 %	
bimatoprost ophthalmic (eye) drops 0.03 %	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, (Alphagan P) 0.15 %	
brimonidine ophthalmic (eye) drops 0.2 %	
brimonidine-timolol ophthalmic (eye) drops (Combigan) 0.2-0.5 %	
brinzolamide ophthalmic (eye) drops, (Azopt) suspension 1 %	
carteolol ophthalmic (eye) drops 1 %	
dorzolamide ophthalmic (eye) drops 2 %	
dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml	
latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	

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

Nombre del Medicamento	Requerimientos / Límites
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (neomycin-bacitracin-pol y-hc)	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (neomycin-bacitracin-pol ymyxin)	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	
ofloxacin otic (ear) drops 0.3 %	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram (bacitracin-polymyxin b)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	
sulfacetamide sodium ophthalmic (eye) drops 10 %	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	
tobramycin ophthalmic (eye) drops 0.3 %	
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %	
trifluridine ophthalmic (eye) drops 1 %	
XDEMVI OPTHALMIC (EYE) DROPS 0.25 %	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	
ZYLET OPTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	
Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta	
ALREX OPTHALMIC (EYE) DROPS, SUSPENSION 0.2 % (loteprednol etabonate)	ST
bromfenac ophthalmic (eye) drops 0.07 % (Prolensa)	
bromfenac ophthalmic (eye) drops 0.075 % (BromSite)	
bromfenac ophthalmic (eye) drops 0.09 %	
cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)	QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	
diclofenac sodium ophthalmic (eye) drops 0.1 %	
difluprednate ophthalmic (eye) drops 0.05 % (Durezol)	
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	QL (8.3 per 14 days)
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 % (DermOtic Oil)	
fluorometholone ophthalmic (eye) drops, suspension 0.1 % (FML Liquifilm)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	
fluticasone propionate nasal spray, suspension 50 mcg/actuation (24 Hour Allergy Relief)	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 % (Acular)	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 % (Lotemax)	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 % (Alrex)	ST
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %	QL (15 per 19 days)
mometasone nasal spray, non-aerosol 50 mcg/actuation (Allergy Nasal (mometasone))	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops, suspension 1 % (Pred Forte)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	QL (60 per 30 days)
Agentes De Ojos, Oídos, Nariz Y Garganta, Varios	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)	QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	
cromolyn ophthalmic (eye) drops 4 %	
epinastine ophthalmic (eye) drops 0.05 %	
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)	QL (30 per 28 days)
ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 % (Eye Allergy Itch-Redness Rlf)	
olopatadine ophthalmic (eye) drops 0.2 % (Eye Allergy Itch Relief)	
AGENTES TERAPEUTICOS MISCELÁNEOS	
Agentes Terapeuticos Misceláneos	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	PA; NM; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	
betaine oral powder 1 gram/scoop (Cystadane)	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	PA; NM; NDS
diazoxide oral suspension 50 mg/ml (Proglycem)	
glutamine (sickle cell) oral powder in packet 5 gram (Endari)	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	

Nombre del Medicamento		Requerimientos / Límites
<i>mesna oral tablet 400 mg</i>	(Mesnex)	NM; NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	(Rectiv)	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	(Mestinon)	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		PA; NM; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		
AGENTES VASODILATADORES		
Agentes Vasodilatadores		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	(<i>tadalafil (pulm. hypertension)</i>)	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	(Tracleer)	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	(Revatio)	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>		PA
<i>tadalafil oral tablet 5 mg</i>	(Cialis)	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)		PA; NM; NDS
ANALGÉSICOS		
Agentes Antiinflamatorios No Esteroideos		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	(Flector)	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>		QL (120 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	PA; NM; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	
<i>ec-naproxen dr 375 mg tablet</i> (naproxen)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	
<i>etodolac oral tablet 400 mg</i> (Lodine)	
<i>etodolac oral tablet 500 mg</i>	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbipr)	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	
<i>naproxen oral tablet 250 mg, 375 mg</i>	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	
<i>venngel one topical kit 1 %</i>	QL (1000 per 30 days)
Analgésicos, Varios	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	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	Requerimientos / Límites
<i>buprenorphine transdermal patch weekly</i> 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule</i> 50-300-40 mg (Fioricet)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i> 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i> 200 mcg	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i> 10-325 mg/15 ml, 7.5-325 mg/15 ml	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 7.5-325 mg	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 5-325 mg	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	QL (180 per 30 days)
<i>morphine concentrate oral solution</i> 100 mg/5 ml (20 mg/ml)	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml</i> (4 mg/ml)	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	QL (120 per 30 days)
<i>morphine oral tablet extended release</i> 100 mg, 200 mg	QL (60 per 30 days)

Nombre del Medicamento		Requerimientos / Límites
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	QL (90 per 30 days)
morphine oral tablet extended release 60 mg	(MS Contin)	QL (60 per 30 days)
oxycodone oral capsule 5 mg		QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg		QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	QL (120 per 30 days)
oxycodone oral tablet 20 mg		QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	QL (240 per 30 days)
tramadol oral tablet 50 mg		QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		QL (300 per 30 days)
ANESTÉSICOS		
Anestesia Local		
dermacinrx lidocan 5% patch outer	(lidocaine)	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	QL (30 per 30 days)
lidocaine topical adhesive patch, medicated 5 %	(DermacinRx Lidocan)	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	
lidocaine-prilocaine topical cream 2.5-2.5 %		PA; QL (30 per 30 days)
lidocan iii topical adhesive patch, medicated 5 %	(lidocaine)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %		PA; QL (90 per 30 days)
ANTAGONISTAS DE METALES PESADOS		
Antagonistas De Metales Pesados		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	PA; NM; NDS

Nombre del Medicamento	Requerimientos / Límites
trientine oral capsule 250 mg (Syprine)	PA; NM; NDS; QL (240 per 30 days)
ANTI INFECCIOSOS (MEMBRANA CUTÁNEA Y MUCOSA)	
Anti Infecciosos (Membrana Cutánea Y Mucosa)	
clindamycin phosphate vaginal cream 2 % (Cleocin)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram) (Vandazole)	
terconazole vaginal cream 0.4 %, 0.8 %	
terconazole vaginal suppository 80 mg	
ANTIBACTERIANOS	
Aminoglicósidos	
amikacin injection solution 500 mg/2 ml	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml	
neomycin oral tablet 500 mg	
streptomycin intramuscular recon soln 1 gram	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	
Antibacteriales, Misceláneos	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)	
clindamycin phosphate injection solution 150 mg/ml (Cleocin)	
colistin (colistimethate na) injection recon soln 150 mg (Coly-Mycin M Parenteral)	NM; NDS
daptomycin intravenous recon soln 350 mg, 500 mg	NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml (Zyvox)	

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

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

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

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

Nombre del Medicamento	Requerimientos / Límites
penicillin v potassium oral tablet 250 mg, 500 mg	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	
Quinolonas	
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	
ciprofloxacin hcl oral tablet 750 mg	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	
levofloxacin oral solution 250 mg/10 ml	
levofloxacin oral tablet 250 mg	
levofloxacin oral tablet 500 mg, 750 mg	
moxifloxacin 400 mg/250 ml bag sub, p/f, outer	
moxifloxacin oral tablet 400 mg	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml (Avelox in NaCl (iso-osmotic))	
Sulfonamidas	
sulfadiazine oral tablet 500 mg	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)	
Tetraciclinas	
demeclocycline oral tablet 150 mg, 300 mg	
doxy-100 intravenous recon soln 100 mg (doxycycline hyclate)	
doxycycline hyclate intravenous recon soln 100 mg (Doxy-100)	
doxycycline hyclate oral capsule 100 mg	
doxycycline hyclate oral capsule 50 mg (Morgidox)	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	
doxycycline hyclate oral tablet 50 mg (Targadox)	

Nombre del Medicamento		Requerimientos / Límites
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	
doxycycline monohydrate oral capsule 150 mg		QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	
doxycycline monohydrate oral tablet 50 mg		
minocycline oral capsule 100 mg, 50 mg, 75 mg		
tetracycline oral capsule 250 mg, 500 mg		
tigecycline intravenous recon soln 50 mg	(Tygacil)	NM; NDS
ANTICONCEPTIVOS		
Anticonceptivos		
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	

Nombre del Medicamento		Requerimientos / Límites
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	

Nombre del Medicamento		Requerimientos / Límites
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	
iclevia oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	
jolessa oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)

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

Nombre del Medicamento		Requerimientos / Límites
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	(Iclevia)	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
lutura (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		
mono-lynyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
NEXPLANON SUBDERMAL IMPLANT 68 MG		

Nombre del Medicamento		Requerimientos / Límites
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg		
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	
setlakin oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	QL (91 per 84 days)

Nombre del Medicamento		Requerimientos / Límites
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estradiol)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	
tri-lynyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estradiol triphasic)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	

Nombre del Medicamento		Requerimientos / Límites
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	

ANTICONVULSIVOS

Anticonvulsivos

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

Nombre del Medicamento	Requerimientos / Límites
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	PA NSO; NM; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	
EPRONTIA ORAL SOLUTION 25 MG/ML	ST
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	ST; NM; NDS; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	ST; NM; NDS; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	
<i>felbamate oral suspension 600 mg/5 ml</i>	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	PA NSO; NM; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	ST; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	QL (120 per 30 days)

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

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Nombre del Medicamento	Requerimientos / Límites
<i>phenytoin sodium intravenous syringe</i> 50 mg/ml	
<i>pregabalin oral capsule</i> 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg (Lyrica)	QL (90 per 30 days)
<i>pregabalin oral capsule</i> 225 mg, 300 mg (Lyrica)	QL (60 per 30 days)
<i>pregabalin oral solution</i> 20 mg/ml (Lyrica)	QL (900 per 30 days)
<i>primidone oral tablet</i> 125 mg	
<i>primidone oral tablet</i> 250 mg, 50 mg (Mysoline)	
<i>rufinamide oral suspension</i> 40 mg/ml (Banzel)	ST; NM; NDS
<i>rufinamide oral tablet</i> 200 mg (Banzel)	ST
<i>rufinamide oral tablet</i> 400 mg (Banzel)	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)	ST
<i>subvenite oral tablet</i> 100 mg, 150 mg, 200 mg, 25 mg (lamotrigine)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	PA NSO; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet</i> 12 mg, 16 mg, 2 mg, 4 mg	
<i>topiramate oral capsule, sprinkle</i> 15 mg, 25 mg (Topamax)	
<i>topiramate oral capsule, sprinkle</i> 50 mg	
<i>topiramate oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Topamax)	
<i>valproate sodium intravenous solution</i> 500 mg/5 ml (100 mg/ml)	
<i>valproic acid (as sodium salt) oral solution</i> 250 mg/5 ml	
<i>valproic acid oral capsule</i> 250 mg	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	NM; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i> 500 mg (Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet</i> 500 mg (Vigadrone)	PA NSO; NM; NDS; QL (180 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	PA NSO; NM; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	
<i>zonisamide oral capsule 50 mg</i>	
ZTALMY ORAL SUSPENSION 50 MG/ML	PA NSO; NM; NDS; QL (1080 per 30 days)
ANTIDEPRESIVOS	
Antidepresivos	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	ST; NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	
<i>citalopram oral solution 10 mg/5 ml</i>	
<i>citalopram oral tablet 10 mg</i> (Celexa)	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	

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Nombre del Medicamento	Requerimientos / Límites
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin oral concentrate 10 mg/ml</i>	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
MARPLAN ORAL TABLET 10 MG	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	

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

Nombre del Medicamento	Requerimientos / Límites
<i>amphotericin b injection recon soln 50 mg</i>	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	PA BvD; NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	QL (90 per 30 days)
<i>econazole nitrate topical cream 1 %</i>	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	
<i>fluconazole oral tablet 100 mg</i> (Diflucan)	
<i>fluconazole oral tablet 150 mg, 200 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	
<i>ketoconazole oral tablet 200 mg</i>	
<i>ketoconazole topical cream 2 %</i>	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	
<i>miconazole-3 vaginal suppository 200 mg</i>	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	
<i>nystatin oral tablet 500,000 unit</i>	
<i>nystatin topical cream 100,000 unit/gram</i>	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	QL (60 per 30 days)

Nombre del Medicamento	Requerimientos / Límites
<i>nystatin topical powder 100,000 unit/gram (Nyamyc)</i>	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	
<i>nystop topical powder 100,000 unit/gram (nystatin)</i>	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg (Noxafil)</i>	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>voriconazole intravenous recon soln 200 mg (Vfend IV)</i>	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)</i>	PA; NM; NDS
<i>voriconazole oral tablet 200 mg</i>	
<i>voriconazole oral tablet 50 mg (Vfend)</i>	
ANTIISTAMÍNICOS	
Antihistamínicos	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	
ANTIMICOBACTERIALES	
Antimicobacteriales	
<i>dapsone oral tablet 100 mg, 25 mg</i>	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
PRIFTIN ORAL TABLET 150 MG	
<i>pyrazinamide oral tablet 500 mg</i>	
<i>rifabutin oral capsule 150 mg</i>	
<i>rifampin intravenous recon soln 600 mg (Rifadin)</i>	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
SIRTURO ORAL TABLET 100 MG, 20 MG	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	
ANTIVIRALES (SITÉMICO)	
Antirretrovirales	
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	
<i>abacavir oral tablet 300 mg</i>	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	NM; NDS; QL (24 per 365 days)

Nombre del Medicamento	Requerimientos / Límites
APTIVUS ORAL CAPSULE 250 MG	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	
<i>atazanavir oral capsule 200 mg, 300 mg (Reyataz)</i>	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	NM; NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml) (Apretude)</i>	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	NM; NDS
COMPLERA ORAL TABLET (emtricitabine-tenofovir disoproxil fumarate) 200-25-300 MG	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg (Prezista)</i>	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	
DOVATO ORAL TABLET 50-300 MG	NM; NDS
EDURANT ORAL TABLET 25 MG	NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	
<i>efavirenz oral tablet 600 mg</i>	
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i>	NM; NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg (Symfi Lo)</i>	NM; NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg (Symfi)</i>	NM; NDS
<i>emtricitabine oral capsule 200 mg (Emtriva)</i>	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg (Truvada)</i>	NM; NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg (Truvada)</i>	
EMTRIVA ORAL SOLUTION 10 MG/ML	

Nombre del Medicamento	Requerimientos / Límites
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	
<i>etravirine oral tablet 100 mg, 200 mg (Intelligence)</i>	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	NM; NDS
INTELENCE ORAL TABLET 25 MG	
ISENTRESS HD ORAL TABLET 600 MG	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	NM; NDS
ISENTRESS ORAL TABLET 400 MG	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	
JULUCA ORAL TABLET 50-25 MG	NM; NDS
<i>lamivudine oral solution 10 mg/ml (Epivir)</i>	
<i>lamivudine oral tablet 100 mg</i>	
<i>lamivudine oral tablet 150 mg, 300 mg (Epivir)</i>	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	
LEXIVA ORAL SUSPENSION 50 MG/ML	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)</i>	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)</i>	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)</i>	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg (Selzentry)</i>	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	
NORVIR ORAL SOLUTION 80 MG/ML	
ODEFSEY ORAL TABLET 200-25-25 MG	NM; NDS
PIFELTRO ORAL TABLET 100 MG	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	NM; NDS

Nombre del Medicamento	Requerimientos / Límites
PREZISTA ORAL SUSPENSION 100 MG/ML	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	
REYATAZ ORAL POWDER IN PACKET 50 MG	NM; NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	NM; NDS
SELZENTRY ORAL TABLET 25 MG	
SELZENTRY ORAL TABLET 75 MG	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	
STRIBILD ORAL TABLET 150-150-200-300 MG	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	PA BvD; NM; NDS
SYMITUZA ORAL TABLET 800-150-200-10 MG	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	
TIVICAY ORAL TABLET 10 MG	
TIVICAY ORAL TABLET 25 MG, 50 MG	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	
TRIZIVIR ORAL TABLET 300-150-300 MG	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	NM; NDS
VEMLIDY ORAL TABLET 25 MG	ST; NM; NDS; QL (30 per 30 days)

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

Nombre del Medicamento	Requerimientos / Límites
VIRACEPT ORAL TABLET 250 MG, 625 MG	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NM; NDS
VOCABRIA ORAL TABLET 30 MG	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	
<i>zidovudine oral tablet 300 mg</i>	
Antivirales HCV	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	PA; NM; NDS; QL (28 per 28 days)
Antivirales, Varios	
LIVTENCITY ORAL TABLET 200 MG	PA; NM; NDS
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10)	QL (20 per 5 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (6)- 100 MG (5)	QL (11 per 28 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	QL (60 per 180 days)

Nombre del Medicamento	Requerimientos / Límites
Interferones	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PA; NM; NDS
Nucleósidos Y Nucleótidos	
acyclovir oral capsule 200 mg	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	
acyclovir oral tablet 400 mg, 800 mg	
acyclovir sodium intravenous solution 50 mg/ml	PA BvD
adefovir oral tablet 10 mg (Hepsera)	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	
ribavirin oral tablet 200 mg	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	NM; NDS
valganciclovir oral tablet 450 mg (Valcyte)	
COFACTORES ENZIMÁTICOS/OTROS	
Cofactores Enzimáticos/Otros	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	PA; NM; NDS; QL (90 per 30 days)
DISPOSITIVOS	
Dispositivos	
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE-USE, SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	PA; ST

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

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

Nombre del Medicamento		Requerimientos / Límites
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	PA; ST
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	PA; ST
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST

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

Nombre del Medicamento		Requerimientos / Límites
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST

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

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

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

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

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

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

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

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

Nombre del Medicamento		Requerimientos / Límites
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	PA; ST

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

Nombre del Medicamento		Requerimientos / Límites
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"		PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Droplet Insulin Syr(half <i>unit</i>))	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	PA; ST

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

Nombre del Medicamento		Requerimientos / Límites
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(BD SafetyGlide Syringe)	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST

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

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

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

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

Nombre del Medicamento	Requerimientos / Límites
NOVOFINE 30 NEEDLE	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" (Embrace Pen Needle)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" (CareFine Pen Needle)	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	PA; ST
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" (1st Tier Unifine Pentips)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16" (pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	PA; ST

Nombre del Medicamento		Requerimientos / Límites
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST

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

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

Nombre del Medicamento		Requerimientos / Límites
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT INS 1 ML 31GX1/4 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		PA; ST

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

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

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

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

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

Nombre del Medicamento		Requerimientos / Límites
ULTIGUARD SAFEPAK 1 ML 31G 8MM 1 ML 31 X 5/16"		PA; ST
ULTIGUARD SAFEPAK 29G 12.7MM 29 GAUGE X 1/2"		PA; ST
ULTIGUARD SAFEPAK 31G 5MM 31 GAUGE X 3/16"		PA; ST
ULTIGUARD SAFEPAK 31G 6MM 31 GAUGE X 1/4"		PA; ST
ULTIGUARD SAFEPAK 31G 8MM 31 GAUGE X 5/16"		PA; ST
ULTIGUARD SAFEPAK 32G 4MM 32 GAUGE X 5/32"		PA; ST
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"		PA; ST
ULTIGUARD SAFEPAK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		PA; ST
ULTIGUARD SAFEPAK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST
ULTILET PEN NEEDLE 29 GAUGE		PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	PA; ST

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

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

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

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

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

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

PREPARACIONES DE REEMPLAZO

Preparaciones De Reemplazo

d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	
d5 %-0.45 % sodium chloride intravenous parenteral solution		
klor-con m10 oral tablet, er particles/crystals 10 meq	(potassium chloride)	
klor-con m15 oral tablet, er particles/crystals 15 meq	(potassium chloride)	

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

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

Nombre del Medicamento	Requerimientos / Límites
Inhibidores De Agregación De Plaquetas	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	
cilostazol oral tablet 100 mg, 50 mg	
clopidogrel oral tablet 75 mg (Plavix)	
dipyridamole oral tablet 50 mg, 75 mg	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	QL (30 per 30 days)
Modificadores De Formación De Sangre	
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	PA; NM; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG (eltrombopag olamine)	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG (eltrombopag olamine)	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG (eltrombopag olamine)	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG (eltrombopag olamine)	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (eltrombopag olamine)	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	PA; QL (4 per 28 days)

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

Nombre del Medicamento	Requerimientos / Límites
REEMPLAZO/MODIFICADORES DE ENZIMA	
Reemplazo/Modificadores De Enzima	
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	
<i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	PA BvD; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	PA; NM; LA; NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	
RELAJANTES MUSCULARES ESQUELÉTICOS	
Relajantes Musculares Esqueléticos	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PA-HRM; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg</i>	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	

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

Nombre del Medicamento	Requerimientos / Límites
prena1 true combo pack 30 mg iron- 1.4 mg-300 mg	
prenaissance oral capsule 29-1.25-55-325 mg	
prenaissance plus oral capsule 28-1-50-250 mg	
prenatabs fa tablet 29-1 mg	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg	
prenatal 19 chewable tablet 29 mg iron- 1 mg	
prenatal low iron oral tablet 27 mg iron- 1 mg	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv, calcium 72-iron, carb-folic)
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv, calcium 72-iron-folic acid)
prenatal-u capsule 106.5-1 mg	
preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg	(pnv, calcium 72-iron-folic acid)
pretab oral tablet 29-1 mg	
r-natal ob softgel 20 mg iron- 1 mg-320 mg	
select-ob chewable caplet 29 mg iron- 1 mg	
select-ob chewable caplet 29 mg iron- 1 mg	
se-natal 19 chewable tablet 29 mg iron- 1 mg	
taron-c dha capsule 35-1-200 mg	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	
triveen-duo dha oral combo pack 29-1-400 mg	
virt-c dha softgel (rx) 35-1-200 mg	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	
virt-pn plus oral capsule 28-1-300 mg	
vitafol gummies 3.33 mg iron- 0.33 mg	
vitafol nano tablet 18 mg iron- 1 mg	
vitafol-ob+dha combo pack 65-1-250 mg	

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

Nombre del Medicamento	Requerimientos / Límites
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	
<i>zatean-pn plus softgel 28-1-300 mg</i>	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	

Index of Drugs / Índice de drogas

1

1ST TIER UNIFINE PENTIPS 96, 261
1ST TIER UNIFINE PENTIPS PLUS 96, 261, 262

A

abacavir 67, 256
abacavir-lamivudine 68, 256
ABELCET 57, 254
ABILIFY ASIMTUFII 62, 187
ABILIFY MAINTENA 62, 187
abiraterone 31, 32, 163
abirtega 32, 163
ABOUTTIME PEN NEEDLE 96, 262
ABRYSVO (PF) 147, 223
acamprosate 25, 177
acarbose 52, 179
acebutolol 77, 193
acetaminophen-codeine . 22, 233
acetazolamide 153, 227
acetazolamide sodium .. 153, 227
acetic acid 132, 228
acetylcysteine 157, 204
acitretin 93, 210
ACTEMRA 142, 218
ACTEMRA ACTPEN 142, 218
ACTHAR 140, 216
ACTHAR SELFJECT 140, 216
ACTHIB (PF) 147, 223
ACTIMMUNE 152, 231
acyclovir 72, 93, 210, 261
acyclovir sodium 72, 261
ADACEL(TDAP ADOLESN/ADULT)(PF) 147, 223
adapalene 96, 211
adefovir 72, 261
ADEMPAS 159, 232
adrucil 32, 163
ADVAIR HFA 155, 205
ADVOCATE PEN NEEDLE 97, 262

ADVOCATE SYRINGES 96, 97, 262
afirmelle 85, 241
AIMOVIG AUTOINJECTOR 59, 183
AIRSUPRA 155, 156, 205, 206
AJOVY AUTOINJECTOR 59, 183
AJOVY SYRINGE 59, 184
AKEEGA 32, 163
ala-cort 94, 208
albendazole 61, 185
albuterol sulfate 156, 157, 206
ALCOHOL PADS 97, 262
ALCOHOL PREP PADS 112, 278
ALCOHOL PREP SWABS 97, 262
ALCOHOL SWABS 97, 262
ALCOHOL WIPES 97, 262
ALECENSA 32, 163
alendronate 151, 200
alfuzosin 138, 213
aliskiren 82, 199
allopurinol 58, 183
alosetron 151, 200
alprazolam 25, 178
ALREX 134, 229
altavera (28) 85, 241
ALTRENO 96, 211
ALUNBRIG 32, 163
ALVAIZ 73, 299
alyacen 1/35 (28) 85, 241
alyacen 7/7/7 (28) 85, 241
ALYFTREK 158, 204
alyq 159, 232
amantadine hcl 61, 186
amethyst (28) 85, 241
amikacin 26, 236
amiloride 80, 198
amiloride-hydrochlorothiazide 80, 198
amiodarone 77, 193
amitriptyline 50, 252
amlodipine 79, 196
amlodipine-atorvastatin 80, 81, 196, 197
amlodipine-benazepril 79, 196

amlodipine-olmesartan 79, 196
amlodipine-valsartan 79, 196
amlodipine-valsartan-hcthiiazid 80, 196
ammonium lactate 93, 210
amoxapine 50, 252
amoxicil-clarithromy-lansopraz 135, 211
amoxicillin 29, 238, 239
amoxicillin-pot clavulanate 29, 239
amphotericin b 57, 255
amphotericin b liposome . 57, 255
ampicillin 29, 239
ampicillin sodium 29, 239
ampicillin-sulbactam 30, 239
anagrelide 74, 297
anastrozole 32, 163
ANKTIVA 32, 163
ANORO ELLIPTA 157, 207
aprepitant 60, 184
APRETUDE 68, 256
apri 86, 241
APTOM 46, 248
APTIVUS 68, 257
AQINJECT PEN NEEDLE 97, 262
ARCALYST 142, 218
AREXVY (PF) 147, 223
AREXVY ANTIGEN COMPONENT 147, 223
ARIKAYCE 26, 236
aripiprazole 62, 63, 187
ARISTADA 63, 187
ARISTADA INITIO 63, 187
armodafinil 159, 201
ARNUTY ELLIPTA 156, 205
asenapine maleate 63, 187
aspirin-dipyridamole 74, 299
ASSURE ID DUO PRO SFTY PEN ND 97, 263
ASSURE ID DUO-SHIELD 97, 263
ASSURE ID INSULIN SAFETY 97, 98, 263
ASSURE ID PEN NEEDLE 97, 98, 263

ASSURE ID PRO PEN NEEDLE 98, 263
 ASTAGRAF XL 142, 218
atazanavir 68, 257
atenolol 77, 193
atenolol-chlorthalidone.... 77, 193
atomoxetine 83, 201, 202
atorvastatin 81, 197
atovaquone 61, 185
atovaquone-proguanil 61, 185
atropine 132, 230
 ATROVENT HFA 157, 207
aubra eq..... 86, 241
 AUGTYRO 32, 163
aurovela 1.5/30 (21)..... 86, 241
aurovela 1/20 (21)..... 86, 241
aurovela 24 fe 86, 241
aurovela fe 1.5/30 (28).... 86, 241
aurovela fe 1-20 (28) 86, 242
 AUSTEDO 83, 202
 AUSTEDO XR 83, 202
 AUSTEDO XR TITRATION
 KT(WK1-4)..... 83, 202
 AUTOSHIELD DUO PEN
 NEEDLE 98, 263
 AUVELITY 50, 252
aviane 86, 242
 AVMAPKI 32, 163
 AVMAPKI-FAKZYNJA 32, 163
 AVONEX 83, 202
 AXTLE 32, 163
ayuna 86, 242
 AYYAKIT 32, 163
azacitidine 32, 163
azathioprine 142, 218
azathioprine sodium.... 142, 218
azelastine..... 132, 230, 231
azithromycin..... 28, 238
aztreonam 29, 237
azurette (28) 86, 242

B

bacitracin 132, 228
bacitracin-polymyxin b .. 132, 228
baclofen 159, 300
bal-care dha 160, 301
bal-care dha essential... 160, 301
balsalazide 151, 200
 BALVERSA 32, 163
 BAQSIMI 152, 231
 BCG VACCINE, LIVE (PF)
 147, 223

BD ALCOHOL SWABS ... 99, 264
 BD AUTOSHIELD DUO PEN
 NEEDLE 98, 263
 BD ECLIPSE LUER-LOK 98, 263
 BD INSULIN SYRINGE..... 98,
 263, 264
 BD INSULIN SYRINGE (HALF
 UNIT) 98, 263
 BD INSULIN SYRINGE SLIP TIP
 98, 264
 BD INSULIN SYRINGE U-500....
 99, 264
 BD INSULIN SYRINGE ULTRA-
 FINE..... 98, 263
 BD NANO 2ND GEN PEN
 NEEDLE 99, 264
 BD SAFETYGLIDE INSULIN
 SYRINGE..... 99, 264
 BD SAFETYGLIDE SYRINGE
 99, 264
 BD ULTRA-FINE MICRO PEN
 NEEDLE 99, 264
 BD ULTRA-FINE MINI PEN
 NEEDLE 99, 264
 BD ULTRA-FINE NANO PEN
 NEEDLE 99, 264
 BD ULTRA-FINE ORIG PEN
 NEEDLE 99, 265
 BD ULTRA-FINE SHORT PEN
 NEEDLE 99, 265
 BD VEO INSULIN SYR (HALF
 UNIT) 99, 265
 BD VEO INSULIN SYRINGE UF
 99, 100, 265
 BELSOMRA 159, 201
benazepril 76, 199
benazepril-hydrochlorothiazide
 76, 199
bendamustine 32, 163
 BENDAMUSTINE 32, 164
 BENDEKA 32, 164
 BENLYSTA 142, 218
benztropine 61, 186
 BESREMI 143, 218
betaine 152, 231
betamethasone dipropionate
 94, 208
betamethasone valerate . 94, 208
betamethasone, augmented
 94, 208
 BETASERON 83, 202
betaxolol..... 153, 227
bethanechol chloride 137, 213

bexarotene 32, 33, 164
 BEXSERO 147, 223
bicalutamide 33, 164
 BICILLIN L-A 30, 239
 BIKTARVY 68, 257
bimatoprost 153, 227
bisoprolol fumarate..... 77, 193
bisoprolol-hydrochlorothiazide
 77, 193
 BIZENGRI 33, 164
bleomycin 33, 164
blisovi 24 fe 86, 242
blisovi fe 1.5/30 (28)..... 86, 242
blisovi fe 1/20 (28)..... 86, 242
 BOOSTRIX TDAP 148, 223
 BORDERED GAUZE ... 100, 265
bortezomib 33, 164
 BORUZU 33, 164
bosentan 159, 232
 BOSULIF 33, 164
 BRAFTOVI 33, 164
 BREO ELLIPTA..... 156, 206
breyana 156, 206
 BREZTRI AEROSPHERE
 157, 207
 BRILINTA 74, 299
brimonidine..... 153, 227
brimonidine-timolol 153, 227
brinzolamide..... 153, 227
 BRIVIACT 46, 248
bromfenac 134, 229
bromocriptine 61, 186
 BRONCHITOL..... 158, 204
 BRUKINSA 33, 164
budesonide.... 151, 156, 200, 206
budesonide-formoterol .. 156, 206
bumetanide 80, 198
buprenorphine 22, 234
buprenorphine hcl 25, 177
buprenorphine-naloxone . 25, 177
bupropion hcl..... 50, 252
bupropion hcl (smoking deter).....
 25, 177
buspirone 152, 231
butalbital-acetaminop-caf-cod
 22, 234
butalbital-acetaminophen-caff
 22, 234

C

CABENUVA	68, 257	<i>chlorthalidone</i>	80, 198	<i>clotrimazole-betamethasone</i>	57, 255
<i>cabergoline</i>	61, 186	<i>cholestyramine (with sugar)</i>	81, 197	<i>clozapine</i>	63, 188
CABOMETYX	33, 164	<i>cholestyramine light</i>	81, 197	<i>c-nate dha</i>	160, 301
<i>cabotegravir</i>	68, 257	<i>ciclopirox</i>	57, 255	COARTEM	61, 185
<i>calcipotriene</i>	93, 210	<i>cilostazol</i>	74, 299	COBENFY	63, 188
<i>calcitonin (salmon)</i>	152, 201	CIMDUO	68, 257	COBENFY STARTER PACK	63, 188
<i>calcitriol</i>	152, 201	<i>cimetidine hcl</i>	135, 211	<i>colchicine</i>	58, 183
<i>calcium acetate(phosphat bind)</i>	137, 213	CIMZIA	143, 218	<i>colesevelam</i>	81, 197
CALQUENCE	33, 164	CIMZIA POWDER FOR RECONST	143, 218	<i>colestipol</i>	81, 197
CALQUENCE (ACALABRUTINIB MAL)	33, 164	<i>cinacalcet</i>	152, 201	<i>colistin (colistimethate na)</i>	27, 236
<i>camila</i>	86, 242	CINQAIR	158, 204	COMBIVENT RESPIMAT	157, 207
<i>candesartan</i>	75, 195	<i>ciprofloxacin hcl</i>	30, 132, 228, 240	COMETRIQ	33, 164, 165
<i>candesartan-hydrochlorothiazid</i>	75, 195	<i>ciprofloxacin in 5 % dextrose</i>	30, 240	COMFORT EZ INSULIN SYRINGE ..	101, 102, 266, 267
CAPLYTA	63, 187	<i>ciprofloxacin-dexamethasone</i>	132, 228	COMFORT EZ PEN NEEDLES	101, 102, 266, 267
CAPRELSA	33, 164	<i>citalopram</i>	50, 252	COMFORT EZ PRO SAFETY PEN NDL	102, 267
<i>captopril</i>	76, 199	<i>clarithromycin</i>	28, 238	COMFORT TOUCH PEN NEEDLE	102, 103, 268
<i>carbamazepine</i>	46, 248	CLENPIQ	137, 213	COMPLERA	68, 257
<i>carbidopa-levodopa</i>	62, 186	CLICKFINE PEN NEEDLE	101, 266	<i>comptenate</i>	160, 301
CAREFINE PEN NEEDLE	100, 265	<i>clindamycin hcl</i>	27, 236	<i>compro</i>	60, 184
CARETOUCH ALCOHOL PREP PAD	100, 265	<i>clindamycin phosphate</i>	27, 58, 93, 210, 236	<i>constulose</i>	136, 212
CARETOUCH INSULIN SYRINGE .	100, 101, 265, 266	<i>clindamycin-benzoyl peroxide</i>	94, 210	COPIKTRA	33, 165
CARETOUCH PEN NEEDLE	100, 265	CLINIMIX 6%-D5W (SULFITE-FREE)	74, 192	CORLANOR	79, 195
<i>carglumic acid</i>	136, 212	CLINIMIX 8%-D10W(SULFITE-FREE)	74, 192	CORTROPHIN GEL	140, 216
<i>carteolol</i>	153, 227	CLINIMIX 8%-D14W(SULFITE-FREE)	74, 192	COSENTYX .	143, 152, 219, 231
<i>cartia xt</i>	78, 194	CLINIMIX E 8%-D10W SULFITEFREE	75, 192	COSENTYX (2 SYRINGES)	143, 219
<i>carvedilol</i>	77, 193	CLINIMIX E 8%-D14W SULFITEFREE	75, 192	COSENTYX PEN (2 PENS)	143, 219
CAYSTON	29, 237	<i>clobazam</i>	46, 248, 249	COSENTYX UNOREADY PEN	143, 219
<i>cefaclor</i>	27, 237	<i>clobetasol</i>	94, 95, 208	COTELLIC	33, 165
<i>cefadroxil</i>	27, 28, 237	<i>clobetasol-emollient</i>	95, 208	CREON	131, 300
<i>cefazolin</i>	28, 237	<i>clomipramine</i>	50, 252	<i>cromolyn</i>	132, 136, 158, 204, 212, 231
<i>cefdinir</i>	28, 237	<i>clonazepam</i>	26, 178	<i>cryselle (28)</i>	86, 242
<i>cefepime</i>	28, 237	<i>clonidine</i>	75, 192	CURAD GAUZE PAD ...	103, 268
<i>cefixime</i>	28, 238	<i>clonidine hcl</i>	75, 192	CURITY ALCOHOL SWABS	103, 268
<i>cefoxitin</i>	28, 238	<i>clopidogrel</i>	74, 299	CURITY GAUZE	103, 268
<i>cefpodoxime</i>	28, 238	<i>clorazepate dipotassium</i> .	26, 178	<i>cyclafem 1/35 (28)</i>	86, 242
<i>cefprozil</i>	28, 238	<i>clotrimazole</i>	57, 255	<i>cyclafem 7/7/7 (28)</i>	86, 242
<i>ceftazidime</i>	28, 238			<i>cyclobenzaprine</i>	159, 300
<i>ceftriaxone</i>	28, 238			<i>cyclophosphamide</i>	34, 165
<i>cefuroxime axetil</i>	28, 238			<i>cyclosporine</i> ..	134, 143, 219, 229
<i>cefuroxime sodium</i>	28, 238			<i>cyclosporine modified</i>	143, 219
<i>celecoxib</i>	23, 232				
<i>cephalexin</i>	28, 238				
<i>cevimeline</i>	92, 207				
<i>chateal eq (28)</i>	86, 242				

CYLTEZO(CF) 143, 219
 CYLTEZO(CF) PEN..... 143, 219
 CYLTEZO(CF) PEN CROHN'S-
 UC-HS 143, 219
 CYLTEZO(CF) PEN
 PSORIASIS-UV 143, 219
 cyred eq 86, 242

D

d5 % (d-glucose)-0.9 % sodchlrl
 154, 296
 d5 % and 0.9 % sodium chloride
 154, 296
 d5 %-0.45 % sodium chloride
 154, 296
 dabigatran etexilate 72, 298
 dalfampridine 83, 202
 danazol 138, 214
 dantrolene 159, 300
 DANYELZA 34, 165
 DANZITEN 34, 165
 dapson 60, 256
 DAPTACEL (DTAP PEDIATRIC)
 (PF)..... 148, 223
 daptomycin 27, 236
 darunavir 68, 257
 dasatinib 34, 165
 dasetta 1/35 (28)..... 86, 242
 dasetta 7/7/7 (28)..... 86, 242
 DATROWAY 34, 165
 DAURISMO 34, 165
 debilitane 86, 242
 decitabine 34, 165
 deferasirox 138, 235
 DELSTRIGO 68, 257
 demeclocycline 31, 240
 DENGVAIA (PF) 148, 224
 denta 5000 plus 93, 207
 dentagel 93, 207
 DEPO-SUBQ PROVERA 104
 141, 217
 DERMACEA 103, 268
 DERMACEA NON-WOVEN.....
 103, 268
 dermacinrx lidocan 24, 235
 DESCOVY 68, 257
 desipramine 51, 252, 253
 desmopressin 140, 216
 desog-e.estradiol/e.estradiol.....
 87, 242
 desogestrel-ethinyl estradiol
 87, 242

desvenlafaxine succinate 51, 253
 dexamethasone 139, 215, 216
 dexamethasone sodium
 phosphate . 134, 139, 216, 230
 dextroamphetamine-
 amphetamine 83, 202
 dextrose 5 % in water (d5w)
 75, 192
 DIACOMIT 46, 249
 diazepam 26, 46, 178, 249
 diazepam intensol 26, 178
 diazoxide 152, 231
 diclofenac epolamine 23, 232
 diclofenac potassium 23, 232
 diclofenac sodium 23, 24, 134,
 230, 233
 diclofenac-misoprostol 24, 233
 dicloxacillin 30, 239
 dicyclomine 136, 212
 didanosine 68, 257
 DIFICID 28, 238
 difluprednate 134, 230
 digoxin 79, 195
 dihydroergotamine 59, 184
 diltiazem hcl 78, 194
 dilt-xr 78, 194
 dimethyl fumarate 83, 84, 202
 diphenoxylate-atropine .. 136, 212
 dipyrindamole 74, 299
 disulfiram 25, 177
 divalproex 46, 249
 dofetilide 77, 193
 dolishale 87, 242
 donepezil 50, 178
 dorzolamide 153, 227
 dorzolamide-timolol 154, 227
 DOVATO 68, 257
 doxazosin 75, 193
 doxepin 51, 253
 doxorubicin, peg-liposomal
 34, 165
 doxy-100 31, 240
 doxycycline hyclate 31, 240
 doxycycline monohydrate 31, 241
 DRIZALMA SPRINKLE ... 51, 253
 dronabinol 60, 185
 DROPLET INSULIN SYR(HALF
 UNIT) 103, 104, 268, 269
 DROPLET INSULIN SYRINGE
 103, 104, 269, 270
 DROPLET MICRON PEN
 NEEDLE 104, 270

DROPLET PEN NEEDLE 104,
 105, 270
 DROPSAFE ALCOHOL PREP
 PADS 105, 270
 DROPSAFE INSULIN SYRINGE
 105, 270
 DROPSAFE PEN NEEDLE.....
 105, 271
 droxidopa 75, 193
 DUAVEE 139, 215
 duloxetine 51, 253
 DUPIXENT PEN..... 143, 219
 DUPIXENT SYRINGE... 143, 219
 dutasteride 138, 213

E

EASY COMFORT ALCOHOL
 PAD..... 106, 271
 EASY COMFORT INSULIN
 SYRINGE.. 106, 107, 271, 272
 EASY COMFORT PEN
 NEEDLES . 106, 107, 271, 272
 EASY COMFORT SAFETY PEN
 NEEDLE..... 106, 271
 EASY GLIDE INSULIN
 SYRINGE 107, 272
 EASY GLIDE PEN NEEDLE
 107, 272
 EASY TOUCH..... 108, 273, 274
 EASY TOUCH ALCOHOL PREP
 PADS 107, 273
 EASY TOUCH FLIPLOCK
 INSULIN 108, 273
 EASY TOUCH FLIPLOCK
 SYRINGE 107, 273
 EASY TOUCH INSULIN
 SAFETY SYR..... 107, 272
 EASY TOUCH INSULIN
 SYRINGE 107, 108, 109,
 272, 273, 274
 EASY TOUCH LUER LOCK
 INSULIN 108, 273
 EASY TOUCH PEN NEEDLE
 108, 273
 EASY TOUCH SAFETY PEN
 NEEDLE..... 108, 109, 274
 EASY TOUCH SHEATHLOCK
 INSULIN 107, 108, 273
 EASY TOUCH UNI-SLIP
 109, 274
 ec-naproxen 24, 233
 econazole nitrate 57, 255

EDURANT 68, 257
EDURANT PED 68, 257
efavirenz 68, 257
efavirenz-emtricitabin-tenofov.....
..... 68, 257
efavirenz-lamivu-tenofov disop
..... 68, 257
ELAHERE 34, 165
ELIGARD 34, 165
ELIGARD (3 MONTH) 34, 165
ELIGARD (4 MONTH) 34, 165
ELIGARD (6 MONTH) 34, 165
elimest 87, 242
ELIQUIS..... 72, 298
ELIQUIS DVT-PE TREAT 30D
START 72, 298
ELREXFIO 34, 166
eluryng 87, 242
EMBRACE PEN NEEDLE
..... 109, 274
EMCYT 34, 166
EMGALITY PEN 59, 184
EMGALITY SYRINGE 59, 184
emoquette 87, 242
EMRELIS 34, 166
EMSAM..... 51, 253
emtricitabine 68, 257
emtricitabine-tenofovir (tdf)
..... 69, 257
EMTRIVA 69, 257
emzahn 87, 243
enalapril maleate 76, 199
enalapril-hydrochlorothiazide
..... 76, 199
ENBREL 144, 219
ENBREL MINI 144, 219
ENBREL SURECLICK.. 144, 220
endocet 22, 234
ENERGIX-B (PF) 148, 224
ENERGIX-B PEDIATRIC (PF)
..... 148, 224
enilloring 87, 243
enoxaparin 72, 73, 298
enpresse 87, 243
enskyce 87, 243
entacapone 62, 186
entecavir 72, 261
ENTRESTO 75, 195
ENTRESTO SPRINKLE . 75, 195
enulose 136, 212
EPCLUSA 71, 260
EPIDIOLEX..... 46, 249
epinastine 132, 231

epinephrine 79, 195
epitol 46, 249
EPIVIR HBV 69, 258
EPKINLY 35, 166
eplerenone 82, 199
EPRONTIA..... 47, 249
ERBITUX 35, 166
ergoloid 50, 178
ERIVEDGE 35, 166
ERLEADA 35, 166
erlotinib 35, 166
errin 87, 243
ertapenem 29, 237
erythromycin ... 29, 132, 228, 238
erythromycin ethylsuccinate.....
..... 29, 238
erythromycin with ethanol 94, 210
ERZOFRI 64, 188
escitalopram oxalate 51, 253
eslicarbazepine 47, 249
esomeprazole magnesium
..... 135, 211
estarylla..... 87, 243
estradiol 139, 215
estradiol-norethindrone acet
..... 139, 215
eszopiclone 159, 201
ethambutol 60, 256
ethosuximide 47, 249
ethynodiol diac-eth estradiol
..... 87, 243
etodolac 24, 233
etonogestrel-ethinyl estradiol
..... 87, 243
ETOPOPHOS 35, 166
etoposide 35, 166
etravirine 69, 258
EUCRISA 95, 208
EULEXIN..... 35, 166
everolimus (antineoplastic)
..... 35, 166
everolimus (immunosuppressive)
..... 144, 220
EVOTAZ..... 69, 258
exemestane 35, 166
EXTENCILLINE 30, 239
EYSUVIS 134, 230
ezetimibe..... 81, 197
ezetimibe-simvastatin 81, 197

F

FAKZYNJA..... 35, 166
falmina (28) 87, 243
famciclovir 72, 261
famotidine..... 135, 211
FANAPT 64, 188
FARXIGA 53, 179
FASENRA 158, 204
FASENRA PEN..... 158, 204
febuxostat..... 58, 183
feirza 87, 243
felbamate 47, 249
felodipine 80, 196
femynor 87, 243
fenofibrate 81, 197
fenofibrate micronized..... 81, 197
fenofibrate nanocrystallized
..... 81, 197
fentanyl..... 22, 234
fentanyl citrate..... 22, 234
fesoterodine 137, 214
FETZIMA..... 51, 253
FIASP FLEXTOUCH U-100
INSULIN 54, 181
FIASP PENFILL U-100 INSULIN
..... 55, 181
FIASP U-100 INSULIN 55, 181
finasteride..... 138, 213
fingolimod 84, 202
FINTEPLA 47, 249
FIRMAGON KIT W DILUENT
SYRINGE 35, 166
flavoxate 137, 214
flecainide 77, 193
floxuridine 35, 166
fluconazole 57, 255
fluconazole in nacl (iso-osm).....
..... 57, 255
flucytosine 57, 255
fludrocortisone..... 140, 216
flunisolide 134, 230
fluocinolone 95, 208, 209
fluocinolone acetonide oil
..... 134, 230
fluocinonide 95, 209
fluoride (sodium) 93, 208
fluorometholone 134, 230
fluorouracil..... 35, 93, 166, 210
fluoxetine 51, 253
fluphenazine decanoate .. 64, 188
fluphenazine hcl 64, 188
flurbiprofen 24, 233

flurbiprofen sodium 134, 230
flutamide 35, 166
fluticasone propionate.... 95, 134,
 156, 206, 209, 230
fluticasone propion-salmeterol
 156, 206
fluvastatin..... 81, 197
fluvoxamine..... 51, 253
folivane-ob 160, 301
fondaparinux 73, 298
fosamprenavir 69, 258
fosinopril 76, 199
fosinopril-hydrochlorothiazide
 76, 199
fosphenytoin 47, 249
 FOTIVDA 35, 167
 FREESTYLE PRECISION
 110, 275
 FRUZAQLA..... 35, 167
fulvestrant 36, 167
furosemide 80, 198
 FUZEON 69, 258
 FYARRO..... 36, 167
 FYCOMPA 47, 249

G

gabapentin 47, 249
galantamine 50, 179
gallifrey 141, 217
 GAMUNEX-C 144, 220
 GARDASIL 9 (PF)..... 148, 224
 GAUZE PAD 110, 275
gavilyte-c..... 137, 213
gavilyte-g 137, 213
gavilyte-n 137, 213
 GAVRETO 36, 167
gefitinib 36, 167
gemfibrozil 81, 197
generlac 136, 212
gengraf..... 144, 220
gentak 132, 228
gentamicin 26, 94, 133,
 210, 228, 236
gentamicin sulfate (ped) (pf)
 26, 236
gentamicin sulfate (pf) 26, 236
 GENVOYA 69, 258
 GILOTRIF 36, 167
glatiramer..... 84, 202, 203
glatopa 84, 203
 GLEOSTINE 36, 167
glimepiride 56, 183

glipizide 56, 183
glipizide-metformin 56, 183
glutamine (sickle cell).... 152, 231
glyburide 56, 183
glyburide micronized 56, 183
glyburide-metformin 57, 183
glycopyrrolate..... 136, 212
glydo 24, 235
 GLYXAMBI..... 53, 179
 GOMEKLI..... 36, 167
griseofulvin microsize..... 57, 255
*griseofulvin ultramicrosize*57, 255
guanfacine 75, 84, 193, 203
 GVOKE 153, 231
 GVOKE HYPOPEN 2-PACK.....
 152, 231
 GVOKE PFS 1-PACK SYRINGE
 152, 231
 GVOKE PFS 2-PACK SYRINGE
 153, 231

H

HAEGARDA 73, 299
hailey 24 fe..... 87, 243
hailey fe 1.5/30 (28) 87, 243
hailey fe 1/20 (28) 87, 243
halobetasol propionate.... 95, 209
haloette 87, 243
haloperidol 64, 189
haloperidol decanoate..... 64,
 188, 189
haloperidol lactate 64, 189
 HARVONI..... 71, 72, 260
 HAVRIX (PF)..... 148, 224
 HEALTHWISE INSULIN
 SYRINGE..... 110, 275
 HEALTHWISE PEN NEEDLE
 110, 275, 276
 HEALTHY ACCENTS UNIFINE
 PENTIP 110, 111, 276
heather 88, 243
heparin (porcine) 73, 298
 HEPLISAV-B (PF)..... 148, 224
 HERCEPTIN HYLECTA.. 36, 167
 HERZUMA 36, 167
 HIBERIX (PF)..... 148, 224
 HUMIRA..... 144, 220
 HUMIRA PEN 144, 220
 HUMIRA PEN CROHNS-UC-HS
 START 144, 220
 HUMIRA PEN PSOR-UEITS-
 ADOL HS 144, 220

HUMIRA(CF)..... 144, 220
 HUMIRA(CF) PEDI CROHNS
 STARTER 144, 220
 HUMIRA(CF) PEN 144, 220
 HUMIRA(CF) PEN CROHNS-
 UC-HS..... 144, 220
 HUMIRA(CF) PEN PEDIATRIC
 UC 144, 220
 HUMIRA(CF) PEN PSOR-UV-
 ADOL HS 144, 220
 HUMULIN R U-500 (CONC)
 INSULIN..... 55, 181
 HUMULIN R U-500 (CONC)
 KWIKPEN 55, 181
hydralazine 79, 195
hydrochlorothiazide 80, 198
hydrocodone-acetaminophen.....
 22, 234
hydrocortisone..... 95, 140, 151,
 200, 209, 216
hydrocortisone valerate... 95, 209
hydrocortisone-acetic acid
 133, 228
hydromorphone 22, 234
hydroxychloroquine 61, 185
hydroxyurea 36, 167
hydroxyzine hcl 58, 256
hydroxyzine pamoate 153, 231

I

ibandronate 152, 201
 IBRANCE 36, 167
ibu 24, 233
ibuprofen 24, 233
icatibant..... 79, 195
iclevia 88, 243
 ICLUSIG..... 36, 167
icosapent ethyl 81, 197
 IDHIFA 36, 167
ifosfamide 36, 167
 ILEVRO 134, 230
imatinib 36, 167
 IMBRUVICA 36, 37, 168
 IMDELLTRA 37, 168
imipenem-cilastatin 29, 237
imipramine hcl..... 51, 253
imiquimod 93, 210
 IMJUDO 37, 168
 IMKELDI 37, 168
 IMOVAX RABIES VACCINE (PF)
 148, 224
 IMPAVIDO..... 61, 185

incassia 88, 243
 INCONTROL ALCOHOL PADS
 111, 276
 INCONTROL PEN NEEDLE
 111, 276
 INCRELEX 140, 216
indapamide 80, 198
indomethacin 24, 233
 INFANRIX (DTAP) (PF) 148, 224
infliximab 145, 220
 INGREZZA 84, 203
 INGREZZA INITIATION
 PK(TARDIV) 84, 203
 INGREZZA SPRINKLE ... 84, 203
 INLYTA 37, 168
 INPEN (FOR HUMALOG) BLUE
 111, 276
 INPEN (NOVOLOG OR FIASP)
 BLUE 111, 276
 INQOVI 37, 168
 INREBIC 37, 168
insulin asp prt-insulin aspart
 55, 181
insulin aspart u-100 55, 181
 INSULIN SYR/NDL U100 HALF
 MARK 111, 276
 INSULIN SYRINGE 99, 264
 INSULIN SYRINGE MICROFINE
 98, 264
 INSULIN SYRINGE
 NEEDLELESS 99, 264
 INSULIN SYRINGE-NEEDLE U-
 100... 109, 111, 112, 118, 121,
 124, 125, 274, 275, 276,
 277, 283, 287, 289, 290
 INSUPEN PEN NEEDLE 112,
 277, 278
 INTELENCE 69, 258
 INTRON A 72, 261
 INVEGA HAFYERA 64, 189
 INVEGA SUSTENNA 64, 65, 189
 INVEGA TRINZA 65, 189
 INVELTYS 134, 230
 IPOL 148, 224
ipratropium bromide 132, 157,
 207, 231
ipratropium-albuterol 157, 207
irbesartan 75, 195
irbesartan-hydrochlorothiazide ...
 75, 195
 ISENTRESS 69, 258
 ISENTRESS HD 69, 258
isibloom 88, 243

isoniazid 60, 256
 ISOPROPYL ALCOHOL . 93, 210
isosorbide dinitrate 82, 200
isosorbide mononitrate 82, 200
 ITOVEBI 37, 168
itraconazole 57, 255
 IV PREP WIPES 112, 278
ivabradine 79, 195
ivermectin 61, 185
 IWILFIN 37, 168
 IXCHIQ (PF) 148, 224
 IXIARO (PF) 148, 224

J

JAKAFI 37, 168
jantoven 73, 298
 JANUMET 53, 179
 JANUMET XR 53, 179
 JANUVIA 53, 179
 JARDIANCE 53, 179
javygtor 131, 300
 JAYPIRCA 37, 168
 JEMPERLI 37, 168
jencycla 88, 243
 JENTADUETO 53, 179
 JENTADUETO XR 53, 179
jolessa 88, 243
juleber 88, 244
 JULUCA 69, 258
junel 1.5/30 (21) 88, 244
junel 1/20 (21) 88, 244
junel fe 1.5/30 (28) 88, 244
junel fe 1/20 (28) 88, 244
junel fe 24 88, 244
 JYLAMVO 37, 168
 JYNNEOS (PF) 148, 224

K

KALYDECO 158, 205
kariva (28) 88, 244
kelnor 1/35 (28) 88, 244
kelnor 1/50 (28) 88, 244
 KERENDIA 82, 199
 KESIMPTA PEN 84, 203
ketoconazole 57, 255
ketorolac 24, 134, 230, 233
 KEYTRUDA 37, 168
 KIMMTRAK 37, 168
 KINERET 145, 220
 KINRIX (PF) 149, 224
kionex (with sorbitol) 136, 212
 KISQALI 38, 169

KISQALI FEMARA CO-PACK
 37, 168, 169
 KLISYRI (250 MG) 93, 210
klor-con m10 154, 296
klor-con m15 154, 296
klor-con m20 154, 297
 KLOXXADO 25, 177
 KOSELUGO 38, 169
kosher prenatal plus iron
 160, 301
 KRAZATI 38, 169
kurvelo (28) 88, 244
 KYLEENA 88, 244
 KYNMOBI 62, 186

L

labetalol 77, 193
lacosamide 47, 250
lactulose 136, 212
lamivudine 69, 258
lamivudine-zidovudine 69, 258
lamotrigine 47, 250
lanreotide 140, 217
lansoprazole 135, 211
 LANTUS SOLOSTAR U-100
 INSULIN 55, 181
 LANTUS U-100 INSULIN 55, 182
lapatinib 38, 169
larin 1.5/30 (21) 88, 244
larin 1/20 (21) 88, 244
larin 24 fe 88, 244
larin fe 1.5/30 (28) 88, 244
larin fe 1/20 (28) 89, 244
larissia 89, 244
latanoprost 154, 227
 LAZCLUZE 38, 169
leflunomide 145, 220
lenalidomide 38, 169
 LENTOCILIN S 30, 239
 LENVIMA 38, 169
lessina 89, 244
letrozole 38, 169
leucovorin calcium 153, 231
 LEUKERAN 38, 169
leuprolide 38, 169
leuprolide (3 month) 38, 169
levetiracetam 47, 250
levobunolol 154, 227
levocetirizine 58, 256
levofloxacin 30, 240
levofloxacin in d5w 30, 240
levonest (28) 89, 244

levonorgest-eth.estradiol-iron 89, 244
levonorgestrel-ethinyl estrad. 89, 244, 245
levonorg-eth estrad triphasic 89, 245
levora-28..... 89, 245
levothyroxine..... 142, 214
 LEXIVA 69, 258
 LIBERVANT 48, 250
lidocaine..... 24, 235
lidocaine hcl..... 24, 235
lidocaine viscous..... 24, 235
lidocaine-prilocaine 24, 235
lidocan iii..... 25, 235
 LILETTA..... 89, 245
lillow (28)..... 89, 245
linezolid..... 27, 237
linezolid in dextrose 5%.. 27, 236
 LINZESS 136, 212
liothyronine 142, 214
 LISCO 112, 278
lisinopril..... 76, 199
lisinopril-hydrochlorothiazide 76, 199
 LITE TOUCH INSULIN PEN
 NEEDLES 112, 113, 278
 LITE TOUCH INSULIN
 SYRINGE 112, 113, 278
lithium carbonate 84, 203
lithium citrate..... 84, 203
 LIVTENCITY 71, 260
 LOKELMA..... 136, 212
 LONSURF..... 38, 169
loperamide 136, 212
lopinavir-ritonavir 69, 258
 LOQTORZI 38, 169
lorazepam 26, 178
lorazepam intensol..... 26, 178
 LORBRENA 38, 170
losartan 75, 195
losartan-hydrochlorothiazide..... 75, 195
 LOTEMAX..... 134, 230
 LOTEMAX SM 134, 230
loteprednol etabonate ... 135, 230
lovastatin..... 81, 197
low-ogestrel (28) 89, 245
loxapine succinate 65, 189
lubiprostone 136, 212
 LUMAKRAS 38, 39, 170
 LUMIGAN 154, 227
 LUNSUMIO 39, 170

LUPRON DEPOT 39, 141, 170, 217
 LUPRON DEPOT (3 MONTH).... 39, 141, 170, 217
 LUPRON DEPOT (4 MONTH).... 39, 170
 LUPRON DEPOT (6 MONTH).... 39, 170
 LUPRON DEPOT-PED . 141, 217
 LUPRON DEPOT-PED
 (3 MONTH) 141, 217
lurasidone 65, 189
lutera (28)..... 89, 245
 LUTRATE DEPOT (3 MONTH)
 141, 217
 LYBALVI 65, 189
lyleq..... 89, 245
 LYNPARZA 39, 170
 LYSODREN 39, 170
 LYTGobi 39, 170
lyza..... 89, 245

M

MAGELLAN INSULIN SAFETY
 SYRNG 113, 279
 MAGELLAN SYRINGE . 113, 278
magnesium sulfate 154, 297
malathion 96, 211
maraviroc 69, 258
 MARGENZA..... 39, 170
marlissa (28) 89, 245
marnatal-f..... 160, 301
 MARPLAN..... 51, 253
 MATULANE 39, 170
 MAVENCLAD (10 TABLET
 PACK)..... 84, 203
 MAVENCLAD (4 TABLET PACK)
 84, 203
 MAVENCLAD (5 TABLET PACK)
 84, 203
 MAVENCLAD (6 TABLET PACK)
 84, 203
 MAVENCLAD (7 TABLET PACK)
 84, 203
 MAVENCLAD (8 TABLET PACK)
 84, 203
 MAVENCLAD (9 TABLET PACK)
 84, 203
 MAXICOMFORT II PEN
 NEEDLE 113, 279
 MAXI-COMFORT INSULIN
 SYRINGE..... 114, 279

MAXICOMFORT INSULIN
 SYRINGE 114
 MAXICOMFORT INSULIN
 SYRINGE 114
 MAXICOMFORT INSULIN
 SYRINGE 279
 MAXICOMFORT INSULIN
 SYRINGE 279
 MAXICOMFORT SAFETY PEN
 NEEDLE..... 114, 279
 MAYZENT 84, 203
 MAYZENT STARTER(FOR 1MG
 MAINT)..... 85, 203
 MAYZENT STARTER(FOR 2MG
 MAINT)..... 85, 203
meclizine 60, 185
medroxyprogesterone 141, 142, 218
mefloquine..... 61, 185
megestrol 39, 142, 170, 218
 MEKINIST 39, 170
 MEKTOVI 39, 170
meloxicam 24, 233
memantine 50, 179
 MENACTRA (PF) 149, 224
 MENQUADFI (PF)..... 149, 224
 MENVEO A-C-Y-W-135-DIP (PF)
 149, 224
mercaptopurine 39, 170
meropenem 29, 237
mesalamine..... 151, 200
mesna 153, 232
metformin 53, 179, 180
methadone 22, 23, 234
methazolamide 154, 227
methenamine hippurate .. 27, 237
methimazole..... 142, 214
methocarbamol 159, 300
methotrexate sodium..... 39, 171
methotrexate sodium (pf) 39, 170, 171
methoxsalen..... 93, 210
methsuximide 48, 250
methylphenidate hcl 85, 204
methylprednisolone 140, 216
methylprednisolone acetate 140, 216
metoclopramide hcl 136, 212
metolazone..... 80, 198
metoprolol succinate 77, 193
metoprolol tartrate ... 78, 193, 194
metronidazole..... 27, 58, 94, 210, 236, 237

metronidazole in nacl (iso-os) 27, 237
 metyrosine 79, 195
 micafungin 57, 255
 miconazole-3 58, 255
 MICRODOT INSULIN PEN
 NEEDLE 114, 279
 MICRODOT READYGARD PEN
 NEEDLE 114, 279
 microgestin 1.5/30 (21) ... 89, 245
 microgestin 1/20 (21) 89, 245
 microgestin 24 fe 89, 245
 microgestin fe 1.5/30 (28) 90, 245
 microgestin fe 1/20 (28) .. 90, 245
 midodrine 75, 193
 MIEBO (PF) 132, 231
 mifepristone 53, 180
 mili 90, 245
 mimvey 139, 215
 MINI ULTRA-THIN II 114, 280
 minitran 82, 200
 minocycline 31, 241
 minoxidil 82, 200
 MIPLYFFA 131, 261
 MIRENA 90, 245
 mirtazapine 51, 253
 misoprostol 135, 211
 mitoxantrone 39, 171
 M-M-R II (PF) 149, 225
 m-natal plus 160, 301
 modafinil 159, 201
 moexipril 76, 199
 molindone 65, 189
 mometasone ... 95, 135, 209, 230
 MONOJECT INSULIN SAFETY
 SYRING 115, 280
 MONOJECT INSULIN SYRINGE
 114, 115, 280
 MONOJECT SYRINGE 114, 280
 MONOJECT ULTRA COMFORT
 INSULIN 126, 291
 mono-lyyah 90, 245
 montelukast 156, 206
 morphine 23, 234, 235
 MORPHINE 23, 234
 morphine concentrate 23, 234
 MOUNJARO 53, 180
 MOVANTIK 136, 212
 moxifloxacin ... 30, 133, 228, 240
 moxifloxacin-sod.ace,sul-water
 30, 240

moxifloxacin-sod.chloride(iso)..... 30, 240
 MRESVIA (PF) 149, 225
 MULTAQ 77, 193
 mupirocin 94, 210
 MVASI 40, 171
 mycophenolate mofetil 145, 220, 221
 mycophenolate mofetil (hcl) 145, 220
 mycophenolate sodium . 145, 221
 mynatal 160, 301
 mynatal advance 160, 301
 mynatal plus 160, 301
 mynatal-z 160, 301
 mynate 90 plus 160, 301
 MYRBETRIQ 137, 214

N

nabumetone 24, 233
 nafcillin 30, 239
 naloxone 25, 177
 naltrexone 25, 177
 NANO 2ND GEN PEN NEEDLE
 115, 280
 naproxen 24, 233
 naratriptan 59, 184
 NATACYN 133, 228
 nateglinide 53, 180
 NATPARA 152, 201
 NAYZILAM 48, 250
 nebivolol 78, 194
 nefazodone 51, 253
 neomycin 26, 236
 neomycin-bacitracin-poly-hc 133, 228
 neomycin-bacitracin-polymyxin
 133, 228
 neomycin-polymyxin b-dexameth
 133, 228
 neomycin-polymyxin-gramicidin
 133, 229
 neomycin-polymyxin-hc 133, 229
 neo-polycin 133, 229
 neo-polycin hc 133, 229
 NERLYNX 40, 171
 neuac 94, 210
 NEULASTA ONPRO 73, 299
 nevirapine 69, 258
 newgen 160, 301
 NEXLETOL 81, 197
 NEXLIZET 81, 197

NEXPLANON 90, 245
 niacin 81, 197
 niacor 81, 197
 NICOTROL NS 25, 177
 nifedipine 80, 196
 NIKTIMVO 145, 221
 nilutamide 40, 171
 NINLARO 40, 171
 nitazoxanide 61, 185
 nitisinone 131, 300
 nitrofurantoin macrocrystal 27, 237
 nitrofurantoin monohyd/m-cryst
 27, 237
 nitroglycerin 82, 153, 200, 232
 niva-plus 160, 301
 NIVESTYM 73, 299
 NORDITROPIN FLEXPEN 141, 217
 norelgestromin-ethin.estradiol 90, 246
 norethindrone (contraceptive) 90, 246
 norethindrone acetate ... 142, 218
 norethindrone-e.estradiol-iron 90, 246
 norgestimate-ethinyl estradiol 90, 246
 norlyda 90, 246
 nortrel 1/35 (21) 90, 246
 nortrel 1/35 (28) 90, 246
 nortrel 7/7/7 (28) 90, 246
 nortriptyline 52, 254
 NORVIR 69, 70, 258
 NOVOFINE 30 115, 281
 NOVOFINE 32 115, 281
 NOVOFINE PLUS 115, 281
 NOVOLIN 70/30 U-100 INSULIN
 55, 182
 NOVOLIN 70-30 FLEXPEN U-
 100 55, 182
 NOVOLIN N FLEXPEN ... 55, 182
 NOVOLIN N NPH U-100
 INSULIN 55, 182
 NOVOLIN R FLEXPEN ... 55, 182
 NOVOLIN R REGULAR U100
 INSULIN 55, 182
 NOVOTWIST 115, 281
 NUBEQA 40, 171
 NUCALA 158, 205
 NULOJIX 145, 221
 NUPLAZID 65, 189, 190
 NURTEC ODT 59, 184

nyamyc 58, 255
 nylia 1/35 (28) 90, 246
 nylia 7/7/7 (28) 90, 246
 nymyo 90, 246
 nystatin 58, 255, 256
 nystatin-triamcinolone 58, 256
 nystop 58, 256
 NYVEPRIA 74, 299

O

obstetrix dha 160, 301
 obstetrix dha prenatal duo
 160, 301
 o-cal prenatal 160, 301
 OCREVUS 85, 204
 OCREVUS ZUNOVO 85, 204
 octreotide acetate 141, 217
 ODEFSEY 70, 258
 ODOMZO 40, 171
 OFEV 158, 205
 ofloxacin 133, 229
 OGIVRI 40, 171
 OGSIVEO 40, 171
 OJEMDA 40, 171
 OJJAARA 40, 171
 olanzapine 65, 190
 olmesartan 76, 195
 olmesartan-amlodipin-hcthiiazid
 76, 196
 olmesartan-hydrochlorothiazide
 76, 196
 olopatadine 132, 231
 omega-3 acid ethyl esters 81, 197
 omeprazole 135, 211
 OMNIPOD 5 (G6/LIBRE 2 PLUS)
 115, 281
 OMNIPOD 5 G6-G7 INTRO
 KT(GEN5) 115, 281
 OMNIPOD 5 G6-G7 PODS
 (GEN 5) 116, 281
 OMNIPOD 5
 INTRO(G6/LIBRE2PLUS)
 116, 281
 OMNIPOD CLASSIC PDM
 KIT(GEN 3) 116, 281
 OMNIPOD CLASSIC PODS
 (GEN 3) 116, 281
 OMNIPOD DASH INTRO KIT
 (GEN 4) 116, 281
 OMNIPOD DASH PDM KIT
 (GEN 4) 116, 281

OMNIPOD DASH PODS
 (GEN 4) 116, 281
 ONAPGO 62, 186
 ondansetron 60, 185
 ondansetron hcl 60, 185
 ONTRUZANT 40, 171
 ONUREG 40, 171
 OPDIVO 40, 171
 OPDIVO QVANTIG 40, 171
 OPDUALAG 40, 171
 OPIPZA 65, 190
 OPSUMIT 159, 232
 ORENCIA 145, 221
 ORENCIA (WITH MALTOSE)
 145, 221
 ORENCIA CLICKJECT 145, 221
 ORFADIN 131, 300
 ORGOVYX 141, 217
 ORILISSA 141, 217
 ORKAMBI 158, 205
 ORSERDU 40, 171, 172
 oseltamivir 71, 260
 OTEZLA 145, 221
 OTEZLA STARTER 145, 221
 oxandrolone 138, 214
 oxcarbazepine 48, 250
 oxybutynin chloride 137, 214
 oxycodone 23, 235
 oxycodone-acetaminophen
 23, 235
 OZEMPIC 53, 180

P

pacerone 77, 193
 paclitaxel protein-bound .. 40, 172
 paliperidone 65, 190
 PANRETIN 93, 210
 pantoprazole 135, 211
 paricalcitol 152, 201
 paromomycin 61, 185
 paroxetine hcl 52, 254
 PAXLOVID 71, 260
 pazopanib 40, 172
 PEDIARIX (PF) 149, 225
 PEDVAX HIB (PF) 149, 225
 peg 3350-electrolytes 137, 213
 PEGASYS 72, 261
 peg-electrolyte soln 137, 213
 PEMAZYRE 40, 172
 pemetrexed 41, 172
 pemetrexed disodium 41, 172
 PEMRYDI RTU 41, 172

PEN NEEDLE 109, 116, 118,
 275, 281, 283
 PEN NEEDLE, DIABETIC 102,
 114, 116, 118,
 267, 279, 281, 283
 PEN NEEDLE, DIABETIC,
 SAFETY 118, 284
 PENBRAYA (PF) 149, 225
 PENBRAYA MENACWY
 COMPONENT(PF) 149, 225
 PENBRAYA MENB
 COMPONENT (PF) ... 149, 225
 penicillamine 138, 235
 penicillin g potassium 30, 239
 penicillin g procaine 30, 239
 penicillin v potassium 30,
 239, 240
 PENTACEL (PF) 149, 225
 pentamidine 61, 185, 186
 PENTIPS PEN NEEDLE 116,
 281, 282
 pentoxifylline 74, 299
 perindopril erbumine 76, 199
 periogard 93, 208
 permethrin 96, 211
 perphenazine 66, 190
 perphenazine-amitriptyline
 52, 254
 PERSERIS 66, 190
 phenelzine 52, 254
 phenobarbital 48, 250
 PHENYTEK 48, 250
 phenytoin 48, 250
 phenytoin sodium 48, 250, 251
 phenytoin sodium extended
 48, 250
 PIFELTRO 70, 258
 pilocarpine hcl . 93, 154, 208, 227
 pimecrolimus 95, 209
 pimozone 66, 190
 pimtree (28) 91, 246
 pioglitazone 54, 180
 pioglitazone-metformin 54, 180
 PIP PEN NEEDLE. 116, 117, 282
 piperacillin-tazobactam ... 30, 240
 PIQRAY 41, 172
 pirfenidone 158, 205
 pirmella 91, 246
 pitavastatin calcium 82, 197
 PLEGRIDY 85, 204
 pnv 29-1 160, 301
 pnv-dha + docusate 160, 301
 pnv-omega 160, 301

podofilox 93, 210
polycin..... 133, 229
polymyxin b sulf-trimethoprim
..... 133, 229
POMALYST 41, 172
portia 28..... 91, 246
posaconazole..... 58, 256
potassium chloride..... 155, 297
potassium citrate..... 155, 297
pr natal 400..... 161, 301
pr natal 400 ec..... 161, 301
pr natal 430..... 161, 301
pr natal 430 ec..... 161, 301
pramipexole 62, 186
prasugrel hcl 74, 299
pravastatin 82, 197
praziquantel 61, 186
prazosin 75, 193
prednisolone 140, 216
prednisolone acetate 135, 230
prednisolone sodium phosphate
..... 140, 216
prednisone 140, 216
pregabalin 48, 251
PREHEVBRIO (PF) 149, 225
PREMARIN..... 139, 215
PREMPHASE 139, 215
PREMPRO..... 139, 215
prena1 true 161, 302
prenaissance 161, 302
prenaissance plus..... 161, 302
prenatabs fa 161, 302
prenatal 19..... 161, 302
prenatal 19 (with docusate)
..... 161, 302
prenatal low iron 161, 302
prenatal plus 161, 302
prenatal plus (calcium carb).....
..... 160, 301
prenatal vitamin plus low iron
..... 161, 302
prenatal-u..... 161, 302
preplus..... 161, 302
pretab..... 161, 302
prevalite 82, 198
PREVENT DROPSAFE PEN
NEEDLE 117, 282
previfem 91, 246
PREVYMIS 71, 260
PREZCOBIX 70, 258
PREZISTA 70, 259
PRIFTIN 60, 256
PRIMAQUINE 61, 186

primidone 48, 251
PRIORIX (PF) 149, 225
PRO COMFORT ALCOHOL
PADS 117, 282
PRO COMFORT INSULIN
SYRINGE..... 117, 282
PRO COMFORT PEN NEEDLE
..... 117, 282
probenecid 58, 183
probenecid-colchicine 58, 183
PROCALAMINE 3%..... 75, 192
prochlorperazine 60, 185
prochlorperazine edisylate
..... 60, 66, 185, 190
prochlorperazine maleate 60, 185
procto-med hc..... 95, 209
proctosol hc..... 95, 209
proctozone-hc 95, 209
PRODIGY INSULIN SYRINGE
..... 117, 282
progesterone micronized
..... 142, 218
PROGRAF 145, 221
PROLIA..... 152, 201
PROMACTA..... 74, 299
promethazine 60, 185
promethegan..... 60, 185
propafenone 77, 193
propranolol 78, 194
propylthiouracil..... 142, 214
PROQUAD (PF) 149, 225
protriptyline 52, 254
PULMOZYME 131, 300
PURE COMFORT ALCOHOL
PADS 117, 283
PURE COMFORT PEN NEEDLE
..... 117, 118, 283
PURE COMFORT SAFETY PEN
NEEDLE 117, 283
pyrazinamide..... 60, 256
pyridostigmine bromide . 153, 232
pyrimethamine 61, 186

Q

QINLOCK..... 41, 172
QUADRACEL (PF)..... 149, 225
quetiapine 66, 190
quinapril 76, 199
quinapril-hydrochlorothiazide
..... 77, 199
quinidine sulfate 77, 193
quinine sulfate 61, 186

QULIPTA..... 59, 184

R

RABAVERT (PF)..... 150, 225
rabeprazole 135, 211
RALDESY 52, 254
raloxifene..... 139, 215
ramipril 77, 199
ranolazine..... 79, 195
rasagiline 62, 186
RASUVO (PF) 145, 221
RAYALDEE 152, 201
reclipsen (28) 91, 246
RECOMBIVAX HB (PF) 150, 225
RELENZA DISKHALER .. 71, 260
repaglinide..... 54, 180
REPATHA PUSHTRONEX
..... 82, 198
REPATHA SURECLICK.. 82, 198
REPATHA SYRINGE 82, 198
RETACRIT 74, 299
RETEVMO 41, 172
RETROVIR..... 70, 259
REVUFORJ..... 41, 172
REXULTI 66, 190
REYATAZ..... 70, 259
REZLIDHIA 41, 172
REZUROCK 145, 221
RHOPRESSA..... 154, 227
RIABNI 41, 173
ribavirin..... 72, 261
rifabutin 60, 256
rifampin 60, 256
rilpivirine 70, 259
riluzole..... 85, 204
RINVOQ 145, 221
RINVOQ LQ 145, 221
risperidone 66, 190, 191
risperidone microspheres.....
..... 66, 190
ritonavir 70, 259
RITUXAN HYCELA 41, 173
rivastigmine 50, 179
rivastigmine tartrate..... 50, 179
rizatriptan 59, 184
r-natal ob 161, 302
ROCKLATAN 154, 227
roflumilast..... 158, 205
ROMVIMZA..... 41, 173
ropinirole 62, 186
rosadan 94, 210
rosuvastatin..... 82, 198

ROTARIX..... 150, 226
 ROTATEQ VACCINE ... 150, 226
 ROZLYTREK 42, 173
 RUBRACA 42, 173
rufinamide 48, 251
 RUKOBIA..... 70, 259
 RUXIENCE 42, 173
 RYBELSUS..... 54, 180
 RYBREVANT 42, 173
 RYDAPT 42, 173
 RYKINDO 66, 191
 RYTELO 42, 173

S

SAFESNAP INSULIN SYRINGE
 118, 283, 284
 SAFETY PEN NEEDLE 118, 284
 SANTYL..... 93, 210
sapropterin 131, 300
 SAVELLA..... 85, 204
 SCEMBLIX..... 42, 173
scopolamine base 61, 185
 SECUADO 66, 191
 SECURESAFE INSULIN
 SYRINGE 119, 284
 SECURESAFE PEN NEEDLE
 118, 284
 SELARSDI 146, 221
select-ob 161, 302
select-ob (folic acid) 161, 302
selegiline hcl 62, 186
selenium sulfide 94, 211
 SELZENTRY..... 70, 259
 SEMGLEE(INSULIN
 GLARGINE-YFGN)..... 56, 182
 SEMGLEE(INSULIN GLARG-
 YFGN)PEN 56, 182
se-natal 19 chewable ... 161, 302
 SEREVENT DISKUS ... 157, 207
 SEROSTIM 141, 217
sertraline 52, 254
setlakin..... 91, 246
sevelamer carbonate ... 137, 213
sevelamer hcl..... 137, 213
 SEZABY..... 48, 251
sf 5000 plus 93, 208
sharobel 91, 247
 SHINGRIX (PF) 150, 226
 SIGNIFOR 141, 217
sildenafil (pulm.hypertension)
 159, 232
silver sulfadiazine 94, 211

SIMBRINZA 154, 227
simliya (28)..... 91, 247
simvastatin 82, 198
sirolimus..... 146, 221
 SIRTURO..... 60, 256
 SKY SAFETY PEN NEEDLE
 119, 284
 SKYLA 91, 247
 SKYRIZI 146, 222
sodium chloride 0.45 %. 155, 297
sodium chloride 0.9 %... 155, 297
sodium fluoride-pot nitrate
 93, 208
sodium oxybate..... 159, 201
sodium polystyrene sulfonate
 136, 212
sodium,potassium,mag sulfates
 137, 213
solifenacin 138, 214
 SOLIQUA 100/33 56, 182
 SOLTAMOX 42, 173
 SOMATULINE DEPOT . 141, 217
 SOMAVERT 141, 217
sorafenib 42, 173
sorine 78, 194
sotalol..... 78, 194
sotalol af..... 78, 194
 SPIRIVA RESPIMAT ... 157, 207
spironolactone..... 80, 198
spironolacton-hydrochlorothiaz
 80, 198
 SPRAVATO 52, 254
sprintec (28) 91, 247
 SPRITAM 48, 251
sps (with sorbitol) 136, 212
sronyx 91, 247
ssd 94, 211
stavudine..... 70, 259
 STELARA..... 146, 222
 STERILE PADS 119, 284
 STIOLTO RESPIMAT ... 157, 207
 STIVARGA..... 42, 173
 STRENSIQ..... 131, 300
streptomycin..... 26, 236
 STRIBILD 70, 259
 STRIVERDI RESPIMAT 157, 207
subvenite..... 48, 251
sucalfate 135, 211
sulfacetamide sodium ... 133, 229
sulfacetamide-prednisolone
 133, 229
sulfadiazine 31, 240

sulfamethoxazole-trimethoprim
 31, 240
sulfasalazine 151, 200
sulindac 24, 233
sumatriptan 59, 184
sumatriptan succinate 59, 184
sunitinib malate 42, 173
 SUNLENCA..... 70, 259
 SURE COMFORT ALCOHOL
 PREP PADS 119, 285
 SURE COMFORT INS. SYR. U-
 100 119, 284
 SURE COMFORT INSULIN
 SYRINGE..... 119, 284, 285
 SURE COMFORT PEN NEEDLE
 119, 120, 285
 SURE COMFORT SAFETY PEN
 NEEDLE..... 119, 284
 SURE-FINE PEN NEEDLES 120,
 285
 SURE-JECT INSULIN SYRINGE
 120, 285
 SURE-PREP ALCOHOL PREP
 PADS 120, 285
 SUTAB 137, 213
 SYMPAZAN 49, 251
 SYMTUZA..... 70, 259
 SYNJARDY 54, 180
 SYNJARDY XR 54, 180
 SYNRIPO 42, 173
 SYRINGE WITH NEEDLE,
 SAFETY 118, 284

T

TABLOID..... 42, 173
 TABRECTA 42, 173
tacrolimus..... 95, 146, 209, 222
tadalafil..... 159, 232
 TAFINLAR..... 42, 174
tafluprost (pf) 154, 228
 TAGRISSE 42, 174
 TALVEY 42, 174
 TALZENNA 43, 174
tamoxifen..... 43, 174
tamsulosin 138, 213
tarina 24 fe 91, 247
tarina fe 1-20 eq (28)..... 91, 247
taron-c dha 161, 302
taron-prex prenatal-dha. 161, 302
 TASIGNA 43, 174
 TAVNEOS 146, 222
tazarotene 96, 211

<i>tazicef</i>	28, 238	<i>tinidazole</i>	61, 186	<i>triazolam</i>	26, 178
<i>taztia xt</i>	78, 194	<i>tiotropium bromide</i>	157, 207	<i>trientine</i>	138, 236
TAZVERIK	43, 174	TIVDAK	43, 174	<i>tri-estarylla</i>	91, 247
TDVAX	150, 226	TIVICAY	70, 259	<i>trifluoperazine</i>	66, 191
TECHLITE INSULIN SYRINGE		TIVICAY PD	70, 259	<i>trifluridine</i>	134, 229
.....	121, 286	<i>tizanidine</i>	159, 300	<i>trihexyphenidyl</i>	62, 186
TECHLITE INSULIN SYR(HALF		TOBI PODHALER	27, 236	TRIJARDY XR	54, 180
UNIT)	120, 121, 285, 286	<i>tobramycin</i>	133, 229	<i>tri-legest fe</i>	91, 247
TECHLITE PEN NEEDLE		<i>tobramycin in 0.225 % nacl</i>		<i>tri-lynyah</i>	91, 247
.....	121, 286	.....	27, 236	<i>tri-lo-estarylla</i>	91, 247
TECHLITE PLUS PEN NEEDLE		<i>tobramycin sulfate</i>	27, 236	<i>tri-lo-marzia</i>	91, 247
.....	121, 286	<i>tobramycin-dexamethasone</i>		<i>tri-lo-mili</i>	91, 247
TECVAYLI	43, 174	.....	133, 229	<i>tri-lo-sprintec</i>	92, 247
TEFLARO	28, 238	<i>tolterodine</i>	138, 214	<i>trimethoprim</i>	27, 237
<i>telmisartan</i>	76, 196	TOPCARE CLICKFINE	122, 287	<i>tri-mili</i>	92, 247
<i>telmisartan-hydrochlorothiazid</i>		TOPCARE ULTRA COMFORT		<i>trimipramine</i>	52, 254
.....	76, 196	.....	122, 287	TRINTELLIX	52, 254
<i>temazepam</i>	26, 178	<i>topiramate</i>	49, 251	<i>tri-nymyo</i>	92, 247
TEMIXYS	70, 259	<i>toposar</i>	43, 174	<i>tri-previfem (28)</i>	92, 247
TENIVAC (PF)	150, 226	<i>toremifene</i>	43, 174	<i>tri-sprintec (28)</i>	92, 247
<i>tenofovir disoproxil fumarate</i>		<i>torpenz</i>	43, 174	TRIUMEQ	70, 259
.....	70, 259	<i>torsemide</i>	80, 198	TRIUMEQ PD	70, 259
TEPMETKO	43, 174	TOUJEO MAX U-300		<i>triveen-duo dha</i>	161, 302
<i>terazosin</i>	138, 213	SOLOSTAR	56, 182	<i>trivora (28)</i>	92, 247
<i>terbinafine hcl</i>	58, 256	TOUJEO SOLOSTAR U-300		<i>tri-vylibra</i>	92, 248
<i>terconazole</i>	59, 236	INSULIN	56, 182	<i>tri-vylibra lo</i>	92, 247
<i>teriparatide</i>	152, 201	TRADJENTA	54, 180	TRIZIVIR	71, 259
TERUMO INSULIN SYRINGE		<i>tramadol</i>	23, 235	TROGARZO	71, 259
.....	121, 286, 287	<i>tramadol-acetaminophen</i>	23, 235	<i>tropium</i>	138, 214
<i>testosterone</i>	138, 139, 214, 215	<i>trandolapril</i>	77, 199	TRUE COMFORT ALCOHOL	
<i>testosterone cypionate</i>	138, 214	<i>trandolapril-verapamil</i>	77, 199	PADS	123, 288
<i>testosterone enanthate</i>	138, 214	<i>tranexamic acid</i>	74, 297	TRUE COMFORT INSULIN	
TETANUS,DIPHTHERIA TOX		<i>tranylcypromine</i>	52, 254	SYRINGE	122, 288
PED(PF)	150, 226	<i>travoprost</i>	154, 228	TRUE COMFORT PEN NEEDLE	
<i>tetrabenazine</i>	85, 204	TRAZIMERA	43, 174	.....	123, 288
<i>tetracycline</i>	31, 241	<i>trazodone</i>	52, 254	TRUE COMFORT PRO	
TEVIMBRA	43, 174	TRECTOR	60, 256	ALCOHOL PADS	123, 288
THALOMID	153, 232	TRELEGY ELLIPTA	157, 207	TRUE COMFORT PRO INS	
<i>theophylline</i>	157, 207	TRELSTAR	43, 174	SYRINGE	122, 123, 287, 288
THINPRO INSULIN SYRINGE		TREMFYA	146, 222	TRUE COMFORT SAFE	
.....	121, 122, 287	TREMFYA PEN	146, 222	INSULIN SYRG	122, 123,
<i>thioridazine</i>	66, 191	TRESIBA FLEXTOUCH U-100		.....	288, 289
<i>thiothixene</i>	66, 191	.....	56, 182	TRUE COMFORT SAFETY PEN	
<i>tiadylt er</i>	78, 194	TRESIBA FLEXTOUCH U-200		NEEDLE	122, 287, 288
<i>tiagabine</i>	49, 251	.....	56, 182	TRUEPLUS INSULIN	124, 289
TIBSOVO	43, 174	TRESIBA U-100 INSULIN	56, 182	TRUEPLUS PEN NEEDLE	123,
TICE BCG	43, 174	<i>tretinoin</i>	96, 211	.....	124, 289
TICOVAC	150, 226	<i>tretinoin (antineoplastic)</i>	43, 174	TRULICITY	54, 181
<i>tigecycline</i>	31, 241	<i>tri femynor</i>	91, 247	TRUMENBA	150, 226
<i>tilia fe</i>	91, 247	<i>triamcinolone acetonide</i>	93, 95,	TRUQAP	43, 175
<i>timolol</i>	154, 228	.....	96, 140, 208, 209, 216	TRUXIMA	43, 175
<i>timolol maleate</i>	78, 154,	<i>triamterene-hydrochlorothiazid</i>		TUKYSA	43, 175
.....	194, 228	.....	80, 198	TURALIO	44, 175

turqoz (28) 92, 248
 TWINRIX (PF)..... 150, 226
 TYBOST 153, 232
 TYENNE 146, 147, 222
 TYENNE AUTOINJECTOR
 146, 222
 TYMLOS 152, 201
 TYPHIM VI..... 150, 226

U

UBRELVY 60, 184
 ULTICARE 124, 125, 290
 ULTICARE INSULIN SYRINGE
 124, 289, 290
 ULTICARE INSULN SYR(HALF
 UNIT)..... 124, 289
 ULTICARE PEN NEEDLE ... 124,
 125, 290
 ULTICARE SAFETY PEN
 NEEDLE 125, 290
 ULTIGUARD SAFEPAK-
 INSULIN SYR 125, 126,
 290, 291
 ULTIGUARD SAFEPAK-PEN
 NEEDLE 125, 126, 291
 ULTILET ALCOHOL SWAB.....
 126, 291
 ULTILET INSULIN SYRINGE
 111, 126, 276, 277, 291
 ULTILET PEN NEEDLE 126, 291
 ULTRA CMFT INS SYR (HALF
 UNIT)..... 110, 119, 275, 284
 ULTRA COMFORT INSULIN
 SYRINGE 105, 110, 126,
 271, 275, 291, 292
 ULTRA FLO INSUL SYR(HALF
 UNIT)..... 126, 292
 ULTRA FLO INSULIN SYRINGE
 127, 292
 ULTRA FLO PEN NEEDLE . 126,
 127, 292
 ULTRA THIN PEN NEEDLE
 127, 292
 ULTRACARE INSULIN
 SYRINGE 127, 292
 ULTRACARE PEN NEEDLE
 127, 128, 293
 ULTRA-FINE INS SYR (HALF
 UNIT)..... 128, 293
 ULTRA-FINE INSULIN
 SYRINGE 128, 293

ULTRA-FINE PEN NEEDLE
 128, 293
 ULTRA-THIN II (SHORT) INS
 SYR 128, 293, 294
 ULTRA-THIN II (SHORT) PEN
 NDL..... 128, 294
 ULTRA-THIN II INS PEN
 NEEDLES 128, 294
 ULTRA-THIN II INSULIN
 SYRINGE..... 128, 293, 294
 UNIFINE OTC PEN NEEDLE
 128, 294
 UNIFINE PEN NEEDLE 129, 294
 UNIFINE PENTIPS 116, 129,
 281, 294
 UNIFINE PENTIPS MAXFLOW
 129, 294
 UNIFINE PENTIPS PLUS 129,
 294, 295
 UNIFINE PENTIPS PLUS
 MAXFLOW..... 129, 294
 UNIFINE PROTECT 129, 295
 UNIFINE SAFECONTROL PEN
 NEEDLE 129, 130, 295
 UNIFINE ULTRA PEN NEEDLE
 130, 295
 UPTRAVI 159, 160, 232
ursodiol 136, 212
 UZEDY 67, 191

V

valacyclovir 72, 261
 VALCHLOR..... 93, 210
valganciclovir 72, 261
valproate sodium..... 49, 251
valproic acid 49, 251
valproic acid (as sodium salt).....
 49, 251
valsartan 76, 196
valsartan-hydrochlorothiazide
 76, 196
 VALTOCO 49, 251
valtya..... 92, 248
vancomycin 27, 237
 VANFLYTA 44, 175
 VANISHPOINT INSULIN
 SYRINGE..... 130, 295
 VANISHPOINT SYRINGE
 130, 295
 VAQTA (PF)..... 150, 151, 226
varenicline tartrate 25, 177
 VARIVAX (PF) 151, 226

VAXCHORA VACCINE . 151, 226
 VEGZELMA..... 44, 175
 VELTASSA..... 136, 212
 VEMLIDY 71, 259
 VENCLEXTA..... 44, 175
 VENCLEXTA STARTING PACK
 44, 175
venlafaxine 52, 254
venngel one..... 24, 233
 VEOZAH 153, 232
verapamil..... 78, 79, 194, 195
 VERIFINE INSULIN SYRINGE
 130, 131, 295, 296
 VERIFINE PEN NEEDLE 130,
 295, 296
 VERIFINE PLUS PEN NEEDLE
 130, 296
 VERIFINE PLUS PEN NEEDLE-
 SHARP..... 131, 296
 VERQUVO 79, 195
 VERSACLOZ 67, 191
 VERSALON..... 131, 296
 VERZENIO 44, 175
 V-GO 20 131, 296
 V-GO 30 131, 296
 V-GO 40 131, 296
vienna 92, 248
vigabatrin..... 49, 251
vigadrone 49, 252
vigpoder 49, 252
vilazodone 52, 254
 VIMKUNYA 151, 227
vinorelbine..... 44, 175
violele (28) 92, 248
 VIRACEPT 71, 260
 VIREAD 71, 260
virt-c dha 161, 302
virt-nate dha 161, 302
virt-pn dha 161, 302
virt-pn plus..... 162, 302
vitafol gummies 162, 302
vitafol nano 162, 302
vitafol-ob+dha..... 162, 302
 VITRAKVI 44, 175
 VIVIMUSTA..... 44, 175
 VIVOTIF 151, 227
 VIZIMPRO 44, 175
 VOCABRIA..... 71, 260
volnea (28) 92, 248
 VONJO 44, 175
 VORANIGO 44, 175
voriconazole 58, 256
 VOSEVI..... 72, 260

VOWST..... 153, 232
 vp-ch-pnv 162, 303
 vp-pnv-dha 162, 303
 VRAYLAR 67, 191
 VUMERITY 85, 204
 VYALEV 62, 187
 vylibra 92, 248
 VYLOY 44, 175
 VYZULTA..... 154, 228

W

warfarin 73, 298
 WEBCOL 131, 296
 WELIREG 44, 175
 WINREVAIR 158, 205
 wixela inhub 156, 206

X

XALKORI 44, 176
 xarah fe 92, 248
 XARELTO 73, 298
 XARELTO DVT-PE TREAT 30D
 START 73, 298
 XATMEP 45, 176
 XCOPRI 49, 252
 XCOPRI MAINTENANCE PACK
 49, 252
 XCOPRI TITRATION PACK
 49, 252
 XDEMVY 134, 229
 XELJANZ 147, 222

XELJANZ XR 147, 222
 XERMELO 136, 212
 XGEVA..... 152, 201
 XIFAXAN..... 27, 237
 XIGDUO XR..... 54, 181
 XIIDRA 135, 230
 XOLAIR..... 158, 205
 XOSPATA 45, 176
 XPOVIO 45, 176
 XTANDI..... 45, 176
 xulane 92, 248
 XULTOPHY 100/3.6..... 56, 183
 XYOSTED..... 139, 215

Y

YERVOY 45, 176
 YESINTEK 147, 222, 223
 YF-VAX (PF) 151, 227
 YONSA 45, 176
 YUFLYMA(CF) 147, 223
 YUFLYMA(CF) AI CROHN'S-
 UC-HS 147, 223
 YUFLYMA(CF) AUTOINJECTOR
 147, 223
 yuvafem 139, 215

Z

zafemy 92, 248
 zafirlukast..... 156, 206
 zaleplon..... 159, 201
 zatean-pn dha 162, 303

zatean-pn plus..... 162, 303
 ZEGALOGUE AUTOINJECTOR
 153, 232
 ZEGALOGUE SYRINGE.....
 153, 232
 ZEJULA..... 45, 176
 ZELBORAF 45, 176
 zenatane 93, 210
 ZENPEP 132, 300
 zidovudine 71, 260
 ZIIHERA 45, 176
 zingiber..... 162, 303
 ziprasidone hcl 67, 191
 ziprasidone mesylate 67, 192
 ZIRABEV 45, 176
 ZIRGAN..... 134, 229
 ZOLADEX 45, 177
 ZOLINZA 45, 177
 zolpidem..... 159, 201
 ZONISADE 49, 252
 zonisamide 49, 252
 zovia 1/35e (28) 92, 248
 zovia 1-35 (28) 92, 248
 ZTALMY 50, 252
 ZTLIDO 25, 235
 ZURZUVAE..... 52, 254
 ZYDELIG..... 45, 177
 ZYKADIA..... 45, 177
 ZYLET 134, 229
 ZYNLONTA 46, 177
 ZYNYZ 46, 177
 ZYPREXA RELPREVV ... 67, 192

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 06/24/2025. For more recent information or other questions, please contact Member Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. and Saturday-Sunday from 10:00 a.m. – 2:00 p.m., or visit www.imperialhealthplan.com.

Este formulario se actualizó el 24/06/2025. 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.