

KAISER PERMANENTE DE GEORGIA

LISTA DE MEDICAMENTOS RECETADOS DISPONIBLES DE LOS BENEFICIOS CHOICE 2024

**Este documento incluye la Lista de medicamentos
recetados disponibles de los beneficios Choice 2024
de Kaiser Permanente de Georgia hasta el
1.º de julio de 2024**

**Para obtener la Lista de medicamentos recetados
disponibles actualizada, por favor llame al
1-855-364-3185 (TTY 771), de lunes a viernes,
de 8:00 a. m. a 6:00 p. m. hora del Este.**

Planes de Organizaciones de Proveedores Preferidos (PPO) de Kaiser Permanente Insurance Company (KPIC)

NOTA: Esta Lista de medicamentos recetados disponibles se actualiza con frecuencia y está sujeta a cambios. Después de la modificación, todas las versiones anteriores de la Lista de medicamentos recetados disponibles dejan de estar vigentes.

Debe consultar este documento si está actualmente inscrito(a) o le interesa inscribirse en un plan de Organizaciones de Proveedores Preferidos (Preferred Provider Organization, PPO) de Kaiser Permanente de Georgia. Kaiser Permanente Insurance Company (KPIC), subsidiaria de Kaiser Foundation Health Plan, Inc., suscribe exclusivamente la cobertura del plan de PPO.

Este documento contiene información relativa a los medicamentos recetados para pacientes ambulatorios que están cubiertos por el plan de PPO. El beneficio de medicamentos recetados para pacientes ambulatorios de KPIC es administrado por MedImpact.

Si necesita ayuda con esta Lista de medicamentos recetados disponibles, por favor llame a MedImpact las 24 horas del día, los 7 días de la semana, al **1-800-788-2949** (servicio de asistencia farmacéutica) o al **711 (TTY)**.

Puede acceder a la versión más actualizada de la Lista de medicamentos recetados disponibles visitando <http://kp.org/kpic-georgia> (en inglés). Para obtener ayuda en su idioma preferido, vea la sección "Ayuda en su idioma" más adelante en este documento.

Cómo utilizar este documento (Lista de medicamentos recetados disponibles)

Este documento es una lista de los medicamentos recetados cubiertos por su plan de PPO.

- Los medicamentos genéricos aparecen con su nombre genérico (en *cursivas*), seguido del nombre de marca más común, si es que existe (por ejemplo, atorvastatina, tableta oral de 10 mg o 20 mg [Lipitor]).
- Algunos medicamentos genéricos tienen un nombre registrado (de marca) y aparecen en letras MAYÚSCULAS (por ejemplo, JUNEL 1/20 [21], TABLETA ORAL 1-20 MG-MCG).
- Los medicamentos de marca aparecen con su nombre de marca en letras MAYÚSCULAS (por ejemplo, JANUVIA, TABLETA ORAL DE 100 MG, 25 MG, 50 MG).

Puede acceder a la Lista de medicamentos recetados disponibles usando:

- Categorías de medicamentos: los medicamentos se agrupan en categorías de acuerdo con los tipos de afecciones médicas que tratan. Use el "Índice" para ir a la categoría del medicamento.
- Listado alfabético del índice: El índice se encuentra al final de la Lista de medicamentos recetados disponibles y proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Primero, busque en el índice y encuentre el medicamento. Junto al medicamento, hay un número de página donde el miembro puede encontrar información sobre la cobertura. Luego, vaya a la página indicada en el índice y busque el nombre del medicamento en la primera columna de la lista de esa página.

Este documento se aplica solo a los medicamentos recetados para pacientes ambulatorios proporcionados a los asegurados a través de las farmacias minoristas o del servicio de farmacia por correo. Este documento no se aplica a los medicamentos obtenidos en el consultorio del médico o en el hospital. **Definición de niveles de la Lista de medicamentos recetados disponibles:**

Símbolo	Pauta	Descripción
T1	Nivel 1	Preventivos genéricos
T2	Nivel 2	Preferidos genéricos
T3	Nivel 3	Preferidos de marca
T4	Nivel 4	No preferidos
T5	Nivel 5	Especializados

Los medicamentos preventivos obligatorios cubiertos por la Ley de Cuidado de Salud Asequible (Affordable Care Act, ACA) se identifican en la Lista de medicamentos recetados disponibles con "\$0".

Diseño de Beneficios por niveles

La Lista de medicamentos recetados disponibles puede aplicarse a un Diseño de Beneficios por niveles, donde el asegurado comparte el costo de la terapia con medicamentos recetados según el nivel del medicamento mediante un copago o coseguro compartido. En la mayoría de los casos, los medicamentos disponibles en versión genérica estarán cubiertos en otro nivel inferior (menor costo compartido), sea preventivo o preferido, y los medicamentos de marca que aparecen en la Lista de medicamentos recetados disponibles estarán cubiertos en un nivel superior (mayor costo compartido de copago). Los medicamentos especializados estarán cubiertos en el nivel más alto (coseguro con un máximo por medicamento recetado). Los medicamentos preventivos que exige la Ley de Cuidado de Salud Asequible estarán cubiertos tal y como se describe en la sección "SERVICIOS CUBIERTOS" de su *Certificado de Seguro y Programa de Cobertura (Certificate of Insurance and Schedule of Coverage)*.

Mantenimiento y actualización de la Lista de medicamentos recetados disponibles

Los Comités de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) y de la Lista de medicamentos recetados disponibles de MedImpact Healthcare Systems proporcionan a médicos y farmacéuticos un método para evaluar la seguridad, eficacia y rentabilidad de los medicamentos disponibles en el mercado. Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact se reúnen cada trimestre, y con mayor frecuencia si es necesario, para garantizar la pertinencia clínica de la Lista de medicamentos recetados disponibles.

Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact actualizan esta Lista de medicamentos recetados disponibles usando un enfoque estructurado del proceso de asignación de niveles para garantizar el acceso continuo de los pacientes a tratamientos farmacológicos médicamente apropiados.

Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact utilizan los siguientes criterios en la evaluación de la asignación de niveles de medicamentos para la Lista de medicamentos recetados disponibles:

- perfil de seguridad del medicamento;
- eficacia del medicamento;
- comparación de los beneficios terapéuticos relevantes con los medicamentos actuales de la Lista de medicamentos recetados disponibles de uso similar, y para minimizar la duplicación terapéutica cuando sea posible;
- rentabilidad en relación con una terapia comparable.

¿Qué medicamentos están cubiertos?

Por lo general, KPIC cubrirá los medicamentos genéricos, de marca y especializados recetados que aparezcan en la Lista de medicamentos recetados disponibles, siempre que el medicamento sea médicamente necesario y se sigan otras reglas de cobertura. Los medicamentos de venta libre (Over-the-Counter, OTC) no suelen estar cubiertos. En ciertos planes, algunos medicamentos preventivos OTC están cubiertos cuando los receta un médico, como la aspirina y los suplementos de hierro.

¿Qué es un medicamento genérico?

Un medicamento genérico está aprobado por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) como un medicamento que contiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

En su plan de PPO, puede pagar un copago o coseguro diferente por los medicamentos genéricos preferidos y por los medicamentos genéricos no preferidos. En el caso de los medicamentos genéricos preferidos, sus gastos de bolsillo serán menores a los de los medicamentos genéricos no preferidos.

¿Qué es un medicamento de marca?

Por lo general, la fabricación y venta de los medicamentos de marca están a cargo de la compañía farmacéutica que primero realizó la investigación y desarrolló el medicamento. Cuando la patente de un medicamento de marca vence, otras compañías farmacéuticas pueden fabricar y vender una versión genérica aprobada por la FDA del medicamento con los mismos principios activos y a un precio más bajo.

En su plan de PPO, puede pagar un copago o coseguro diferente por los medicamentos de marca preferidos y los medicamentos de marca no preferidos. En el caso de los medicamentos de marca preferidos, sus gastos de bolsillo serán menores a los de los medicamentos de marca no preferidos.

Si solicita un medicamento de marca cuando se le recetó un medicamento genérico, es posible que tenga que pagar el costo compartido del medicamento de marca más la diferencia de costo entre el medicamento genérico y el de marca. Consulte su *Certificado de Seguro y su Programa de Cobertura* para obtener más detalles.

¿Qué son los medicamentos especializados?

Los medicamentos especializados son medicamentos recetados de alto costo que incluyen medicamentos utilizados para tratar enfermedades complejas y crónicas, como la esclerosis múltiple, la artritis reumatoide y la hepatitis C. Los medicamentos especializados suelen requerir una manipulación, administración o supervisión especiales.

¿Qué son los medicamentos preventivos?

En algunos planes, los medicamentos, incluso los de venta libre (OTC), están cubiertos sin costo alguno si el asegurado tiene una receta de su proveedor de atención médica. La vacuna contra la gripe no requiere receta médica, pero hay que presentar la tarjeta del seguro en la farmacia. Algunos medicamentos solo están cubiertos sin gastos compartidos para determinados pacientes, por ejemplo, para un rango de edad específico, para grupos que tienen el requisito de, o han optado por, la cobertura de medicamentos preventivos exigidos por la Ley de Cuidado de Salud Asequible o cuando un medicamento se utiliza para un fin determinado.

¿Qué medicamentos no están cubiertos?

- Medicamentos de venta libre (OTC) o sus equivalentes, a menos que su plan los cubra de otro modo.
- Cualquier medicamento utilizado con fines cosméticos.
- Medicamentos experimentales o cualquier medicamento utilizado de forma experimental.
- Sustitución de medicamentos perdidos o robados.
- Medicamentos de estilo de vida (por ejemplo, para disfunción sexual).
- Medicamentos que requieren la administración por parte de un profesional clínico de salud, a menos que se especifique lo contrario en la Lista de medicamentos recetados disponibles.
- Suministros diferentes de aquellos para diabéticos/suministros de diagnóstico/suministros o dispositivos de ostomía.
- Vea su *Certificado de Seguro y su Programa de Cobertura* para obtener una lista de todas las exclusiones.

¿Hay alguna restricción sobre los medicamentos cubiertos en la Lista de medicamentos recetados disponibles?

Sí, para determinados medicamentos de la Lista de medicamentos recetados disponibles puede aplicarse una pauta de prescripción recomendada. Estas se mencionan a lo largo del documento mediante los siguientes símbolos (*consulte la tabla siguiente*).

Tabla de símbolos de las pautas:

Símbolo	Pautas	Descripción
EDAD	Límites de edad	La cobertura depende de la edad del paciente.
PA	Autorización previa	Requiere una autorización previa basada en criterios clínicos específicos. <i>Vea "¿Qué es una autorización previa?" más abajo para obtener información adicional.</i>
QL	Límites de cantidad	La cobertura se limita a cantidades específicas por receta o periodo de tiempo. Se requiere autorización previa para las cantidades que superen la restricción.
ST	Tratamiento escalonado	La cobertura depende del uso previo de otro medicamento. Puede ser necesaria una autorización previa. <i>Vea "¿Qué es el tratamiento escalonado?" más adelante para obtener información adicional.</i>

¿Qué es una autorización previa?

Una autorización previa (Prior Authorization, "PA") es una técnica que se utiliza para fomentar el uso seguro y rentable de los medicamentos. Muchos medicamentos tienen múltiples indicaciones, por lo que se establecen PA para los medicamentos para garantizar que el medicamento sea apropiado y seguro para el asegurado.

¿Cómo funciona el programa? Los medicamentos marcados con una PA significan que el profesional que emitió la receta debe demostrar primero que usted tiene una necesidad médica del medicamento recetado. Esto significa que para recibir cobertura su profesional que receta tendrá que colaborar con MedImpact para recibir la autorización previa del medicamento. Los medicamentos sujetos a autorización previa tienen criterios clínicos específicos que usted debe cumplir para obtener cobertura. Consulte la columna Requisitos/límites de la Lista de medicamentos recetados disponibles para conocer los medicamentos que requieren una PA.

Después de la recepción de su solicitud de autorización previa, MedImpact notificará al proveedor autorizado para recetar en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes, la aprobación de la solicitud u otro resultado. Si MedImpact no responde en un plazo de 72 horas en el caso de las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes a partir de la recepción de un formulario de solicitud de un proveedor autorizado para recetar medicamentos, se considerará que la solicitud fue aprobada. Si no le satisface el resultado, puede solicitar una apelación llamando a MedImpact al **1-800-788-2949** (servicio de asistencia farmacéutica). Si MedImpact no aprueba un medicamento que usted o su proveedor solicitaron, recibirá un aviso de determinación adversa de beneficios en el que se le explicará por qué se rechazó su solicitud y cómo puede apelar.

¿Qué es el tratamiento escalonado?

Algunos medicamentos recetados seleccionados requieren un tratamiento escalonado. El Programa de Tratamiento Escalonado fomenta el uso seguro y rentable de los medicamentos. En este programa, se requiere un enfoque "escalonado" para recibir la cobertura de ciertos medicamentos menos preferidos. Esto significa que para recibir cobertura es posible que tenga que probar primero un medicamento de eficacia probada y rentable antes de utilizar un tratamiento más costoso.

¿Cómo funciona el programa? El Programa de Tratamiento Escalonado requiere que tenga un historial de recetas de un medicamento "de primera línea" antes de que su plan de beneficios cubra un medicamento "de segunda línea". Un medicamento de primera línea está reconocido como seguro y eficaz en el tratamiento de una afección médica específica, además de ser rentable. Un medicamento de segunda línea es una opción de tratamiento menos preferida o a veces más costosa.

Cuando sea posible, su médico debe recetarle un medicamento de primera línea apropiado para su enfermedad. Si su médico determina que un medicamento de primera línea no es apropiado para usted o no es eficaz, su beneficio de medicamentos recetados cubrirá un medicamento de segunda línea cuando se cumplan determinadas condiciones. Puede ser necesaria una autorización previa.

Después de la recepción de su solicitud de un medicamento de segunda línea, MedImpact notificará al proveedor autorizado para recetar en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes, la aprobación de la solicitud u otro resultado. Si no le satisface el resultado, puede solicitar una apelación llamando a MedImpact al **1-800-788-2949** (servicio de asistencia farmacéutica) o al **711 (TTY)**. Si MedImpact no aprueba un medicamento que usted o su proveedor solicitaron, recibirá un aviso de determinación adversa de beneficios en el que se le explicará por qué se rechazó su solicitud y cómo puede apelar.

¿Cuáles son los medicamentos elegibles para enviarse por el servicio de farmacia por correo?

La mayoría de los medicamentos de mantenimiento pueden enviarse a través de nuestro servicio de farmacia por correo. Sin embargo, los medicamentos permitidos en pedidos por correo no pueden ser enviados fuera de Estados Unidos. No hay cargos adicionales de pedido por correo. Se aplicarán los gastos de bolsillo correspondientes con base en su beneficio de medicamentos recetados.

Cobertura y limitaciones de los beneficios

La Lista de medicamentos recetados disponibles no proporciona información sobre la cobertura y las limitaciones específicas a las que puede estar sujeto un asegurado individual. Las inclusiones, las exclusiones y los gastos de bolsillo de beneficios específicos no se reflejan en la Lista de medicamentos recetados disponibles.

La Lista de medicamentos recetados disponibles se aplica solo a los medicamentos recetados para pacientes ambulatorios dispensados al asegurado para su autoadministración y no se aplica a los medicamentos que requieren administración médica. Si tiene preguntas específicas sobre su cobertura, por favor llame a Servicio al Cliente de KPIC al **1-855-364-3185, de lunes a viernes, de 8:00 a. m. a 6:00 p. m., hora del Este**. Para saber el costo de sus medicamentos, puede comunicarse con MedImpact al **1-800-788-2949** (servicio de asistencia farmacéutica) o al **711 (TTY)**. Consulte su Certificado de Seguro y Programa de Cobertura para obtener información adicional.

AVISO DE NO DISCRIMINACIÓN

Kaiser Permanente Insurance Company (KPIC) cumple las leyes de derechos civiles federales vigentes y no discrimina por raza, color, país de origen, edad, discapacidad o sexo. KPIC no excluye a las personas ni las trata de manera diferente debido a su raza, color, país de origen, edad, discapacidad o sexo. Además:

- Proporcionamos ayuda y servicios sin costo a personas con discapacidades para que se comuniquen eficazmente con nosotros, como:
 - intérpretes calificados de lenguaje de señas;
 - información escrita en otros formatos, como impreso en letra grande, audio y formatos electrónicos accesibles.
- Proporcionamos servicios de idiomas sin costo a las personas cuya lengua materna no es el inglés, como:
 - intérpretes calificados,
 - información escrita en otros idiomas.

Si necesita estos servicios, llame al **1-855-364-3185** (TTY: **711**).

Si considera que Kaiser Permanente Insurance Company no le ha proporcionado estos servicios o que lo discriminaron de alguna otra forma por su raza, color, país de origen, edad, discapacidad o sexo, puede presentar una queja formal por correo enviado a: KPIC Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736 o llamando por teléfono a Servicio a los Miembros al 1-855-364-3185.

También puede presentar una queja de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

AYUDA EN SU IDIOMA

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-364-3185** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-855-364-3185** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا لقيت صعوبة في فهم خدمات المساعدة اللغوية فتفضل بالرجوع إلينا. نصل لبرقم **1-855-364-3185** (TTY: **711**) .

中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-364-3185** (TTY: **711**) 。

فارسی (Farsi) توجه: اگر زبان فارسی صحبت میکنید، خدمات متنوع و رایگان برای شما فراهم میشود. بهش دباش ماره **1-855-364-3185** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-364-3185** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-855-364-3185** (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે અંગ્રેજી બોલો છો, તો ભાષા સહાય સેવાઓ, વવના મલૂં યે, આના પર ઉપલબ્ધ છે તમે. **1-855-364-3185** (TTY: **711**) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-364-3185** (TTY: **711**).

हिंदी (Hindi) ध्यान दें: यदि आप अंग्रेजी बोलते हैं, तो आपके ललए लःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। **1-855-364-3185** (टीटीवाई: **711**) पर कॉल करें।

日本語 (Japanese) 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-855-364-3185** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로이용하실 수 있습니다. **1-855-364-3185** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínizin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jik'eh, éí ná hól ó, koj'í' hódíílnih **1-855-364-3185** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-364-3185** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-364-3185** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-364-3185** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-364-3185** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-364-3185** (TTY: **711**).

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Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Abandono Del Tabaquismo		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 COPAY	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER; QL (10 ML per 2 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>varenicline oral tablet 0.5 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablet 1 mg</i> (Chantix)	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER; QL (2 EA per 1 day)
Agentes Misceláneos		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 5	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 2	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 2	QL (4 EA per 1 FILL)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 5	PA
GALAFOLD ORAL CAPSULE 123 MG	Tier 5	PA
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 5	
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 5	
JOENJA ORAL TABLET 70 MG	Tier 5	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 5	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 5	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 4	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 5	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 2	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 5	
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 5	
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 5	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	Tier 3	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	Tier 3	QL (4 EA per 1 FILL)
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 5	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 5	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 5	PA
XOLREMDI ORAL CAPSULE 100 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 5	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
Alergia		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 2	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 2	QL (60 ML per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 2	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 2	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 2	Age (Min 2 Years)
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 2	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 4	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<i>clemastine oral tablet 2.68 mg</i>	Tier 2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 2	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 2	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 2	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 2	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 2	QL (16 GM per 30 days)
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 3	PA
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	Tier 2	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 4	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 2	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 2	QL (17 GM per 30 days)
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 3	PA
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	Tier 2	QL (30.5 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	Tier 4	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (5 GM per 12 days)
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 3	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 4	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 5	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 5	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 5	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 5	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 5	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 5	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 5	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 5	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 5	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 5	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 5	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 5	PA
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 3	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (10.6 GM per 30 days)
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 3	PA
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)
Anestesia Local		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 2	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	(Glydo)	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %</i>	(Lidocaine Viscous)	Tier 2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>		Tier 2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	(lidocaine hcl)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 4	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %		Tier 4	
Anticonceptivo/Ocitócos			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		\$0 COPAY	ST: Requires prior prescription for Etonogestrel/Ethinyl Estradiol within the past 120 days; QL (1 EA per 365 days)
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0 COPAY	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	QL (91 EA per 84 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		\$0 COPAY	
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0 COPAY	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 4	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	\$0 COPAY	
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	\$0 COPAY	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	\$0 COPAY	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	\$0 COPAY	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	\$0 COPAY	
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	
ELLA ORAL TABLET 30 MG		\$0 COPAY	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	\$0 COPAY	QL (1 EA per 28 days)
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	\$0 COPAY	QL (1 EA per 28 days)
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	\$0 COPAY	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	\$0 COPAY	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	\$0 COPAY	QL (1 EA per 28 days)
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		\$0 COPAY	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	\$0 COPAY	QL (1 EA per 28 days)
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	QL (91 EA per 84 days)
JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	\$0 COPAY	QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	\$0 COPAY	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	\$0 COPAY	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0 COPAY	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0 COPAY	
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	\$0 COPAY	QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	\$0 COPAY	Age (Max 17 Years)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	\$0 COPAY	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	\$0 COPAY	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		\$0 COPAY	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera)	\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera)	\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
<i>methylegonovine oral tablet 0.2 mg</i>		Tier 2	QL (28 EA per 30 days)
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		\$0 COPAY	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		\$0 COPAY	
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
NEXPLANON SUBDERMAL IMPLANT 68 MG		Tier 4	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		\$0 COPAY	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	\$0 COPAY	QL (3 EA per 28 days)
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	\$0 COPAY	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Kaitlib Fe)	\$0 COPAY	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	\$0 COPAY	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	\$0 COPAY	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	\$0 COPAY	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmily)	\$0 COPAY	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	\$0 COPAY	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	\$0 COPAY	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	\$0 COPAY	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(Charlotte 24 Fe)	\$0 COPAY	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	\$0 COPAY	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	\$0 COPAY	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	\$0 COPAY	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		\$0 COPAY	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	
NYMYO ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		\$0 COPAY	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
OPILL ORAL TABLET 0.075 MG		\$0 COPAY	
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Tier 4	PA
PHILITH ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
PREPIDIL VAGINAL GEL 0.5 MG/3 G		Tier 4	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		\$0 COPAY	ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; QL (28 EA per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	Age (Max 17 Years)
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0 COPAY	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	\$0 COPAY	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol- lm.fa)	\$0 COPAY
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0 COPAY	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	\$0 COPAY	
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY
VIENVA ORAL TABLET 0.1-20 MG- MCG	(levonorgestrel-ethinyl estradiol)	\$0 COPAY
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol)	\$0 COPAY
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol)	\$0 COPAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 COPAY	
VYLIBRA ORAL TABLET 0.25-35 MG- MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY
WERA (28) ORAL TABLET 0.5-35 MG- MCG	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0 COPAY	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol- iron)	\$0 COPAY

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	\$0 COPAY	QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	\$0 COPAY	QL (3 EA per 28 days)
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	
Antiemesis/Antivertigo			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 3	QL (1 EA per 28 days)
ANZEMET ORAL TABLET 50 MG		Tier 4	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
<i>aprepitant oral capsule 125 mg</i>		Tier 2	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>		Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	(Emend)	Tier 2	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	(Emend)	Tier 2	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 2	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	(Diclegis)	Tier 2	QL (120 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	(Marinol)	Tier 2	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 3	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>		Tier 2	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>		Tier 2	
<i>meclizine oral tablet 25 mg</i>	(Dramamine (meclizine))	Tier 2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>		Tier 2	QL (50 ML per 15 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 4	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 2	
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 2	
VARUBI ORAL TABLET 90 MG	Tier 4	QL (2 EA per 14 days)
Asma Y Copd		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 4	
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 4	
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 4	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 4	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 4	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 4	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 4	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 4	
AEROGEAR ACTION ASTHMA KIT KIT		Tier 4	
AERONEB GO NEBULIZER	(nebulizers)	Tier 4	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 4	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 4	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION		Tier 4	ST: Requires prior prescription for generic Advair HFA or generic Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 4	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 3	QL (32.1 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	(Ventolin HFA)	Tier 2	
<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, 5 mg/ml</i>		Tier 2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>		Tier 2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>		Tier 2	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 4	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 4	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (12.2 GM per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		Tier 3	QL (60 EA per 30 days)

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<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 2	QL (120 ML per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (1 EA per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (1 EA per 30 days)
ASTHMAPACK CHILDREN'S KIT	Tier 4	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 3	QL (25.8 GM per 30 days)
AURA PORTANEB (nebulizers)	Tier 4	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 4	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
BREATHERITE MDI SPACER SPACER (inhalational spacing device)	Tier 4	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 4	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 4	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 4	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 4	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 4	
BREATHERITE VALVED MDI CHAMBER SPACER (inhalational spacing device)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 3	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 2	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 3	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort)	Tier 2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(Pulmicort)	Tier 2	QL (60 ML per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna)	Tier 2	QL (30.9 GM per 30 days)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>		Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 4	
CLEVER CHOICE NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
CLEVER CHOICE WHISPER AIRE PED DEVICE	(nebulizer and compressor)	Tier 4	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 3	
COMFORTSEAL LARGE MASK DEVICE		Tier 4	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 4	
COMFORTSEAL SMALL MASK DEVICE		Tier 4	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 4	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizers)	Tier 4	
DEVILBISS PULMO-AIDE COMPRESSOR DEVICE	Tier 4	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 4	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 4	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 4	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for generic Advair HFA or generic Breo Ellipta within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for generic Advair HFA or generic Breo Ellipta within the past 120 days; QL (13 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA
EASIVENT HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 4	
EASIVENT MASK LARGE DEVICE	Tier 4	
EASIVENT MASK MEDIUM DEVICE	Tier 4	
EASIVENT MASK SMALL DEVICE	Tier 4	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
EBASE CONTROLLER DEVICE	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 2	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA
FLEXICHAMBER SPACER (inhalational spacing device)	Tier 4	
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 4	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 4	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 4	
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i> (Breo Ellipta)	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 2	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 2	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2	QL (21.2 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 4	ST: Requires prior prescription for generic Advair HFA or generic Breo Ellipta within the past 120 days; QL (1 EA 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)	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i> (Advair HFA)	Tier 2	QL (12 GM per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 2	QL (120 ML per 30 days)
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		Tier 4	ST: Requires prior prescription for Tiotropium Bromide or Spiriva Respimat within the past 120 days; QL (30 EA per 30 days)
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 4	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 4	
<i>ipratropium bromide inhalation solution 0.02 %</i>		Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>		Tier 2	
LC PLUS	(nebulizers)	Tier 4	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 4	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>		Tier 2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	(Xopenex HFA)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 4	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4	
LITETOUCH-LARGE MASK DEVICE		Tier 4	
LITETOUCH-SMALL MASK DEVICE		Tier 4	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 4	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 4	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 4	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
MICROSPACER SPACER	(inhalational spacing device)	Tier 4	
MINI PLUS NEBULIZER	(nebulizers)	Tier 4	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 4	
<i>montelukast oral granules in packet 4 mg</i>	(Singulair)	Tier 2	
<i>montelukast oral tablet 10 mg</i>	(Singulair)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
montelukast oral tablet, chewable 4 mg, 5 mg (Singular)	Tier 2	
nebulizer and compressor device (Clever Choice Nebulizer)	Tier 4	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 5	PA
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 4	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 4	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 4	
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	Tier 4	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 4	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 4	
PARI LC SPRINT NEBULIZER SET (nebulizers)	Tier 4	
PARI LC SPRINT SINUS (nebulizers)	Tier 4	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 4	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 4	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 4	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 4	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 4	
POCKET CHAMBER SPACER (inhalational spacing device)	Tier 4	
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 4	
PRIMEAIRE SPACER (inhalational spacing device)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 4	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 4	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 4	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 4	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 4	
PROVENT NASAL DEVICE		Tier 4	
PROVENT STARTER NASAL DEVICE		Tier 4	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION		Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (1 EA per 30 days)
PULMO-AIDE COMPRESSOR DEVICE		Tier 4	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
QUAKE VIBRATORY PEP DEVICE		Tier 4	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (21.2 GM per 30 days)
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	(Daliresp)	Tier 2	QL (1 EA per 1 day)
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 4	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 3	QL (60 EA per 30 days)
SIDESTREAM	(nebulizers)	Tier 4	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 4	
SIDESTREAM PLUS	(nebulizers)	Tier 4	
SILICONE MASK - INFANT DEVICE		Tier 4	
SINUSTAR NEBULIZER	(nebulizers)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
SOOTHENEB MESH NEBULIZER (nebulizers)	Tier 4	
SPACE CHAMBER SPACER (inhalational spacing device)	Tier 4	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 4	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 4	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 4	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	Tier 4	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 4	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 5	PA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 2	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 2	
THRESHOLD IMT TRAINER DEVICE	Tier 4	
THRESHOLD PEP DEVICE DEVICE	Tier 4	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	Tier 2	QL (30 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 3	QL (60 EA per 30 days)

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TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 3	QL (2 EA per 1 day)
TRUNEB NEBULIZER (nebulizers)	Tier 4	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 4	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Tiotropium Bromide or Spiriva Respimat within the past 120 days; QL (1 EA per 30 days)
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 4	
VIXONE NEBULIZER (nebulizers)	Tier 4	
VIXONE NEBULIZER-ADULT MASK (nebulizers)	Tier 4	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)	Tier 4	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 4	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 4	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 4	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 4	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 2	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5	PA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 4	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 2	
Deficiencia Vitamínica Y/O Mineral		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 4	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 2	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 4	
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	Tier 2	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 2	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 2	
FA-8 ORAL CAPSULE 0.8 MG (folic acid)	Tier 2	
FEOSOL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
FEROSUL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Fe-Vite)	Tier 2	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 2	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 2	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i> (Feosol)	Tier 2	
<i>ferrous sulfate oral tablet, delayed release (drlec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	Tier 2	
FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 2	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 2	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 2	
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 2	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0 COPAY	\$0 COPAY IF 6 MONTH TO 6 YEARS OF AGE
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	\$0 COPAY	\$0 COPAY IF 6 MONTH TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
<i>folic acid injection solution 5 mg/ml</i>	Tier 2	
<i>folic acid oral capsule 20 mg</i>	Tier 4	
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0 COPAY	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 4	
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON) (ferrous sulfate)	Tier 2	
HIGH POTENCY IRON ORAL TABLET 27 MG IRON	Tier 2	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 2	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
IRON ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 2	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 2	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 2	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 2	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 2	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 4	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 2	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)	Tier 4	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 2	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Tier 2	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 2	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 2	
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON)	Tier 4	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 140 MG (45 MG IRON) (ferrous sulfate)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON), 168 MG (50 MG IRON), 250 MG (50 MG IRON)	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	Tier 2	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 2	
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 4	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 4	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 4	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 2	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 2	
Deficiencia Hormonal		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol-norethindrone acet)	Tier 2	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 4	PA
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 4	ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 4	ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 4	QL (1 EA per 7 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 3	QL (2 EA per 7 days)
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
CRINONE VAGINAL GEL 4 %		Tier 4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 4	
DOTTI 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	(estradiol)	Tier 2	QL (2 EA per 7 days)
DUAVEE ORAL TABLET 0.45-20 MG		Tier 3	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 4	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace)	Tier 2	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	(EstroGel)	Tier 2	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	(Divigel)	Tier 2	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	(Divigel)	Tier 2	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	(Divigel)	Tier 2	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Dotti)	Tier 2	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Climara)	Tier 2	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	(Delestrogen)	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	(Amabelz)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 4	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 2	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 2	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 4	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 2	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4	PA
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 2	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 4	PA
LYLLANA 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 (estradiol)	Tier 2	QL (2 EA per 7 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 4	QL (1 EA per 7 days)
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 4	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	PA
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 2	
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4	PA
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 2	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 2	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 2	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 2	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 2	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 4	PA
VEOZAH ORAL TABLET 45 MG	Tier 4	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4	PA
Dermatología - Acné		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 4	
ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene-benzoyl-clindamycin)	Tier 4	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	Tier 4	
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>adapalene topical gel 0.3 %</i>	Tier 2	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 2	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 2	Age (Max 39 Years)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Tier 2	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 4	
AKLIEF TOPICAL CREAM 0.005 %	Tier 4	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 4	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 2	
AVEIDA TOPICAL GEL 1-1 %	Tier 4	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)	Tier 4	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 2	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 2	
<i>azelaic acid topical gel 15 %</i>	Tier 2	
AZELEX TOPICAL CREAM 20 %	Tier 4	
BASADROX TOPICAL GEL IN PACKET	Tier 4	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	Tier 2	
CABTREGO TOPICAL GEL 0.15-3.1-1.2 %	Tier 4	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %</i> (Onexton)	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 2	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 2	
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 2	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 4	
DAZOMON TOPICAL GEL 0.25 %	Tier 4	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 4	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 4	
DEOXIADMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiron-niacin)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 4	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 4	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 4	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 4	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsona-spironolactona-niacina)	Tier 4	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 4	
DIAOXIA TOPICAL GEL 6-4 % (dapsona-niacinamida)	Tier 4	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 4	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 4	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 4	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsona-spironolactona-niacina)	Tier 4	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 4	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsona-niacinamida)	Tier 4	
DIFFERIN TOPICAL LOTION 0.1 % (adapaleno)	Tier 4	Age (Max 39 Years)
DIMOXIA TOPICAL GEL 5-4 % (spironolactona-niacinamida)	Tier 4	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicilico acid-sulfacetamida)	Tier 4	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicilico acid-sulfacetamida)	Tier 4	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicilico acid-sulfacetamida)	Tier 4	
ETHOXIA TOPICAL CREAM 0.05-4 % (tazaroteno-niacinamida)	Tier 4	
FINACEA TOPICAL FOAM 15 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 2	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 4	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 4	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoína-benzoyl-clindamicina)	Tier 4	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 4	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamicina-niacina)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 4	
IODOSORB TOPICAL GEL 0.9 %	Tier 4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 2	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 4	
<i>ivermectin topical cream 1 %</i> (Soolantra)	Tier 2	ST: Requires prior prescription for Azelaic Acid or Finacea gel or foam within the past 120 days
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 2	
<i>metronidazole topical gel with pump 1 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 2	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 4	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 4	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 4	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 4	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 4	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 4	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 4	
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 4	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 4	
OXIAVAR TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 4	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 4	
OXIAVARY TOPICAL CREAM 0.1-4 %	Tier 4	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 4	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 4	Age (Max 39 Years)
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 4	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 2	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 2	
STRONG IODINE TOPICAL SOLUTION (iodine-potassium iodide) 5-10 %	Tier 2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 2	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin-clindamycin-niacin)	Tier 4	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin-spiroinolact-niacin)	Tier 4	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin-niacinamide)	Tier 4	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin-niacinamide)	Tier 4	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 2	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 2	Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 2	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 2	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 2	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 2	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 2	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin-spiroinolact-niacin)	Tier 4	
VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 4	
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin-niacinamide)	Tier 4	
WINLEVI TOPICAL CREAM 1 %	Tier 4	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
Dermatología - Antiinfecciosos		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 2	
ALTABAX TOPICAL OINTMENT 1 %	Tier 4	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur)	Tier 2	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 4	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 2	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 2	
<i>ciclopirox topical shampoo 1 %</i>	Tier 2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 2	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 2	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 2	QL (19.8 ML per 1 FILL)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfurea)	Tier 2	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 2	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 2	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 2	
<i>clotrimazole topical solution 1 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Tier 4	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 4	
<i>econazole topical cream 1 %</i>	Tier 2	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 4	
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 2	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 3	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 3	
EXODERM TOPICAL LOTION 25-1 %	Tier 2	
<i>gentamicin topical cream 0.1 %</i>	Tier 2	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 2	QL (90 GM per 1 FILL)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 4	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 4	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 4	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 4	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 4	
IMIOXIA TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 4	
<i>ketoconazole topical cream 2 %</i>		Tier 2	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>		Tier 2	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 4	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
<i>luliconazole topical cream 1 %</i>	(Luzu)	Tier 2	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
<i>mafenide acetate topical packet 50 gram</i>	(Sulfamylon)	Tier 2	
<i>malathion topical lotion 0.5 %</i>	(Ovide)	Tier 2	
MENTAX TOPICAL CREAM 1 %	(butenafine)	Tier 4	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	(Vusion)	Tier 2	
<i>mupirocin calcium topical cream 2 %</i>		Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	(Centany)	Tier 2	QL (90 GM per 1 FILL)
<i>naftifine topical cream 1 %</i>		Tier 2	
<i>naftifine topical cream 2 %</i>		Tier 2	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i>	(Naftin)	Tier 2	
NANRAN TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 4	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>		Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>		Tier 2	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i>	(Klayesta)	Tier 2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>		Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>		Tier 2	QL (180 GM per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 %	Tier 4	
<i>oxiconazole topical cream 1 %</i>	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 4	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 2	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 4	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 4	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 4	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Tier 4	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Tier 2	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 4	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 2	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 2	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 2	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium-sulfur)	Tier 2	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 2	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 2	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Tier 2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 2	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Tier 2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	Tier 2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 2	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 2	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 4	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa)	Tier 4	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 2	PA
ULESFIA TOPICAL LOTION 5 %	Tier 4	
XEPI TOPICAL CREAM 1 %	Tier 4	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Dermatología - Antiinflamatorio		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 4	
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 2	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 2	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 2	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	
<i>amcinonide topical cream 0.1 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 2	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 2	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 4	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 4	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 4	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 4	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 4	
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	
<i>clobetasol topical cream 0.05 %</i>	Tier 2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 2	
<i>clobetasol topical gel 0.05 %</i>	Tier 2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol topical ointment 0.05 %</i>	Tier 2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 4	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 4	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 4	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 2	
<i>desonide topical gel 0.05 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 2	
<i>desonide topical ointment 0.05 %</i>	Tier 2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 2	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 2	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 2	
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	Tier 2	
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 2	
<i>fluocinolone topical cream 0.01 %</i>	Tier 2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 2	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 2	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 2	
<i>fluocinonide topical cream 0.05 %</i>	Tier 2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 2	
<i>fluocinonide topical gel 0.05 %</i>	Tier 2	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 2	
<i>fluocinonide topical solution 0.05 %</i>	Tier 2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)	Tier 2	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 2	
FLUOXIA TOPICAL CREAM 0.05-4 %	Tier 4	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 2	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 2	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 2	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2	
HALOG TOPICAL OINTMENT 0.1 %	Tier 4	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	Tier 4	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 2	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 2	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 2	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 4	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>mometasone topical cream 0.1 %</i>	Tier 2	
<i>mometasone topical ointment 0.1 %</i>	Tier 2	
<i>mometasone topical solution 0.1 %</i>	Tier 2	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Requires prior prescription for generic Fluocinolone cream/oil/ointment/solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Requires prior prescription for generic Fluocinolone cream/oil/ointment/solution within the past 120 days
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet- aloe vera)	Tier 4	
OPZELURA TOPICAL CREAM 1.5 %	Tier 3	PA
PANDEL TOPICAL CREAM 0.1 %	Tier 4	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 2	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate- niacin)	Tier 4	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 3	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 4	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 4	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 4	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 4	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 4	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 3	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 2	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 2	
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	Tier 2	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 2	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 2	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 2	QL (454 GM per 30 days)
ZORYVE TOPICAL FOAM 0.3 %	Tier 4	PA
Dermatología - Misceláneo		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
<i>alcohol swabs topical pads, medicated</i> (Alcohol Pads)	Tier 4	
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
<i>ammonium lactate topical cream 12 %</i>	Tier 2	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 2	
ANACAINE TOPICAL OINTMENT 10 %	Tier 4	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 4	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL	Tier 4	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 2	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 4	
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 5	PA
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 2	
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 2	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 2	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 4	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 4	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY	Tier 4	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY	Tier 4	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 4	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 4	
<i>diclofenac sodium topical gel 3 %</i>	Tier 2	QL (100 GM per 1 FILL)
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 4	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 2	
FLUOROPLEX TOPICAL CREAM 1 %	Tier 4	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 2	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 2	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 2	
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 4	
<i>guaiacol liquid</i>	Tier 4	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 4	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> (Pramosone)	Tier 2	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 4	
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 4	
INCONTROL ALCOHOL PADS (alcohol swabs) TOPICAL PADS, MEDICATED	Tier 4	
IV PREP WIPES TOPICAL PADS, (alcohol swabs) MEDICATED	Tier 4	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	Tier 4	
KERASTAT TOPICAL CREAM	Tier 4	
KERASTAT TOPICAL GEL 5 %	Tier 4	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 3	QL (5 EA per 1 FILL)
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 4	
<i>lactated ringers irrigation solution</i>	Tier 4	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 2	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 2	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 4	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
LITFULO ORAL CAPSULE 50 MG	Tier 5	PA
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 2	
METDRAY TOPICAL GEL 17-2 %	Tier 4	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 2	
<i>methyl salicylate topical liquid</i>	Tier 2	
NENDRUX TOPICAL GEL 40-5 %	Tier 4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 4	
NEXOBRID TOPICAL GEL 8.8 %	Tier 4	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 4	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 4	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL CREAM 10 %	Tier 4	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 4	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 4	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 4	
PANRETIN TOPICAL GEL 0.1 %	Tier 5	QL (60 GM per 28 days)
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 4	
PODOCON TOPICAL LIQUID 25 %	Tier 2	
<i>podofilox topical gel 0.5 %</i> (Condylox)	Tier 2	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 2	QL (0.5 ML per 1 day)
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 2	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 2	
PR CREAM TOPICAL CREAM	Tier 2	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 4	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 3	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 3	
PRESERA TOPICAL FOAM	Tier 4	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
PRONAL TOPICAL GEL 10-40 %	Tier 4	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
QUTENZA TOPICAL KIT 8 %	Tier 4	PA
RECEDO TOPICAL GEL	Tier 4	
REGENECARE TOPICAL GEL 2 %	Tier 4	
<i>ringer's irrigation solution</i>	Tier 2	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 2	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 2	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 2	
<i>salicylic acid topical liquid 26 %</i>	Tier 2	
<i>salicylic acid topical lotion 6 %</i>	Tier 2	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 2	
<i>salicylic acid topical ointment 3 %</i>	Tier 2	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 2	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 4	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 4	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	PA
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 2	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 2	
<i>silver nitrate topical solution 10 %</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 2	
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 2	
<i>sorbitol irrigation solution 3 %</i>	Tier 2	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 2	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 4	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 2	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 2	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 2	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 2	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SURE-PREP ALCOHOL PREP PADS (alcohol swabs) TOPICAL PADS, MEDICATED	Tier 4	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 4	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20- 8.75- 6.25 MG/100 ML	Tier 4	
TOLAK TOPICAL CREAM 4 %	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 4	
TRUE COMFORT ALCOHOL PADS (alcohol swabs) TOPICAL PADS, MEDICATED	Tier 4	
TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS TOPICAL PADS, MEDICATED	Tier 4	
ULTILET ALCOHOL SWAB TOPICAL (alcohol swabs) PADS, MEDICATED	Tier 4	
ULTRASAL-ER TOPICAL FILM- (salicylic acid) FORMING SOLN ER W/ APPL 28.5 %	Tier 4	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 4	
URAMAXIN TOPICAL FOAM 20 %	Tier 4	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 4	
UREA NAIL STICK TOPICAL (urea) SOLUTION 50 %	Tier 2	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 2	
<i>urea topical cream 40 %, 47 %</i>	Tier 2	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 2	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 2	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 2	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 2	
<i>urea topical lotion 40 %</i>	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 5	PA
VASELINE WHITE PETROLEUM (white petrolatum) TOPICAL OINTMENT IN PACKET	Tier 2	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 4	
<i>water for irrigation, sterile irrigation (Curity Sterile Water) solution</i>	Tier 2	
WEBCOL TOPICAL PADS, (alcohol swabs) MEDICATED	Tier 4	
WINTERGREEN OIL OIL (methyl salicylate)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 4	
XCLAIR TOPICAL CREAM	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 4	PA
<i>zinc oxide topical ointment 20 %</i>	Tier 2	
<i>zinc oxide topical paste 25 %</i>	Tier 2	
Dermatología - Soriasis/Eccema		
<i>acitretin oral capsule 10 mg, 17.5 mg, 22.5 mg, 25 mg</i>	Tier 5	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 5	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 5	PA
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 2	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	Tier 5	PA
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 4	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 4	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 4	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 4	
HYFTOR TOPICAL GEL 0.2 %	Tier 5	PA
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 4	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 2	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 4	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
NUJO TOPICAL SOLUTION 0.1 %	Tier 4	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 4	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 4	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 5	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Tier 4	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Tier 4	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 4	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
SOTYKTU ORAL TABLET 6 MG	Tier 5	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 2	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 5	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 2	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 %	Tier 4	Age (Max 39 Years)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA
<i>urea topical cream 20 %</i> (Gormel)	Tier 2	
VTAMA TOPICAL CREAM 1 %	Tier 4	PA
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 4	
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 4	PA
Dermatología - Trastornos De Pigmentación		
<i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)	Tier 2	
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KATARVIA TOPICAL EMULSION 4-0.025 %	Tier 4	
KATARYA TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4
KAXM TOPICAL EMULSION 4 %	(hydroquinone)	Tier 4
KEIDO TOPICAL EMULSION 6-1 %	(hydroquinone-hyaluronate)	Tier 4
KETARYA TOPICAL EMULSION 6-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %		Tier 4
KEVARTIA TOPICAL EMULSION 6-0.05 %		Tier 4
KEVARYA TOPICAL EMULSION 6-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4
KEXM TOPICAL EMULSION 6 %	(hydroquinone)	Tier 4
KEYA TOPICAL EMULSION 6-0.5 %	(hydroquinone-hydrocortisone)	Tier 4
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %		Tier 4
KUTAR TOPICAL EMULSION 8-0.025 %		Tier 4
KUTARVIA TOPICAL EMULSION 8-0.025 %		Tier 4
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4
KUTEA TOPICAL EMULSION 8 %	(hydroquinone)	Tier 4
KUVARYA TOPICAL EMULSION 8-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 4
KUVARYE TOPICAL EMULSION 8-0.05-1 %	(hydroquin-tretinoin-hydrocort)	Tier 4
KUXM TOPICAL EMULSION 8 %	(hydroquinone)	Tier 4
OBAGI ELASTIDERM TOPICAL CREAM 4 %	(hydroquinone)	Tier 2
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 %	(hydroquinone)	Tier 2
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 %	(hydroquinone)	Tier 2
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15		Tier 4

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %	Tier 4	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %	Tier 4	
PROOXIA TOPICAL CREAM 10-4 % (lactic acid-niacinamide)	Tier 4	
TRI-LUMA TOPICAL CREAM 0.01-4- 0.05 %	Tier 4	
YAXATARXYN TOPICAL EMULSION 4- 0.025-0.5 % (hydroquin-tretinoin- hydrocort)	Tier 4	
YOKATAR TOPICAL EMULSION 4- 0.025-2.5 %	Tier 4	
Diabetes		
2TEK GLUCOSE/BLOOD PRESSURE KIT	Tier 3	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 2	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ADVANCED GLUCOSE METER (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg (Nesina)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg (Kazano)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg (Oseni)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ASSURE PRISM MULTI METER (blood-glucose meter)	Tier 3	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 4	ST: Requires prior prescriptions for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	Tier 4	ST: Requires prior prescription for generic Semglee (yfgn), generic Toujeo, or generic Tresiba within the past 120 days; QL (30 ML per 28 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
BIONIME RIGHTEST GM300 SYSTEM KIT	(blood-glucose meter)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
BIOTEL CARE BGM-4 METER	(blood-glucose meter)	Tier 3	
BLOOD GLUCOSE MONITORING KIT	(blood-glucose meter)	Tier 3	
BLOOD GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
<i>blood-glucose meter</i>	(Accu-Chek Guide Glucose Meter)	Tier 3	
<i>blood-glucose meter kit</i>	(Bionime Rightest Gm300 System)	Tier 3	
BLULINK DIABETIC TEST BUNDLE KIT	(blood-glucose meter)	Tier 3	
BLULINK GLUCOSE MONITOR SYSTEM	(blood-glucose meter)	Tier 3	
BLULINK GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP		Tier 3	QL (200 EA per 30 days)
BRENZAVVY ORAL TABLET 20 MG	(bexagliflozin)	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML		Tier 3	PA; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML		Tier 3	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML		Tier 3	PA; QL (1.2 ML per 30 days)
CARESENS N	(blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER	(blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER	(blood-glucose meter)	Tier 3	
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CARESENS N VOICE	(blood-glucose meter)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT	(blood-glucose meter)	Tier 3	
CARETOUCH KETONE-GLUCOSE MONIT DEVICE		Tier 3	
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CHOICEDM CLARUS	(blood-glucose meter)	Tier 3	
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHEK BLOOD GLUCOSE	(blood-glucose meter)	Tier 3	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CLEVER CHEK BLOOD GLUCOSE SYST KIT	(blood-glucose meter)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS	(blood-glucose meter)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
CLEVER CHOICE MICRO	(blood-glucose meter)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE PRO	(blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE TALK GLUCOSE SYS	(blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR METER	(blood-glucose meter)	Tier 3	
CONTOUR METER KIT	(blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER	(blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER KIT	(blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER	(blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER KIT	(blood-glucose meter)	Tier 3	
CONTOUR NEXT GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT		Tier 3	
CONTOUR NEXT LINK KIT		Tier 3	
CONTOUR NEXT METER	(blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER	(blood-glucose meter)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR PLUS BLUE METER	(blood-glucose meter)	Tier 3	
CONTOUR PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CYCLOSET ORAL TABLET 0.8 MG		Tier 4	ST: Requires prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>	(Xigduo XR)	Tier 2	QL (1 EA per 1 day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	(Xigduo XR)	Tier 2	QL (2 EA per 1 day)

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<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	Tier 2	QL (1 EA per 1 day)
DARIO BLOOD GLUCOSE MONITOR DEVICE	Tier 3	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
DIASTIX STRIP	Tier 4	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 2	
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 4	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)	Tier 3	
EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Tier 3	
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASYGLUCO METER KIT (blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 3	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASYMAX NG (blood-glucose meter)	Tier 3	
EASYMAX NG KIT (blood-glucose meter)	Tier 3	
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASYMAX T1 KIT (blood-glucose meter)	Tier 3	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	Tier 3	

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EASY-TOUCH BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
ELEMENT COMPACT GLUCOSE METER	(blood-glucose meter)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ELEMENT COMPACT V GLUCOSE MTR	(blood-glucose meter)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 3	
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE EVO BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 3	
EMBRACE EVO GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE PRO GLUCOSE METER	(blood-glucose meter)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE TALK BLOOD GLUCOSE SYS KIT	(blood-glucose meter)	Tier 3	
EMBRACE TALK GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE WAVE PLUS GLUCOSE MTR	(blood-glucose meter)	Tier 3	
EVENCARE G2	(blood-glucose meter)	Tier 3	
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE G3 GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE KIT	(blood-glucose meter)	Tier 3	
EVENCARE MINI GLUCOSE TEST STR STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE MINI MONITOR SYSTEM	(blood-glucose meter)	Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVOLUTION BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EZ SMART PLUS SYSTEM KIT	(blood-glucose meter)	Tier 3	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EZ SMART SYSTEM KIT	(blood-glucose meter)	Tier 3	
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)		Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE		Tier 3	
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA D10 KIT		Tier 3	
FORA D15 GLUCOSE-BP MONITOR DEVICE		Tier 3	
FORA D15G STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA D20 KIT	(blood-glucose meter)	Tier 3	
FORA D20 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA D40D GLUCOSE-BP MONITOR DEVICE		Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE		Tier 3	
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA G20 KIT	(blood-glucose meter)	Tier 3	
FORA G20 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA G30A	(blood-glucose meter)	Tier 3	
FORA G30-PREMIUM V10 TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA GTEL MULTI-FUNCTN MONITOR DEVICE		Tier 3	
FORA PREMIUM V10 GLUCOSE METER	(blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER	(blood-glucose meter)	Tier 3	
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA TN'G ADV MOBILE MULTI MTR DEVICE		Tier 3	
FORA TN'G ADVAN PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO MONITOR DEVICE		Tier 3	
FORA TN'G VOICE METER	(blood-glucose meter)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V10 KIT	(blood-glucose meter)	Tier 3	
FORA V10 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V12 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
FORA V12 GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V20 KIT	(blood-glucose meter)	Tier 3	
FORA V20 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V30A	(blood-glucose meter)	Tier 3	
FORA V30A KIT	(blood-glucose meter)	Tier 3	
FORA V30A STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORACARE GD20 GLUCOSE METER	(blood-glucose meter)	Tier 3	
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORACARE GD40A GLUCOSE METER	(blood-glucose meter)	Tier 3	
FORACARE GD40B GLUCOSE METER	(blood-glucose meter)	Tier 3	
FREESTYLE FLASH SYSTEM KIT	(blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT	(blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT	(blood-glucose meter)	Tier 3	
FREESTYLE INSULINX	(blood-glucose meter)	Tier 3	
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
FREESTYLE LITE METER KIT	(blood-glucose meter)	Tier 3	
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO METER	(blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE SIDEKICK II KIT	(blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT	(blood-glucose meter)	Tier 3	
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GDRIVE KIT	(blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>		Tier 1	
<i>glipizide oral tablet 2.5 mg</i>		Tier 2	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	(Glucotrol XL)	Tier 1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 2	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 3	QL (4 EA per 1 FILL)
GLUCO NAVII GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 3	
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD 01 METER KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD EXPRESSION	(blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD SHINE CONNEX METER	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER	(blood-glucose meter)	Tier 3	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
GLUCOCARD SHINE METER KIT KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD SHINE XL METER	(blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCOM BLOOD GLUCOSE KIT	(blood-glucose meter)	Tier 3	
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>		Tier 1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 3	QL (1 EA per 1 day)
GM100 KIT	(blood-glucose meter)	Tier 3	
GM100 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GOJJI MULTI-FUNCTIONAL METER DEVICE		Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT		Tier 3	
GOODLIFE AC-302 GLUCOSE METER	(blood-glucose meter)	Tier 3	
GOODLIFE AC-302 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 3	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 3	QL (0.8 ML per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 3	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 3	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	QL (24 ML per 28 days)
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
INFINITY METER KIT KIT	(blood-glucose meter)	Tier 3	
INFINITY STARTER KIT KIT	(blood-glucose meter)	Tier 3	
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
INPEFA ORAL TABLET 200 MG		Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG		Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		Tier 4	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		Tier 4	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		Tier 4	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		Tier 4	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		Tier 4	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		Tier 4	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100)	Tier 4	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 4	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)

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<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Tresiba FlexTouch U-100)	Tier 2	QL (30 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i> (Tresiba FlexTouch U-200)	Tier 2	QL (18 ML per 28 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i> (Tresiba U-100 Insulin)	Tier 2	QL (40 ML per 28 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i> (Toujeo SoloStar U-300 Insulin)	Tier 2	QL (13.5 ML per 28 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i> (Toujeo Max U-300 SoloStar)	Tier 2	QL (18 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin glarg-yfgn)Pen)	Tier 2	QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))	Tier 2	QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> (Humalog Mix 75-25 KwikPen)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> (Admelog SoloStar U-100 Insulin)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	Tier 2	QL (40 ML per 28 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (30 EA per 30 days)

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JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 3	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)	Tier 3	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
KETO-DIASTIX STRIP	Tier 4	
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 5	PA
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	Tier 4	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	Tier 4	QL (40 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for generic Semglee (yfgn), generic Toujeo, or generic Tresiba within the past 120 days; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for generic Semglee (yfgn), generic Toujeo, or generic Tresiba within the past 120 days; QL (40 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Tier 4	QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 5	PA
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
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	Tier 3	PA; QL (0.5 ML per 7 days)
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
NO-STICK GLUCOSE STRIP	Tier 4	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
NOVA MAX PLUS GLUC-KETON METER DEVICE	Tier 3	
NOVA MAX PLUS GLUC-KETON METER KIT	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 4	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 4	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 4	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ON CALL PLUS METER (blood-glucose meter)	Tier 3	
ON CALL PLUS METER KIT (blood-glucose meter)	Tier 3	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ON CALL VIVID METER (blood-glucose meter)	Tier 3	
ON CALL VIVID METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Tier 3	
ONETOUCH VERIO REFLECT KIT (blood-glucose meter)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
OPTUMRX (blood-glucose meter)	Tier 3	
OPTUMRX KIT (blood-glucose meter)	Tier 3	
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; QL (3 ML per 28 days)
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

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<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PLATINUM GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
POGO AUTOMATIC BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
PRECISION (blood-glucose meter)	Tier 3	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION XTRA KETONE-GLUCOSE KIT	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	

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PREMIUM BLOOD GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
PREMIUM V10	(blood-glucose meter)	Tier 3	
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRESTO PRO BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
PRO VOICE V8 GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRO VOICE V9 GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE METER KIT	(blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST	(blood-glucose meter)	Tier 3	
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRODIGY POCKET METER KIT	(blood-glucose meter)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
PTS PANELS EGLU TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
QTERN ORAL TABLET 10-5 MG, 5-5 MG		Tier 4	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
QUINTET AC	(blood-glucose meter)	Tier 3	
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
QUINTET BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
REFUAH PLUS GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 3	
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
REGANEX TOPICAL GEL 0.01 %		Tier 3	
RELION ALL-IN-ONE METER KIT	(blood-glucose meter)	Tier 3	
RELION CONFIRM KIT	(blood-glucose meter)	Tier 3	
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RELION MICRO GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 3	
RELION PRIME METER	(blood-glucose meter)	Tier 3	
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

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<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for generic Semglee (yfgn), generic Toujeo, or generic Tresiba within the past 120 days; QL (30 ML per 28 days)
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 3	
RIGHTEST GM700SB GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST MAX PLUS GLUCOSE MTR (blood-glucose meter)	Tier 3	
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 4	ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	PA; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 5 mg</i> (Onglyza)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

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<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
SEGLUOMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 3	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
SMARTEST EJECT KIT (blood-glucose meter)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT (blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (30 ML per 28 days)
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)

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STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 3	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 3	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3	QL (2 EA per 1 day)
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TEMPO SMART BUTTON DEVICE	Tier 4	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 3	QL (2 EA per 1 day)
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Tier 3	

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TRUE METRIX GLUCOSE METER	(blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TRUE METRIX GO GLUCOSE METER	(blood-glucose meter)	Tier 3	
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
TRUERESULT BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT	(blood-glucose meter)	Tier 3	
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA 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		Tier 3	PA; QL (2 ML per 28 days)
ULTIMA MONITOR	(blood-glucose meter)	Tier 3	
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ULTRATRAK GLUCOSE METER	(blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ULTRATRAK ULTIMATE	(blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
V-GO 20 DEVICE		Tier 3	
V-GO 30 DEVICE		Tier 3	
V-GO 40 DEVICE		Tier 3	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)		Tier 4	PA; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)		Tier 4	PA; QL (9 ML per 30 days)
VIVAGUARD INO GLUCOSE METER	(blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER	(blood-glucose meter)	Tier 3	
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
WAVESENSE AMP KIT	(blood-glucose meter)	Tier 3	
WAVESENSE JAZZ STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
WAVESENSE PRESTO	(blood-glucose meter)	Tier 3	
WAVESENSE PRESTO KIT	(blood-glucose meter)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	QL (2 EA per 1 day)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3	QL (15 ML per 28 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 3	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 3	QL (2.4 ML per 1 FILL)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Enfermedad Cardiovascular - Agentes Misceláneos		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 2	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 2	QL (1 EA per 1 day)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 3	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 3	QL (2 EA per 1 day)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 5	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	QL (2 EA per 1 day)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 2	QL (120 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA
VYNDAQEL ORAL CAPSULE 20 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Enfermedad Cardiovascular - Arritmia		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	
Enfermedad Cardiovascular - Estimulante Cardíaco		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 2	PA
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	PA
Enfermedad Cardiovascular - Hipertensión		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>aliskiren oral tablet 150 mg, 300 mg</i>	(Tekturna)	Tier 2	
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 5	PA
<i>ambisentan oral tablet 10 mg, 5 mg</i>	(Letairis)	Tier 5	PA
<i>amiloride oral tablet 5 mg</i>		Tier 2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		Tier 2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Norvasc)	Tier 2	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	(Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>		Tier 1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	(Azor)	Tier 2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	(Exforge)	Tier 1	
<i>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</i>	(Exforge HCT)	Tier 2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	(Tenormin)	Tier 2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	(Tenoretic 100)	Tier 2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	(Tenoretic 50)	Tier 2	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i>	(Lotensin)	Tier 1	
<i>benazepril oral tablet 5 mg</i>		Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	(Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>		Tier 2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		Tier 2	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	(Tracleer)	Tier 5	PA
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>		Tier 2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	(Atacand)	Tier 2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	(Atacand HCT)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 2	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 2	QL (1 EA per 1 day)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 2	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadyt ER)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 2	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DILT-XR ORAL CAPSULE,EXT.REL (diltiazem hcl) 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 2	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg,</i> (Cardura) <i>8 mg</i>	Tier 2	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4	ST: Requires prior prescription for an ACE Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination within the past 120 days
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 4	ST: Requires prior prescription for an ACE Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination within the past 120 days
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 2	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 2	
<i>eprosartan oral tablet 600 mg</i>	Tier 2	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 2	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 2	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 2	PA
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 5	PA
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>metoprolol succinate oral tablet</i> (Toprol XL) <i>extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> <i>100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 2	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	Tier 2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 2	
<i>nimodipine oral capsule 30 mg</i>	Tier 2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 2	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 2	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 5	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 5	PA
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 2	
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 5	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 5	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 5	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 4	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 2	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Tier 2	PA
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Tier 2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 5	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Tier 2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 2	
<i>toremide oral tablet 20 mg</i> (Soaanz)	Tier 2	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 5	PA
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 2	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 5	PA
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	
TRYVIO ORAL TABLET 12.5 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 5	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 5	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 5	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Enfermedad Cardiovascular - Irregularidad De Lípidos		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 4	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 2	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light)	Tier 2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 2	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 2	
<i>colestipol oral packet 5 gram</i>	Tier 2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 2	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	QL (1 EA per 1 day)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 2	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 2	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 2	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 2	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 2	PA; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Tier 2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	Tier 2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibracor)	Tier 2	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 4	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 4	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 2	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	Tier 2	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	Tier 2	QL (4 EA per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
NEXLETOL ORAL TABLET 180 MG	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 2	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 2	ST: Requires prior prescription for Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide within the past 120 days; QL (4 EA per 1 day)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
PREVALITE ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Enfermedad Cardiovascular - Vasodilatación		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 2	
<i>ergoloid oral tablet 1 mg</i>	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 4	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 2	
<i>papaverine injection solution 30 mg/ml</i>	Tier 2	
Enfermedad De Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 5	PA
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>entacapone oral tablet 200 mg</i>	Tier 2	
INBRIJA INHALATION CAPSULE 42 MG	Tier 5	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 5	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 3	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 5	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>	Tier 2	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	ST: Requires prior prescription for Carbidopa/levodopa within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	
<i>tolcapone oral tablet 100 mg (Tasmar)</i>	Tier 2	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 4	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 4	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Enfermedad Infecciosa - Bacteriana		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 2	
<i>azithromycin oral tablet 600 mg</i>	Tier 2	
BAXDELA ORAL TABLET 450 MG	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5	PA
<i>ceftazidime oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>ceftazidime oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 2	
<i>ceftazidime oral tablet extended release 12 hr 500 mg</i>	Tier 2	
<i>cefadroxil oral capsule 500 mg</i>	Tier 2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>cefadroxil oral tablet 1 gram</i>	Tier 2	
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 2	
CIPRO ORAL (ciprofloxacin) SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 3	QL (20 EA per 10 days)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 2	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 2	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 2	
FACTIVE ORAL TABLET 320 MG	Tier 4	
<i>fosfomicin tromethamine oral packet 3 gram</i>	Tier 2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 2	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 2	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 4	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 2	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 2	PA
NUZYRA ORAL TABLET 150 MG	Tier 4	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
REBYOTA RECTAL ENEMA 150 ML	Tier 5	PA
SIVEXTRO ORAL TABLET 200 MG	Tier 3	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 4	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 4	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 2	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 2	
VOWST ORAL CAPSULE	Tier 5	PA
XENLETA ORAL TABLET 600 MG	Tier 4	PA
Enfermedad Infecciosa - Fungosa		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 4	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Tier 2	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Tier 2	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 2	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 2	
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 4	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 2	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VIVJOA ORAL CAPSULE 150 MG	Tier 4	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 2	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 2	
Enfermedad Infecciosa - Miscelánea		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Tier 4	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 5	PA
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 2	
<i>cycloserine oral capsule 250 mg</i>	Tier 2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
<i>ethambutol oral tablet 100 mg</i>	Tier 2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 2	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
<i>neomycin oral tablet 500 mg</i>	Tier 2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 4	
<i>pretomanid oral tablet 200 mg</i>	Tier 4	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 4	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 5	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 5	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 5	PA

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	(Bethkis)	Tier 5	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	(Kitabis Pak)	Tier 5	PA
TRECTOR ORAL TABLET 250 MG		Tier 4	
<i>vancomycin oral capsule 125 mg</i>	(Vancocin)	Tier 2	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	(Vancocin)	Tier 2	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	(Firvanq)	Tier 2	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	(Firvanq)	Tier 2	QL (600 ML per 1 FILL)
XIFAXAN ORAL TABLET 200 MG		Tier 4	PA
XIFAXAN ORAL TABLET 550 MG		Tier 3	PA
Enfermedad Infecciosa - Parasitaria			
<i>albendazole oral tablet 200 mg</i>		Tier 2	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 4	QL (50 ML per 1 day)
ARAKODA ORAL TABLET 100 MG		Tier 4	
<i>atovaquone oral suspension 750 mg/5 ml</i>	(Mepron)	Tier 2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	(Malarone)	Tier 2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	(Malarone Pediatric)	Tier 2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		Tier 2	
<i>chloroquine phosphate oral tablet 250 mg</i>		Tier 2	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>		Tier 2	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG		Tier 4	
EGATEN ORAL TABLET 250 MG		Tier 4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 3	PA
<i>hydroxychloroquine oral tablet 100 mg</i>		Tier 2	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	(Sovuna)	Tier 2	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	(Sovuna)	Tier 2	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>		Tier 2	QL (60 EA per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		Tier 3	PA
<i>ivermectin oral tablet 3 mg</i>	(Stromectol)	Tier 2	
KRINTAFEL ORAL TABLET 150 MG		Tier 3	QL (2 EA per 1 FILL)
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 4	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 4	PA
<i>mefloquine oral tablet 250 mg</i>		Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 2	QL (2 EA per 1 day)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 2	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 2	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 5	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 2	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 4	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 3	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 4	QL (60 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Enfermedad Infecciosa - Viral		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 5	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 5	QL (1 EA per 1 day)
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 5	QL (1 EA per 1 day)
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	\$0 COPAY	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
APTIVUS ORAL CAPSULE 250 MG	Tier 5	QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>atazanavir oral capsule 150 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 5	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 5	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 5	QL (630 ML per 30 days)
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 5	QL (1 EA per 1 day)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	\$0 COPAY	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
CIMDUO ORAL TABLET 300-300 MG	Tier 5	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 5	QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 5	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 5	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 5	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 5	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 5	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Tier 5	QL (1 EA per 1 day)
EDURANT ORAL TABLET 25 MG	Tier 5	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 5	
<i>efavirenz oral tablet 600 mg</i>	Tier 5	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	Tier 5	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 5	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	Tier 5	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 5	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5	QL (850 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 5	QL (1 EA per 1 day)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 5	PA
EPCLUSA ORAL TABLET 200-50 MG	Tier 5	PA
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 5	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 5	QL (2 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	QL (1 EA per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 5	QL (4 EA per 1 day)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 5	QL (2 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	QL (1 EA per 1 day)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 5	PA
HARVONI ORAL TABLET 45-200 MG	Tier 5	PA
INTELENCE ORAL TABLET 25 MG	Tier 5	QL (4 EA per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	Tier 5	QL (6 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	Tier 5	QL (1 EA per 1 day)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); Age (Min 18 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 5	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 5	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 5	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	Tier 5	PA
LIVTENCITY ORAL TABLET 200 MG	Tier 5	PA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 5	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 5	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 5	QL (4 EA per 1 day)
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 5	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 5	QL (4 EA per 1 day)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 5	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 5	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 5	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 5	QL (1 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 5	QL (12 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	QL (1 EA per 1 day)
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 2	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 2	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 2	QL (360 ML per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 3	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 3	QL (30 EA per 28 days); Age (Min 12 Years)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA
PIFELTRO ORAL TABLET 100 MG	Tier 5	QL (2 EA per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 5	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 5	QL (16 EA per 1 day)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 4	QL (40 EA per 180 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 5	QL (5 EA per 1 day)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 2	
<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 2	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 5	QL (12 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 5	PA
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 5	QL (31 ML per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	Tier 5	PA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 5	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 5	QL (2 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	QL (1 EA per 1 day)
SUNLENCA ORAL TABLET 300 MG	Tier 5	PA
SYM TUZA ORAL TABLET 800-150-200-10 MG	Tier 5	QL (1 EA per 1 day)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 5	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	QL (6 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 5	QL (6 EA per 1 day)
TYBOST ORAL TABLET 150 MG	Tier 3	QL (1 EA per 1 day)
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 2	
VEMLIDY ORAL TABLET 25 MG	Tier 5	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	QL (1 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 5	QL (1 EA per 1 day); Age (Min 12 Years)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 3	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 3	QL (2 EA per 180 days)
ZEPATIER ORAL TABLET 50-100 MG	Tier 5	PA
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 5	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 5	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 5	QL (2 EA per 1 day)
Enfermedad Inflamatoria		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA
<i>adalimumab-adaz subcutaneous pen</i> (Hyrimoz(CF) Pen) <i>injector 40 mg/0.4 ml</i>	Tier 5	PA
<i>adalimumab-adaz subcutaneous syringe</i> (Hyrimoz(CF)) <i>40 mg/0.4 ml</i>	Tier 5	PA
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 5	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 5	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	PA
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 5	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 5	PA
BETALOAN SUIK KIT 6 MG/ML	Tier 4	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	Tier 2	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	Tier 2	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 2	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 5	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 5	PA
<i>cortisone oral tablet 25 mg</i>	Tier 2	
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 5	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 5	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 5	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 5	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 5	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 4	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>diclofenac-misoprostol oral</i> (Arthrotec 50) <i>tablet, ir, delayed rel, biphasic 50-200 mg- mcg</i>	Tier 2	
<i>diclofenac-misoprostol oral</i> (Arthrotec 75) <i>tablet, ir, delayed rel, biphasic 75-200 mg- mcg</i>	Tier 2	
D-PENAMINE ORAL TABLET 125 MG	Tier 5	PA
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 4	PA
EC-NAPROXEN ORAL (naproxen) TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 2	
EMFLAZA ORAL SUSPENSION 22.75 (deflazacort) MG/ML	Tier 5	PA
EMFLAZA ORAL TABLET 18 MG, 30 (deflazacort) MG, 36 MG, 6 MG	Tier 5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 5	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 5	PA
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 2	
<i>etodolac oral tablet 500 mg</i>	Tier 2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 2	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 3	PA
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 2	
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 4	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 4	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 5	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites	
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 4	PA	
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	(Cortef)	Tier 2	
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML		Tier 4	PA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML		Tier 5	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)		Tier 5	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML		Tier 5	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	(adalimumab-adaz)	Tier 5	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML		Tier 5	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML		Tier 5	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	(adalimumab-adaz)	Tier 5	PA
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	(Children's Advil)	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	(IBU)	Tier 2	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	(Sajazir)	Tier 5	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>		Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>		Tier 2	
<i>indomethacin rectal suppository 100 mg</i>		Tier 2	
<i>ketoprofen oral capsule 25 mg</i>	(Kiprofen)	Tier 2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>		Tier 2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>		Tier 2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>		Tier 2	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>		Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 2	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 2	
<i>ketorolac oral tablet 10 mg</i>	Tier 2	QL (20 EA per 5 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	PA
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 2	
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 2	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 2	
MEDROL ORAL TABLET 2 MG	Tier 3	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 4	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 4	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 2	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 2	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 4	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 2	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 2	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 2	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 2	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 2	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 5	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 5	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 4	PA
OTEZLA ORAL TABLET 30 MG	Tier 5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 5	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 3	QL (1.6 ML per 28 days)
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 2	
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 5	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 5	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 2	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 3	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
RIDAURA ORAL CAPSULE 3 MG	Tier 4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 5	PA
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Tier 5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 4	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 4	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 3	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 3	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 5	PA
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	Tier 5	PA
<i>tolmetin oral capsule 400 mg</i>	Tier 2	
TORONOVA II SUIK KIT 30 MG/ML	Tier 4	
TORONOVA SUIK KIT 30 MG/ML	Tier 4	
TRILOAN II SUIK KIT 40 MG/ML	Tier 4	
TRILOAN SUIK KIT 40 MG/ML	Tier 4	
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 5	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 5	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 5	PA
Enfermedad Neoplásica		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 5	PA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5	PA
AMELUZ TOPICAL GEL 10 %	Tier 4	
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
AUGTYRO ORAL CAPSULE 40 MG	Tier 5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 5	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 2	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 5	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 5	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA
COTELLIC ORAL TABLET 20 MG	Tier 5	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 5	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 5	
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 5	PA
EMCYT ORAL CAPSULE 140 MG	Tier 5	
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 5	PA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 5	PA
<i>etoposide oral capsule 50 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Tier 5	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 5	PA
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
EXKIVITY ORAL CAPSULE 40 MG	Tier 5	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5	
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 5	PA
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 4	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 5	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA
IWILFIN ORAL TABLET 192 MG	Tier 5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5	PA
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 5	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 5	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5	PA
KRAZATI ORAL TABLET 200 MG	Tier 5	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 5	PA
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 5	PA
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)	Tier 5	PA
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 5	
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA
LYSODREN ORAL TABLET 500 MG	Tier 5	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 5	PA
MATULANE ORAL CAPSULE 50 MG	Tier 5	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	PA
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
MESNEX ORAL TABLET 400 MG	Tier 4	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	
MYLERAN ORAL TABLET 2 MG	Tier 5	
NERLYNX ORAL TABLET 40 MG	Tier 5	PA
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 5	QL (2 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA
NUBEQA ORAL TABLET 300 MG	Tier 5	PA
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 5	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 5	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5	PA
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 5	PA
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 5	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 5	ST: Requires prior prescription for Mercaptopurine within the past 120 days
QINLOCK ORAL TABLET 50 MG	Tier 5	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 5	PA
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 5	PA
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 5	PA
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 4	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 2	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 2	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	
<i>sorafenib oral tablet 200 mg (Nexavar)</i>	Tier 5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 2	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 4	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
STIVARGA ORAL TABLET 40 MG	Tier 5	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 5	PA
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 5	
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 5	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5	PA
TAZVERIK ORAL TABLET 200 MG	Tier 5	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 5	PA
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 5	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 5	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	PA
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 5	QL (24 EA per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA
VONJO ORAL CAPSULE 100 MG	Tier 5	PA
WELIREG ORAL TABLET 40 MG	Tier 5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 5	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
XOSPATA ORAL TABLET 40 MG	Tier 5	PA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 5	PA
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 5	PA
YONSA ORAL TABLET 125 MG	Tier 5	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA
Enfermedad Neurológica - Miscelánea		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14)	Tier 5	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 5	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	Tier 5	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	Tier 5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA
BETASERON SUBCUTANEOUS (interferon beta-1b) RECON SOLN 0.3 MG	Tier 5	PA
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML, 40 MG/ML	Tier 5	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 5	PA
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 5	PA
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 5	PA
EXSERVAN ORAL FILM 50 MG	Tier 5	PA
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 5	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 5	PA
GILENYA ORAL CAPSULE 0.25 MG	Tier 5	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 5	PA
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	Tier 5	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 5	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 5	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 5	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 5	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 4	PA
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 5	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 5	PA
PONVORY ORAL TABLET 20 MG	Tier 5	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4	ST: At least 2 prior prescriptions for Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 4	ST: At least 2 prior prescriptions for Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 5	PA
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 5	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 5	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
VELSIPITY ORAL TABLET 2 MG	Tier 5	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 5	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 5	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 5	PA
Inmunización		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (drlec)</i>	Tier 4	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (drlec)</i>	Tier 4	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Tier 4	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 4	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 5	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5	PA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 4	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 4	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
Inmunosupresión/Modulación		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 5	
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 4	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Tier 2	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 2	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 2	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 2	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 2	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 2	
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 5	PA
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 2	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 2	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 4	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizini-niacin)	Tier 4	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 4	
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Tier 3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)	Tier 3	
REZUROCK ORAL TABLET 200 MG	Tier 5	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 2	
La Gota Y Enfermedades Relacionadas		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 2	
<i>allopurinol oral tablet 300 mg</i>	Tier 2	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 2	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 2	QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 4	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 2	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 4	ST: Requires prior prescription for Colchicine capsule or tablets within the past 120 days; QL (10 ML per 1 day)
<i>probenecid oral tablet 500 mg</i>	Tier 2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	
Manejo De Dolor - Analgésicos		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 2	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	Tier 4	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asacaff)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>aspirin oral tablet, delayed release (dr/ec)</i> (Bayer Aspirin) 325 mg	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0 COPAY	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 2	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)	Tier 2	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	Tier 2	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 2	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	Tier 2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 2	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 2	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 2	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Tier 2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 2	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 4	
<i>diflunisal oral tablet 500 mg</i>	Tier 2	
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0 COPAY	
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 4	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2	QL (10 EA per 7 days)
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 2	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 2	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 2	
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 2	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 2	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 2	
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i> (Dilaudid (PF))	Tier 2	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 2	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 2	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
LUCEMYRA ORAL TABLET 0.18 MG	Tier 4	PA
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 2	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 2	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 2	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 2	QL (20 ML per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 2	QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE 40 MG (methadone)	Tier 2	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	PA
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 2	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>morphine oral tablet 15 mg</i>	Tier 2	
<i>morphine oral tablet 30 mg</i>	Tier 3	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL (18 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 4	QL (6 EA per 1 day)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 3	PA
<i>oxycodone oral capsule 5 mg</i>	Tier 2	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Tier 2	
<i>oxycodone oral tablet,oral only,ext.rel.12</i> (OxyContin) <i>hr 10 mg, 20 mg, 40 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12</i> (OxyContin) <i>hr 80 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i> <i>5-325 mg/5 ml</i>	Tier 2	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) <i>10-325 mg, 2.5-325 mg, 5-325 mg, 7.5- 325 mg</i>	Tier 2	QL (12 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL (oxycodone) ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL (oxycodone) ONLY,EXT.REL.12 HR 80 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 2	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 3	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 3	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 2	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 2	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 2	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 2	QL (27 EA per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	Tier 4	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 2	
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 2	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 2	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 2	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 2	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 2	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 2	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 2	QL (18 ML per 30 days)
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 2	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 2	PA
<i>tramadol oral tablet 50 mg</i>	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 4	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 27 MG	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 36 MG	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 4	PA
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 3	QL (2 EA per 1 day)
Oído - Trastornos Generales		
acetic acid otic (ear) solution 2 %	Tier 2	
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	Tier 4	
ciprofloxacin hcl otic (ear) dropperette (Cetraxal) 0.2 %	Tier 2	
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %	Tier 2	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml) (Otovel)	Tier 2	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 4	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	
fluocinolone acetonide oil otic (ear) drops 0.01 % (DermOtic Oil)	Tier 2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 2	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ofloxacin otic (ear) drops 0.3 %	Tier 2	
Ojo - Glaucoma		
acetazolamide oral capsule, extended release 500 mg	Tier 2	
acetazolamide oral tablet 125 mg, 250 mg	Tier 2	
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 2	
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %	Tier 2	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	Tier 2	
atropine ophthalmic (eye) ointment 1 %	Tier 2	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 2	
betaxolol ophthalmic (eye) drops 0.5 %	Tier 2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 4	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 2	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	Tier 2	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 2	
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	Tier 2	
brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)	Tier 2	
carteolol ophthalmic (eye) drops 1 %	Tier 2	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4	
cyclopentolate ophthalmic (eye) drops 1 % (Cyclogyl)	Tier 2	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 2	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 2	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 2	QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Lumigan p/f, or Travoprost within the past 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 3	QL (2.5 ML per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 5	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 4	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	Tier 2	QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Tier 2	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 2	QL (2.5 ML per 25 days)
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	Tier 2	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 4	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Lumigan p/f, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 4	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Lumigan p/f, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
Ojo - Misceláneos		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 5	PA
GELFILM OPHTHALMIC (EYE) FILM	Tier 4	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 4	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 4	PA
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-peketor-wat)	Tier 2	
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 4	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 4	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 4	
Ojo - Trastornos Generales		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4	QL (60 EA per 15 days)
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 4	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 2	
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 3	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 2	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 2	
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 4	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
azelastine ophthalmic (eye) drops 0.05 %	Tier 2	QL (12 ML per 30 days)
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)	Tier 2	
bepotastine besilate ophthalmic (eye) drops 1.5 % (Bepreve)	Tier 2	ST: Requires prior prescription for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
bromfenac ophthalmic (eye) drops 0.07 % (Prolensa)	Tier 2	QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 % (BromSite)	Tier 2	QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %	Tier 2	QL (3.4 ML per 16 days)
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	ST: At least 2 prior prescriptions for Cyclosporine, Restasis Multidose, or Xiidra within the past 365 days; QL (60 EA per 30 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 2	
cromolyn ophthalmic (eye) drops 4 %	Tier 2	QL (50 ML per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 2	
cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)	Tier 2	QL (60 EA per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 2	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 4	
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 2	QL (10 ML per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	Tier 2	QL (10 ML per 14 days)
<i>epinastine ophthalmic (eye) drops</i> 0.05 %	Tier 2	QL (10 ML per 30 days)
<i>erythromycin ophthalmic (eye) ointment</i> 5 mg/gram (0.5 %)	Tier 2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorescein-benoxinate ophthalmic (eye) drops</i> 0.3-0.4 %	Tier 2	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i> 0.25-0.5 %	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension</i> 0.1 % (FML Liquifilm)	Tier 2	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops</i> 0.03 %	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i> 0.5 %	Tier 2	
<i>gentamicin ophthalmic (eye) drops</i> 0.3 %	Tier 2	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Tier 4	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 4	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 4	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 4	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3	QL (3.4 ML per 16 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 2	QL (20 ML per 30 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 3	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 2	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	(Maxitrol)	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	(Maxitrol)	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>		Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>		Tier 2	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 2	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	(neomycin-bacitracin-polymyxin)	Tier 2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 4	QL (9 ML per 16 days)
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox)	Tier 2	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	(Eye Allergy Itch-Redness Rlf)	Tier 2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	(Eye Allergy Itch Relief)	Tier 2	QL (3 ML per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %		Tier 5	PA
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>		Tier 2	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	(bacitracin-polymyxin b)	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>		Tier 2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %		Tier 4	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>		Tier 2	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>		Tier 2	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	(Pred Forte)	Tier 2	QL (20 ML per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 2	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 2	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 2	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	QL (20 ML per 14 days)
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 2	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 2	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 2	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 2	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i>	Tier 2	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	QL (5.5 ML per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)</i>	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 2	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 4	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 4	PA
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 2	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 5	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4	PA
XDEMYV OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	ST: Requires prior prescription for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 120 days
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4	
Otros Medicamentos		
1ST TIER UNIFINE PENTIPS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
1ST TIER UNIFINE PENTIPS PLUS (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
ADVOCATE PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
AIMSCO LATEX CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>alum, ammonium (bulk) powder</i>	Tier 4	
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 4	
APLIGRAF TOPICAL DISK	Tier 4	
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
AQINJECT SAFETY NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 1"	Tier 4	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
AQINJECT STANDARD NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
AQINJECT STANDARD NEEDLE NEEDLE 25 GAUGE X 1"	Tier 4	
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 4	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 4	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 4	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 4	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 4	
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 4	
AURUMHEEL ORAL DROPS	Tier 4	
<i>balsam peru (bulk) liquid</i>	Tier 4	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "	Tier 4	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1"	Tier 4	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (filter needles)	Tier 4	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (filter needles)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (needle (disp) 26 gauge)	Tier 4	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8"	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"	Tier 4	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
BD SAFETYGLIDE NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 X 5/8 "	Tier 4	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
BD SHORT BEVEL NEEDLES NEEDLE 20 GAUGE X 1 1/2", 20 GAUGE X 1"	Tier 4	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2"	Tier 4	
BD SPECIALTY USE NEEDLES (needle (disp) 16 g) NEEDLE 16 GAUGE X 1"	Tier 4	
BD ULTRA-FINE MICRO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 1/4"	Tier 3	
BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16"	Tier 3	
BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 3	
BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2"	Tier 4	
BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	Tier 3	
<i>benzoin (bulk) topical tincture</i>	Tier 4	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 5	PA
<i>blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "</i>	Tier 4	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 5	PA
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 5	ST: Requires prior prescription for inhaled 7% Sodium Chloride Solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 4	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 4	
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 2	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 2	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 2	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"	Tier 4	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1"	Tier 4	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 4	
CERDELGA ORAL CAPSULE 84 MG	Tier 5	
CHEK-STIX CONTROL STRIP	Tier 4	
CHEMET ORAL CAPSULE 100 MG	Tier 4	
CHEMSTRIP 10 MD STRIP	Tier 4	
CHEMSTRIP 10/SG STRIP	Tier 4	
CHEMSTRIP 2 GP STRIP	Tier 4	
CHEMSTRIP 50B STRIP	Tier 4	
CHEMSTRIP 7 STRIP	Tier 4	
CHEMSTRIP 9 STRIP	Tier 4	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 4	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
COAGUCHEK XS	Tier 4	
COMBISTIX REAGENT STRIP	Tier 4	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16"	Tier 4	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"	Tier 4	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 4	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
CONCEPTION KIT	Tier 4	
CRALONIN ORAL DROPS	Tier 4	
CRYOSERV SOLUTION 99 %	Tier 4	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 4	
CUVRIOR ORAL TABLET 300 MG	Tier 5	PA
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 5	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 5	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Tier 5	PA
<i>deferoxamine injection recon soln 2 gram</i>	Tier 2	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 2	PA
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 2	
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 4	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 4	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 5	PA
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DROPLET PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8"	Tier 4	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 4	
DROPSAFE PEN NEEDLE NEEDLE 31 (pen needle, diabetic, GAUGE X 3/16" safety)	Tier 4	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"	Tier 4	
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4	
DUREX AIR CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
EASY COMFORT PEN NEEDLES (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
EASY COMFORT SAFETY PEN (pen needle, diabetic, NEEDLE NEEDLE 31 GAUGE X 3/16" safety)	Tier 4	
EASY GLIDE PEN NEEDLE NEEDLE (pen needle, diabetic) 33 GAUGE X 5/32"	Tier 4	
EASY TOUCH FLIPLOCK NEEDLE (safety needles) NEEDLE 18 GAUGE X 1 1/2"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle disp) 16 g NEEDLE 16 GAUGE X 1"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle disp) 18 g NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle disp) 19 g NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle disp) 23 gauge NEEDLE 23 GAUGE X 1"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle disp) 26 gauge NEEDLE 26 GAUGE X 3/8"	Tier 4	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Tier 4	
EASY TOUCH PEN NEEDLE NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 4	
EASYPOINT NEEDLE NEEDLE 18 (safety needles) GAUGE X 1 1/2"	Tier 4	
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
EMBRACE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 4	
<i>eua patient assessment</i>	Tier 4	
EXEL HYPODERMIC NEEDLES (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
EXEL HYPODERMIC NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 4	
EXEL HYPODERMIC NEEDLES (needle (disp) 26 gauge) NEEDLE 26 GAUGE X 3/8"	Tier 4	
EYE ORAL TABLET,SOLUBLE	Tier 4	
FANTASY CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA
FILSUVEZ TOPICAL GEL 10 %	Tier 5	PA
<i>filter needles needle 18 gauge x 1 1/2"</i> (BD Filter Needle 5-Micron Noko)	Tier 4	
<i>filter needles needle 19 x 1 "</i>	Tier 4	
<i>filter needles needle 19 x 1 1/2 "</i> (BD Filter Needle-5 Micron)	Tier 4	
FLOW-EZE VENTED NEEDLE NEEDLE	Tier 4	
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM	Tier 4	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 4	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 4	
GELFILM IMPLANT FILM	Tier 4	
GELX MUCOUS MEMBRANE GEL	Tier 4	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 4	
HALO VIAL CONVERTER DEVICE 13 MM	Tier 4	
HEALTHWISE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"	Tier 4	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 4	
HEMA-COMBISTIX STRIP	Tier 4	
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	Tier 4	
<i>hydroxypropyl cellulose powder</i>	Tier 4	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 4	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"	Tier 4	
HYPODERMIC NEEDLES NEEDLE 23 (needle (disp) 23 gauge) GAUGE X 1"	Tier 4	
INCONTROL PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
INSUPEN PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"	Tier 4	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 2	
KETONE CARE STRIP	Tier 4	
KETONE URINE TEST STRIP	Tier 4	
KETOSTIX STRIP	Tier 4	
KIMONO CONDOMS(NON- LUBRICATED) DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0 COPAY	
LABSTIX REAGENT STRIP	Tier 4	
LAMIOFLUR ORAL DROPS	Tier 4	
<i>levocarnitine (with sugar) oral solution</i> (Carnitor) 100 mg/ml	Tier 2	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %- 2.5 %	Tier 4	
LIFESHIELD BLUNT CANNULA (needle (disp) 18 g) NEEDLE 18 GAUGE X 1"	Tier 4	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 COPAY	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1"	Tier 4	
MAXICOMFORT II PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	Tier 4	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 2	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 4	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2	
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 2	
<i>midazolam injection solution 5 mg/ml</i>	Tier 2	
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 4	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 2	
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 5	PA
MINI ULTRA-THIN II NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16"	Tier 4	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG	\$0 COPAY	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM	Tier 4	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 "	Tier 4	
MONOJECT FILTER NEEDLE NEEDLE (filter needles) 5 MICRON 20 X 1 1/2"	Tier 4	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 16 g) NEEDLE 16 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 19 g) NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 18 g) POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 19 g) POLYPROPYL NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 23 gauge) POLYPROPYL NEEDLE 23 GAUGE X 1"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 "	Tier 4	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	
MULTISTIX 10 SG STRIP	Tier 4	
MULTISTIX 5 STRIP	Tier 4	
MULTISTIX 7 STRIP	Tier 4	
MULTISTIX 8 SG STRIP	Tier 4	
MULTISTIX 9 SG STRIP	Tier 4	
MULTISTIX 9 STRIP	Tier 4	
MULTISTIX STRIP	Tier 4	
MURI-LUBE OIL	Tier 4	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 5	PA
NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 4	
<i>needle (disp) 16 g needle 16 gauge x 1"</i> (BD Specialty Use Needles)	Tier 4	
<i>needle (disp) 18 g needle 18 gauge x 1"</i> (BD Regular Bevel Needles)	Tier 4	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i> (BD PrecisionGlide Non- Sterile)	Tier 4	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i> (Aqinject Standard Needle)	Tier 4	
<i>needles, huber disposable needle 22 x 1 "</i>	Tier 4	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 5	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 5	PA
NOKOR NEEDLE NEEDLE 16 GAUGE (needle (disp) 16 g) X 1"	Tier 4	
NOKOR NEEDLE NEEDLE 18 GAUGE (needle (disp) 18 g) X 1"	Tier 4	
NOVOFINE 32 NEEDLE 32 GAUGE X (pen needle, diabetic) 1/4"	Tier 4	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 4	
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4	
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 5	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 5	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 5	
OPFOLDA ORAL CAPSULE 65 MG	Tier 5	PA
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 4	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5	PA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0 COPAY	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4"</i> (1st Tier Unifine Pentips)	Tier 4	
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>	Tier 4	
<i>pen needle, diabetic needle 30 gauge x 3/16"</i> (Embrace Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i> (CareFine Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 31 gauge x 3/16"</i> (BD Ultra-Fine Mini Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 31 gauge x 5/16"</i> (BD Ultra-Fine Short Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 31 gauge x 5/32"</i> (Comfort Touch Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 32 gauge x 1/4"</i> (BD Ultra-Fine Micro Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16"</i> (Comfort EZ Pen Needles)	Tier 4	
<i>pen needle, diabetic needle 32 gauge x 5/32"</i> (BD Nano 2nd Gen Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 33 gauge x 5/32"</i> (Advocate Pen Needle)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i> (Assure ID Duo Pro Sfty Pen Ndl)	Tier 4	
<i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i> (Comfort EZ PRO Safety Pen Ndl)	Tier 4	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 4	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 4	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
POLY HUB NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 4	
POLY HUB NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
POPULUS COMPOSITUM ORAL DROPS	Tier 4	
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 4	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 4	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
PSORINOHEEL ORAL DROPS	Tier 4	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 4	
RADIAGEL TOPICAL GEL	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4	
RAPPORT VACUUM THERAPY KIT	Tier 4	
RENEEL ORAL TABLET,SOLUBLE	Tier 4	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 5	PA
SABAL-HOMACCORD ORAL DROPS	Tier 4	
<i>safety needles needle 18 gauge x 1 1/2"</i> (Aqinject Safety Needle)	Tier 4	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 4	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 4	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 2	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 5	PA
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 4	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0 COPAY	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 2	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 2	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 4	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 4	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 5	PA
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 4	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 4	
SYZYGIIUM COMPOSITUM ORAL DROPS	Tier 4	
T.E.D. ANTI-EMBOLISM STOCKING	Tier 4	
T.E.D. KNEE LENGTH-M-LONG	Tier 4	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 4	
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 4	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 4	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 4	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 4	
<i>trichloroacetic acid topical recon soln</i> 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %	Tier 4	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 5	PA
<i>trientine oral capsule 500 mg</i>	Tier 5	PA
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 4	
TRUE COVER CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUEPLUS KETONE STRIP	Tier 4	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4	
TRUSTEX LATEX CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 4	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	Tier 4	
ULTILET PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTRA FLO PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
ULTRA THIN PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Tier 4	
ULTRACARE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
ULTRA-THIN II (SHORT) PEN NDL (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	Tier 4	
ULTRA-THIN II INS PEN NEEDLES (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2"	Tier 4	
UNIFINE PENTIPS MAXFLOW NEEDLE (pen needle, diabetic) 30 GAUGE X 3/16"	Tier 4	
UNIFINE PENTIPS NEEDLE 29 GAUGE (pen needle, diabetic) X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
UNIFINE PENTIPS PLUS MAXFLOW (pen needle, diabetic) NEEDLE 30 GAUGE X 3/16"	Tier 4	
UNIFINE PENTIPS PLUS NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16"	Tier 4	
UNIFINE SAFECONTROL PEN (pen needle, diabetic) NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 4	
UNIFINE ULTRA PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
URISTIX 4 STRIP	Tier 4	
URISTIX REAGENT STRIP	Tier 4	
VERIFINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
VERIFINE PLUS PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"	Tier 4	
VERTIGOHEEL ORAL DROPS	Tier 4	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 4	
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 4	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"	Tier 4	
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 5	PA
Otros Trastornos Respiratorios		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA
KALYDECO ORAL TABLET 150 MG	Tier 5	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75- 94 MG	Tier 5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA
<i>pirfenidone oral capsule 267 mg (Esbriet)</i>	Tier 5	PA
<i>pirfenidone oral tablet 267 mg, 801 mg (Esbriet)</i>	Tier 5	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 5	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 5	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Reemplazo De Fluidos		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 5	PA
Regulación De Electrolitos		
AURYXIA ORAL TABLET 210 MG IRON	Tier 4	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 4	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 4	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)	Tier 2	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 2	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 2	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 2	
potassium chloride oral tablet extended release 20 meq	(K-Tab)	Tier 2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 2	
potassium chloride oral tablet, er particles/crystals 10 meq	(Klor-Con M10)	Tier 2	
potassium chloride oral tablet, er particles/crystals 15 meq	(Klor-Con M15)	Tier 2	
potassium chloride oral tablet, er particles/crystals 20 meq	(Klor-Con M20)	Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 2	
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 2	
sevelamer hcl oral tablet 400 mg, 800 mg		Tier 2	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 2	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 2	
sodium chloride 0.9 % injection solution		Tier 2	
sodium chloride 0.9 % intravenous parenteral solution		Tier 2	
sodium chloride 0.9 % intravenous piggyback		Tier 2	
sodium chloride injection syringe 0.9 %		Tier 2	
sodium polystyrene sulfonate oral powder		Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 4	
tolvaptan oral tablet 15 mg	(Samsca)	Tier 5	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	Tier 5	QL (60 EA per 365 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 4	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 3	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 4	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 4	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)
Salud Del Comportamiento - Antidepresivos		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4	PA
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 2	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 2	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	QL (1 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 2	
<i>fluoxetine oral capsule, delayed release(dr/lec) 90 mg</i>	Tier 2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 2	
MARPLAN ORAL TABLET 10 MG	Tier 4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 2	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5	PA
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 2	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 3	PA
Salud Del Computamiento - Otro		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	Tier 2	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 5	
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 4	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 2	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 2	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 2	PA
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 2	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 2	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 2	QL (3 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 2	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Tier 2	
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 4	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 4	ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 4	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 4	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (2 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 4	QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er</i> (Focalin XR) <i>biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg,</i> (Focalin) <i>2.5 mg, 5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule,</i> (Dexedrine Spansule) <i>extended release 10 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule,</i> <i>extended release 15 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule,</i> <i>extended release 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i> (ProCentra) <i>5 mg/5 ml</i>	Tier 2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10</i> (Zenedi) <i>mg</i>	Tier 2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15</i> (Zenedi) <i>mg</i>	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dextroamphetamine sulfate oral tablet</i> (Zenedi) 2.5 mg, 7.5 mg	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Tier 2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 2	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 2	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 2	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 2	QL (2 EA per 1 day)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 2	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 2	QL (1 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 4	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (240 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 2	QL (1 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 4	QL (8 EA per 28 days)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 5	PA
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4	PA
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 4	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 2	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lisdexamfetamine oral tablet, chewable</i> (Vyvanse) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 2	QL (1 EA per 1 day)
<i>lithium carbonate oral capsule</i> 150 mg, 300 mg, 600 mg	Tier 2	
<i>lithium carbonate oral tablet</i> 300 mg	Tier 2	
<i>lithium carbonate oral tablet extended release</i> 300 mg (Lithobid)	Tier 2	
<i>lithium carbonate oral tablet extended release</i> 450 mg	Tier 2	
<i>lithium citrate oral solution</i> 8 meq/5 ml	Tier 2	
LORAZEPAM INTENSOL ORAL (lorazepam) CONCENTRATE 2 MG/ML	Tier 2	
<i>lorazepam oral concentrate</i> 2 mg/ml (Lorazepam Intensol)	Tier 2	
<i>lorazepam oral tablet</i> 0.5 mg, 1 mg, 2 mg (Ativan)	Tier 2	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5	PA
<i>lurasidone oral tablet</i> 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	Tier 2	QL (30 EA per 30 days)
<i>lurasidone oral tablet</i> 80 mg (Latuda)	Tier 2	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4	PA
<i>meprobamate oral tablet</i> 200 mg, 400 mg	Tier 2	
METADATE ER ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 20 MG	Tier 2	QL (90 EA per 30 days)
<i>methamphetamine oral tablet</i> 5 mg (Desoxyn)	Tier 2	QL (150 EA per 30 days)
<i>methylphenidate hcl oral cap, er sprinkle, biphasic</i> 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Aptensio XR)	Tier 4	ST: Requires prior prescription for one of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER OR Ritalin-SR within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic</i> 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg (Metadate CD)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic</i> 30-70 30 mg (Metadate CD)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Tier 2	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Tier 2	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 2	
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 2	QL (2 EA per 1 day)
<i>molindone oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 2	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 2	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Tier 2	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>naltrexone oral tablet 50 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 2	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	Tier 2	QL (1 EA per 1 day)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 4	QL (4 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 2	QL (2 EA per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<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>	Tier 2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 2	
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	60mL BOTTLE; QL (60 ML per 30 days)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 3	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 2	
<i>risperidone oral tablet 0.25 mg</i>	Tier 2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 4	QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 4	
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 5	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 4	PA
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Tier 5	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
<i>triazolam oral tablet 0.125 mg</i>	Tier 2	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4	QL (18 ML per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Tier 3	QL (1 EA per 1 day)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine)	Tier 3	QL (1 EA per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 4	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 5	PA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 4	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 4	QL (2 ML per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 2	
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 2	QL (1 EA per 1 day)
Sistema Nervioso Autónomo		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 4	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 2	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	QL (60 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR) 14 mg, 21 mg, 28 mg, 7 mg	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 2	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 2	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	Tier 3	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 3	ST: At least 2 prior prescriptions for Adlarity, Donepezil HCL, Memantine IR, or Memantine XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 3	ST: At least 2 prior prescriptions for Adlarity, Donepezil HCL, Memantine IR, or Memantine XR within the past 365 days; QL (1 EA per 1 day)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 2	
<i>rivastigmine transdermal patch 24 hour</i> (Exelon Patch) 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 2	QL (30 EA per 30 days)
Suministros Médicos		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 4	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 3	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 3	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 4	
ADVANCE PLUS INTERMITTENT 14-16 FR-" (catheter)	Tier 4	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 4	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 23 GAUGE	Tier 3	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 4	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 4	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 4	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 4	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 4	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 4	
AQINJECT 3.0 LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML	Tier 4	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML	Tier 4	
AQINJECT LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 20 ML, 5 ML	Tier 4	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 4	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 4	
ASSURE LANCE 25 GAUGE	Tier 3	
ASSURE LANCE 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 25 GAUGE	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 4	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 4	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Tier 4	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	Tier 4	
BD BULK SYRINGE SLIP TIP SYRINGE (syringe (disposable)) 5 ML	Tier 4	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML	Tier 4	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 3	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 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)	Tier 4	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	Tier 4	
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 4	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 4	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML	Tier 4	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML	Tier 4	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML (syringe (disposable))	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD LUER-LOK SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML	Tier 4	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 4	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 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 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 4	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	Tier 4	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 4	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 4	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 50 ML	Tier 4	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 4	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 4	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML	Tier 4	
BD SYRINGE CATHETER TIP SYRINGE 50 ML	Tier 4	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 50 ML	Tier 4	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML, 5 ML (syringe (disposable))	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML, 50 ML	Tier 4	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 50 ML	Tier 4	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe (disposable))	Tier 4	
BD SYRINGE SYRINGE 1 ML	Tier 4	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE	Tier 4	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML	Tier 4	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "	Tier 4	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 4	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 3	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	Tier 4	
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 3	QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 4	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML	Tier 4	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARETOUCH INSULIN SYRINGE SYRINGE 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Tier 4	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML	Tier 4	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 4	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	Tier 4	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML, 10 ML	Tier 4	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 4	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 4	
CEFALY COMBO PACK	Tier 4	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 3	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 4	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 4	
COAGUCHEK LANCETS (lancets)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
COMFORT EZ INSULIN SYRINGE (insulin syringe-needle u-100) 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", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 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 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", 1/2 ML 28 GAUGE X 1/2"	Tier 4	
COMFORT EZ LANCETS 21 GAUGE, (lancets) 28 GAUGE	Tier 3	
COMFORT EZ LANCETS 23 GAUGE	Tier 3	
COMFORT TOUCH PLUS SAFETY (lancets) LANC 30 GAUGE	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 4	
CURAFIL GEL WOUND TOPICAL GEL	Tier 4	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 4	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 4	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 4	
CURITY DRAINAGE BAG 2,000 ML	Tier 4	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "- YARD	Tier 4	
DAVOL IRRIGATION SYRINGE SYRINGE	Tier 4	
DAVOL PISTON IRRIGATION SYRINGE	Tier 4	
DOVER BULB SYRINGE SYRINGE 60 ML	Tier 4	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 4	
DOVER FOLEY CATHETER 24 FR	Tier 4	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 4	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 4	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 4	
DROPLET INSULIN SYRINGE (insulin syringe-needle u-100) 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", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 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 15/64", 1 ML 31 GAUGE X 5/16	Tier 4	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Tier 4	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 4	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 4	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 4	
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 4	
EASY COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 5/16", 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 4	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe (disposable))	Tier 4	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 4	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML	Tier 4	
EASY GLIDE LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML, 60 ML	Tier 4	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML	Tier 4	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 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"	Tier 4	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH FLIPLOCK SYRINGE (syringe with needle, safety) SYRINGE 3 ML 22 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE FLIPLOCK (syringe with needle, safety) SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 4	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Tier 4	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 4	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 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 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 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", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 4	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCETS 32 GAUGE	Tier 3	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (insulin syringe needleless)	Tier 4	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML	Tier 4	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML, 60 ML (syringe (disposable))	Tier 4	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 3	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 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"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH SHEATHLOCK SYR-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH SHEATHLOCK SYR-NDL SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 4
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML		Tier 4
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML, 5 ML	(syringe (disposable))	Tier 4
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"		Tier 4
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 3 ML 22 X 1 1/2"	(syringe with needle)	Tier 4
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"		Tier 4
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"		Tier 4
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 4
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"		Tier 4
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3
EASY TOUCH TWIST LANCETS 32 GAUGE		Tier 3
EASY TOUCH UNI-SLIP SYRINGE 1 ML	(insulin syringe needleless)	Tier 4
EASY TOUCH UNI-SLIP SYRINGE 10 ML		Tier 4
EASY TOUCH UNI-SLIP SYRINGE 3 ML, 5 ML	(syringe (disposable))	Tier 4

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 4	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT	Tier 4	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	Tier 4	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
EXEL SYRINGE SYRINGE 10 ML, 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML	Tier 4	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
EXEL SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 4	
EXTENDED RESERVOIR 3 ML	Tier 4	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS 32 GAUGE	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
FEMALE CATHETER 14 FR	Tier 4	
FILTERED EXTENSION SET INFUSION SET	Tier 4	
FINGERSTIX LANCETS (lancets)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 4	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 4	
HALO CLOSED BAG ADAPTOR	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HALO CLOSED LINE ADAPTOR	Tier 4	
HALO CLOSED SYRINGE ADAPTOR	Tier 4	
HEALTHWISE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
HEALTHY ACCENTS UNILET LANCET (lancets) 30 GAUGE	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 4	
INCONTROL SUPER THIN LANCETS (lancets) 30 GAUGE	Tier 3	
INCONTROL ULTRA THIN LANCETS (lancets) 28 GAUGE	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 4	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 4	
INSUFロン INFUSION SET 25 X 18 MM	Tier 4	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> (UltiCare Insulin Syr(half unit))	Tier 4	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 4	
INSULIN SYRINGE MICROFINE (insulin syringe-needle u- 100) SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 4	
INSULIN SYRINGE SYRINGE 0.5 ML (insulin syringe-needle u- 100) 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2"</i> (BD Insulin Syringe)	Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1/2 ml 29</i> (Ultilet Insulin Syringe)	Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i> (BD Insulin Syringe Ultra- Fine)	Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 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 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i> (Advocate Syringes)	Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 30 gauge</i> (Ultra Comfort Insulin Syringe)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i> (Sure Comfort Insulin Syringe)	Tier 4	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i> (BD Veo Insulin Syringe UF)	Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>	Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i> (BD Eclipse Luer-Lok)	Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i> (Thinpro Insulin Syringe)	Tier 4	
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i> (Easy Touch Insulin Syringe)	Tier 4	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i> (Monoject Syringe)	Tier 4	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i> (BD Lo-Dose Micro-Fine IV)	Tier 4	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 4	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 4	
INTERLINK LEVER LOCK CANNULA	Tier 4	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 4	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
I-PORT	Tier 4	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 4	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 4	
IRRIGATION SYRINGE SYRINGE	Tier 4	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (iv administration set)	Tier 4	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (iv administration set)	Tier 4	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (iv administration set)	Tier 4	
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 4	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 4	
KANGAROO EPUMP SET	Tier 4	
KANGAROO GRAVITY SET	Tier 4	
KENDALL DISINFECTANT CAP	Tier 4	
KENGUARD FOLEY CATHETER 18-16 FR-	Tier 4	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KERAGEL TOPICAL GEL	Tier 4	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 4	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 4	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 3	
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Tier 3	
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Tier 3	
<i>lancets 33 gauge</i> (CareTouch Twist Lancet)	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS, ULTRA THIN (lancets)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"	Tier 4	
LOFRIC 12-16 FR-"	Tier 4	
LOFRIC 14-16 FR-" (catheter)	Tier 4	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"	Tier 4	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 4	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 4	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 4	
LUER LOCK SYRINGE SYRINGE 30 ML, 60 ML (syringe (disposable))	Tier 4	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML	Tier 4	
LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))	Tier 4	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 4	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Tier 4	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2"	Tier 4	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MAXICOMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 4	
MAXI-COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 4	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 4	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 4	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 25 GAUGE	Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 3	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 3	
MICROBORE EXTENSION SET (iv admin extension set) INFUSION SET	Tier 4	
MICRODOT LANCET 28 GAUGE (lancets)	Tier 3	
MICROLET LANCET (lancets)	Tier 3	
MOBILE LANCETS 30 GAUGE (lancets)	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 4	
MONOJECT 140CC PISTON SYRINGE SYRINGE	Tier 4	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML	Tier 4	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 4	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"	Tier 4	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"	Tier 4	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	Tier 4	
MONOJECT DISPOSABLE SYRINGE (syringe (disposable)) SYRINGE 20 ML	Tier 4	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML, 35 ML	Tier 4	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT ENFIT SYRINGE CAP	Tier 4	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML, 12 ML, 3 ML, 35 ML, 6 ML, 60 ML	Tier 4	
MONOJECT INSULIN SAFETY SYRING (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 4	
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2"	Tier 4	
MONOJECT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) 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 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT INSULIN SYRINGE (insulin syringes SYRINGE 1 ML (disposable))	Tier 4	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 4	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML	Tier 4	
MONOJECT LUER-LOCK TIP (syringe (disposable)) SYRINGE 3 ML	Tier 4	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"	Tier 4	
MONOJECT MAGELLAN SYRINGE (syringe with needle, SYRINGE 1 ML 25 GAUGE X 5/8" safety)	Tier 4	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 4	
MONOJECT PHARMACY TRAY LUER (syringe (disposable)) SYRINGE 20 ML, 3 ML, 60 ML	Tier 4	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	Tier 4	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML, 6 ML	Tier 4	
MONOJECT REG TIP NON-STERILE (syringe (disposable)) SYRINGE 20 ML, 3 ML	Tier 4	
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT REGULAR LUER SYRINGE 3 ML (syringe (disposable))	Tier 4	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe (disposable))	Tier 4	
MONOJECT SAFETY SYRINGES SYRINGE , 12 ML, 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 6 ML	Tier 4	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML	Tier 4	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe (disposable))	Tier 4	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 6 ML	Tier 4	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe (disposable))	Tier 4	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe (disposable))	Tier 4	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	Tier 4	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 4	
MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 4	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2" (syringe with needle)	Tier 4	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe (disposable))	Tier 4	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 4	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT TUBERCULIN SYRINGE (tuberculin-allergy SYRINGE 1 ML 26 GAUGE X 3/8" syringes)	Tier 4	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"	Tier 4	
MONOJECT ULTRA COMFORT (insulin syringe-needle u- INSULIN SYRINGE 1/2 ML 28 GAUGE 100)	Tier 4	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MYGLUCOHEALTH LANCETS 30 (lancets) GAUGE	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 4	
NORM-JECT SYRINGE 10 ML	Tier 4	
NORM-JECT SYRINGE 20 ML (syringe (disposable))	Tier 4	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Tier 4	
NOSE CLIP (nebulizer accessories)	Tier 4	
NOVA SAFETY LANCETS 23 GAUGE	Tier 3	
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 4	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 4	
ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 (lancets) GAUGE, 33 GAUGE	Tier 3	
ONETOUCH DELICA SAFETY LANCET (lancets) 30 GAUGE	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET (lancets) 30 GAUGE	Tier 3	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PARI BABY CONV KIT - SIZE 1 KIT	Tier 4	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 4	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 4	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 4	
PCCA ACCUPEN-15 DEVICE	Tier 4	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 4	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 4	
PHASEAL CONNECTOR LUER LOCK	Tier 4	
PHASEAL INFUSION ADAPTER	Tier 4	
PHASEAL INFUSION CLAMP	Tier 4	
PHASEAL INJECTOR LUER	Tier 4	
PHASEAL INJECTOR LUER LOCK	Tier 4	
PHASEAL SECONDARY SET INFUSION SET	Tier 4	
PHASEAL Y-SITE	Tier 4	
PILLOW MASK CHILD (nebulizer accessories)	Tier 4	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML	Tier 4	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 4	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRO COMFORT INSULIN SYRINGE 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 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)	Tier 4	
PRO COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
PRO COMFORT LANCET 31 GAUGE	Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 4	
PRO COMFORT TENS UNIT COMBO PACK	Tier 4	
PRO-CEPTION VAGINAL	Tier 4	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 4	
PTS COLLECT CAPELLARY TUBE	Tier 4	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 4	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET (iv administration set)	Tier 4	
RELIAMED LANCET 23 GAUGE	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 3	
RELIZORB CARTRIDGE	Tier 4	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 4	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 4	
REUSABLE NEBULIZER KIT KIT	Tier 4	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 4	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 4	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe-needle,safety,disp unt)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SAFESNAP SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Tier 4	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 4	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
SELF-CATHETER, FEMALE 14 FR	Tier 4	
SIDESTREAM MASK (nebulizer accessories)	Tier 4	
SILASTIC FOLEY CATHETER 20 FR	Tier 4	
SILICONE MASK (nebulizer accessories)	Tier 4	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 4	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 4	
SINGLE-LET (lancets)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SOFT TOUCH LANCETS (lancets)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 4	
SPEEDICATH (FEMALE) 16 FR	Tier 4	
STERILANCE TL 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 32 GAUGE	Tier 3	
STRATACTX TOPICAL GEL	Tier 4	
STRATAGRT TOPICAL GEL	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
STRATAXRT TOPICAL GEL	Tier 4	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
SURE COMFORT INSULIN SYRINGE 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", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 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 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 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 4	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 3	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE-JECT INSULIN SYRINGE 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Tier 4	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	
SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>syringe (disposable) syringe 20 ml, 5 ml</i> (Aqinject Luer Lock Syringe)	Tier 4	
<i>syringe (disposable) syringe 3 ml</i> (Aqinject 3.0 Lock Syringe)	Tier 4	
<i>syringe (disposable) syringe 30 ml</i> (Exel Syringe)	Tier 4	
<i>syringe (disposable) syringe 60 ml</i> (Easy Glide Catheter Tip Syring)	Tier 4	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	Tier 4	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	Tier 4	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	Tier 4	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	Tier 4	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 4	
<i>syringe with needle syringe 1 ml 25 gauge x 1"</i> (Easy Touch)	Tier 4	
<i>syringe with needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 23 gauge x 1 1/2"</i> (BD Luer-Lok Syringe)	Tier 4	
<i>syringe with needle syringe 3 ml 21 gauge x 1 1/2"</i> (BD Integra Syringe)	Tier 4	
<i>syringe with needle syringe 3 ml 22 x 1 1/2"</i> (Carepoint Luer Lock Syringe)	Tier 4	
<i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Tier 4	
SYRINGE WITHOUT NEEDLE SYRINGE	Tier 4	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 4	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 3	
TENS 502 DEVICE	Tier 4	
TENS 504 DEVICE	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 4	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"	Tier 4	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1"	Tier 4	
TERUMO INSULIN SYRINGE SYRINGE (insulin syringe-needle u-100) 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 4	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 4	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 4	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	Tier 4	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Tier 4	
TOOMEY SYRINGE SYRINGE 70 ML	Tier 4	
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)	Tier 4	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TOUCH-TROL 10 FR	Tier 4	
TRANSFER SET	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TRUE COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 4	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUE COMFORT PRO INS SYRINGE (insulin syringe-needle u-100) 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 4	
TRUEPLUS INSULIN SYRINGE 0.3 ML (insulin syringe-needle u-100) 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 4	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Tier 4	
TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 4	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i> (Allergist Tray Intradermal Bev)	Tier 4	
TWIST LANCETS 30 GAUGE (lancets)	Tier 3	
TWIST LANCETS 32 GAUGE	Tier 3	
ULTICARE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 4	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	Tier 4	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2"	Tier 4	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (syringe with needle)	Tier 4	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTICARE SAFETY SYRINGE SYRINGE 3 ML, 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 4	
ULTICARE SYRINGE 0.3 ML 30 (insulin syringe-needle u- GAUGE X 1/2", 0.3 ML 31 GAUGE X 100) 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 4	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 4	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 4	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULTILET CLASSIC LANCETS , 28 (lancets) GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	
ULTILET INSULIN SYRINGE SYRINGE (insulin syringe-needle u- 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 100) 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, 1/2 ML 29	Tier 4	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 4	
ULTILET LANCETS 28 GAUGE, 30 (lancets) GAUGE, 33 GAUGE	Tier 3	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTRA COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 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 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 4	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 4	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 4	
ULTRA FLO INSULIN SYRINGE (insulin syringe-needle u-100) 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"	Tier 4	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS 31 GAUGE	Tier 3	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	
ULTRACARE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
ULTRA-THIN II (SHORT) INS SYR (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
UNILET LANCETS 30 GAUGE (lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE	Tier 3	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 25 GAUGE	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 4	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 4	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 4	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 4	
VARITHENA ADMINISTRATION PACK	Tier 4	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Tier 4	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets) Tier 3	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE	(lancets) Tier 3	
VIBRANT ORAL CAPSULE	Tier 4	
VIBRANT STARTER KIT COMBO PACK	Tier 4	
VIVAGUARD LANCET 30 GAUGE	(lancets) Tier 3	
VIVAGUARD SAFETY LANCET 28 GAUGE	(lancets) Tier 3	
XENOVIEW EMPTY DELIVERY BAG	Tier 4	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4", 5 X 9"	Tier 4	
ZENPHOR TOPICAL BANDAGE 2 X 4.7"	Tier 4	
ZENPHOR TOPICAL GEL	Tier 4	
Tos Y Resfriado		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 2	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm) Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM) Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	Tier 2	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 4	Age (Min 12 Years)
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 2	
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 2	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	QL (10 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> (Hycodan (with homatropine))	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML (hydrocodone-homatropine)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 2	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 2	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 2	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine)	Tier 2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 2	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 2	
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 2	Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 4	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Tracto Urinario - Trastornos Funcionales		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 2	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 2	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
ELMIRON ORAL CAPSULE 100 MG	Tier 3	PA
ENTADFI ORAL CAPSULE 5-5 MG	Tier 4	PA
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 2	QL (1 EA per 1 day)
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 2	
<i>flavoxate oral tablet 100 mg</i>	Tier 2	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 GM per 1 day)
GEMTESA ORAL TABLET 75 MG	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 EA per 1 day)
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 5	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 4	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 4	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)	Tier 2	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 4	PA
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 4	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 5	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 5	PA
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 4	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 5	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 5	PA
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 2	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 2	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 2	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 5	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 5	
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 5	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 2	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 2	
<i>trospium oral tablet 20 mg</i>	Tier 2	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 4	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4	PA
Trastorno De Convulsiones		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 4	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 4	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 2	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Tier 2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 2	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 5	PA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 2	
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG (phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG	Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid within the past 365 days
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 4	PA
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 2	
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 2	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 2	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 4	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 4	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 4	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (120 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 4	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 2	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 2	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 4	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 4	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 2	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 2	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 2	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 2	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 2	QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 2	QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 2	QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 2	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 2	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	Tier 2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	QL (10 EA per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 2	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 4	PA
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 4	QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 4	QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	Tier 3	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>phenytoin sodium extended oral capsule</i> (Phenytek) 200 mg, 300 mg	Tier 2	
<i>pregabalin oral capsule</i> 100 mg, 150 mg, (Lyrica) 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 2	
<i>pregabalin oral solution</i> 20 mg/ml (Lyrica)	Tier 2	
<i>primidone oral tablet</i> 125 mg	Tier 2	
<i>primidone oral tablet</i> 250 mg, 50 mg (Mysoline)	Tier 2	
<i>rufinamide oral suspension</i> 40 mg/ml (Banzel)	Tier 2	QL (80 ML per 1 day)
<i>rufinamide oral tablet</i> 200 mg (Banzel)	Tier 2	QL (16 EA per 1 day)
<i>rufinamide oral tablet</i> 400 mg (Banzel)	Tier 2	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 5	PA
SUBVENITE ORAL TABLET 100 MG, (lamotrigine) 150 MG, 200 MG, 25 MG	Tier 4	
SUBVENITE STARTER (BLUE) KIT (lamotrigine) ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 4	
SUBVENITE STARTER (GREEN) KIT (lamotrigine) ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 4	
SUBVENITE STARTER (ORANGE) KIT (lamotrigine) ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 4	
TEGRETOL ORAL SUSPENSION 100 (carbamazepine) MG/5 ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET (carbamazepine) EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 3	
<i>tiagabine oral tablet</i> 12 mg, 2 mg, 4 mg	Tier 2	QL (4 EA per 1 day)
<i>tiagabine oral tablet</i> 16 mg	Tier 2	QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle</i> 15 mg, (Topamax) 25 mg	Tier 2	
<i>topiramate oral capsule,extended</i> (Trokendi XR) <i>release</i> 24hr 100 mg, 200 mg	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral capsule,extended</i> (Trokendi XR) <i>release</i> 24hr 25 mg	Tier 2	QL (8 EA per 1 day)
<i>topiramate oral capsule,extended</i> (Trokendi XR) <i>release</i> 24hr 50 mg	Tier 2	QL (4 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er</i> 24hr (Qudexy XR) 100 mg, 25 mg, 50 mg	Tier 2	QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er</i> 24hr (Qudexy XR) 150 mg, 200 mg	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral tablet</i> 100 mg, 200 mg, (Topamax) 25 mg, 50 mg	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	
<i>valproic acid oral capsule 250 mg</i>	Tier 2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 5	PA
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 5	PA
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 5	PA
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 5	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 5	PA
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Tier 3	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	Tier 3	ST: Requires prior prescription for Carbamazepine, Divalproex, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	ST: Requires prior prescription for Carbamazepine, Divalproex, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbamazepine, Divalproex, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 3	ST: Requires prior prescription for Carbamazepine, Divalproex, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
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)	Tier 3	ST: Requires prior prescription for Carbamazepine, Divalproex, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 2	
<i>zonisamide oral capsule 50 mg</i>	Tier 2	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA
Trastorno Endocrino - Fertilidad		
<i>tadalafil oral tablet 2.5 mg</i>	Tier 2	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 2	PA
Trastorno Endocrino - Otro		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 2	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 2	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 2	
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 5	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 5	QL (4 EA per 1 day)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 5	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
GENOTROPIN MINIQWICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 5	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 5	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 5	PA
<i>ibandronate oral tablet 150 mg</i>	Tier 2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 5	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 5	PA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 5	QL (1 EA per 1 day)
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 5	PA
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 4	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 4	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 4	QL (3.8 GM per 30 days)
NORDITROPIN FLEXPPO 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)	Tier 5	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 2	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	QL (2 EA per 1 day)
RECORLEV ORAL TABLET 150 MG	Tier 5	PA
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 5	PA
<i>teriparatide subcutaneous pen injector</i> (Forteo) 20 mcg/dose (600mcg/2.4ml)	Tier 5	PA
<i>teriparatide subcutaneous pen injector</i> 20 mcg/dose (620mcg/2.48ml)	Tier 5	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5	PA
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 5	PA
Trastorno Endocrino - Tiroides		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 4	
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 4	ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4	ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 2	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 2	PA
<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)	Tier 2	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 2	QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 2	
LUGOLS ORAL SOLUTION 5 %	Tier 4	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 2	
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %	Tier 2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 2	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 4	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4	PA
Trastorno Musculoesquelético		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 2	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 2	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 2	PA
<i>baclofen oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 2	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 2	QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 2	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 2	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 5	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 5	PA
<i>metaxalone oral tablet 400 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 2	QL (6 EA per 1 day)
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 5	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 2	QL (8 EA per 1 day)
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 5	PA
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 2	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 2	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 2	QL (9 EA per 1 day)
Trastornos Gastrointestinal Inferior - Inflamación De Intestino		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)	Tier 2	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 2	
<i>budesonide rectal foam 2 mg/lactation</i> (Uceris)	Tier 2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 4	
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	ST: Requires prior prescription for Mesalamine within the past 120 days
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5	PA
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 2	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles)	Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	Tier 2	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 2	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	QL (1 EA per 1 day)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	Tier 2	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	Tier 2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 2	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 2	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 3	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 4	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 3	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 4	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TRULANCE ORAL TABLET 3 MG	Tier 4	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 4	PA
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 4	
Trastornos Gastrointestinal Inferior - Otro		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 2	
<i>alvimopan oral capsule 12 mg</i>	Tier 2	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 5	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 5	PA
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 5	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 5	PA
CHENODAL ORAL TABLET 250 MG	Tier 5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5	PA
CLEARLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	\$0 COPAY	\$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0 COPAY	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 2	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA
GAVILYTE-C ORAL RECON SOLN 240- (peg 3350-electrolytes) 22.72-6.72 -5.84 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236- (peg 3350-electrolytes) 22.74-6.74 -5.86 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GENTLELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
IBSRELA ORAL TABLET 50 MG	Tier 4	PA
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 2	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 2	
LAXACLEAR ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
LITHOSTAT ORAL TABLET 250 MG	Tier 4	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Tier 5	PA
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 2	QL (2 EA per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 5	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
NATURA-LAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
OICALIVA ORAL TABLET 10 MG, 5 MG	Tier 5	PA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 5	PA
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	\$0 COPAY	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i> (MoviPrep) 100-7.5-2.691 gram	\$0 COPAY	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) 420 gram	\$0 COPAY	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 5	PA
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 COPAY	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>polyethylene glycol 3350 oral powder</i> (ClearLax) 17 gram/dose	Tier 2	
POWDERLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
PURELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 5	PA
RELISTOR ORAL TABLET 150 MG	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 4	PA
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
<i>sodium phenylbutyrate oral powder</i> (Buphenyl) 0.94 gram/gram	Tier 5	PA
<i>sodium phenylbutyrate oral tablet</i> (Buphenyl) 500 mg	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	\$0 COPAY	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	\$0 COPAY	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
SYMPROIC ORAL TABLET 0.2 MG	Tier 4	ST: Requires prior prescription for Movantik within the past 120 days; QL (1 EA per 1 day)
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 2	
XERMELO ORAL TABLET 250 MG	Tier 5	PA
ZELNORM ORAL TABLET 6 MG	Tier 4	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Trastornos Gastrointestinal Superior - Digestivos		
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	Tier 3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 4	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 5	PA
VIKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 4	
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	Tier 3	
Trastornos Gastrointestinal Superior - Enfermedad Espástica		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
ED-SPAZ ORAL (hyoscyamine sulfate) TABLET,DISINTEGRATING 0.125 MG	Tier 2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 2	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 2	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SYMAX DUOTAB ORAL TABLET,EXT (hyoscyamine sulfate) RELEASE MULTIPHASE 0.125 MG- 0.25 MG (0.375 MG)	Tier 4	
Trastornos Gastrointestinal Superior - Enfermedad Por Úlceras		
ACIPHEX SPRINKLE ORAL CAPSULE, (rabeprazole) DELAYED REL SPRINKLE 10 MG	Tier 4	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 4	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 2	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 2	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 4	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Nexium)	Tier 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 2	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 2	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 2	QL (2 EA per 1 day)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 2	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 2	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 5	PA
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 2	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 2	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 4	
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Acid Reducer (lansoprazole))	Tier 2	
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	Tier 2	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 2	
MOTTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 4	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 4	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 2	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 2	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 4	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 2	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 2	QL (1 EA per 1 day)
<i>sucalfate oral suspension 100 mg/ml</i> (Carafate)	Tier 2	
<i>sucalfate oral tablet 1 gram</i> (Carafate)	Tier 2	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	Tier 4	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 4	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4	PA
Trastornos Hematológicos		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 4	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 4	
ADULT ASPIRIN REGIMEN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0 COPAY	
ADULT LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 5	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 5	
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 5	PA
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 2	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 2	
<i>anagrelide oral capsule 1 mg</i>	Tier 2	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 2	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5	PA
ASPIRIN CHILDRENS ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0 COPAY	
<i>aspirin oral tablet,delayed release (dr/ec)</i> (Adult Aspirin Regimen) 81 mg	\$0 COPAY	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 4	
AVITENE FLOUR TOPICAL POWDER	Tier 4	
AVITENE TOPICAL POWDER IN PACKET	Tier 4	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 4	
BAYER LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	QL (2 EA per 1 day)
CABLIVI INJECTION KIT 11 MG	Tier 5	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 5	PA
CHILDREN'S ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 2	
<i>clopidogrel oral tablet 300 mg</i>	Tier 2	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 2	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 5	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 3	QL (74 EA per 30 days)
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 5	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 5	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 5	PA
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 4	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 5	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 5	
EPOGEN 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	Tier 5	PA
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 4	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 4	
FABHALTA ORAL CAPSULE 200 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 5	
FLOSEAL TOPICAL KIT 2,500 UNIT	Tier 4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 5	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 5	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 5	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 5	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 5	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 5	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 5	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 5	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 5	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 5	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 5	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 5	QL (18 ML per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 4	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 4	
GELFOAM TOPICAL SPONGE 4	Tier 4	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 5	PA
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 5	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 5	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 5	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 5	
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin, porcine (pf))	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 2	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 5	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 2	
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	PA
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 5	PA
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 2	
MULPLETA ORAL TABLET 3 MG	Tier 5	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 5	
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 5	
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 5	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Tier 5	PA
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 2	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate)	Tier 4	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4	PA
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 2	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PROCRIT 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, 40,000 UNIT/ML	Tier 5	PA
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 5	PA
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 4	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 4	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 4	
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
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, 40,000 UNIT/ML	Tier 5	PA
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 5	PA
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 5	
SIKLOS ORAL TABLET 1,000 MG	Tier 4	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 4	QL (2 EA per 1 day)
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 2	
sodium citrate intra-catheter solution 4 %	Tier 2	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 2	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 2	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	\$0 COPAY	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0 COPAY	
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
SYRINGE AVITENE TOPICAL POWDER	Tier 4	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 4	
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 5	PA
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 2	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 2	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	QL (30 EA per 30 days)
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 5	
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 5	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 4	
VITASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 4	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 2	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 5	
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 5	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 2	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 5	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 3	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 3	QL (2 EA per 1 day)
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
XYNTHA INTRAVENOUS SOLUTION 2,000 (+/-) UNIT	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 5	PA
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	QL (1 EA per 1 day)
Trastornos Orales/Faríngeos		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 2	
<i>cocaine nasal solution 4 %</i> (Goprelto)	Tier 2	
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	
<i>ipratropium bromide nasal spray, non- aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 2	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
Q-CARE RX Q2 KIT 0.12 %	Tier 4	
Q-CARE RX Q4 KIT 0.12 %	Tier 4	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 2	
Trastornos Vaginales		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 2	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	Tier 4	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafer)	Tier 2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 90 days)
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 4	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 84 days)
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 2	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuessa)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 4	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 4	
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