

**KAISER PERMANENTE DE GEORGIA
LISTA DE MEDICAMENTOS RECETADOS DISPONIBLES
DE LOS BENEFICIOS CHOICE 2025**

**Este documento incluye la Lista de medicamentos
recetados disponibles de los beneficios Choice 2025
de Kaiser Permanente de Georgia hasta el
1.º de enero de 2025**

**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 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 ሚስተላው ቁጥር ይደውሉ **1-855-364-3185** (TTY: **711**)።

ملحوظة: إذا كنت تحدث العربية فمن خدمات المساعدة الـ لغوية تتوفر لك مجاناً لتصليرقم
(Arabic) (TTY: **711**) **1-855-364-3185**.

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 بی زبانفار سیصحبیت مکئب، خمتئس هیائز بیئبصورتار یگئئر ایئمقرا هم میبائئد. یائئماره **1-855-364-3185** (TTY: **711**) ئما سبگئر یئد.

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, વધુ માહિતી માટે, 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 लिये शुल्क भाषा सहायता सेवाएँ 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 무료로 이용하실 수 있습니다. **1-855-364-3185** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hól ó, koj'í' hódííłnih **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**).

Tabla de Contenido

Abandono Del Tabaquismo	3
Agentes Misceláneos	4
Alergia	6
Anestesia Local	9
Anticonceptivo/Ocitócicos	9
Antiemesis/Antivertigo	20
Asma Y Copd	21
Deficiencia Vitamínica Y/O Mineral	32
Deficiencia Hormonal	36
Dermatología - Acné	39
Dermatología - Antiinfecciosos	43
Dermatología - Antiinflamatorio	46
Dermatología - Misceláneo	54
Dermatología - Soriasis/Eccema	60
Dermatología - Trastornos De Pigmentación	63
Diabetes	64
Enfermedad Cardiovascular - Agentes Misceláneos	87
Enfermedad Cardiovascular - Arritmia	87
Enfermedad Cardiovascular - Estimulante Cardíaco	88
Enfermedad Cardiovascular - Hipertensión	88
Enfermedad Cardiovascular - Irregularidad De Lípidos	97
Enfermedad Cardiovascular - Vasodilatación	101
Enfermedad De Parkinson	102
Enfermedad Infecciosa - Bacteriana	104
Enfermedad Infecciosa - Fungosa	110
Enfermedad Infecciosa - Miscelánea	111
Enfermedad Infecciosa - Parasitaria	112
Enfermedad Infecciosa - Viral	113
Enfermedad Inflamatoria	118
Enfermedad Neoplásica	125
Enfermedad Neurológica - Miscelánea	133
Inmunización	136
Inmunosupresión/Modulación	137
La Gota Y Enfermedades Relacionadas	139
Manejo De Dolor - Analgésicos	139
Oído - Trastornos Generales	148
Ojo - Glaucoma	149
Ojo - Misceláneos	152
Ojo - Trastornos Generales	153
Otros Medicamentos	159
Otros Trastornos Respiratorios	180
Pérdida De Peso	181
Reemplazo De Fluidos	181

Regulación De Electrolitos	182
Salud Del Comportamiento - Antidepresivos	184
Salud Del Comportamiento - Otro	187
Sistema Nervioso Autónomo	197
Suministros Médicos	198
Tos Y Resfriado	229
Tracto Urinario - Trastornos Funcionales	230
Trastorno De Convulsiones	232
Trastorno Endocrino - Fertilidad	238
Trastorno Endocrino - Otro	238
Trastorno Endocrino - Tiroides	241
Trastorno Musculoesquelético	242
Trastornos Gastrointestinal Inferior - Inflamación De Intestino	243
Trastornos Gastrointestinal Inferior - Otro	245
Trastornos Gastrointestinal Superior - Digestivos	248
Trastornos Gastrointestinal Superior - Enfermedad Espástica	249
Trastornos Gastrointestinal Superior - Enfermedad Por Úlceras	250
Trastornos Hematológicos	252
Trastornos Orales/Faríngeos	263
Trastornos Vaginales	263

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, TRIAL OF NICOTINE TRANSDERMAL PATCH, 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	
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 4	QL (4 EA per 1 FILL)
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	
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 4	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG	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 suspension,extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER)	Tier 2	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); 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> (Allergy Relief (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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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, 25 mg, 50 mg</i>	Tier 2	
KARBINAL ER ORAL (carbinoxamine maleate) SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	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>	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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 X 1)	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
<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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0 COPAY	
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ELLA ORAL TABLET 30 MG		\$0 COPAY	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	\$0 COPAY	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	\$0 COPAY	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		\$0 COPAY	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	\$0 COPAY	
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	\$0 COPAY
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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 \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>methylergonovine 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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
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; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	\$0 COPAY	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmily)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	\$0 COPAY	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
OPILL ORAL TABLET 0.075 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0 COPAY	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 4	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		\$0 COPAY	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA (28) ORAL TABLET 0.5-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		\$0 COPAY	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		\$0 COPAY	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	\$0 COPAY	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	\$0 COPAY	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
Antiemesis/Antivertigo			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 3	QL (1 EA per 28 days)
<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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
<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 MECHANICAL VENT SPACER (inhalational spacing device)	Tier 4	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
<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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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 COMPRESSR 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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
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	
INSPIRACHAMBER SPACER (inhalational spacing device)	Tier 4	
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 4	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 4	
INSPIRACHAMBER WITH MASK-SMALL SPACER	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
montelukast oral granules in packet 4 mg (Singulair)	Tier 2	
montelukast oral tablet 10 mg (Singulair)	Tier 2	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	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
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 4	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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 REDIBALER 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)
RITFLO 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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
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 Spiriva 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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>	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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	
<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 extended release 142 mg (45 mg iron)</i>	(Slow Release Iron)	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>	(SoluVita)	\$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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 KIDS PLUS DENTAL GEL 1.1-4 %	Tier 4	
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
PEDIA IRON ORAL DROPS 15 MG (ferrous sulfate) IRON (75 MG)/ML	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), 142 MG (45 MG IRON) (ferrous sulfate)	Tier 2	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 4	
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 3	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 3	QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 4	ST: Requires prior prescription for Combipatch within the past 120 days; QL (1 EA per 7 days)
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 3	
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 generic Climara, Minivelle, or Vivelle-Dot 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 generic Climara, Minivelle, or Vivelle-Dot within the past 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; 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</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)	Tier 2	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 2	
<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 generic Climara, Minivelle, or Vivelle-Dot 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	
GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)	Tier 2	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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> (Gallifrey)	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)
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</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/lactuation (1.5 ml)</i>	Tier 2	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 4	PA
VEOZAH ORAL TABLET 45 MG	Tier 4	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4	PA
Dermatología - Acné		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	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	
<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	
ALURIS TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
CABTREO 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	
DEOXIADENTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Tier 4	
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 % (dapsone-spiro-niacin)	Tier 4	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 4	
DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)	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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	(dapsona-spiro-nolactona-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 %	(ácido salicílico-sulfacetamida)	Tier 4	
DRAXACEY TOPICAL SUSPENSION 2-8 %	(ácido salicílico-sulfacetamida)	Tier 4	
DRIXECE TOPICAL SUSPENSION 5-10 %	(ácido salicílico-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-benzoil-clindamicina)	Tier 4	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 4	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoil per-clindamicina-niacina)	Tier 4	
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 %	(tazaroteno-niacinamida)	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
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %		Tier 4	
LUGOLS TOPICAL SOLUTION 5-10 %	(yodo-potasio yoduro)	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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<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-clindamycin)	Tier 4	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindamycin)	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	
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)
ROSDAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 2	
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 5-10 %	(iodine-potassium iodide)	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-spiro-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)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<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	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 4	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spiro-nolact-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
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 4	
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-sulfur-urea)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
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 TOPICAL CLEANSER 10-4.5 %	Tier 4	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<i>spinosad topical suspension 0.9 %</i>	(Natroba)	Tier 2	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	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 8-4 %</i>		Tier 2	
<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 cleanser 9-4.5 %</i>	(Sumadan)	Tier 2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	(Plexion Cleansing Cloths)	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>		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 AUTO-INJECTOR 300 MG/2 ML		Tier 5	PA
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
<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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
<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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
<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	
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 5	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 5	PA
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
<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>halcinonide topical solution 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 % (halcinonide)	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	
<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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 2	
<i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<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)
<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	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 5	PA
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>triamcinolone acetonide topical cream</i> 0.1 % (Triderm)	Tier 2	
<i>triamcinolone acetonide topical cream</i> 0.5 % (Triderm)	Tier 2	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 2	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	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 CREAM 0.15 %	Tier 4	PA
ZORYVE TOPICAL FOAM 0.3 %	Tier 4	PA
Dermatología - Misceláneo		
<i>acetic acid irrigation solution</i> 0.25 %	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</i> 12 %	Tier 2	
<i>ammonium lactate topical lotion</i> 12 % (AmLactin)	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	
<i>benzoyl peroxide topical foam</i> 9.8 % (BenzePrO)	Tier 2	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 4	
<i>bexarotene topical gel</i> 1 % (Targretin)	Tier 5	PA
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 2	
<i>cantharidin in acetone topical solution</i> 0.7 %	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
<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>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	
<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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	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 (sulfacetamide sodium) SHAMPOO 10 %	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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
<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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
selenium sulfide topical lotion 2.5 %	Tier 2	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 2	
silver nitrate applicators topical stick 75-25 %	Tier 2	
silver nitrate topical solution 10 %	Tier 2	
sodium chloride irrigation solution 0.9 % (Sterile Saline)	Tier 2	
sodium chloride topical solution 0.9 % (Saljet Saline Rinse)	Tier 2	
sorbitol irrigation solution 3 %	Tier 2	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 2	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY	Tier 4	
sulfacetamide sodium topical cleanser 10 % (Ovace)	Tier 2	
sulfacetamide sodium topical cleanser, gel 10 % (Ovace Plus Wash)	Tier 2	
sulfacetamide sodium topical shampoo 10 % (Ovace Plus Shampoo)	Tier 2	
sulfacetamide sodium topical shampoo 9.8 % (Plexion NS)	Tier 2	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	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 TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 SOLUTION 50 % (urea)	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 TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 2	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 4	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 2	
WEBCOL TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
WINTERGREEN OIL OIL (methyl salicylate)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4	
XALIX TOPICAL FILM-FORMING SOLNER W/ APPL 28 %	Tier 4	
XCLAIR TOPICAL CREAM	Tier 4	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 4	PA
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 2	
<i>zinc oxide topical paste 25 %</i>	Tier 2	
Dermatología - Soriasis/Eccema		
<i>acitretin oral capsule 10 mg, 17.5 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
NUJU 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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 5	PA
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)
<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)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 5	PA
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 5	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 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	
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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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
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)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	(Nesina)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	(Kazano)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (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)
<i>bexagliflozin oral tablet 20 mg</i> (Brenzavvy)	Tier 2	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)
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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<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)
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	
CARESENS S FIT GLUCOSE METER	(blood-glucose meter)	Tier 3	
CARESENS S TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
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	
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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)
<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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	(Byetta)	Tier 2	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	(Byetta)	Tier 2	PA; QL (1.2 ML per 30 days)
EZ SMART PLUS SYSTEM KIT	(blood-glucose meter)	Tier 3	
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
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)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
IHEALTH GLUCO PLUS METER KIT (blood-glucose meter)	Tier 3	
IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	
<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)
<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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 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)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 4	PA; QL (9 ML per 30 days)
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)INSULN 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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-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)
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)
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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)
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)
<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)
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)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
REGRANEX 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)
<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 GM550 SYSTEM KIT	(blood-glucose meter)	Tier 3	
RIGHTEST GM700SB GLUCOSE METER	(blood-glucose meter)	Tier 3	
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)
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, 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-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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
SEGLUROMET 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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
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)
TWIST REFILL KT(CSST-NDL-SYR) KIT		Tier 4	
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	
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	
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
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)
ATTRUBY ORAL TABLET 356 MG	Tier 5	PA
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)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 5	PA
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 3	QL (8 EA per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 2	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)
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	Tier 2	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	Tier 2	QL (2 EA per 1 day)
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
Enfermedad Cardiovascular - Arritmia		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 2	
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ambrisentan 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-hcthiamid 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	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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> (Tiadylt 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 5	
<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</i>	Tier 2	
<i>nadolol oral tablet 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>nimodipine oral solution 60 mg/20 ml</i>	Tier 5	PA
<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-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	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	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 5	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
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
<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, 20 mg, 5 mg</i>	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(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 within the past 120 days
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within 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 generic Fenofibrate 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 4	ST: Requires prior prescription for Repatha within 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 within 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 within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	\$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, 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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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>	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i>	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	
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 35-140 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5	PA
<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 24 hr 0.375 mg, 0.75 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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	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</i> (Azilect)	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 generic Carbidopa/Levodopa ER 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</i> (Tasmar)	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	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 5	PA
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	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
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5	PA
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 2	
<i>cefaclor 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 (ciprofloxacina) 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	
<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</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
<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	
<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 capsule,ir - delay rel,biphase 40 mg</i> (Oracea)	Tier 2	ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<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)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 2	
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	Tier 4	PA
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(drlec) 250 mg</i>	Tier 2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (drlec) 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>	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	
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG <i>(amoxicillin)</i>	Tier 4	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> <i>(Macrobid)</i>	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> <i>(Furadantin)</i>	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	
PIVYA ORAL TABLET 185 MG	Tier 4	PA
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
REBYOTA RECTAL ENEMA 150 ML	Tier 5	PA
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> <i>(Sulfatrim)</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> <i>(Bactrim)</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> <i>(Bactrim DS)</i>	Tier 2	
SULFATRIM ORAL SUSPENSION 200- 40 MG/5 ML <i>(sulfamethoxazole- trimethoprim)</i>	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3	
<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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 (drlec) 100 mg</i> (Noxafil)	Tier 2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
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</i>	Tier 2	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Enfermedad Infecciosa - Miscelánea		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 4	ST: Requires prior prescription for generic oral Ciprofloxacin, Azithromycin, 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, 400 mg</i>	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>	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
<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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<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>	(Meproon)	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	
<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	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<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)	(cabotegravir)	\$0 COPAY	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, 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)
<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)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML		Tier 5	QL (630 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 0.15 IN 1 DAY, 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)
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 tablet 600 mg</i>	Tier 5	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	Tier 5	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 5	QL (1 EA per 1 day)
<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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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> (Intence)	Tier 5	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intence)	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)
<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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 CAPSULE 100 MG	Tier 5	QL (12 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
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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</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
SYMTUZA 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)
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 5	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	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
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 200 MG/ML, 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
<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 tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 2	
D-PENAMINE ORAL TABLET 125 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 MG/ML (deflazacort)	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
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) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites	
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	
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	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	(Solu-Cortef)	Tier 2	
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML		Tier 4	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	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>		Tier 2	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>		Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 5	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	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</i>	Tier 2	
<i>piroxicam oral capsule 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)
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 LQ ORAL SOLUTION 1 MG/ML	Tier 5	PA
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 30 MG/3 ML (icatibant)	Tier 5	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	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 (hydrocortisone sod succinate)	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
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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 160 MG, 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	
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	Tier 5	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 5	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 5	PA
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	Tier 5	PA
<i>erlotinib oral tablet 150 mg, 25 mg</i>	Tier 5	PA
<i>etoposide oral capsule 50 mg</i>	Tier 2	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	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
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 (Iomustine)	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA
ITOVEBI ORAL TABLET 3 MG, 9 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 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
LAZCLUZE ORAL TABLET 240 MG, 80 MG	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA
LYSODREN ORAL TABLET 500 MG	Tier 5	
LYTGABI 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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 TABLET 120 MG, 160 MG, 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
REVUFORJ ORAL TABLET 110 MG, 160 MG	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 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 100 MG, 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</i> (Nexavar)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
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
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
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
VORANIGO ORAL TABLET 10 MG, 40 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites	
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA	
Enfermedad Neurológica - Miscelánea			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 5	PA	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 5	PA	
AUSTEDO XR TITRATION KIT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	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 RECON SOLN 0.3 MG	(interferon beta-1b)	Tier 5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	(glatiramer)	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(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	(Tecfidera)	Tier 5	PA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML		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</i>	(Glatopa)	Tier 5	PA
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	(Copaxone)	Tier 5	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
<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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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 (tacrolimus) 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 2	
ENVARUSUS 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)
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-levocetiriziniacin)	Tier 4	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 4	
REZUROCK ORAL TABLET 200 MG	Tier 5	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>tacrolimus oral capsule, extended release</i> (Astagraf XL) 24hr 0.5 mg, 1 mg, 5 mg	Tier 2	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
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)
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</i> 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 2	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution</i> 300 mg-30 mg /12.5 ml	Tier 2	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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan 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	
<i>aspirin oral tablet, delayed release (drlec) 325 mg</i> (Bayer Aspirin)	\$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>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 2	
<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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>buprenorphine transdermal patch weekly</i> (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	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</i> (Suboxone) 12-3 mg, 8-2 mg	Tier 2	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 2-0.5 mg, 4-1 mg	Tier 2	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	Tier 2	QL (3 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-300-40-30 mg (Fioricet with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminophen oral tablet</i> 50-300 mg	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</i> 50-325 mg (Tencon)	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule</i> 50-300-40 mg (Fioricet)	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg	Tier 2	
<i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg (Esgic)	Tier 2	
<i>butalbital-aspirin-caffeine oral capsule</i> 50-325-40 mg	Tier 2	
<i>butalbital-aspirin-caffeine oral tablet</i> 50-325-40 mg	Tier 2	
<i>butorphanol injection solution</i> 1 mg/ml, 2 mg/ml	Tier 2	
<i>butorphanol nasal spray, non-aerosol</i> 10 mg/ml	Tier 2	
<i>carisoprodol-aspirin-codeine oral tablet</i> 200-325-16 mg	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
<i>choline, magnesium salicylate oral liquid</i> 500 mg/5 ml	Tier 2	
<i>codeine sulfate oral tablet</i> 15 mg, 30 mg	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet</i> 60 mg	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 oral Sumatriptan or Rizatriptan 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	
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 oral Sumatriptan or Rizatriptan 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, 200 mcg, 600 mcg</i>	Tier 2	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 oral Sumatriptan or Rizatriptan 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)
<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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
<i>lofexidine oral tablet 0.18 mg</i> (Lucemyra)	Tier 2	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)
<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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
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 15 mg, 30 mg, 5 mg</i> (RoxyBond)	Tier 2	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	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 hr 80 mg</i> (OxyContin)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 2	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 2	QL (12 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	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)
<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 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
<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 oral Sumatriptan or Rizatriptan 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 2.5 mg, 5 mg</i> (Zomig)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan 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 oral Sumatriptan or Rizatriptan 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		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 4	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 2	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (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	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
Ojo - Glaucoma		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 2	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)	Tier 4	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	
<i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>	Tier 2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 2	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 2	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 2	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 2	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 2	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 2	
<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 2 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 4	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 5	
<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)
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>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 2	
<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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	Tier 2	
<i>timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 2	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 2	
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</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> (Mydracil)	Tier 2	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 4	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, 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 2 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, 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
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	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-pe- ketor-wat)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 5	
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 (proparacaine) 0.5 %	Tier 2	
ALOCRILOPHTHALMIC (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)
ALTA CAINE OPHTHALMIC (EYE) (tetracaine hcl) DROPS 0.5 %	Tier 2	
ALTAFLUOR BENOX OPHTHALMIC (fluorescein-benoxinate) (EYE) DROPS 0.25-0.4 %	Tier 2	
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 4	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 4	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (12 ML per 30 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic (eye) (Polycin) ointment 500-10,000 unit/gram</i>	Tier 2	
<i>bepotastine besilate ophthalmic (eye) (Bepreve) drops 1.5 %</i>	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 2	QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 2	QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	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	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	QL (50 ML per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 2	QL (60 EA per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 2	QL (10 ML per 14 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (10 ML per 30 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 2	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	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)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 generic ophthalmic Fluorometholone 0.1%, Dexamethasone 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 generic ophthalmic Fluorometholone 0.1%, Dexamethasone 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	
<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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 4	
<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)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 %	Tier 4	
<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 1-2.5 %, 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 3	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
XDEMVI 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	
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 5	PA
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (filter needles)	Tier 4	
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 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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 16 GAUGE X 1" (needle (disp) 16 g)	Tier 4	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 4	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 2	
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), 60 MEQ/830 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 2	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
COMFORT EZ PEN NEEDLES 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 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"	Tier 4	
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 (pen needle, diabetic, NEEDLE 31 GAUGE X 3/16", 31 safety) GAUGE X 5/32"	Tier 4	
COMFORT TOUCH PEN NEEDLE (pen needle, diabetic) 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"	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 (Jadenu Sprinkle) mg, 360 mg, 90 mg</i>	Tier 5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, (Jadenu) 90 mg</i>	Tier 5	PA
<i>deferasirox oral tablet, dispersible 125 (Exjade) mg, 250 mg, 500 mg</i>	Tier 5	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)</i>	Tier 5	PA
<i>deferoxamine injection recon soln 2 gram</i>	Tier 2	PA
<i>deferoxamine injection recon soln 500 (Desferal) mg</i>	Tier 2	PA
<i>desflurane inhalation liquid 100 % (Suprane)</i>	Tier 2	
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 4	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 5	PA
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 4	
DROPLET 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 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	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 GAUGE X 3/16" (pen needle, diabetic, 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 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" (pen needle, diabetic)	Tier 4	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 4	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	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	
EASYPPOINT NEEDLE NEEDLE 18 (safety needles) GAUGE X 1 1/2"	Tier 4	
EASYPPOINT 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	
ECOVUE HV ULTRASOUND GEL TOPICAL GEL	Tier 4	
ECOVUE ULTRASOUND GEL TOPICAL GEL	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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	
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 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
INCONTROL 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	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	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 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
KIMONO THIN LUBRICATED 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	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	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %- 2.5 %	Tier 4	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 COPAY	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1"	Tier 4	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	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 GAUGE X 3/16" (pen needle, diabetic)	Tier 4	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 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, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 4	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
NOKOR NEEDLE NEEDLE 16 GAUGE X 1" (needle (disp) 16 g)	Tier 4	
NOKOR NEEDLE NEEDLE 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 4	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 4	
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
<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 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	
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1"	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
PRO COMFORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
PSORINOHEEL ORAL DROPS	Tier 4	
PURE COMFORT PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
PURE COMFORT SAFETY PEN (pen needle, diabetic, NEEDLE NEEDLE 31 GAUGE X 3/16" safety)	Tier 4	
RADIAGEL TOPICAL GEL	Tier 4	
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 (pen needle, diabetic, GAUGE X 3/16" 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	
SYZYGIUM 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
TROJAN BARESKIN DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN EXTENDED PLEASURE DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN PLEASURE PACK DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN ULTRA THIN DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUE COMFORT PEN NEEDLE (pen needle, diabetic) 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	
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 (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	
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
ULTRACARE 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 5/32" (pen needle, diabetic)	Tier 4	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 4	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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</i> (Esbriet)	Tier 5	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	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
Pérdida De Peso		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 3	PA
Reemplazo De Fluidos		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 5	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 2	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Tier 2	
<i>potassium chloride oral tablet extended release 15 meq</i>	Tier 2	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	Tier 2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 2	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 2	
<i>sodium chloride 0.9 % injection solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 2	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	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	
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 5	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 5	QL (60 EA per 365 days)
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
<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(dr/ec) 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	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	QL (1 EA per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 2	
<i>fluoxetine oral capsule, delayed release(dr/ec) 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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 4	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	
<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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 5	PA
Salud Del Computamiento - Otro		
<i>acamprosate oral tablet, delayed release (drlec) 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: Requires prior prescription for Azstarys or Jornay PM within the past 120 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 sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 2	PA
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	
<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 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
<i>buspirone 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 Rexulti or 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)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4	ST: Requires prior prescription for a generic atypical antipsychotic, Rexult, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 4	ST: Requires prior prescription for a generic atypical antipsychotic, Rexult, or Vraylar within the past 120 days
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 25.9 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 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 biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 2	QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 2	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Tier 2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 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 (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 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 (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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 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)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 2	QL (1 EA per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 2	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 2	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 2	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 5	PA
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 2	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (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 200 mg, 400 mg</i>	Tier 2	

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	(methylphenidate hcl)	Tier 2	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	(Desoxyn)	Tier 2	QL (150 EA per 30 days)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	(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 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	(Metadate CD)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	(Metadate CD)	Tier 2	QL (2 EA per 1 day)
<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 2 mg/ml</i>		Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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)
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 4	ST: Requires prior prescription for Clonidine 0.1mg ER tablets IN 120 DAYS; QL (4 ML per 1 day); Age (Min 6 Years)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTION	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; 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)
<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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VYVANSE ORAL TABLET,CHEWABLE (lisdexamfetamine) 10 MG, 20 MG, 30 MG	Tier 3	QL (1 EA per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5	PA
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: Requires prior prescription for Azstarys or Jornay PM within the past 120 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)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR) 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 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	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	
AIRS ADULT AEROSOL MASK (nebulizer accessories)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"	Tier 4	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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 1 ML 28 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 SYRINGE 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 27 GAUGE X 3/8"	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, 1 ML 27 GAUGE X 3/8"	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 15/64", 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 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 4	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 4	
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 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 5/16" (insulin syringe-needle u-100)	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 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" (insulin syringe-needle u-100)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY GLIDE CATHETER TIP SYRINGE (syringe (disposable)) SYRINGE 60 ML	Tier 4	
EASY GLIDE DENTAL IRRIG SYRINGE SYRINGE 10 ML	Tier 4	
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, 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, 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
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	
ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)	Tier 4	
ENFIT THUMB CONTROL RING SYRINGE 60 ML (syringe, enfit, non-sterile)	Tier 4	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
HALO B-LOCK CLOSED LINE ADAPTR	Tier 4	
HALO CLOSED BAG ADAPTOR	Tier 4	
HALO CLOSED LINE ADAPTOR	Tier 4	
HALO CLOSED SYRINGE ADAPTOR	Tier 4	
HEALTHWISE INSULIN SYRINGE 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	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	(lancets) Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 4	
INCONTROL SUPER THIN LANCETS 30 GAUGE	(lancets) Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	(lancets) 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 SYRINGE 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) Tier 4	
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	
<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 29 gauge x 1/2"</i>	(Comfort EZ 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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	
<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 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"</i> (Easy Touch Insulin Syringe)	Tier 4	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2"</i> (BD Insulin Syringe)	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 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
KANGAROO GRAVITY SET	Tier 4	
KENDALL AMD ANTIMICRIB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	Tier 4	
KENDALL DISINFECTANT CAP	Tier 4	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 4	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 4	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) Tier 4	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 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 INFUSION SET	(iv admin extension 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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, enfit, sterile) SYRINGE 1 ML, 3 ML, 35 ML, 60 ML	Tier 4	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML	Tier 4	
MONOJECT ENFIT SYRINGE CAP	Tier 4	
MONOJECT ENFIT SYRINGE (syringe, enfit, non-sterile) SYRINGE 1 ML, 3 ML, 35 ML, 60 ML	Tier 4	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML, 6 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML, 3 ML, 60 ML (syringe (disposable))	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 20 ML, 3 ML (syringe (disposable))	Tier 4	
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 4	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
MONOJECT SYRINGE SYRINGE 3 ML (syringe with needle) 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"	Tier 4	
MONOJECT SYRINGE TOOMEY TYPE (syringe (disposable)) SYRINGE 60 ML	Tier 4	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 4	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML	Tier 4	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 4	
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	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
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 (syringe, enfit, non-sterile)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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 CAPILLARY 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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	
SMARTTEST LANCET (lancets)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
<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	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 10 ml, 20 ml, 5 ml</i>	Tier 4	
<i>syringe, enfit, non-sterile syringe 1 ml, 3 ml, 35 ml</i> (Monoject ENFit Syringe)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>syringe, enfit, non-sterile syringe 60 ml</i> (ENFit Thumb Control Ring Syrin)	Tier 4	
<i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i> (Monoject ENFit Sterile Syringe)	Tier 4	
<i>syringe, enfit, sterile syringe 10 ml, 20 ml, 5 ml</i>	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	
TENS CARE 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 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" (insulin syringe-needle u-100)	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	
THERA HONEY TOPICAL BANDAGE 4 X 5 "	Tier 4	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
THINPRO INSULIN SYRINGE (insulin syringe-needle u-100) 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"	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 (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", 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	Tier 4	
TOPCARE UNIVERSAL1 LANCET , 33 (lancets) GAUGE	Tier 3	
TOUCH-TROL 10 FR	Tier 4	
TRANSFER SET	Tier 4	
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	
TRUE COMFORT SAFE INSULIN SYRG 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", 1 ML 32 GAUGE X 5/16"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
TRUEPLUS INSULIN 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	
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 SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100) 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	
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 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	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 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, 1/2 ML 29 (insulin syringe-needle u-100)	Tier 4	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 4	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	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	
ULTRA COMFORT INSULIN SYRINGE 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 (insulin syringe-needle u-100)	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
VERIFINE SAFETY LANCET MINI 21 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 3	
VERIFINE UNIVERSAL LANCET 28 (lancets) GAUGE	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 (lancets) GAUGE	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 (brompheniramine- MG/5 ML pseudoeph-dm)	Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 2	
<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 (codeine-guaifenesin) MG/5 ML	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 (codeine-guaifenesin) MG/5 ML	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)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<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)
<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	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	(Promethazine VC)	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)
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn) <i>multiphase 24 hr 0.5-0.4 mg</i>	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</i> (Toviaz) <i>24 hr 4 mg, 8 mg</i>	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	
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
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</i> (Myrbetriq) <i>24 hr 25 mg, 50 mg</i>	Tier 2	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	Tier 3	
ORACIT ORAL SOLUTION 490-640 (sodium citrate-citric acid) MG/5 ML	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 SEMI-WEEKLY 3.9 MG/24 HR	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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>	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	Tier 5	
<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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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, 200 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	
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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 3	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3	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	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
<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)

Nombre del Medicamento		Nivel del Medicamento	Requerimientos/ Límites
<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	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	(Oxtellar XR)	Tier 2	QL (1 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	(Oxtellar XR)	Tier 2	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	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	(Phenytek)	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	(Lyrica)	Tier 2	
<i>pregabalin oral solution 20 mg/ml</i>	(Lyrica)	Tier 2	
<i>primidone oral tablet 125 mg</i>		Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	(Mysoline)	Tier 2	
<i>rufinamide oral suspension 40 mg/ml</i>	(Banzel)	Tier 2	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	Tier 2	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	Tier 2	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 5	PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 4	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 4	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 3	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>		Tier 2	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>		Tier 2	QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 2	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 2	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 2	QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 2	QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 2	
<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
VIGAFYDE ORAL SOLUTION 100 MG/ML	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), 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 3	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 3	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	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
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5	PA
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
GENOTROPIN MINIQUICK 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)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	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
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	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, 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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (Tirosint)	Tier 2	PA
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (Euthyrox)	Tier 2	QL (2 EA per 1 day)
levothyroxine oral tablet 300 mcg (Levo-T)	Tier 2	QL (2 EA per 1 day)
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)	Tier 2	
LUGOLS ORAL SOLUTION 5 %	Tier 4	
methimazole oral tablet 10 mg, 5 mg	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 2	
potassium iodide oral solution 1 gram/ml (SSKI)	Tier 2	
propylthiouracil oral tablet 50 mg	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)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (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		
baclofen oral solution 10 mg/5 ml (2 mg/ml) (Ozobax DS)	Tier 2	PA
baclofen oral solution 5 mg/5 ml (Ozobax)	Tier 2	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml) (Fleqsuvy)	Tier 2	PA

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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)
<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 %	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/actuation</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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 2	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 2	
<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>	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	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	Tier 2	
TRULANCE ORAL TABLET 3 MG	Tier 3	QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 4	
Trastornos Gastrointestinal Inferior - Otro		
<i>alose tron 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/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
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	\$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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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)
GAVILYTE-N ORAL RECON SOLN 420 (peg-electrolyte soln) GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (4000 ML per 1 FILL)
GENERLAC ORAL SOLUTION 10 (lactulose) GRAM/15 ML	Tier 2	
GENTLELAX ORAL POWDER 17 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
IBSRELA ORAL TABLET 50 MG	Tier 4	PA
IQIRVO ORAL TABLET 80 MG	Tier 5	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 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
LAXATIVE PEG 3350 ORAL POWDER (polyethylene glycol 3350) 17 GRAM/DOSE	Tier 2	
LITHOSTAT ORAL TABLET 250 MG	Tier 4	
LIVDELZI ORAL CAPSULE 10 MG	Tier 5	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 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)
MOVANTI 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 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
OCALIVA 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</i> (morphine)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) <i>236-22.74-6.74 -5.86 gram</i>	\$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) <i>100-7.5-2.691 gram</i>	\$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) <i>420 gram</i>	\$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, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>polyethylene glycol 3350 oral powder</i> (ClearLax) <i>17 gram/dose</i>	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) <i>0.94 gram/gram</i>	Tier 5	PA
<i>sodium phenylbutyrate oral tablet</i> (Buphenyl) <i>500 mg</i>	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, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP, 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 3	QL (1 EA per 1 day)
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet 250 mg</i>	Tier 2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 2	
XERMELO ORAL TABLET 250 MG	Tier 5	PA
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	
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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> (Acid Reducer (esomeprazole))	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)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 2	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<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(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	Tier 2	
<i>lansoprazole oral capsule, delayed release(dr/ec) 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	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 4	ST: Requires prior prescription for Linzess and Trulance within the past 365 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(dr/ec) 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>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 2	
<i>sucralfate 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 (glutamine (sickle cell))	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	
<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	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 5	PA
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	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
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 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	
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 5	
<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 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)
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 2	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 2	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 2	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 2	
ST JOSEPH ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	
ST. JOSEPH ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$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	
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

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
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	
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 4	PA
VISTASEAL-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
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (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, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
Trastornos Orales/Faríngeos		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 2	
<i>cocaine nasal solution 4 %</i> (Numbrino)	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	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	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
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	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)

Nombre del Medicamento	Nivel del Medicamento	Requerimientos/ Límites
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Tier 2	
<i>metronidazole vaginal gel 1.3 %</i> (65 mg/5 gram) (Nuversa)	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	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	

ÍNDICE

1ST TIER UNIFINE PENTIPS	159	ACTEMRA ACTPEN	118	AEROCHAMBER MECHANICAL	
1ST TIER UNIFINE PENTIPS		ACTHAR	238	VENT	21
PLUS	159	ACTHAR SELFJECT	238	AEROCHAMBER MINI	22
2TEK GLUCOSE/BLOOD		ACTICOAT DRESSING	199	AEROCHAMBER MV	22
PRESSURE	64	ACTI-LANCE LANCETS	199	AEROCHAMBER PLUS FLOW-VU	22
<i>abacavir</i>	113	ACTIMMUNE	137	AEROCHAMBER PLUS FLOW-	
<i>abacavir-lamivudine</i>	113	ACUVAIL (PF)	153	VU,L MSK	22
<i>abiraterone</i>	125	<i>acyclovir</i>	43, 113	AEROCHAMBER PLUS FLOW-	
ABRYSVO (PF)	136	ADAINZOXIA	39	VU,M MSK	22
<i>acamprosate</i>	187	<i>adalimumab-adaz</i>	118	AEROCHAMBER PLUS FLOW-	
<i>acarbose</i>	64	<i>adapalene</i>	39	VU,S MSK	22
ACCU-CHEK AVIVA PLUS TEST		<i>adapalene-benzoyl peroxide</i>	39	AEROCHAMBER PLUS Z STAT	22
STRP	65	ADASUVE	187	AEROCHAMBER PLUS Z STAT	
ACCU-CHEK FASTCLIX LANCET		ADBRY	46	LG MSK	22
DRUM	198	<i>adefovir</i>	113	AEROCHAMBER PLUS Z STAT	
ACCU-CHEK GUIDE GLUCOSE		ADEINZDE	39	MD MSK	22
METER	65	ADEMPAS	88	AEROCHAMBER PLUS Z STAT	
ACCU-CHEK GUIDE ME		<i>adenovirus vac live type-4, 7</i>	136	SM MSK	22
GLUCOSE MTR	65	<i>adenovirus vaccine live type-4</i>	136	AEROCHAMBER Z-STAT PLUS-	
ACCU-CHEK GUIDE TEST		<i>adenovirus vaccine live type-7</i>	136	FLW SG	22
STRIPS	65	ADLARITY	197	AEROECLIPSE II NEBULIZER	22
ACCU-CHEK SAFE-T-PRO	198	ADMELOG SOLOSTAR U-100		AEROECLIPSE XL NEBULIZER	22
ACCU-CHEK SAFE-T-PRO PLUS	198	INSULIN	65	AEROGEAR ACTION ASTHMA	
ACCU-CHEK SMARTVIEW TEST		ADMELOG U-100 INSULIN		KIT	22
STRIP	65	LISPRO	65	AERONEB GO NEBULIZER	22
ACCU-CHEK SOFTCLIX		ADTHYZA	241	AEROTRACH PLUS	22
LANCETS	198	ADULT ASPIRIN REGIMEN	252	AEROVENT PLUS	22
ACCUTANE	39	ADULT LOW DOSE ASPIRIN	252	AFIRMELLE	9
ACCUTREND GLUCOSE TEST		ADVANCE PLUS INTERMITTENT	199	AFREZZA	65
STRIPS	65	ADVANCED ALLERGY COLLECT		AFSTYLA	253
ACD SOLUTION A	252	KIT	46	AFTER PILL	9
ACD-A	252	ADVANCED GLUC METER TEST		AFTERA	9
ACE AEROSOL CLOUD		STRIP	65	AGAMATRIX AMP GLUC	
ENHANCER	21	ADVANCED GLUCOSE METER	65	MONITOR SYS	65
<i>acebutolol</i>	88	ADVANCED TRAVEL LANCETS	199	AGAMATRIX AMP TEST STRIPS	65
ACESO AG	198	ADVATE	253	AGAMATRIX PRESTO TEST	
<i>acetaminophen-codeine</i>	139	ADVOCATE LANCET	199	STRIPS	65
<i>acetazolamide</i>	149	ADVOCATE PEN NEEDLE	159	AGAMREE	118
<i>acetic acid</i>	54, 148	ADVOCATE REDI-CODE PLUS	65	AIMOVIG AUTOINJECTOR	139
<i>acetylcysteine</i>	180	ADVOCATE SYRINGES	199	AIMSCO LATEX CONDOM	159
ACIOXIA	46	ADYNOVATE	253	AIRDUO DIGIHALER	22
ACIOXIAY	39	ADZENYS XR-ODT	187	AIRS ADULT AEROSOL MASK	199
ACIPHEX SPRINKLE	250	AEMCOLO	111	AIRS DISPOSABLE NEBULIZER	22
<i>acitretin</i>	60	AEROBIKA OSCILLATING PEP		AIRSUPRA	22
ACTEMRA	118	SYSTEM	21	AJOVY AUTOINJECTOR	139

AJOVY SYRINGE.....	139	<i>alprazolam</i>	187	AMVISC.....	153
AKEEGA.....	126	ALPRAZOLAM INTENSOL.....	187	AMVISC PLUS.....	153
AKLIEF.....	39	ALPROLIX.....	253	<i>amyl nitrite</i>	101
AKTEN (PF).....	153	ALTABAX.....	43	ANACAINE.....	54
AKYNZEO (NETUPITANT).....	20	ALTACAINE.....	153	<i>anagrelide</i>	253
ALA-CORT.....	46	ALTAFLUOR BENOX.....	153	ANA-LEX KIT.....	243
ALA-SCALP.....	47	ALTAVERA (28).....	9	ANALPRAM-HC.....	54
<i>albendazole</i>	112	ALTERA NEBULIZER HANDSET... 23		ANASCORP.....	160
<i>albuterol sulfate</i>	22, 23	ALTERA NEBULIZER SYSTEM.....	23	ANASTIA.....	54
ALCAINE.....	153	ALTERNATE SITE LANCET.....	200	<i>anastrozole</i>	126
<i>alclometasone</i>	47	ALTOPREV.....	97	ANGELIQ.....	36
ALCOHOL PADS.....	54	ALTRENO.....	39	ANNOVERA.....	9
ALCOHOL PREP PADS.....	54	ALTUVIIO.....	253	ANORO ELLIPTA.....	23
<i>alcohol swabs</i>	54	<i>alum, ammonium (bulk)</i>	160	<i>anticoag citrate phos dextrose</i>	253
ALCOHOL WIPES.....	54	ALUNBRIG.....	126	ANUCORT-HC.....	243
ALECENSA.....	126	ALURIS.....	39	APADAZ.....	140
<i>alendronate</i>	238	ALVAIZ.....	253	APIDRA SOLOSTAR U-100	
ALFERON N.....	137	ALVESCO.....	23	INSULIN.....	66
<i>alfuzosin</i>	230	<i>alvimopan</i>	245	APIDRA U-100 INSULIN.....	66
ALINIA.....	112	ALYACEN 1/35 (28).....	9	APLIGRAF.....	160
<i>aliskiren</i>	88	ALYACEN 7/7/7 (28).....	9	APOGEE IC INTERMIT	
ALKINDI SPRINKLE.....	118	ALYQ.....	88	CATHETER.....	200
ALL FLOW 1000 KIT.....	199	<i>amantadine hcl</i>	102	APOGEE PLUS INTERMITT	
ALL FLOW 1000 PFT FILTER.....	199	<i>ambrisentan</i>	89	CATHETER.....	200
ALL FLOW 3000 KIT.....	199	<i>amcinonide</i>	47	<i>apomorphine</i>	102
ALL FLOW 3000 PFT FILTER.....	199	AMELUZ.....	126	<i>apraclonidine</i>	149
ALL FLOW 4000 KIT.....	199	AMETHIA.....	9	<i>aprepitant</i>	20
ALL FLOW 4000 PFT FILTER.....	199	AMETHYST (28).....	9	APRETUDE.....	113
ALL FLOW 5000 KIT.....	199	AMIELLE VAGINAL TRAINER.....	200	APRI.....	9
ALL FLOW 5000 PFT FILTER.....	199	<i>amiloride</i>	89	APTIOM.....	232
ALL FLOW 6000 PFT FILTER.....	199	<i>amiloride-hydrochlorothiazide</i>	89	APTIVUS.....	113
ALLERGIST TRAY 1/2 ML		<i>aminocaproic acid</i>	253	AQINJECT 3.0 LOCK SYRINGE... 200	
27GX3/8".....	199	<i>amidarone</i>	87	AQINJECT LUER LOCK SYRINGE	
ALLERGIST TRAY		<i>amitriptyline</i>	184	.....	200
INTRADERMAL BEV.....	199	<i>amitriptyline-chlordiazepoxide</i>	184	AQINJECT PEN NEEDLE.....	160
ALLERGIST TRAY REGULAR		<i>amlodipine</i>	89	AQINJECT SAFETY NEEDLE.....	160
BEVEL.....	199	<i>amlodipine-atorvastatin</i>	87	AQINJECT SAFETY SYRINGE.....	200
ALLERGY SYRINGE.....	200	<i>amlodipine-benazepril</i>	89	AQINJECT STANDARD NEEDLE.....	160
ALLEVYN LIFE DRESSING.....	200	<i>amlodipine-olmesartan</i>	89	AQNEURSA.....	160
<i>allopurinol</i>	139	<i>amlodipine-valsartan</i>	89	ARAKODA.....	112
<i>almotriptan malate</i>	140	<i>amlodipine-valsartan-hcthiazid</i>	89	ARALAST NP.....	4
ALOCRIAL.....	153	<i>ammonium lactate</i>	54	ARANELLE (28).....	9
<i>alogliptin</i>	65	AMNESTEEM.....	39	ARANESP (IN POLYSORBATE)	
<i>alogliptin-metformin</i>	65	<i>amoxapine</i>	184	.....	253, 254
<i>alogliptin-pioglitazone</i>	66	<i>amoxicil-clarithromy-lansopraz</i>	250	ARCALYST.....	118
ALOMIDE.....	153	<i>amoxicillin</i>	104, 105	AREXVY (PF).....	136
<i>alosetron</i>	245	<i>amoxicillin-pot clavulanate</i>	105	<i>arformoterol</i>	23
ALPHANATE.....	253	<i>amphetamine sulfate</i>	187	ARGYLE TRACHEOSTOMY	
ALPHANINE SD.....	253	<i>ampicillin</i>	105	CARE TRAY.....	200

ARIKAYCE.....	111	AUGTYRO.....	126	BAYER LOW DOSE ASPIRIN.....	254
<i>aripiprazole</i>	187	AURA PORTANEB.....	23	B-COMPLEX INJECTION.....	32
<i>armodafinil</i>	187	AUROVELA 1.5/30 (21).....	10	BD ALCOHOL SWABS.....	54
ARMONAIR DIGIHALER.....	23	AUROVELA 1/20 (21).....	10	BD ALLERGIST TRAY REG	
ARMOUR THYROID.....	241	AUROVELA 24 FE.....	10	BEVEL.....	200
ARNUITY ELLIPTA.....	23	AUROVELA FE 1.5/30 (28).....	10	BD ALLERGY SYRINGE.....	200
ARTISS.....	160	AUROVELA FE 1-20 (28).....	10	BD AUTOSHIELD DUO PEN	
ASCOMP WITH CODEINE.....	140	AURUMHEEL.....	160	NEEDLE.....	160
ASCOR.....	32	AURYXIA.....	182	BD BLUNT PLASTIC CANNULA...	200
<i>ascorbic acid (vitamin c)</i>	32	AUSTEDO.....	133	BD BULK SYRINGE SLIP TIP.....	200
<i>ascorbic acid(vitamin c)(bulk)</i>	160	AUSTEDO XR.....	133	BD ECCENTRIC TIP SYRINGE...	200
<i>asenapine maleate</i>	187	AUSTEDO XR TITRATION		BD ECLIPSE.....	160
ASHLYNA.....	9	KT(WK1-4).....	133	BD ECLIPSE LUER-LOK.....	160, 201
ASMANEX HFA.....	23	AUVELITY.....	184	BD FILTER NEEDLE 5-MICRON	
ASMANEX TWISTHALER.....	23	AVEIDA.....	39	NOKO.....	160
<i>aspirin</i>	140, 254	AVEIDAOXIA.....	39	BD FILTER NEEDLE-5 MICRON..	161
ASPIRIN CHILDRENS.....	254	AVIANE.....	10	BD INSULIN SYRINGE.....	201
<i>aspirin-dipyridamole</i>	254	AVITA.....	39	BD INSULIN SYRINGE (HALF	
ASSURE 4 STRIPS.....	66	AVITENE.....	254	UNIT).....	201
ASSURE ID DUO PRO SFTY PEN		AVITENE FLOUR.....	254	BD INSULIN SYRINGE MICRO-	
NDL.....	160	AVONEX.....	133	FINE.....	201
ASSURE ID PEN NEEDLE.....	160	AYUNA.....	10	BD INSULIN SYRINGE U-500.....	201
ASSURE ID PRO PEN NEEDLE...	160	AYVAKIT.....	126	BD INSULIN SYRINGE ULTRA-	
ASSURE LANCE.....	200	AZASITE.....	153	FINE.....	201
ASSURE LANCE PLUS.....	200	<i>azathioprine</i>	137	BD INSYTE AUTOGUARD.....	201
ASSURE PLATINUM GLUCOSE		<i>azelaic acid</i>	40	BD INTEGRA NEEDLE.....	161
METER.....	66	<i>azelastine</i>	6, 153	BD INTEGRA SYRINGE.....	201
ASSURE PLATINUM TEST STRIP.	66	<i>azelastine-fluticasone</i>	6	BD INTERLINK BLUNT PLASTIC	
ASSURE PRISM MULTI METER...	66	AZELEX.....	40	CAN.....	201
ASSURE PRISM MULTI STRIP.....	66	<i>azithromycin</i>	105	BD INTERLINK SYRINGE.....	201
ASTAGRAF XL.....	137	AZSTARYS.....	187	BD INTRADERMAL BEVEL	
ASTHMAPACK CHILDREN'S.....	23	AZURETTE (28).....	10	NEEDLES.....	161
ASTRINGYN.....	254	B COMPLEX 100.....	32	BD LO-DOSE MICRO-FINE IV.....	201
<i>atazanavir</i>	113	<i>bacitracin</i>	153	BD LUER-LOK BULK SYRINGE...	201
<i>atenolol</i>	89	<i>bacitracin-polymyxin b</i>	153	BD LUER-LOK SYRINGE.....	201, 202
<i>atenolol-chlorthalidone</i>	89	<i>baclofen</i>	242, 243	BD LUER-LOK TIP CONTROL	
<i>atomoxetine</i>	187	BAFIERTAM.....	133	SYRING.....	202
ATORVALIQ.....	97	<i>balsalazide</i>	243	BD MICROTAINER LANCET.....	202
<i>atorvastatin</i>	97	<i>balsam peru (bulk)</i>	160	BD NANO 2ND GEN PEN	
<i>atovaquone</i>	112	BALVERSA.....	126	NEEDLE.....	161
<i>atovaquone-proguanil</i>	112	BALZIVA (28).....	10	BD NOKOR ADMIX NEEDLE.....	161
ATRAPRO CP.....	54	BAQSIMI.....	66	BD POSIFLUSH NORMAL SALINE	
ATROPEN.....	160	BARACLUDGE.....	113	0.9.....	182
<i>atropine</i>	149	BARDEX I.C. FOLEY CATHETER	200	BD PRECISIONGLIDE.....	161
<i>atropine sulfate (pf)</i>	149	BASADROX.....	40	BD PRECISIONGLIDE NON-	
ATROVENT HFA.....	23	BASAGLAR KWIKPEN U-100		STERILE.....	161
ATTRUBY.....	87	INSULIN.....	66	BD REGULAR BEVEL NEEDLES.	161
AUBRA.....	10	BAXDELA.....	105	BD SAFETYGLIDE ALLERGIST	
AUBRA EQ.....	9	BAYER ASPIRIN.....	140	TRAY.....	202

BD SAFETYGLIDE INSULIN SYRINGE.....	202	<i>benznidazole</i>	112	BLULINK DIABETIC TEST BUNDLE.....	67
BD SAFETYGLIDE NEEDLE.....	161	<i>benzoin (bulk)</i>	162	BLULINK GLUCOSE MONITOR SYSTEM.....	67
BD SAFETYGLIDE SHIELDING REG.....	202	<i>benzonatate</i>	229	BLULINK GLUCOSE TEST STRIP.....	67
BD SAFETYGLIDE SYRINGE.....	202	<i>benzoyl peroxide</i>	54	<i>blunt needle, disposable</i>	162
BD SAFETYGLIDE TB REG BEVEL.....	202	<i>benztropine</i>	102	<i>bosentan</i>	89
BD SAFETYGLIDE TUBERCULIN.....	202	<i>bepotastine besilate</i>	153	BOSULIF.....	126
BD SAF-T-INTIMA.....	202	BERINERT.....	118	BOTOX.....	162
BD SHORT BEVEL NEEDLES.....	161	BESIVANCE.....	153	BPO.....	54
BD SHORT BEVEL THIN WALL.....	162	BESREMI.....	137	BRAFTOVI.....	126
BD SLIP TIP SYRINGE.....	202	BETADINE OPHTHALMIC PREP... ..	54	BREATHERITE MDI SPACER.....	24
B-D SLIP TIP SYRINGE.....	202	<i>betaine</i>	162	BREATHERITE SPACER-MASK, NEO.....	24
BD SPECIALTY USE NEEDLES... ..	162	BETALOAN SUIK.....	118	BREATHERITE SPACER-MASK,ADULT.....	24
BD SYRINGE.....	203	<i>betamethasone dipropionate</i>	47	BREATHERITE SPACER-MASK,CHILD.....	24
BD SYRINGE CATH TIP NONSTERILE.....	202	<i>betamethasone valerate</i>	47	BREATHERITE SPACER-MASK,INFANT.....	24
BD SYRINGE CATHETER TIP.....	202	<i>betamethasone, augmented</i>	47	BREATHERITE SPACER-MASK,S.CHLD.....	24
BD SYRINGE LUER-LOK NONSTERILE.....	202	BETASERON.....	133	BREATHERITE VALVED MDI CHAMBER.....	24
BD SYRINGE LUER-LOK STERILE.....	203	<i>betaxolol</i>	89, 149	BREATHERITE VALVED MDI SPACER.....	24
BD SYRINGE SLIP TIP NONSTERILE.....	203	<i>bethanechol chloride</i>	4	BREEZE 2 TEST STRIPS.....	67
BD SYRINGE-DUAL CANNULA... ..	203	BETIMOL.....	149	BRENZAVVY.....	67
BD TUBERCULIN SLIP-TIP.....	203	BETOPTIC S.....	149	BREO ELLIPTA.....	24
BD TUBERCULIN SYRINGE.....	203	BEVESPI AEROSPHERE.....	23	BREXAFEMME.....	110
BD ULTRA-FINE MICRO PEN NEEDLE.....	162	<i>bexagliflozin</i>	66	BREYNA.....	24
BD ULTRA-FINE MINI PEN NEEDLE.....	162	<i>bexarotene</i>	54, 126	BREZTRI AEROSPHERE.....	24
BD ULTRA-FINE NANO PEN NEEDLE.....	162	BEYFORTUS.....	114	BRIELLYN.....	10
BD ULTRA-FINE ORIG PEN NEEDLE.....	162	<i>bicalutamide</i>	126	BRILINTA.....	254
BD ULTRA-FINE SHORT PEN NEEDLE.....	162	BIJUVA.....	36	<i>brimonidine</i>	40, 149, 150
BD VEO INSULIN SYR (HALF UNIT).....	203	BIKTARVY.....	114	<i>brimonidine-dorzolamide</i>	150
BD VEO INSULIN SYRINGE UF... ..	203	<i>bimatoprost</i>	149	<i>brimonidine-dorzolamide (pf)</i>	150
BELBUCA.....	140	<i>bimatoprost (pf)</i>	149	<i>brimonidine-timolol</i>	150
<i>belladonna alkaloids-opium</i>	140	BIMZELX.....	60	<i>brinzolamide</i>	150
BELSOMRA.....	188	BIMZELX AUTOINJECTOR.....	60	BRIVIACT.....	232, 233
<i>benazepril</i>	89	BIOLON.....	153	BROMFED DM.....	229
<i>benazepril-hydrochlorothiazide</i>	89	BIONIME RIGHTEST GM300 SYSTEM.....	66	<i>bromfenac</i>	154
BENEFIX.....	254	BIONIME RIGHTEST TEST STRIPS.....	66	<i>bromocriptine</i>	102
BENLYSTA.....	118	BIOTEL CARE BGM-4 METER.....	66	<i>brompheniramine-pseudoeph-dm</i> ..	229
<i>benzhydrocodone-acetaminophen</i>	140	<i>bismuth subcit k-metronidz-tcn</i>	250	BRONCHITOL.....	162
		<i>bisoprolol fumarate</i>	89	BRUKINSA.....	126
		<i>bisoprolol-hydrochlorothiazide</i>	89	<i>budesonide</i>	24, 118, 119, 243
		BLEPHAMIDE S.O.P.....	154	<i>budesonide-formoterol</i>	24
		BLISOVI 24 FE.....	10		
		BLISOVI FE 1.5/30 (28).....	10		
		BLISOVI FE 1/20 (28).....	10		
		BLOOD GLUCOSE MONITORING.....	66		
		BLOOD GLUCOSE TEST.....	66		
		<i>blood-glucose meter</i>	66, 67		
		BLULINK BG SYSTEM REFILL.....	203		

BULLSEYE MINI SAFETY LANCETS	203	<i>carbidopa</i>	102	CARESENS N	67
<i>bumetanide</i>	89	<i>carbidopa-levodopa</i>	102	CARESENS N FELIZ BT GLUC METER	67
<i>buprenorphine</i>	141	<i>carbidopa-levodopa-entacapone</i> ..	102	CARESENS N FELIZ GLUCOSE METER	67
<i>buprenorphine hcl</i>	140	<i>carbinoxamine maleate</i>	6	CARESENS N TEST STRIPS	67
<i>buprenorphine-naloxone</i>	141	CARDIOPLEGIA DEL NIDO FORMULA	162	CARESENS N VOICE	67
<i>bupropion hcl</i>	184	CARDIOPLEGIA HIGH POTASSIUM	162	CARESENS S FIT GLUCOSE METER	67
<i>bupropion hcl (smoking deter)</i>	3	CARDIOPLEGIA IND 4:1 PLASMALYT	162	CARESENS S TEST STRIP	67
<i>buspirone</i>	188	CARDIOPLEGIA IND 4:1 RINGER	163	CARETOUCH ALCOHOL PREP PAD	54
<i>butalbital-acetaminop-caf-cod</i>	141	CARDIOPLEGIA IND 8:1 NON-ENRCH	163	CARETOUCH GLUCOSE MONITORING	67
<i>butalbital-acetaminophen</i>	141	CARDIOPLEGIA INDUCTION 4:1	163	CARETOUCH HYPODERMIC NEEDLE	164
<i>butalbital-acetaminophen-caff</i>	141	CARDIOPLEGIA INDUCTION 8:1	163	CARETOUCH INSULIN SYRINGE	204
<i>butalbital-aspirin-caffeine</i>	141	CARDIOPLEGIA MAIN 8:1 NO-ENRCH	163	CARETOUCH KETONE-GLUCOSE MONIT	67
<i>butorphanol</i>	141	CARDIOPLEGIA MAINT 4:1 PLASMA	163	CARETOUCH LUER LOCK SYRINGE	204
BUTTERFLY TOUCH LANCET	203	CARDIOPLEGIA MAINT 4:1 RINGER	163	CARETOUCH LUER LOCK SYR-NEEDLE	204
BYDUREON BCISE	67	CARDIOPLEGIA MAINTENANCE 4:1	163	CARETOUCH LUER SLIP SYRINGE	204
BYLVAY	245	CARDIOPLEGIA MAINTENANCE 8:1	163	CARETOUCH PEN NEEDLE	164
<i>cabergoline</i>	238	CARDIOPLEGIA REPERFUSATE 4:1	163	CARETOUCH SAFETY LANCETS	204
CABLIVI	254	CARDIOPLEGIA WARM INDUCT 4:1	163	CARETOUCH TEST STRIP	67
CABOMETYX	126	<i>cardioplegic no.17(induct 4:1)</i>	163	CARETOUCH TWIST LANCET	204
<i>cabotegravir</i>	114	<i>cardioplegic no.19 (maint 4:1)</i>	163	<i>carglumic acid</i>	245
CABTREO	40	<i>cardioplegic soln</i>	163	<i>carisoprodol</i>	243
CADIRA COMPLIANT BLOOD STAT	162	<i>cardioplegic solution no.25</i>	164	<i>carisoprodol-aspirin</i>	243
<i>caffeine citrate</i>	24	CARDURA XL	90	<i>carisoprodol-aspirin-codeine</i>	141
<i>calcipotriene</i>	60, 61	CAREFINE PEN NEEDLE	164	CARNITOR (SUGAR-FREE)	164
<i>calcipotriene-betamethasone</i>	61	CAREONE ULTRA THIN LANCET	203	CARRASYN HYDROGEL WOUND DRESS	204
<i>calcitonin (salmon)</i>	238	CAREPOINT LUER LOCK SYRINGE	203	<i>carteolol</i>	150
<i>calcitriol</i>	32, 61	CAREPOINT LUER LOCK SYR-NEEDLE	203	CARTIA XT	90
<i>calcium acetate(phosphat bind)</i>	182	CAREPOINT LUER SLIP SYRINGE	203	<i>carvedilol</i>	90
CALQUENCE (ACALABRUTINIB MAL)	126	CAREPOINT LUER SLIP SYRING-NDL	203	<i>carvedilol phosphate</i>	90
CAMILA	10	CAREPOINT PRECISION NEEDLE	164	CAYA CONTOURED	10
CAMRESE	10	CAREPOINT SAFETY LL SYR-NEEDLE	204	CAYSTON	105
CAMRESE LO	10	CARESENS LANCETS	204	CAZANT (28)	10
CAMZYOS	87			<i>cefaclor</i>	105
<i>candesartan</i>	89			<i>cefadroxil</i>	105
<i>candesartan-hydrochlorothiazid</i>	89			CEFALY	204
<i>cantharidin in acetone</i>	54			<i>cefdinir</i>	105
CANTHARIS COMPOSITUM	162			<i>cefixime</i>	106
<i>capecitabine</i>	126			<i>cefpodoxime</i>	106
CAPEX	47				
CAPLYTA	188				
CAPRELSA	126				
<i>captopril</i>	89				
<i>captopril-hydrochlorothiazide</i>	90				
CARBAGLU	245				
<i>carbamazepine</i>	233				
CARBATROL	233				

<i>cefprozil</i>	106	CIMDUO.....	114	CLEVER CHOICE GLUCOSE	
<i>cefuroxime axetil</i>	106	<i>cimetidine</i>	250	MONITOR.....	67
<i>celecoxib</i>	119	<i>cimetidine hcl</i>	250	CLEVER CHOICE MICRO.....	67
CEM-UREA.....	54	CIMZIA.....	119	CLEVER CHOICE MICRO TEST	
CENTANY AT.....	43	CIMZIA POWDER FOR RECONST		STRIP.....	67
<i>cephalexin</i>	106	.....	119	CLEVER CHOICE NEB KIT-	
CEQUA.....	154	CIMZIA STARTER KIT.....	119	ADULT.....	204
CERDELGA.....	164	<i>cinacalcet</i>	238	CLEVER CHOICE NEB KIT-CHILD	
CERVIDIL.....	10	CINRYZE.....	119	.....	204
CETACAINE.....	55	CIPRO.....	106	CLEVER CHOICE NEBULIZER.....	24
CETACAINE ANESTHETIC.....	54	CIPRO HC.....	148	CLEVER CHOICE PRO.....	67
<i>cetirizine</i>	6	<i>ciprofloxacin</i>	106	CLEVER CHOICE TALK	
<i>cevimeline</i>	5	<i>ciprofloxacin hcl</i>	106, 148, 154	GLUCOSE SYS.....	67
CHARLOTTE 24 FE.....	10	<i>ciprofloxacin-dexamethasone</i>	149	CLEVER CHOICE TALK TEST.....	68
CHATEAL (28).....	11	<i>ciprofloxacin-fluocinolone</i>	149	CLEVER CHOICE TEST STRIPS... 68	
CHATEAL EQ (28).....	11	<i>citalopram</i>	184	CLEVER CHOICE VOICE PLUS	
CHEK-STIX CONTROL.....	164	CITRANATAL (DUAL-IRON).....	32	TEST.....	68
CHEMET.....	164	CITRANATAL 90 DHA (ALGAL		CLEVER CHOICE WHISPER AIRE	
CHEMSTRIP 10 MD.....	164	OIL).....	32	PED.....	24
CHEMSTRIP 10/SG.....	164	CITRANATAL ASSURE.....	32	CLICKFINE PEN NEEDLE.....	164
CHEMSTRIP 2 GP.....	164	CITRANATAL DHA (ALGAL OIL)...	32	CLIMARA PRO.....	36
CHEMSTRIP 50B.....	164	CITRANATAL HARMONY (IRON		<i>clindamycin hcl</i>	111
CHEMSTRIP 7.....	164	FUM).....	32	<i>clindamycin palmitate hcl</i>	111
CHEMSTRIP 9.....	164	<i>citric acid anhydrous (bulk)</i>	164	CLINDAMYCIN PEDIATRIC.....	111
CHENODAL.....	245	<i>citric-sod citrat-sod phos-dex</i>	254	<i>clindamycin phosphate</i>	43, 44, 263
CHILDREN'S ASPIRIN.....	254	CLARAVIS.....	40	<i>clindamycin-benzoyl peroxide</i>	40
CHLOHUX.....	47	CLARINEX-D 12 HOUR.....	6	CLINDESSE.....	263
CHLOOXIA.....	47	<i>clarithromycin</i>	106	CLINPRO 5000.....	32
<i>chlordiazepoxide hcl</i>	188	CLEANSING WASH.....	43	<i>clobazam</i>	233
<i>chlordiazepoxide-clidinium</i>	250	CLEARLAX.....	245	<i>clobetasol</i>	47, 48, 154
<i>chlorhexidine gluconate</i>	263	CLEARSHIELD SODIUM CHLOR		<i>clobetasol-emollient</i>	48
<i>chloroquine phosphate</i>	112	FLUSH.....	182	<i>clocortolone pivalate</i>	48
<i>chlorpromazine</i>	188	<i>clemastine</i>	6	CLODAN KIT.....	48
<i>chlorthalidone</i>	90	CLENPIQ.....	245	<i>clomipramine</i>	184
<i>chlorzoxazone</i>	243	CLEOCIN.....	263	<i>clonazepam</i>	233
CHOICEDM CLARUS.....	67	CLEVER CHEK BLOOD		<i>clonidine</i>	90
CHOLBAM.....	245	GLUCOSE.....	67	<i>clonidine hcl</i>	90, 188
<i>cholestyramine (with sugar)</i>	97	CLEVER CHEK BLOOD		<i>clopidogrel</i>	254
CHOLESTYRAMINE LIGHT.....	97	GLUCOSE SYST.....	67	<i>clorazepate dipotassium</i>	188
<i>cholestyramine-aspartame</i>	97	CLEVER CHEK LANCETS.....	204	<i>clotrimazole</i>	44, 110
<i>choline,magnesium salicylate</i>	141	CLEVER CHOICE BLOOD GLUC		<i>clotrimazole-betamethasone</i>	44
CHOSEN LANCET.....	204	SYS.....	67	<i>clozapine</i>	188
CHOSEN SAFETY LANCET.....	204	CLEVER CHOICE CHAMBER-		COAGADEX.....	254
CIBINQO.....	119	LRG MASK.....	24	COAGUCHEK LANCETS.....	204
CICLODAN KIT.....	43	CLEVER CHOICE CHAMBER-		COAGUCHEK XS.....	164
<i>ciclopirox</i>	43	MED MASK.....	24	COARTEM.....	112
<i>ciclopirox-ure-camph-menth-euc</i>	43	CLEVER CHOICE CHAMBER-SM		COBENFY.....	188
<i>cilostazol</i>	254	MASK.....	24	COBENFY STARTER PACK.....	188
CILOXAN.....	154			<i>cocaine</i>	263

<i>codeine sulfate</i>	141	CONTOUR NEXT METER.....	68	CUSTODIOL HTK.....	165
<i>codeine-butalbital-asa-caff</i>	142	CONTOUR NEXT ONE METER.....	68	CUTAQUIG.....	136
<i>codeine-guaifenesin</i>	229	CONTOUR NEXT TEST STRIPS....	68	CUVITRU.....	136
CODITUSSIN AC.....	229	CONTOUR PLUS BLUE METER....	68	CUVRIOR.....	165
CODITUSSIN DAC.....	229	CONTOUR PLUS TEST STRIP.....	68	<i>cyanocobalamin (vitamin b-12)</i>	32
<i>colchicine</i>	139	CONTOUR TEST STRIPS.....	68	<i>cyclobenzaprine</i>	243
<i>colesevelam</i>	97	COPAXONE.....	133	CYCLOMYDRIL.....	150
<i>colestipol</i>	97	COPIKTRA.....	126	<i>cyclopentolate</i>	150
COLOR LANCETS.....	204	CORDRAN.....	48	<i>cyclopen-tropic-phenyleph-watr</i>	150
COMBIPATCH.....	36	CORDRAN TAPE LARGE ROLL....	48	<i>cyclopen-tropic-phen-ketr-wat</i>	150
COMBISTIX REAGENT.....	164	CORIFACT.....	254	<i>cyclophosphamide</i>	126
COMBIVENT RESPIMAT.....	24	CORLANOR.....	87	<i>cyclop-trop-propa-phen-ket-wat</i>	150
COMETRIQ.....	126	CORTANE-B.....	149	<i>cycloserine</i>	111
COMFORT EZ INSULIN SYRINGE		CORTIFOAM.....	243	CYCLOSET.....	68
.....	205	<i>cortisone</i>	119	<i>cyclosporine</i>	138, 154
COMFORT EZ LANCETS.....	205	CORTISPORIN-TC.....	149	CYCLOSPORINE IN KLARITY.....	154
COMFORT EZ PEN NEEDLES.....	165	CORTROPHIN GEL.....	238	<i>cyclosporine modified</i>	137
COMFORT EZ PRO SAFETY PEN		COSENTYX.....	61	<i>cyproheptadine</i>	6
NDL.....	165	COSENTYX (2 SYRINGES).....	61	CYRED.....	11
COMFORT TOUCH PEN NEEDLE		COSENTYX PEN.....	61	CYRED EQ.....	11
.....	165	COSENTYX PEN (2 PENS).....	61	CYSTADROPS.....	152
COMFORT TOUCH PLUS		COSENTYX UNOREADY PEN.....	61	CYSTAGON.....	230
SAFETY LANC.....	205	COTELLIC.....	126	CYSTARAN.....	152
COMFORT TOUCH ULT THIN		COTEMPLA XR-ODT.....	188	<i>dabigatran etexilate</i>	254
LANCETS.....	205	COVARYX.....	36	<i>dalfampridine</i>	133
COMFORTSEAL LARGE MASK.....	25	COVARYX H.S.....	36	<i>danazol</i>	238
COMFORTSEAL MEDIUM MASK....	25	CRALONIN.....	165	<i>dantrolene</i>	243
COMFORTSEAL SMALL MASK.....	25	CREON.....	248	DANZITEN.....	126
COMPACT SPACE CHAMBER.....	25	CRESEMBA.....	110	<i>dapaglifloz propaned-metformin</i>	68
COMPACT SPACE CHAMBER-		CREXONT.....	102, 103	<i>dapagliflozin propanediol</i>	68
LRG MASK.....	25	CRINONE.....	36	<i>dapsone</i>	40, 111
COMPACT SPACE CHAMBER-		<i>cromolyn</i>	25, 154	<i>darifenacin</i>	230
MED MASK.....	25	CRYODOSE TA MEDIUM		DARIO BLOOD GLUCOSE	
COMPACT SPACE CHAMBER-		STREAM SPR.....	55	MONITOR.....	68
SM MASK.....	25	CRYODOSE TA MIST SPRAY.....	55	DARIO BLOOD GLUCOSE TEST	
COMP-AIR NEBULIZER		CRYOSERV.....	165	STRIP.....	68
COMPRESSOR.....	25	CRYSELLE (28).....	11	DARTISLA.....	250
COMPLERA.....	114	CUPRIMINE.....	119	<i>darunavir</i>	114
COMPRO.....	20	CURAD XEROFORM		<i>dasatinib</i>	127
CONCEPTION.....	165	PETROLATM DRESS.....	205	DASETTA 1/35 (28).....	11
CONJUPRI.....	90	CURAFIL GEL WOUND.....	205	DASETTA 7/7/7 (28).....	11
CONSTULOSE.....	245	CURITY ALCOHOL SWABS.....	55	DAURISMO.....	127
CONTOUR METER.....	68	CURITY AMD.....	205	DAVOL IRRIGATION SYRINGE...	205
CONTOUR NEXT EZ METER.....	68	CURITY AMD (WITH		DAVOL PISTON IRRIGATION.....	205
CONTOUR NEXT GEN METER.....	68	POLYHEXAMETH).....	205	DAYBUE.....	133
CONTOUR NEXT GLUCOSE		CURITY DRAINAGE BAG.....	205	DAYSEE.....	11
METER.....	68	CURITY IODOFORM PACKING		DAYVIGO.....	188
CONTOUR NEXT LINK.....	68	STRIP.....	205	DAZAVEIDAOXIA.....	40
CONTOUR NEXT LINK 2.4.....	68	CUROSURF.....	181	DAZOMON.....	40

DEBACTEROL.....	165	<i>dexamethasone sodium phosphate</i>	154	DIOCHLOY.....	61
DEBLITANE.....	11	<i>dexlansoprazole</i>	250	DIOOXIA.....	61
<i>deferasirox</i>	165	<i>dexmethylphenidate</i>	188, 189	DIPENTUM.....	243
<i>deferiprone</i>	165	DEXONTO.....	119	DIPHEN.....	6
<i>deferoxamine</i>	165	DEXTENZA.....	154	<i>diphenoxylate-atropine</i>	245
<i>deflazacort</i>	119	<i>dextroamphetamine sulfate</i>	189	<i>dipyridamole</i>	255
DELSTRIGO.....	114	<i>dextroamphetamine-amphetamine</i>	189, 190	<i>disopyramide phosphate</i>	88
<i>demeclocycline</i>	106	DIACOMIT.....	233	<i>disulfiram</i>	190
DEMEROL (PF).....	142	DIADIMAXIA.....	40	DIURIL.....	91
DENTA 5000 PLUS.....	32	DIAOXIA.....	40	<i>divalproex</i>	233, 234
DENTA 5000 PLUS SENSITIVE.....	33	DIASAXIATAR.....	40	DM2.....	68
DENTAGEL.....	33	DIASDIMAXIA.....	40, 41	DODEX.....	33
DEOXIA.....	40	DIASOXIA.....	41	<i>dofetilide</i>	88
DEOXIADENTAR.....	40	DIASTIX.....	68	DOJOLVI.....	166
DEOXIATAR.....	40	DIATRUE PLUS BLOOD		DOLISHALE.....	11
DEOXIAVAR.....	40	GLUCOSE MET.....	68	<i>donepezil</i>	197
DEPAKOTE.....	233	DIATRUE PLUS TEST STRIP.....	68	DOPTLET (10 TAB PACK).....	255
DEPAKOTE ER.....	233	<i>diazepam</i>	190, 233	DOPTLET (15 TAB PACK).....	255
DEPAKOTE SPRINKLES.....	233	DIAZEPAM INTENSOL.....	190	DOPTLET (30 TAB PACK).....	255
DEPO-ESTRADIOL.....	36	<i>diazoxide</i>	68	<i>dorzolamide</i>	150
DEPO-SUBQ PROVERA 104.....	11	<i>dichlorophenamide</i>	243	<i>dorzolamide (pf)</i>	150
DERMACINRX LIDOCAN.....	55	<i>diclofenac epolamine</i>	49	<i>dorzolamide-timolol</i>	150
DERMACINRX LIDOGEL.....	55	<i>diclofenac potassium</i>	119	<i>dorzolamide-timolol (pf)</i>	150
DERMACINRX LIDOREX.....	55	<i>diclofenac sodium</i>	49, 55, 119, 154	DOTTI.....	36
DERMAZENE.....	40	<i>diclofenac-misoprostol</i>	119	DOVATO.....	114
DESCOVY.....	114	<i>dicloxacillin</i>	106	DOVER BULB SYRINGE.....	205
<i>desflurane</i>	165	<i>dicyclomine</i>	249	DOVER COATED LATEX FOLEY.....	205
<i>desipramine</i>	184	DIFFERIN.....	41	DOVER FOLEY CATHETER.....	205
<i>desloratadine</i>	6	DIFICID.....	106	DOVER LATEX FOLEY	
<i>desmopressin</i>	238	<i>diflunisal</i>	142	CATHETER.....	206
<i>desog-e.estradiol/e.estradiol</i>	11	<i>difluprednate</i>	154	DOVER RED RUBBER	
<i>desonide</i>	48, 49	DIFMETIOXRIME.....	44	ROBINSON CATH.....	206
<i>desoximetasone</i>	49	DIGITEK.....	88	DOVER UNIVERSAL.....	206
<i>desvenlafaxine</i>	185	<i>digoxin</i>	88	<i>doxazosin</i>	91
<i>desvenlafaxine succinate</i>	185	<i>dihydroergotamine</i>	142	<i>doxepin</i>	185, 190
DEVILBISS DISPOSABLE		DILANTIN.....	233	<i>doxercalciferol</i>	238
NEBULIZER.....	25	DILANTIN EXTENDED.....	233	<i>doxycycline hyclate</i>	106, 107, 263
DEVILBISS PULMO-AIDE		DILANTIN INFATABS.....	233	<i>doxycycline monohydrate</i>	107
COMPRESSR.....	25	DILANTIN-125.....	233	<i>doxylamine-pyridoxine (vit b6)</i>	20
DEVILBISS PULMOMATE		DILAUDID (PF).....	142	D-PENAMINE.....	119
COMPRESSOR.....	25	<i>diltiazem hcl</i>	90	DRAXACE.....	41
DEVILBISS PULMONEB LT		DILT-XR.....	91	DRAXACEY.....	41
COMP-NEB.....	25	DILUENT FOR ROTARIX.....	165	DRITHOCREME HP.....	61
DEVILBISS TRAVELER		NOVOLOG.....	165	DRIXECE.....	41
COMPRESSOR.....	25	<i>dimethyl fumarate</i>	133	<i>dronabinol</i>	20
<i>dexamethasone</i>	119	DIMOXIA.....	41	DROPLET INSULIN SYR(HALF	
DEXAMETHASONE INTENSOL... 119				UNIT).....	206
				DROPLET INSULIN SYRINGE.....	206
				DROPLET LANCETS.....	206

DROPLET MICRON PEN NEEDLE	166	EASY COMFORT PEN NEEDLES	166	EASY TOUCH INSULIN SAFETY	
DROPLET PEN NEEDLE	166	EASY COMFORT SAFETY PEN		SYR.....	208
DROPSAFE ALCOHOL PREP		NEEDLE	166	EASY TOUCH INSULIN SYRINGE	
PADS	55	EASY GLIDE CATHETER TIP		.....	208
DROPSAFE INSULIN SYRINGE	206	SYRING	207	EASY TOUCH LANCETS	208
DROPSAFE PEN NEEDLE	166	EASY GLIDE DENTAL IRRIG		EASY TOUCH LUER LOCK	
DROPSAFE SICURA SAFETY		SYRING	207	INSULIN	208
NEEDLE	166	EASY GLIDE INSULIN SYRINGE	207	EASY TOUCH LUER LOCK	
<i>drospirenone-e.estradiol-lm.fa</i>	11	EASY GLIDE LUER LOCK		SYRINGE	208
<i>drospirenone-ethinyl estradiol</i>	11	SYRINGE	207	EASY TOUCH PEN NEEDLE	167
DROXIA	255	EASY GLIDE LUER SLIP TB		EASY TOUCH SAFETY LANCETS	
<i>droxidopa</i>	87	SYRING	207	.....	208
DRYSOL	55	EASY GLIDE PEN NEEDLE	166	EASY TOUCH SAFETY PEN	
DRYSOL DAB-O-MATIC	55	EASY NEB COMPRESSOR		NEEDLE	168
DUAKLIR PRESSAIR	25	NEBULIZER	26	EASY TOUCH SHEATHLOCK	
DUAVEE	36	EASY PLUS II BLOOD GLUCOSE		INSULIN	208
DULERA	25	MET	69	EASY TOUCH SHEATHLOCK	
<i>duloxetine</i>	185	EASY PLUS II TEST	69	SYRG-NDL	209
DUOBRII	61	EASY STEP	69	EASY TOUCH SHEATHLOCK	
DUODOTE	166	EASY STEP BLOOD GLUCOSE		SYRINGE	209
DUOPA	103	METER	69	EASY TOUCH SYR ALLERGY	
DUPIXENT PEN	26	EASY TALK BLOOD GLUCOSE		TRAY	209
DUPIXENT SYRINGE	26	METER	69	EASY TOUCH TEST STRIP	69
DUREX AIR CONDOM	166	EASY TALK GLUCOSE TEST	69	EASY TOUCH TUBERCULIN	
DUREX AVANTI BARE REAL		EASY TALK PLUS II TEST STRIP	69	FLIPLOCK	209
FEEL	166	EASY TOUCH	167, 209	EASY TOUCH TUBERCULIN	
DUREX EXTRA SENSITIVE		EASY TOUCH ALCOHOL PREP		SHEATHLK	209
CONDOM	166	PADS	55	EASY TOUCH TWIST LANCETS	209
DUREX TROPICAL CONDOM	166	EASY TOUCH BLULINK GLUC		EASY TOUCH UNI-SLIP	209
DUROLANE	120	SYST	69	EASY TRAK BLOOD GLUCOSE	
<i>dutasteride</i>	230	EASY TOUCH BLULINK TEST		METER	69
<i>dutasteride-tamsulosin</i>	231	STRIP	69	EASY TRAK GLUCOSE TEST	69
DUVYZAT	133	EASY TOUCH FLIPLOCK		EASY TRAK II BLOOD GLUCOSE	
DUZALLO	139	INSULIN	207	MTR	69
DYANAVEL XR	190	EASY TOUCH FLIPLOCK		EASY TRAK II TEST STRIP	69
DYNAFOAM AG	206	NEEDLE	166, 167	EASY TWIST AND CAP LANCETS	
DYNAGINATE AG	206	EASY TOUCH FLIPLOCK		.....	210
E.E.S. 400	107	SYRINGE	207	EASYGLUCO METER	69
EAR POPPER INFLATION		EASY TOUCH FLURINGE	208	EASYGLUCO MONITORING	
DEVICE	206	EASY TOUCH FLURINGE		SYSTEM	69
EASIVENT HOLDING CHAMBER	26	FLIPLOCK	207	EASYGLUCO TEST	69
EASIVENT MASK LARGE	26	EASY TOUCH FLURINGE FLU		EASYMAX	69
EASIVENT MASK MEDIUM	26	TRAY	207	EASYMAX 15 TEST STRIPS	69
EASIVENT MASK SMALL	26	EASY TOUCH FLURINGE		EASYMAX NG	69
EASY COMFORT ALCOHOL PAD	55	SHEATHLOCK	208	EASYMAX T1	69
EASY COMFORT INSULIN		EASY TOUCH GLUCOSE		EASYMAX V SPEAKING	
SYRINGE	206	MONITOR	69	GLUCOSE SYS	69
EASY COMFORT LANCETS	206	EASY TOUCH HYPODERMIC		EASYPOINT NEEDLE	168
		NEEDLE	167		

EASY-TOUCH BLOOD GLUCOSE METER.....	69	ELMIRON.....	231	ENFIT THUMB CONTROL RING SYRIN.....	210
EBASE CONTROLLER.....	26	ELOCTATE.....	255	ENILLORING.....	11
EBGLYSS PEN.....	49	ELURYNG.....	11	<i>enoxaparin</i>	255
EBGLYSS SYRINGE.....	49	ELYXYB.....	142	ENPRESSE.....	12
ECEOXIA.....	44	EMBRACE BLOOD GLUCOSE SYSTEM.....	69, 70	ENSKYCE.....	12
ECLIPSE NEEDLE.....	168	EMBRACE EVO BLOOD GLUCOSE KIT.....	70	ENSPRYNG.....	120
ECLIPSE SYRINGE.....	210	EMBRACE EVO GLUCOSE MONITOR.....	70	ENSTILAR.....	61
EC-NAPROXEN.....	120	EMBRACE EVO TEST STRIPS.....	70	<i>entacapone</i>	103
<i>econazole</i>	44	EMBRACE LANCETS.....	210	ENTADFI.....	231
ECONTRA EZ.....	11	EMBRACE PEN NEEDLE.....	168	<i>entecavir</i>	115
ECONTRA ONE-STEP.....	11	EMBRACE PRO GLUCOSE METER.....	70	ENTERAL GRAVITY BAG SET- ENFIT.....	210
ECOTRIN.....	142	EMBRACE PRO TEST STRIPS.....	70	ENTRESTO SPRINKLE.....	87
ECOVUE HV ULTRASOUND GEL.....	168	EMBRACE SAFETY LANCET.....	210	ENTYVIO PEN.....	243
ECOVUE ULTRASOUND GEL.....	168	EMBRACE TALK BLOOD GLUCOSE SYS.....	70	ENULOSE.....	245
ECOZA.....	44	EMBRACE TALK GLUCOSE MONITOR.....	70	ENVARBUS XR.....	138
EDARBI.....	91	EMBRACE TALK TEST STRIPS.....	70	ENZNONUTY.....	55
EDARBYCLOR.....	91	EMBRACE WAVE GLUCOSE TEST STRP.....	70	EOHILIA.....	120
ED-SPAZ.....	249	EMBRACE WAVE PLUS GLUCOSE MTR.....	70	EPCLUSA.....	115
EDURANT.....	114	EMEND.....	21	EPIDIOLEX.....	234
EEMT.....	36	EMFLAZA.....	120	EPIFIX AMNIOTIC MEMBRANE... EPIFOAM.....	168 55
EEMT HS.....	36	EMGALITY PEN.....	142	<i>epinastine</i>	154
<i>efavirenz</i>	114	EMGALITY SYRINGE.....	142	<i>epinephrine</i>	5, 88
<i>efavirenz-emtricitabin-tenofov</i>	114	EMPAVELI.....	255	<i>epinephrine hcl</i>	229
<i>efavirenz-lamivu-tenofov disop</i>	114	EMROSI.....	108	EPITOL.....	234
EFFER-K.....	182	EMSAM.....	185	<i>eplerenone</i>	91
EGATEN.....	112	<i>emtricitabine</i>	114	EPOGEN.....	255
EGRIFTA SV.....	238	<i>emtricitabine-tenofov (tdf)</i> ... EMTRIVA.....	114, 115 115	EPRONTIA.....	234
ELEMENT COMPACT GLUCOSE METER.....	69	EMVERM.....	112	<i>eprosartan</i>	91
ELEMENT COMPACT TEST STRIPS.....	69	EMZAHH.....	11	EQUETRO.....	190
ELEMENT COMPACT V GLUCOSE MTR.....	69	<i>enalapril maleate</i>	91	<i>ergocalciferol (vitamin d2)</i> <i>ergoloid</i>	33 101
ELEMENT PLUS BLOOD GLUCOSE KIT.....	69	<i>enalapril-hydrochlorothiazide</i>	91	ERGOMAR.....	142
ELEMENT TEST STRIPS.....	69	ENBREL.....	120	<i>ergotamine-caffeine</i>	142
ELESTRIN.....	36	ENBREL MINI.....	120	ERIVEDGE.....	127
<i>eletriptan</i>	142	ENBREL SURECLICK.....	120	ERLEADA.....	127
ELIGARD.....	239	ENDARI.....	255	<i>erlotinib</i>	127
ELIGARD (3 MONTH).....	238	ENDO AVITENE.....	255	ERMEZA.....	241
ELIGARD (4 MONTH).....	238	ENDOCET.....	142	ERRIN.....	12
ELIGARD (6 MONTH).....	239	ENFIT MEDICINE BOTTLE ADAPTER.....	210	ERY PADS.....	44
ELINEST.....	11			ERY-TAB.....	108
ELIQUIS.....	255			ERYTHROCIN (AS STEARATE)... <i>erythromycin</i>	108 108, 154
ELIQUIS DVT-PE TREAT 30D START.....	255			<i>erythromycin ethylsuccinate</i> <i>erythromycin with ethanol</i>	108 44
ELIXOPHYLLIN.....	26			<i>erythromycin-benzoyl peroxide</i> <i>escitalopram oxalate</i>	44 185
ELLA.....	11				

<i>esomeprazole magnesium</i>	250	EXEL INSULIN.....	210	FERRIPROX.....	169
ESPEROCT.....	255	EXEL SYRINGE.....	210	FERRO-TIME.....	33
ESTARYLLA.....	12	EXELDERM.....	44	<i>ferrous sulfate</i>	33
<i>estazolam</i>	190	<i>exemestane</i>	127	<i>fesoterodine</i>	231
<i>estradiol</i>	36, 37, 263	<i>exenatide</i>	70	FETZIMA.....	185
<i>estradiol valerate</i>	37	EXODERM.....	44	FE-VITE.....	33
<i>estradiol-norethindrone acet</i>	37	EXTENDED RESERVOIR.....	210	FIASP FLEXTOUCH U-100	
ESTRATEST F.S.....	37	EYE.....	168	INSULIN.....	70
ESTRING.....	263	EYSUVIS.....	154	FIASP PENFILL U-100 INSULIN.....	71
<i>estrogens-methyltestosterone</i>	37	E-Z JECT LANCETS.....	210	FIASP PUMPCART.....	71
<i>eszopiclone</i>	190	E-Z JECT THIN LANCETS.....	210	FIASP U-100 INSULIN.....	71
<i>ethacrynic acid</i>	91	EZ SMART LANCETS.....	210	FILSPARI.....	231
<i>ethambutol</i>	111	EZ SMART PLUS SYSTEM.....	70	FILSUVEZ.....	169
<i>ethosuximide</i>	234	EZ SMART PLUS TEST.....	70	<i>filter needles</i>	169
ETHOXIA.....	41	EZ SMART SYSTEM.....	70	FILTERED EXTENSION SET.....	210
<i>ethyl chloride</i>	55	EZ SMART TEST.....	70	FINACEA.....	41
<i>ethynodiol diac-eth estradiol</i>	12	EZALLOR SPRINKLE.....	97	<i>finasteride</i>	231
<i>etodolac</i>	120	<i>ezetimibe</i>	97	FINGERSTIX LANCETS.....	210
<i>etonogestrel-ethinyl estradiol</i>	12	<i>ezetimibe-simvastatin</i>	97, 98	<i> fingolimod</i>	133
<i>etoposide</i>	127	FA-8.....	33	FINTEPLA.....	234
<i>etravirine</i>	115	FABHALTA.....	255	FINZALA.....	12
<i>eua patient assessment</i>	168	FACTIVE.....	108	FIORICET.....	143
EUCRISA.....	49	FALMINA (28).....	12	FIRDAPSE.....	133
EUFLEXXA.....	120	<i>famciclovir</i>	115	FIRMAGON.....	127
EUTHYROX.....	242	<i>famotidine</i>	251	FIRMAGON KIT W DILUENT	
EVAMIST.....	37	FANAPT.....	190	SYRINGE.....	127
EVARREST.....	255	FANTASY CONDOM.....	169	FLAREX.....	155
EVENCARE.....	70	FASENRA PEN.....	26	<i>flavoxate</i>	231
EVENCARE G2.....	70	FC2 FEMALE CONDOM.....	169	<i>flecainide</i>	88
EVENCARE G3 GLUCOSE		<i>febuxostat</i>	139	FLEXICHAMBER.....	26
METER.....	70	FEIBA NF.....	256	FLEXICHAMBER-LG CHILD	
EVENCARE G3 TEST.....	70	<i>felbamate</i>	234	MASK.....	26
EVENCARE MINI GLUCOSE		<i>felodipine</i>	91	FLEXICHAMBER-SM ADULT	
TEST STR.....	70	FEM PH.....	263	MASK.....	26
EVENCARE MINI MONITOR		FEMALE CATHETER.....	210	FLEXICHAMBER-SM CHILD	
SYSTEM.....	70	FEMCAP.....	12	MASK.....	26
EVENCARE PROVIEW TEST		FEMLYV.....	12	FLEXI-SEAL SIGNAL FMS.....	210
STRIP.....	70	FEMRING.....	263	FLOLIPID.....	98
EVENCARE TEST.....	70	<i>fenofibrate</i>	98	FLOW-EZE VENTED NEEDLE.....	169
<i>everolimus (antineoplastic)</i>	127	<i>fenofibrate micronized</i>	98	<i>fluconazole</i>	110
<i>everolimus (immunosuppressive)</i> ..	138	<i>fenofibrate nanocrystallized</i>	98	<i>flucytosine</i>	110
EVICEL.....	255	<i>fenofibric acid</i>	98	<i>fludrocortisone</i>	120
EVOLUTION BLOOD GLUCOSE		<i>fenofibric acid (choline)</i>	98	<i>flunisolide</i>	6
METER.....	70	<i>fentanyl</i>	143	<i>fluocinolone</i>	49
EVOLUTION TEST STRIPS.....	70	<i>fentanyl citrate</i>	142	<i>fluocinolone acetonide oil</i>	149
EVOTAZ.....	115	<i>fentanyl citrate (pf)</i>	142	<i>fluocinolone and shower cap</i>	49
EVRYSDI.....	5	<i>fentanyl citrate (pf)-0.9%nacl</i>	142	<i>fluocinonide</i>	49
EXCEL SYRINGE.....	210	FEOSOL.....	33	FLUOCINONIDE-E.....	49
EXEL HYPODERMIC NEEDLES..	168	FEROSUL.....	33	<i>fluocinonide-emollient</i>	49

<i>fluorescein-benoxinate</i>	155	FORA GD50 TEST STRIPS	71	FREESTYLE INSULINX	72
<i>fluorescein-proparacaine</i>	155	FORA GTEL GLUCOSE TEST		FREESTYLE INSULINX TEST	
<i>fluoride (sodium)</i>	33	STRIP	71	STRIPS	72
FLUORIDEX DAILY DEFENSE	33	FORA GTEL MULTI-FUNCTN		FREESTYLE LANCETS	210
FLUORIDEX SENSITIVITY		MONITOR	71	FREESTYLE LITE METER	72
RELIEF	34	FORA PREMIUM V10 GLUCOSE		FREESTYLE LITE STRIPS	72
FLUORIMAX 5000	34	METER	71	FREESTYLE PRECISION	210
FLUORIMAX 5000 SENSITIVE	34	FORA TEST N'GO VOICE METER.	71	FREESTYLE PRECISION NEO	
<i>fluorometholone</i>	155	FORA TEST STRIP	71	METER	72
FLUROPLEX	55	FORA TN'G ADV MOBILE MULTI		FREESTYLE PRECISION NEO	
<i>fluorouracil</i>	55	MTR	72	STRIPS	72
<i>fluoxetine</i>	185	FORA TN'G ADVAN PRO TEST		FREESTYLE SIDEKICK II	72
FLUOXIA	49	STRIP	72	FREESTYLE SYSTEM KIT	72
<i>fluphenazine hcl</i>	190	FORA TN'G ADVANCE PRO		FREESTYLE TEST	72
<i>flurandrenolide</i>	50	MONITOR	72	FREESTYLE UNISTIK 2	210
<i>flurazepam</i>	190	FORA TN'G VOICE METER	72	<i>frovatriptan</i>	143
<i>flurbiprofen</i>	120	FORA TN'G VOICE TEST STRIPS.	72	FRUZAQLA	127
<i>flurbiprofen sodium</i>	155	FORA V10	72	FULPHILA	256
<i>fluticasone furoate-vilanterol</i>	26	FORA V10-V12-D10-D20 STRIPS..	72	FUROSCIX	91
<i>fluticasone propionate</i>	6, 26, 50	FORA V12 BLOOD GLUCOSE		<i>furosemide</i>	91
<i>fluticasone propion-salmeterol</i>	26, 27	SYSTEM	72	FUZEON	115
<i>fluvastatin</i>	98, 99	FORA V12 GLUCOSE	72	FYAVOLV	37
<i>fluvoxamine</i>	185	FORA V20	72	FYCOMPA	234
FML FORTE	155	FORA V30A	72	FYLNETRA	256
FOLET ONE	34	FORACARE GD20	72	G TUSSIN AC	229
<i>folic acid</i>	34	FORACARE GD20 GLUCOSE		<i>gabapentin</i>	234
<i>fondaparinux</i>	256	METER	72	GALAFOLD	5
FORA 6 CONNECT GLUCOSE		FORACARE GD40 TEST STRIPS..	72	<i>galantamine</i>	197
STRIP	71	FORACARE GD40A GLUCOSE		GALLIFREY	37
FORA 6 CONNECT		METER	72	GALZIN	169
MULTIFUNCTN MTR	71	FORACARE GD40B GLUCOSE		GAMMAGARD LIQUID	136
FORA 6CONN-GTEL-TN'G ADV		METER	72	GAMMAKED	136
STRIP	71	FORACARE LANCETS	210	GAMUNEX-C	136
FORA D10	71	<i>formoterol fumarate</i>	27	<i>gatifloxacin</i>	155
FORA D15 GLUCOSE-BP		FOSAMAX PLUS D	239	GATTEX 30-VIAL	245
MONITOR	71	<i>fosamprenavir</i>	115	GATTEX ONE-VIAL	245
FORA D15G STRIPS	71	<i>fosfomycin tromethamine</i>	108	GAVILYTE-C	245
FORA D20	71	<i>fosinopril</i>	91	GAVILYTE-G	246
FORA D40D GLUCOSE-BP		<i>fosinopril-hydrochlorothiazide</i>	91	GAVILYTE-N	246
MONITOR	71	FOSRENOL	182	GAVRETO	127
FORA D40G GLUCOSE-BP		FOTIVDA	127	GDRIVE	73
MONITOR	71	FRAGMIN	256	GE100 BLOOD GLUCOSE	
FORA D40-G31 TEST STRIPS	71	FRAICHE 5000 KIDS PLUS	34	SYSTEM	73
FORA G20	71	FRAICHE 5000 PREVI	34	GE100 BLOOD GLUCOSE TEST	
FORA G30A	71	FREEFLEX PLUS TRANSFER		STRIP	73
FORA G30-PREMIUM V10 TEST		ADAPTER	169	GE333 BLOOD GLUCOSE	
STRIP	71	FREESTYLE FLASH SYSTEM	72	SYSTEM	73
FORA GD50 BLOOD GLUCOSE		FREESTYLE FREEDOM	72	GE333 BLOOD GLUCOSE TEST	
SYSTEM	71	FREESTYLE FREEDOM LITE	72	STRIP	73

<i>gefitinib</i>	127	GLUCOCARD SHINE TEST STRIPS.....	73	HAILEY 24 FE.....	12
GEL VEHICLE FOR NEXOBRID...	169	GLUCOCARD SHINE XL METER...	73	HAILEY FE 1.5/30 (28).....	12
GELFILM.....	152, 169	GLUCOCARD VITAL.....	73	HAILEY FE 1/20 (28).....	12
GELFOAM.....	256	GLUCOCARD VITAL SENSOR.....	73	<i>halcinonide</i>	50
GELFOAM JMI POWDER.....	256	GLUCOCARD VITAL TEST STRIPS.....	73	HALO B-LOCK CLOSED LINE ADAPTR.....	211
GELFOAM JMI SPONGE.....	256	GLUCOCOM BLOOD GLUCOSE...	73	HALO CLOSED BAG ADAPTOR..	211
GELFOAM SPONGE SIZE 200.....	256	GLUCOCOM GLUCOSE.....	74	HALO CLOSED LINE ADAPTOR..	211
GEL-ONE.....	120	GLUCOCOM LANCETS.....	210	HALO CLOSED SYRINGE ADAPTOR.....	211
GELSYN-3.....	120	<i>glutamine (sickle cell)</i>	256	HALO CLOSED VIAL ADAPTOR..	169
<i>gemfibrozil</i>	99	<i>glyburide</i>	74	HALO VIAL CONVERTER.....	169
GEMMILY.....	12	<i>glyburide micronized</i>	74	<i>halobetasol propionate</i>	50
GEMTESA.....	231	<i>glyburide-metformin</i>	74	HALOETTE.....	12
GENADUR (WITH LEXINAL).....	55	<i>glycine urologic solution</i>	111	HALOG.....	51
GENERLAC.....	246	<i>glycopyrrolate</i>	251	<i>haloperidol</i>	190
GENGRAF.....	138	<i>glycopyrrolate (pf)</i>	251	<i>haloperidol lactate</i>	190
GENOTROPIN.....	239	GLYDO.....	9	HARMONY GLUCOSE TEST STRIP.....	74
GENOTROPIN MINIQUICK.....	239	GLYRX-PF.....	251	HARVONI.....	115
<i>gentamicin</i>	44, 155	GLYXAMBI.....	74	HAXCHLO.....	44
GENTLELAX.....	246	GM100.....	74	HAXCHLODREX.....	44
GENULTIMATE TEST STRIP.....	73	GOJJI BLOOD GLUCOSE TEST STRIP.....	74	HAXDRAX.....	44
GENVISC 850.....	120	GOJJI LANCETS.....	210	HEALON ENDOCOAT.....	155
GENVOYA.....	115	GOJJI MULTI-FUNCTIONAL METER.....	74	HEALON GV PRO.....	155
GILENYA.....	133	GOODLIFE AC-302 GLUCOSE METER.....	74	HEALON PRO.....	155
GILOTRIF.....	127	GOODLIFE AC-302 TEST STRIP...	74	HEALON5 PRO.....	155
GIMOTI.....	251	GRAFIX CORE.....	169	HEALTHPRO GLUCOSE MONITOR.....	74
<i>glatiramer</i>	133	GRAFIX PRIME.....	169	HEALTHPRO TEST STRIPS.....	74
GLATOPA.....	133	GRAFIX XC.....	169	HEALTHWISE INSULIN SYRINGE.....	211
GLEOSTINE.....	127	<i>granisetron hcl</i>	21	HEALTHWISE PEN NEEDLE.....	169
<i>glimepiride</i>	73	GRANIX.....	256	HEALTHY ACCENTS UNIFINE PENTIP.....	169
<i>glipizide</i>	73	GRASTEK.....	7	HEALTHY ACCENTS UNILET LANCET.....	211
<i>glipizide-metformin</i>	73	<i>griseofulvin microsize</i>	110	HEATHER.....	12
GLOPERBA.....	139	<i>griseofulvin ultramicrosize</i>	110	HEMA-COMBISTIX.....	169
GLUCAGON (HCL) EMERGENCY KIT.....	73	<i>guaiaicol</i>	55	HEMANGEOL.....	92
GLUCAGON EMERGENCY KIT (HUMAN).....	73	GUAIFENESIN AC.....	229	HEMLIBRA.....	257
GLUCO NAVII GLUCOSE MONITOR.....	73	GUAIFENESIN DAC.....	229	HEMOFIL M HIGH.....	257
GLUCO NAVII TEST STRIP.....	73	<i>guanfacine</i>	91, 190	HEMOFIL M LOW.....	257
GLUCOCARD 01 METER.....	73	GVOKE.....	74	HEMOFIL M MID.....	257
GLUCOCARD 01 SENSOR PLUS..	73	GVOKE HYPOPEN 1-PACK.....	74	HEMOFIL M SUPER HIGH.....	257
GLUCOCARD EXPRESSION.....	73	GVOKE HYPOPEN 2-PACK.....	74	HEP FLUSH-10 (PF).....	257
GLUCOCARD SHINE CONNEX METER.....	73	GVOKE PFS 1-PACK SYRINGE.....	74	<i>heparin (porcine)</i>	257
GLUCOCARD SHINE EXPRESS METER.....	73	GVOKE PFS 2-PACK SYRINGE.....	74	<i>heparin (porcine) in 0.9% nacl</i>	257
GLUCOCARD SHINE METER.....	73	GYNAZOLE-1.....	264	<i>heparin (porcine) in 5 % dex</i>	257
GLUCOCARD SHINE METER KIT ..	73	HAEGARDA.....	120		
		HAILEY.....	12		

<i>heparin lock flush (porcine)</i>	257	HYCAMTIN.....	127	<i>icosapent ethyl</i>	99
HEPARIN		<i>hydralazine</i>	92	IDARAN.....	41
LOCKFLUSH(PORCINE)(PF).....	257	HYDRO 35.....	55	IDELVION.....	258
<i>heparin, porcine (pf)</i>	257	<i>hydrochlorothiazide</i>	92	IDHIFA.....	128
HER STYLE.....	12	<i>hydrocodone bitartrate</i>	143	IDYYXIATAR.....	41
HETLIOZ LQ.....	190	<i>hydrocodone-acetaminophen</i>	143	IGALMI.....	190
HEXIOUNYL.....	44	<i>hydrocodone-chlorpheniramine</i>	229	IHEALTH GLUCO PLUS METER....	75
HICON.....	127	<i>hydrocodone-homatropine</i>	229, 230	IHEALTH GLUCOSE TEST STRIP.	75
HIGH POTENCY IRON.....	34	<i>hydrocodone-ibuprofen</i>	143	IHEEZO (PF).....	155
HISTEX-AC.....	229	<i>hydrocortisone</i>	51, 52, 121, 244	ILEVRO.....	155
HI-VOLUME PUMPING		<i>hydrocortisone acetate</i>	244	<i>imatinib</i>	128
CHAMBER SET.....	211	<i>hydrocortisone butyrate</i>	51	IMBRUVICA.....	128
HIXDEFRIMA.....	44	<i>hydrocortisone sod succinate</i>	121	IMIOXIA.....	44
HIZENTRA.....	136	<i>hydrocortisone valerate</i>	52	<i>imipramine hcl</i>	185
HOMATROPAIRE.....	150	<i>hydrocortisone-acetic acid</i>	149	<i>imipramine pamoate</i>	186
HOME NEBULIZER PLUS		<i>hydrocortisone-iodoquinol</i>	41	<i>imiquimod</i>	138
SIDESTREAM.....	27	<i>hydrocortisone-iodoquinol-aloe</i>	41	IMPAVIDO.....	112
<i>huber safety needles (disp.)</i>	169	<i>hydrocortisone-pramoxine</i>	55, 244	INBRIJA.....	103
HUMALOG KWIKPEN INSULIN.....	74	HYDROMET.....	230	INCASSIA.....	12
HUMALOG MIX 50-50 INSULN U-		<i>hydromorphone</i>	143	INCONTROL ALCOHOL PADS.....	56
100.....	75	<i>hydromorphone (pf)</i>	143	INCONTROL PEN NEEDLE.....	170
HUMALOG MIX 50-50 KWIKPEN..	75	<i>hydromorphone (pf)-0.9 % nacl</i>	143	INCONTROL SUPER THIN	
HUMALOG MIX 75-25(U-		<i>hydroquinone</i>	63	LANCETS.....	211
100)INSULN.....	75	<i>hydroxocobalamin</i>	34	INCONTROL ULTRA THIN	
HUMALOG U-100 INSULIN.....	75	<i>hydroxychloroquine</i>	112	LANCETS.....	211
HUMATE-P.....	258	<i>hydroxypropyl cellulose</i>	169	INCRELEX.....	239
HUMATROPE.....	239	<i>hydroxyurea</i>	127	INCRUSE ELLIPTA.....	27
HUMIRA.....	120	<i>hydroxyzine hcl</i>	7	<i>indapamide</i>	92
HUMIRA PEN.....	120	<i>hydroxyzine pamoate</i>	7	<i>indomethacin</i>	121
HUMIRA(CF).....	121	HYFTOR.....	61	INFASURF.....	181
HUMIRA(CF) PEN.....	121	HYMOVIS.....	121	INFINITY METER KIT.....	75
HUMIRA(CF) PEN CROHNS-UC-		HYMPAVZI PEN.....	258	INFINITY STARTER KIT.....	75
HS.....	120	<i>hyoscyamine sulfate</i>	249	INFINITY TEST STRIPS.....	75
HUMIRA(CF) PEN PEDIATRIC UC		HYOSYNE.....	249	INGREZZA.....	134
.....	121	HYPER-SAL.....	170	INGREZZA INITIATION	
HUMIRA(CF) PEN PSOR-UV-		HYPOCYN ANTIPRURITIC.....	56	PK(TARDIV).....	134
ADOL HS.....	121	HYPODERMIC NEEDLES.....	170	INGREZZA SPRINKLE.....	134
HUMULIN 70/30 U-100 INSULIN....	75	HYQVIA.....	137	INJECT EASE LANCETS.....	211
HUMULIN 70/30 U-100 KWIKPEN..	75	HYQVIA HY COMPONENT.....	56	INLYTA.....	128
HUMULIN N NPH INSULIN		HYQVIA IG COMPONENT.....	137	INNOSPIRE DELUXE.....	27
KWIKPEN.....	75	HYSINGLA ER.....	144	INNOSPIRE ELEGANCE.....	27
HUMULIN N NPH U-100 INSULIN..	75	<i>ibandronate</i>	239	INNOSPIRE ESSENCE.....	27
HUMULIN R REGULAR U-100		IBRANCE.....	127	INNOSPIRE GO NEBULIZER.....	27
INSULN.....	75	IBSRELA.....	246	INNOSPIRE MINI.....	27
HUMULIN R U-500 (CONC)		IBU.....	121	INNOSPIRE REPLACEMENT	
INSULIN.....	75	<i>ibuprofen</i>	121	FILTER.....	211
HUMULIN R U-500 (CONC)		<i>icatibant</i>	121	INPEFA.....	75, 76
KWIKPEN.....	75	ICLEVIA.....	12	INPEN (FOR HUMALOG) BLUE....	76
HYALGAN.....	121	ICLUSIG.....	127	INPEN (FOR HUMALOG) GREY....	76

INPEN (FOR HUMALOG) PINK.....	76	IOPIDINE.....	150	JASMIEL (28).....	13
INPEN (NOVOLOG OR FIASP) BLUE.....	76	I-PORT.....	212	JATENZO.....	37
INPEN (NOVOLOG OR FIASP) GREY.....	76	I-PORT ADVANCE 6 MM INJEC PORT.....	212	JAVYGTOR.....	5
INPEN (NOVOLOG OR FIASP) PINK.....	76	I-PORT ADVANCE 9 MM INJEC PORT.....	212	JAYPIRCA.....	128
INQOVI.....	128	<i>ipratropium bromide</i>	27, 263	JAZZ WIRELESS 2 METER KIT.....	78
INREBIC.....	128	<i>ipratropium-albuterol</i>	27	JELMYTO.....	128
INSPIRACHAMBER.....	27	IQIRVO.....	246	JENCYCLA.....	13
INSPIRACHAMBER WITH MASK-LARGE.....	27	<i>irbesartan</i>	92	JENTADUETO.....	78
INSPIRACHAMBER WITH MASK-MED.....	27	<i>irbesartan-hydrochlorothiazide</i>	92	JENTADUETO XR.....	78
INSPIRACHAMBER WITH MASK-SMALL.....	27	IRON.....	34	JESDUVROQ.....	258
INSPIRATION ELITE FILTER.....	211	IRON (FERROUS SULFATE).....	34	JINTELI.....	38
INSUFLON.....	211	IRRIGATION SYRINGE.....	212	JIVI.....	258
<i>insulin asp prt-insulin aspart</i>	76	ISENTRESS.....	115	JOENJA.....	5
<i>insulin aspart u-100</i>	76	ISENTRESS HD.....	115	JOLESSA.....	13
<i>insulin degludec</i>	76	ISIBLOOM.....	12	JORNAY PM.....	191
<i>insulin glargine u-300 conc</i>	77	<i>isoflurane</i>	170	JOYEAUX.....	13
<i>insulin glargine-yfgn</i>	77	<i>isoniazid</i>	111	JULEBER.....	13
<i>insulin lispro</i>	77	<i>isosorbide dinitrate</i>	101	JULIE.....	13
<i>insulin lispro protamin-lispro</i>	77	<i>isosorbide mononitrate</i>	101	JULUCA.....	115
<i>insulin syrlndl u100 half mark</i>	211	<i>isosorbide-hydralazine</i>	92	JUNEL 1.5/30 (21).....	13
INSULIN SYRINGE.....	211	<i>isotretinoin</i>	41	JUNEL 1/20 (21).....	13
INSULIN SYRINGE MICROFINE..	211	<i>isradipine</i>	92	JUNEL FE 1.5/30 (28).....	13
<i>insulin syringe-needle u-100</i> ..	211, 212	ISTURISA.....	239	JUNEL FE 1/20 (28).....	13
INSUPEN PEN NEEDLE.....	170	ITHOXIA.....	41	JUNEL FE 24.....	13
INSYTE IV CATHETER.....	212	ITOVEBI.....	128	JUST RIGHT 5000.....	34
INTEGRA PRECISIONGLIDE NEEDLE.....	170	<i>itraconazole</i>	110	JUXTAPID.....	99
INTEGRA SYRINGE.....	212	IV PREP WIPES.....	56	JYLAMVO.....	128
INTELENCE.....	115	<i>ivabradine</i>	87	JYNARQUE.....	231
INTERLINK LEVER LOCK CANNULA.....	212	IVENIX ADMIN SET 2INLET 2YSITE.....	212	KAITLIB FE.....	13
INTERLINK SYRINGE AND CANNULA.....	212	IVENIX ADMIN SET 2INLET Y-SITE.....	212	KALLIGA.....	13
INVACARE LANCETS.....	212	IVENIX ADMIN SET SINGLE-INLET.....	212	KALYDECO.....	181
INVELTYS.....	155	IVENIX BLOOD PRODUCT ADMIN SET.....	212	KANGAROO 924 SAFETY SCREW.....	212
INVOKAMET.....	77	<i>ivermectin</i>	41, 112	KANGAROO EPUMP SET.....	212
INVOKAMET XR.....	77	IWILFIN.....	128	KANGAROO GRAVITY SET.....	213
INVOKANA.....	77	IXINITY.....	258	KAPSPARGO SPRINKLE.....	92
INZDEAXIATAR.....	41	IYUZEH (PF).....	150	KARBINAL ER.....	7
INZDEAXIAVAR.....	41	JAIMIESS.....	13	KARIVA (28).....	13
INZDEOXIA.....	41	JAKAFI.....	128	KATARAXAP.....	63
IODOFLEX.....	41	JANTOVEN.....	258	KATARVIA.....	63
IODOSORB.....	41	JANUMET.....	77	KATARYA.....	63
		JANUMET XR.....	77	KATARYAXN.....	63
		JANUVIA.....	77	KAXM.....	63
		JARDIANCE.....	78	KEIDO.....	63
				KELNOR 1/35 (28).....	13
				KELNOR 1/50 (28).....	13
				KENDALL AMD ANTIMICRB FOAM DRS.....	213
				KENDALL DISINFECTANT CAP...213	

KENGUARD FOLEY CATHETER	213	KOVALTRY	258	LARIN 1.5/30 (21)	14
KERAGEL	213	KOVANAZE	9	LARIN 1/20 (21)	14
KERASTAT	56	K-PHOS NO 2	231	LARIN 24 FE	14
KERENDIA	92	K-PHOS ORIGINAL	231	LARIN FE 1.5/30 (28)	14
KERLIX AMD	213	KRAZATI	128	LARIN FE 1/20 (28)	14
KESIMPTA PEN	134	KRINTAFEL	112	<i>latanoprost</i>	150
KETARYA	63	KURVELO (28)	13	LAXACLEAR	246
<i>ketoconazole</i>	44, 110	KUTAR	64	LAXATIVE PEG 3350	246
KETODAN KIT	44	KUTARVIA	64	LAYOLIS FE	14
KETO-DIASTIX	78	KUTARYAXM	64	LAZCLUZE	128
KETONE CARE	170	KUTARYAXMPA	64	LC PLUS	27
KETONE URINE TEST	170	KUTEA	64	LC PLUS NEBULIZER-PED MASK	27
<i>ketoprofen</i>	121	KUVAN	5	<i>ledipasvir-sofosbuvir</i>	115
<i>ketorolac</i>	121, 122, 156	KUVARYA	64	LEENA 28	14
KETOSTIX	170	KUVARYE	64	<i>leflunomide</i>	122
KEVARAXAP	63	KUXM	64	<i>lenalidomide</i>	128
KEVARTIA	63	KYLEENA	170	LENVIMA	128
KEVARYA	64	KYZATREX	38	LESSINA	14
KEVEYIS	243	<i>l norgest/e.estradiol-e.estrad</i>	13, 14	<i>letrozole</i>	128
KEVZARA	122	L.E.T. (LIDO-EPINEPH-TETRA)	56	<i>leucovorin calcium</i>	128
KEXM	64	L.E.T.(LIDO-EPINEPH BIT-		LEUKERAN	128
KEYA	64	TETRA)	56	LEUKINE	258
KIMONO LUBRICATED		<i>labetalol</i>	92	<i>leuprolide</i>	239
CONDOMS	170	LABSTIX REAGENT	170	<i>levabuterol hcl</i>	27
KIMONO MICROTHIN AQUA		<i>lacosamide</i>	234	<i>levabuterol tartrate</i>	27
LUBE CON	170	<i>lactated ringers</i>	56	<i>levamlopinine</i>	92
KIMONO MICROTHIN CONDOMS		<i>lactulose</i>	246	LEVEMIR U-100 INSULIN	78
	170	LAGEVRIO (EUA)	115	<i>levetiracetam</i>	235
KIMONO MICROTHIN LARGE		LAMICTAL XR STARTER (BLUE)	234	<i>levobunolol</i>	150
CONDOMS	170	LAMICTAL XR STARTER		<i>levocarnitine</i>	171
		(GREEN)	234	<i>levocarnitine (with sugar)</i>	171
KIMONO TEXTURED CONDOMS	170	LAMICTAL XR STARTER		<i>levocetirizine</i>	7
		(ORANGE)	235	<i>levofloxacin</i>	108, 156
KIMONO THIN LUBRICATED		LAMIOFLUR	170	LEVONEST (28)	14
CONDOMS	170	<i>lamivudine</i>	115	<i>levonorgest-eth.estradiol-iron</i>	14
KINERET	122	<i>lamivudine-zidovudine</i>	115	<i>levonorgestrel</i>	14
KIONEX (WITH SORBITOL)	182	<i>lamotrigine</i>	235	<i>levonorgestrel-ethinyl estrad</i>	14
KIPROFEN	122	LAMPIT	112	<i>levonorg-eth estrad triphasic</i>	14
KISQALI	128	<i>lancets</i>	213	LEVORA-28	14
KLARITY (CHONDROITIN) (PF)	152	LANCETS, SUPER THIN	213	<i>levorphanol tartrate</i>	144
KLAYESTA	44	LANCETS, THIN	213	<i>levothyroxine</i>	242
KLISYRI	56	LANCETS, ULTRA THIN	213	LEVULAN	128
KLOR-CON M10	182	LANOXIN	88	LIBERVANT	235
KLOR-CON M15	182	<i>lansoprazole</i>	251	LICART	52
KLOR-CON M20	182	<i>lanthanum</i>	182	LIDO BDK	171
KLOXXADO	191	LANTUS SOLOSTAR U-100		<i>lidocaine</i>	56
KOATE	258	INSULIN	78	<i>lidocaine hcl</i>	9, 56
KOGENATE FS	258	LANTUS U-100 INSULIN	78	<i>lidocaine hcl-hydrocortison ac</i>	56, 244
KORLYM	78	<i>lapatinib</i>	128	LIDOCAINE VISCOUS	9
KOSELUGO	128				
KOTARAXAP	64				

<i>lidocaine-hydrocortisone-aloe</i>	244	LORBRENA	129	MAGIC3 INTERMITTENT	
<i>lidocaine-prilocaine</i>	56	LORYNA (28)	15	CATHETER	214
<i>lidocaine-racepinep-tetracaine</i>	56	<i>losartan</i>	92	<i>malathion</i>	45
LIDOCAN III	56	<i>losartan-hydrochlorothiazide</i>	92	<i>maraviroc</i>	116
LIDOCAN IV	56	LOTEMAX	156	MAR-COF BP	230
LIDOCAN V	56	LOTEMAX SM	156	MAR-COF CG	230
LIDOPIN	56	<i>loteprednol etabonate</i>	156	MARLISSA (28)	15
LIDTOPIC	57	LOTREXONE	191	MARPLAN	186
LIDTOPIC MAX	56	LOUNZDOMDIOXIATAR	41	MARVONA SUIK (PF)	9
LIFESHIELD BLUNT CANNULA		<i>lovastatin</i>	99	MATULANE	129
.....	171, 213	LOW-OGESTREL (28)	15	MATZIM LA	92
LIKMEZ	112	<i>loxapine succinate</i>	191	MAVENCLAD (10 TABLET PACK) ..	134
LILETTA	171	LO-ZUMANDIMINE (28)	15	MAVENCLAD (4 TABLET PACK) ..	134
<i>linezolid</i>	108	<i>lubiprostone</i>	246	MAVENCLAD (5 TABLET PACK) ..	134
LINZESS	244	LUER LOCK SYRINGE	213	MAVENCLAD (6 TABLET PACK) ..	134
<i>liothyronine</i>	242	LUER SLIP TIP SYRINGE TRAY ..	213	MAVENCLAD (7 TABLET PACK) ..	134
LIQREV	92	LUER-LOK TIP	213	MAVENCLAD (8 TABLET PACK) ..	134
<i>liraglutide</i>	78	LUGOLS	41, 242	MAVENCLAD (9 TABLET PACK) ..	134
<i>lisdexamfetamine</i>	191	<i>luliconazole</i>	45	MAVYRET	116
<i>lisinopril</i>	92	LUMAKRAS	129	MAXICOMFORT II PEN NEEDLE .	171
<i>lisinopril-hydrochlorothiazide</i>	92	LUMIGAN	151	MAXICOMFORT INSULIN	
LITE TOUCH-MEDIUM MASK	28	LUMRYZ	191	SYRINGE	214
LITEAIRE MDI CHAMBER	28	LUMRYZ STARTER PACK	191	MAXI-COMFORT INSULIN	
LITETOUCH-LARGE MASK	28	LUPKYNIS	138	SYRINGE	214
LITETOUCH-SMALL MASK	28	<i>lurasidone</i>	191	MAXICOMFORT SAFETY PEN	
LITFULO	57	LUTERA (28)	15	NEEDLE	171
<i>lithium carbonate</i>	191	LYBALVI	191	MAXIDEX	156
<i>lithium citrate</i>	191	LYLEQ	15	MAXI-TUSS AC	230
LITHOSTAT	246	LYLLANA	38	MAXI-TUSS CD	230
LIVDELZI	246	LYNPARZA	129	MAXORB EXTRA	214
LIVMARLI	246	LYSODREN	129	MAYZENT	134
LIVTENCITY	115	LYTGOBI	129	MAYZENT STARTER(FOR 1MG	
L-MESITRAN SOFT	61	LYUMJEV KWIKPEN U-100		MAINT)	134
LO LOESTRIN FE	14	INSULIN	78	MAYZENT STARTER(FOR 2MG	
<i>lofexidine</i>	144	LYUMJEV KWIKPEN U-200		MAINT)	134
LOFRIC	213	INSULIN	78	MB HYDROGEL	57
LOFRIC HYDRO-KIT	213	LYUMJEV TEMPO PEN(U-		MC 300 NEBULIZER W-	
LOFRIC ORIGO	213	100)INSULN	78	MOUTHPIECE	28
LOFRIC PRIMO NELATON		LYUMJEV U-100 INSULIN	78	MC 300 NEBULIZER-UNVRSL	
CATHETER	213	LYZA	15	TUBING	28
LOFRIC SENSE NELATON		<i>mafenide acetate</i>	45	<i>meclizine</i>	21
CATHETER	213	MAGELLAN INSULIN SAFETY		<i>meclofenamate</i>	122
LOJAIMIESS	15	SYRNG	213	<i>mecobalamin (vitamin b12)</i>	34
LOKELMA	182	MAGELLAN SAFETY NEEDLE	171	MEDIHONEY (HYDROCOLLOID-	
LONSURF	128	MAGELLAN SAFETY SYRINGE ..	213	HONEY)	214
<i>loperamide</i>	246	MAGELLAN SYRINGE	214	MEDISENSE THIN LANCETS	214
<i>lopinavir-ritonavir</i>	116	MAGELLAN TUBERCULIN		MEDLANCE PLUS LANCETS	214
<i>lorazepam</i>	191	SAFETY SYR	214	MEDLANCE PLUS SPECIAL	
LORAZEPAM INTENSOL	191			BLADE	214

MEDROL.....	122	<i>methyltestosterone</i>	38	<i>mirabegron</i>	231
MEDROLOAN II SUIK.....	122	<i>metoclopramide hcl</i>	251	MIRCERA.....	258
MEDROLOAN SUIK.....	122	<i>metolazone</i>	92	MIRENA.....	171
<i>medroxyprogesterone</i>	15, 38	<i>metoprolol succinate</i>	93	MIRO3D.....	171
<i>mefenamic acid</i>	122	<i>metoprolol ta-hydrochlorothiaz</i>	93	MIRODERM FENESTRATED.....	172
<i>mefloquine</i>	112	<i>metoprolol tartrate</i>	93	MIRODERM FENESTRATED PLUS.....	172
<i>megestrol</i>	129, 171	<i>metronidazole</i>	41, 42, 112, 264	MIROTRACT.....	172
MEKINIST.....	129	<i>metyrosine</i>	93	<i>mirtazapine</i>	186
MEKTOVI.....	129	<i>mexiletine</i>	88	<i>misoprostol</i>	251
<i>meloxicam</i>	122	MIBELAS 24 FE.....	15	<i>mitomycin (pf) in water</i>	151
<i>memantine</i>	197, 198	<i>miconazole nitrate-zinc ox-pet</i>	45	MITOSOL.....	151
MENEST.....	38	MICONAZOLE-3.....	264	MKO (MIDAZOLAM-KETAMINE- ONDAN).....	193
MENOSTAR.....	38	MICRO BLOOD GLUCOSE.....	79	MOBILE LANCETS.....	214
MENTAX.....	45	MICRO THIN LANCETS.....	214	<i>modafinil</i>	193
<i>meperidine</i>	144	MICROAIR MESH NEBULIZER.....	28	<i>moexipril</i>	93
<i>meperidine (pf)</i>	144	MICROBORE EXTENSION SET...214		<i>molindone</i>	193
<i>meprobamate</i>	191	MICROCHAMBER.....	28	<i>mometasone</i>	7, 52
<i>mercaptopurine</i>	129	MICRODOT BLOOD GLUCOSE SYSTEM.....	79	MONDOXYNE NL.....	108
MERZEE.....	15	MICRODOT LANCET.....	214	MONO-FLO DRAINAGE BAG.....	214
<i>mesalamine</i>	244	MICRODOT READYGARD PEN NEEDLE.....	171	MONOJECT 140CC PISTON SYRINGE.....	214
<i>mesalamine with cleansing wipe</i> ...244		MICRODOT XTRA BLOOD GLUCOSE.....	79	MONOJECT 35CC SYRINGE CATH TIP.....	214
MESNEX.....	129	MICROGESTIN 1.5/30 (21).....	15	MONOJECT 3CC SYR 25GX1"....	214
METADATE ER.....	192	MICROGESTIN 1/20 (21).....	15	MONOJECT ALLERGY TRAY.....	214
<i>metaxalone</i>	243	MICROGESTIN FE 1.5/30 (28).....	15	MONOJECT ALLERGY TRAY DETACH.....	214
METDRAY.....	57	MICROGESTIN FE 1/20 (28).....	15	MONOJECT BLOOD COLLECTION.....	172
<i>metformin</i>	78, 79	MICROLET LANCET.....	214	MONOJECT CONTROL SYRINGE LUER.....	214
<i>methadone</i>	144	<i>microplegic solution no. 1</i>	171	MONOJECT DISPOSABLE SYRINGE.....	215
METHADONE INTENSOL.....	144	<i>microplegic solution no. 1-cp2d</i>	171	MONOJECT ECCENTRIC NON- STERILE.....	215
METHADOSE.....	144	MICROSPACER.....	28	MONOJECT ENFIT STERILE SYRINGE.....	215
<i>methamphetamine</i>	192	<i>midazolam</i>	171, 192	MONOJECT ENFIT SYRINGE.....	215
<i>methazolamide</i>	151	<i>midazolam (pf)</i>	171	MONOJECT ENFIT SYRINGE CAP.....	215
<i>methenamine hippurate</i>	108	<i>midodrine</i>	87	MONOJECT FILTER ASPIRATOR.....	172
<i>methenamine mandelate</i>	108	MIEBO (PF).....	152	MONOJECT FILTER NEEDLE.....	172
<i>methen-sod phos-meth blue-hyos</i> .108		MIFEPREX.....	171	MONOJECT HYPODERMIC NEEDLES.....	172
<i>methimazole</i>	242	<i>mifepristone</i>	79, 171	MONOJECT HYPODERMIC POLYPROPYL.....	172, 173
METHITEST.....	38	<i>miglitol</i>	79		
<i>methocarbamol</i>	243	<i>miglustat</i>	171		
<i>methotrexate sodium</i>	129	MILI.....	15		
<i>methotrexate sodium (pf)</i>	129	MIMVEY.....	38		
<i>methoxsalen</i>	62	MINI PLUS NEBULIZER.....	28		
<i>methscopolamine</i>	249	MINI ULTRA-THIN II.....	171		
<i>methsuximide</i>	235	MINI WRIGHT PEAK FLOW METER.....	28		
<i>methyl salicylate</i>	57	<i>minocycline</i>	108		
<i>methyl dopa</i>	92	<i>minoxidil</i>	93		
<i>methyl dopa-hydrochlorothiazide</i>	92	MIPLYFFA.....	134		
<i>methylergonovine</i>	15				
<i>methylphenidate</i>	192				
<i>methylphenidate hcl</i>	192				
<i>methylprednisolone</i>	122				

MONOJECT INSULIN SAFETY SYRINGE	215	MOTTEGRITY	251	<i>naproxen</i>	122
MONOJECT INSULIN SYRINGE ..	215	MOTPOLY XR	235	<i>naproxen sodium</i>	122
MONOJECT LUER ADAPTER	215	MOUNJARO	79	<i>naratriptan</i>	145
MONOJECT LUER-LOCK TIP	215	MOVANTIK	246	NATACYN	156
MONOJECT MAGELLAN SYRINGE	215	MOXATAG	109	NATAZIA	16
MONOJECT MEDICATION TRANSF NDL	173	<i>moxifloxacin</i>	109, 156	<i>nateglinide</i>	79
MONOJECT PHARMACY TRAY LUER	215, 216	MULPLETA	258	NATESTO	38
MONOJECT PHARMACY TRAY REG TIP	216	MULTAQ	88	NATURA-LAX	246
MONOJECT REG TIP NON-STERILE	216	MULTI-DRAW NEEDLE	173	NAYZILAM	235
MONOJECT REGULAR LUER	216	MULTISTIX	173	<i>nebivolol</i>	93
MONOJECT SAFETY LUER LOCK TIP	216	MULTISTIX 10 SG	173	<i>nebulizer and compressor</i>	28
MONOJECT SAFETY SYRINGES ..	216	MULTISTIX 5	173	NEBUSAL	173
MONOJECT SMARTIP CANNULA ..	216	MULTISTIX 7	173	NECON 0.5/35 (28)	16
MONOJECT SYRINGE	216, 217	MULTISTIX 8 SG	173	<i>needle (disp) 16 g</i>	173
MONOJECT SYRINGE ECCENTRI LUER	216	MULTISTIX 9	173	<i>needle (disp) 18 g</i>	173
MONOJECT SYRINGE LUER LOK	216	MULTISTIX 9 SG	173	<i>needle (disp) 19 g</i>	173
MONOJECT SYRINGE REGULAR LUER	216	<i>mupirocin</i>	45	<i>needle (disp) 23 gauge</i>	173
MONOJECT SYRINGE TOOMEY TYPE	217	<i>mupirocin calcium</i>	45	<i>needles, huber disposable</i>	173
MONOJECT TB	217	MURI-LUBE	173	<i>nefazodone</i>	186
MONOJECT TB LUER LOK	217	MUSCUSOLICE	62	NEFFY	5
MONOJECT TB REGULAR LUER TIP	217	MY CHOICE	15	NEMLUVIO	52
MONOJECT TB SAFETY SYRINGE	217	MY WAY	15	NENDRUX	57
MONOJECT TUBERCULIN SYRINGE	217	MYALEPT	239	<i>neomycin</i>	111
MONOJECT ULTRA COMFORT INSULIN	217	MYCAPSSA	173	<i>neomycin-bacitracin-poly-hc</i>	156
MONOLET LANCETS	217	<i>mycophenolate mofetil</i>	138	<i>neomycin-bacitracin-polymyxin</i>	156
MONOLET THIN LANCETS	217	<i>mycophenolate sodium</i>	138	<i>neomycin-polymyxin b gu</i>	57
MONO-LINYAH	15	MYDCOMBI	151	<i>neomycin-polymyxin b-dexameth</i> ..	156
MONOVISC	122	MYDRIATIC4(TROP-PROP-PE-KTRLC)	152	<i>neomycin-polymyxin-gramicidin</i>	157
MONSEL'S	258	MYFEMBREE	239	<i>neomycin-polymyxin-hc</i>	149, 157
<i>montelukast</i>	28	MYGLUCOHEALTH	79	NEO-POLYCIN	157
<i>morphine</i>	144, 145	MYGLUCOHEALTH LANCETS	217	NEO-POLYCIN HC	157
<i>morphine (pf)</i>	144	MYHIBBIN	138	NEORAL	138
<i>morphine concentrate</i>	144	MYLERAN	129	NEO-SYNALAR	52
<i>morphine in 0.9 % sodium chlor</i>	144	MYNATAL	34	NEO-SYNALAR KIT	52
		MYNATAL ADVANCE	34	NERLYNX	129
		MYNATE 90 PLUS	34	NEUAC	42
		MYRBETRIQ	231	NEULASTA	258
		MYTESI	246	NEULASTA ONPRO	258
		<i>nabumetone</i>	122	NEUPOGEN	258, 259
		<i>nadolol</i>	93	NEUPRO	103
		<i>naftifine</i>	45	NEURAPTINE	62
		<i>nalbuphine</i>	145	NEUTEK 2TEK TEST STRIPS	79
		<i>naloxone</i>	193	NEVANAC	157
		NALTREX	193	<i>nevirapine</i>	116
		<i>naltrexone</i>	193	NEW DAY	16
		NAMENDA XR	198	NEXA PLUS	34
		NAMZARIC	198	NEXAVIR	5
		NANRAN	45	NEXIUM PACKET	251
				NEXIVA	217

NEXLETOL	99	NORMLGEL AG	42	NYLIA 1/35 (28)	17
NEXLIZET	99	NORPACE CR	88	NYLIA 7/7/7 (28)	17
NEXOBRID	57	NORTREL 0.5/35 (28)	17	NYMALIZE	93
NEXOBRID POWDER		NORTREL 1/35 (21)	17	NYNUTEY	57
COMPONENT	57	NORTREL 1/35 (28)	17	NYPOZI	259
NEXPLANON	16	NORTREL 7/7/7 (28)	17	<i>nystatin</i>	45, 110
NEXTSTELLIS	16	<i>nortriptyline</i>	186	<i>nystatin-triamcinolone</i>	45
NGENLA	239	NORVIR	116	NYSTOP	45
<i>niacin</i>	99	NOSE CLIP	217	NYVEPRIA	259
NIACOR	99	NO-STICK GLUCOSE	79	OASIS WOUND MATRIX	
<i>nicardipine</i>	93	NOURIANZ	103	FENESTRATED	217
<i>nicotine</i>	3	NOVA MAX GLUCOSE TEST	79	OASIS WOUND MATRIX	
<i>nicotine (polacrilex)</i>	3	NOVA MAX PLUS GLUC-KETON		MESHED	217
NICOTROL NS	3	METER	79	OBAGI ELASTIDERM	64
<i>nifedipine</i>	93	NOVA SAFETY LANCETS	217	OBAGI NU-DERM BLENDER	64
NIKKI (28)	16	NOVA SUREFLEX LANCETS	217	OBAGI NU-DERM CLEAR	64
<i>nilutamide</i>	129	NOVOEIGHT	259	OBAGI NU-DERM SUNFADER	64
<i>nimodipine</i>	93	NOVOFINE 32	174	OBAGI-C CLARIFYING SERUM	64
NINJACOF-XG	230	NOVOFINE PLUS	174	OBAGI-C THERAPY NIGHT	64
NINLARO	129	NOVOLIN 70/30 U-100 INSULIN	79	OBIZUR	259
<i>nisoldipine</i>	93	NOVOLIN 70-30 FLEXPEN U-100	79	OBSTETRIX DHA	34
<i>nifazoxanide</i>	112	NOVOLIN N FLEXPEN	79	OBSTETRIX EC	34
<i>nitisinone</i>	173	NOVOLIN N NPH U-100 INSULIN	80	OBSTETRIX ONE	35
NITRO-BID	101	NOVOLIN R FLEXPEN	80	OALIVA	246
NITRO-DUR	101	NOVOLIN R REGULAR U100		OCELLA	17
<i>nitrofurantoin</i>	109	INSULIN	80	<i>octreotide acetate</i>	174
<i>nitrofurantoin macrocrystal</i>	109	NOVOPEN ECHO	80	ODACTRA	7
<i>nitrofurantoin monohyd/m-cryst</i>	109	NOVOSEVEN RT	259	ODEFSEY	116
<i>nitroglycerin</i>	101, 102, 244	NOXAFIL	110	ODOMZO	129
NITROMIST	102	NP THYROID	242	OFEV	181
NITRO-TIME	102	NUBEQA	129	<i>ofloxacin</i>	109, 149, 157
NITYR	173	NUCALA	28	OGSIVEO	129
NIVESTYM	259	NUCORT	52	OHTUVAYRE	28
<i>nizatidine</i>	251	NUCYNTA	145	OJEMDA	129
NOCDURNA (MEN)	239	NUCYNTA ER	145	OJJAARA	129
NOCDURNA (WOMEN)	239	NUEDEXTA	134	<i>olanzapine</i>	193
NOKOR NEEDLE	174	NUJO	62	<i>olanzapine-fluoxetine</i>	193
NORA-BE	16	NUJU	62	<i>olmesartan</i>	93
NORDITROPIN FLEXPRO	239	NULIBRY	134	<i>olmesartan-amlodipin-hcthiazyd</i>	93
<i>norelgestromin-ethin.estradiol</i>	16	NUMBONEX	57	<i>olmesartan-hydrochlorothiazide</i>	93
<i>noreth-ethinyl estradiol-iron</i>	16	NUMBRINO	263	<i>olopatadine</i>	7, 157
<i>norethindrone (contraceptive)</i>	16	NUMOISYN	174	OLPRUVA	246
<i>norethindrone acetate</i>	38	NUPLAZID	193	OLUMIANT	122
<i>norethindrone ac-eth estradiol</i>	16, 38	NURTEC ODT	145	OMBRA COMPRESSOR SYSTEM	28
<i>norethindrone-e.estradiol-iron</i>	16, 17	NUTROPIN AQ NUSPIN	239	OMECLAMOX-PAK	251
<i>norgestimate-ethinyl estradiol</i>	17	NUVESSA	264	<i>omega-3 acid ethyl esters</i>	100
NORMAL SALINE FLUSH	182	NUWIQ	259	<i>omeprazole</i>	251
NORM-JECT	217	NUZYRA	109	<i>omeprazole-sodium bicarbonate</i>	252
NORM-JECT TUBERKULIN	217	NYAMYC	45	OMEZA	62

OMNARIS.....	7	ONEXTON.....	42	ORIAHNN.....	240
OMNIFLEX DIAPHRAGM.....	17	ONGENTYS.....	103	ORILISSA.....	240
OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	80	ON-THE-GO LANCETS.....	218	ORKAMBI.....	181
OMNIPOD 5 G6-G7 PODS (GEN 5).....	80	ONUREG.....	129	ORLADEYO.....	122
OMNIPOD CLASSIC PODS (GEN 3).....	80	ONYDA XR.....	193	ORMALVI.....	243
OMNIPOD DASH INTRO KIT (GEN 4).....	80	ONZDEAXIADEMTAR.....	42	<i>orphenadrine citrate</i>	243
OMNIPOD DASH PDM KIT (GEN 4).....	80	ONZDEAXIADEMVAR.....	42	<i>orphenadrine-asa-caffeine</i>	243
OMNIPOD DASH PODS (GEN 4)...	80	ONZDEAXIATAR.....	42	ORSERDU.....	130
OMNIPOD GO PODS.....	80	ONZDEAXIAVAR.....	42	ORTHOVISC.....	122
OMNIPOD GO PODS 10 UNITS/DAY.....	80	ONZDEAXIAZAR.....	42	OSCIMIN.....	249
OMNIPOD GO PODS 15 UNITS/DAY.....	80	ONZDEOXIA.....	42	OSCIMIN SL.....	249
OMNIPOD GO PODS 20 UNITS/DAY.....	80	OPCICON ONE-STEP.....	17	<i>oseltamivir</i>	116
OMNIPOD GO PODS 25 UNITS/DAY.....	80	OPFOLDA.....	174	OTEZLA.....	123
OMNIPOD GO PODS 30 UNITS/DAY.....	80	OPILL.....	17	OTEZLA STARTER.....	123
OMNIPOD GO PODS 40 UNITS/DAY.....	80	OPIPZA.....	193	OTREXUP (PF).....	123
OMNITROPE.....	240	<i>opium tincture</i>	246	OVACE PLUS.....	57
OMVOH.....	62	OPSUMIT.....	93	OVACE PLUS SHAMPOO.....	57
OMVOH PEN.....	62	OPSYNVI.....	93	<i>oxaprozin</i>	123
ON CALL EXPRESS METER.....	80	OPTICHAMBER ADULT MASK- LARGE.....	28	<i>oxazepam</i>	193
ON CALL EXPRESS TEST STRIP..	80	OPTICHAMBER DIAMOND LG MASK.....	28	<i>oxcarbazepine</i>	236
ON CALL LANCET.....	217	OPTICHAMBER DIAMOND VHC....	28	OXERVATE.....	157
<i>ondansetron</i>	21	OPTICHAMBER DIAMOND-MED MSK.....	28	OXIACE.....	45
<i>ondansetron hcl</i>	21	OPTICHAMBER DIAMOND-MED MASK.....	28	OXIANUJO.....	62
ONETOUCH DELICA PLUS LANCET.....	218	OPTICHAMBER DIAMOND-SML MASK.....	28	OXIANUJO (WITH HYALURONATE).....	62
ONETOUCH DELICA SAFETY LANCET.....	218	OPTION-2.....	17	OXIATAR.....	42
ONETOUCH ULTRA TEST.....	80	OPTIUM EZ.....	81	OXIAVARRY.....	42
ONETOUCH ULTRA2 METER.....	80	OPTIUM TEST.....	81	OXIAVARY.....	42
ONETOUCH ULTRASOFT 2 LANCET.....	218	OPVEE.....	193	OXIAZAR.....	42
ONETOUCH VERIO FLEX METER	80	OPZELURA.....	52	<i>oxiconazole</i>	45
ONETOUCH VERIO FLEX START.	81	ORACIT.....	231	OXISTAT.....	45
ONETOUCH VERIO REFLECT.....	81	ORALAIR.....	7	<i>oxybutynin chloride</i>	231
ONETOUCH VERIO REFLECT METER.....	81	ORALONE.....	263	<i>oxycodone</i>	145
ONETOUCH VERIO TEST STRIPS.....	81	ORAMAGICRX.....	174	<i>oxycodone-acetaminophen</i>	146
		ORAQIX.....	9	OXYCONTIN.....	146
		ORAVIG.....	110	<i>oxymorphone</i>	146
		ORENCIA.....	122	OXYTROL.....	231
		ORENCIA CLICKJECT.....	122	OZEMPIC.....	81
		ORENITRAM.....	94	PACERONE.....	88
		ORENITRAM MONTH 1 TITRATION KT.....	93	PACNEX HP.....	57
		ORENITRAM MONTH 2 TITRATION KT.....	94	PACNEX LP.....	57
		ORENITRAM MONTH 3 TITRATION KT.....	94	PALFORZIA (LEVEL 1).....	7
		ORFADIN.....	174	PALFORZIA (LEVEL 2).....	7
		ORGOVYX.....	130	PALFORZIA (LEVEL 3).....	7
				PALFORZIA (LEVEL 4).....	7
				PALFORZIA (LEVEL 5).....	8
				PALFORZIA (LEVEL 6).....	8
				PALFORZIA (LEVEL 7).....	8
				PALFORZIA (LEVEL 8).....	8

PALFORZIA (LEVEL 9).....	8	PEN NEEDLE.....	174	PHEODOYO.....	45
PALFORZIA (LEVEL 10).....	8	<i>pen needle, diabetic</i>	174, 175	PHEOXIA.....	45
PALFORZIA (LEVEL 11 UP-DOSE).....	8	<i>pen needle, diabetic, safety</i>	175	PHEXXI.....	17
PALFORZIA INITIAL DOSE.....	8	<i>penicillamine</i>	123	PHEYO.....	45
PALFORZIA LEVEL 11 MAINTENANCE.....	8	<i>penicillin v potassium</i>	109	PHILITH.....	17
<i>paliperidone</i>	193	<i>pentamidine</i>	113	PHOS-FLUR.....	35
PALYNZIQ.....	5	PENTASA.....	244	PHOSPHOLINE IODIDE.....	151
PANCREAZE.....	248	<i>pentazocine-naloxone</i>	146	PHOTREXA CROSS-LINKING KIT.....	153
PANDEL.....	53	PENTIPS PEN NEEDLE.....	175	PHYSIOLYTE.....	57
PANRETIN.....	57	<i>pentoxifylline</i>	259	PHYSIOSOL IRRIGATION.....	57
<i>pantoprazole</i>	252	PERCOCET.....	146	<i>phytonadione (vitamin k1)</i>	259
<i>papaverine</i>	102	PERFECT POINT SAFETY LANCETS.....	218	PIFELTRO.....	116
PARADIGM RESERVOIR.....	218	PERFECT POINT SAFETY NEEDLE.....	175	PILLOW MASK CHILD.....	218
PARAGARD T 380A.....	174	<i>perindopril erbumine</i>	94	<i>pilocarpine hcl</i>	5, 151
PARI BABY CONV KIT - SIZE 1...218		PERIOGARD.....	263	<i>pimecrolimus</i>	62
PARI BABY CONV KIT - SIZE 2...218		<i>permethrin</i>	45	<i>pimozide</i>	194
PARI BABY CONV KIT - SIZE 3...218		<i>perphenazine</i>	194	PIMTREA (28).....	17
PARI LC SPRINT NEBULIZER SET.....	28	<i>perphenazine-amitriptyline</i>	186	<i>pindolol</i>	94
PARI LC SPRINT SINUS.....	28	PERTZYE.....	248	<i>pioglitazone</i>	81
PARI SINUS AEROSOL SYSTEM..	28	PETROLEUM GAUZE.....	218	<i>pioglitazone-glimepiride</i>	81
PARI TREK S COMBO PACK.....	29	PFLEX INSPIRATORY TRAINER...29		<i>pioglitazone-metformin</i>	81
PARI TREK S COMPACT COMPRESSOR.....	29	PHARMABASE BARRIER.....	57	PIP BLOOD GLUCOSE MONITOR.....	81
PARI TREK S PORTABLE PWR KIT.....	218	PHARMACIST CHOICE.....	81	PIP BLOOD GLUCOSE TEST STRIP.....	81
<i>paricalcitol</i>	240	PHARMACIST CHOICE GLUCOSE SYS.....	81	PIP LANCET.....	218
<i>paromomycin</i>	112	PHASEAL ASSEMBLY FIXTURE.....	218	PIP PEN NEEDLE.....	175
<i>paroxetine hcl</i>	186	PHASEAL CONNECTOR LUER LOCK.....	218	PIQRAY.....	130
<i>paroxetine mesylate(menop.sym)</i>	38	PHASEAL INFUSION ADAPTER..	218	<i>pirfenidone</i>	181
PASER.....	111	PHASEAL INFUSION CLAMP.....	218	<i>piroxicam</i>	123
PAXLOVID.....	116	PHASEAL INJECTOR LUER.....	218	PISTON SYRINGE WITH ENFIT...218	
<i>pazopanib</i>	130	PHASEAL INJECTOR LUER LOCK.....	218	<i>pitavastatin calcium</i>	100
PCCA ACCUPEN-15.....	218	PHASEAL PROTECTOR.....	175	PIVOT SILVER ALGINATE.....	218
PEDIA IRON.....	35	PHASEAL SECONDARY SET.....	218	PIVYA.....	109
PEDIATRIC BEAR NEBULIZER.....	29	PHASEAL Y-SITE.....	218	PLANTAGO-HOMACCORD.....	175
PEDIATRIC COMP-AIR COMPRES NEB.....	29	PHEBURANE.....	247	PLATINUM GLUCOSE METER.....	81
PEDIATRIC DINOSAUR NEBULIZER.....	29	PHEDRAX.....	45	PLATINUM TEST STRIP.....	81
PEDIATRIC DOG NEBULIZER.....	29	<i>phenazopyridine</i>	232	PLEGRIDY.....	134
PEDIATRIC FROG NEBULIZER.....	29	<i>phenelzine</i>	186	PLENVU.....	247
<i>peg 3350-electrolytes</i>	247	<i>phenobarbital</i>	194	PLEXION NS.....	57
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	247	<i>phenoxymethamine</i>	94	PNV-DHA + DOCUSATE.....	35
PEGASYS.....	116	<i>phenylephrine hcl</i>	157	POCKET CHAMBER.....	29
<i>peg-electrolyte soln</i>	247	<i>phenyleph-tropicamide in water</i>	151	PODOCON.....	57
PEMAZYRE.....	130	PHENYTEK.....	236	<i>podofilox</i>	57
		<i>phenytoin</i>	236	POLY HUB NEEDLE.....	175
		<i>phenytoin sodium extended</i>	236	POLYCIN.....	157
				<i>polyethylene glycol 3350</i>	247
				<i>polymyxin b sulf-trimethoprim</i>	157
				POLY-TUSSIN AC.....	230

POMALYST	130	<i>prednisolone-moxifloxacin hcl</i>	158	PRO COMFORT SAFETY	
PONVORY	135	<i>prednisolone-moxiflox-bromfen</i>	158	LANCET	219
PONVORY 14-DAY STARTER		<i>prednisolon-moxiflox-bromf(pf)</i>	158	PRO COMFORT TENS	
PACK	135	<i>prednisone</i>	123	ELECTRODE	219
POPULUS COMPOSITUM	175	PREDNISONONE INTENSOL	123	PRO COMFORT TENS UNIT	219
PORTABLE NEBULIZER SYSTEM	29	<i>pregabalin</i>	236	PRO VOICE V8 GLUCOSE	
PORTIA 28	17	PREMARIN	38, 264	MONITOR	82
<i>posaconazole</i>	110	PREMIER BLU GLUCOSE METER	82	PRO VOICE V8-V9 TEST STRIP ...	82
<i>potassium chloride</i>	182, 183	PREMIER CLASSIC GLUCOSE		PRO VOICE V9 GLUCOSE	
<i>potassium citrate</i>	232	METER	82	MONITOR	82
<i>potassium iodide</i>	242	PREMIER COMPACT GLUCOSE		<i>probenecid</i>	139
<i>povidone-iodine</i>	57	METER	82	<i>probenecid-colchicine</i>	139
POWDERLAX	247	PREMIER TEST STRIP	82	PROCARE COMPRESSOR	
PR BENZOYL PEROXIDE	58	PREMIER VOICE GLUCOSE		NEBULIZER	29
PR CREAM	58	METER	82	PROCARE PEDIATRIC	
PRADAXA	259	PREMIUM BLOOD GLUCOSE		NEBULIZER	29
PRAKETAMIDE	58	MONITOR	82	PROCARE SPACER WITH ADULT	
<i>pralidoxime</i>	175	PREMIUM V10	82	MASK	29
PRALUENT PEN	100	PREMPHASE	38	PROCARE SPACER WITH CHILD	
<i>pramipexole</i>	103, 104	PREMPRO	38	MASK	29
PRAMOSONE	58	PRENAISSANCE	35	PRO-CEPTION	219
<i>prasugrel</i>	259	PRENAISSANCE PLUS	35	PROCHAMBER	29
<i>pravastatin</i>	100	PRENATAL 19 (WITH		<i>prochlorperazine</i>	21
<i>praziquantel</i>	113	DOCUSATE)	35	<i>prochlorperazine maleate</i>	21
<i>prazosin</i>	94	PREPIDIL	17	PROCORT	244
PRECISION	81	PRESERA	58	PROCRT	259
PRECISION PCX PLUS TEST	81	PRESSURE ACTIVATED		PROCTOFOAM HC	244
PRECISION PCX TEST	81	LANCETS	218	PROCTO-MED HC	53
PRECISION POINT OF CARE		PRESTO PRO BLOOD GLUCOSE		PROCTOSOL HC	53
TEST	81	METER	82	PROCTOZONE-HC	53
PRECISION Q-I-D TEST	82	<i>pretomanid</i>	111	PROCYSBI	232
PRECISION XTRA KETONE-		PREVALITE	100	PRODIGY AUTOCODE METER	82
GLUCOSE	82	PREVENT DROPSAFE PEN		PRODIGY AUTOCODE MONITOR	
PRECISION XTRA MONITOR	82	NEEDLE	175	SYST	82
PRECISION XTRA TEST	82	PREVYMIS	116	PRODIGY INSULIN SYRINGE	219
PRED MILD	157	PREZCOBIX	116	PRODIGY LANCETS	219
PRED-G S.O.P.	157	PREZISTA	116	PRODIGY MINI-MIST NEBULIZER	29
<i>prednicarbate</i>	53	PRIFTIN	111	PRODIGY NO CODING	82
<i>prednisoln sp-moxiflox-bromfen</i>	157	PRILOSEC	252	PRODIGY POCKET METER	82
<i>prednisolone</i>	123	<i>primaquine</i>	113	PRODIGY TWIST TOP LANCET ..	219
<i>prednisolone acetate</i>	157	PRIMEAIRE	29	PRODIGY VOICE GLUCOSE	
<i>prednisolone acetate (pf)</i>	157	<i>primidone</i>	236	METER	82
<i>prednisolone acetate-bromfenac</i> ...	157	PRIMSOL	109	PROFILNINE	259
<i>prednisolone acetate-nepafenac</i> ...	158	PRO COMFORT ALCOHOL PADS	58	<i>progesterone</i>	38
<i>prednisolone sod ph-bromf (pf)</i>	158	PRO COMFORT INSULIN		<i>progesterone micronized</i>	38
<i>prednisolone sod ph-moxiflox</i>	158	SYRINGE	218	PROGRAF	138
<i>prednisolone sodium phosphate</i>		PRO COMFORT LANCET	218	PROLASTIN-C	5
.....	123, 158	PRO COMFORT PEN NEEDLE ...	176	PROMACTA	259, 260
<i>prednisolone-moxiflo-nepafenac</i> ...	158			<i>promethazine</i>	8, 21

<i>promethazine-codeine</i>	230	QBRELIS	94	REBIF (WITH ALBUMIN)	135
<i>promethazine-dm</i>	230	QBREXZA	5	REBIF REBIDOSE	135
<i>promethazine-phenylephrine</i>	230	Q-CARE RX Q2	263	REBIF TITRATION PACK	135
PROMETHEGAN	21	Q-CARE RX Q4	263	REBINYN	260
PRONAL	58	QELBREE	194	REBYOTA	109
PRONEB MAX COMPRESSOR- LC PLUS	29	QINLOCK	130	RECEDO	58
PRONEB MAX COMPRESSR-LC SPRINT	29	QNASL	8	RECLIPSEN (28)	17
PRONEB ULTRA II FILTER ASSEM	219	QTERN	82	RECOMBINATE	260
PROOXIA	64	QUAKE VIBRATORY PEP	30	RECORLEV	240
<i>propafenone</i>	88	<i>quazepam</i>	194	RECOTHROM	260
<i>proparacaine</i>	158	<i>quetiapine</i>	194	RECOTHROM SPRAY KIT	260
<i>propranolol</i>	94	QUIDROXZAR	138	REFUAH PLUS	83
<i>propranolol-hydrochlorothiazid</i>	94	QUIHOXAXIA	138	REFUAH PLUS GLUCOSE MONITOR	82
<i>propylthiouracil</i>	242	QUIHOXVAR	138	REGENECARE	58
<i>protriptyline</i>	186	QUILLICHEW ER	195	REGIOCIT (EUA)	260
PROVENT	29	QUILLIVANT XR	195, 196	REGRANEX	83
PROVENT STARTER	29	<i>quinapril</i>	94	RELAGARD	264
PROVISC	158	<i>quinapril-hydrochlorothiazide</i>	94	RELENZA DISKHALER	116
PSORINOHEEL	176	<i>quinidine gluconate</i>	88	RELEUKO	260
PTS COLLECT CAPILLARY TUBE	219	<i>quinidine sulfate</i>	88	RELIAMED LANCET	219
PTS PANELS EGLU TEST STRIP ..	82	<i>quinine sulfate</i>	113	RELIAMED SAFETY SEAL LANCETS	219
PULMICORT FLEXHALER	29	QUINTET AC	82	RELIAMED TWIST AND CAP LANCET	219
PULMO-AIDE COMPRESSOR	29	QUINTET BLOOD GLUCOSE METER	82	RELION ALL-IN-ONE METER	83
PULMONEB LT COMPRESSOR NEBUL	30	QUINTET GLUCOSE TEST STRIPS	82	RELION CONFIRM	83
PULMOZYME	181	QUIT 2	4	RELION CONFIRM-MICRO	83
PURACOL PLUS AG	219	QUIT 4	4	RELION MICRO GLUCOSE MONITOR	83
PURE COMFORT ALCOHOL PADS	58	QULIPTA	146	RELION PRIME METER	83
PURE COMFORT LANCETS	219	QUTENZA	58	RELION PRIME TEST STRIPS	83
PURE COMFORT PEN NEEDLE ..	176	QUVIVIQ	196	RELION ULTIMA	83
PURE COMFORT SAFETY LANCETS	219	QVAR REDHALER	30	RELISTOR	247
PURE COMFORT SAFETY PEN NEEDLE	176	<i>rabeprazole</i>	252	RELIZORB	219
PUREAIR MINI NEBULIZER	30	RADIAGEL	176	REMODULIN	94
PURELAX	247	RADICAVA ORS	135	RENACIDIN	232
PURIXAN	130	RADICAVA ORS STARTER KIT SUSP	135	RENEEL	176
PUSH BUTTON SAFETY LANCETS	219	RADIOGARDASE	176	<i>repaglinide</i>	83
<i>pyrazinamide</i>	111	RAGWITEK	8	REPATHA PUSHTRONEX	100
<i>pyridostigmine bromide</i>	198	<i>raloxifene</i>	240	REPATHA SURECLICK	100
<i>pyridoxine (vitamin b6)</i>	35	<i>ramipril</i>	94	REPATHA SYRINGE	100
<i>pyrimethamine</i>	113	<i>ranolazine</i>	87	RESPA-AR	230
PYRUKYND	260	RAPPORT VACUUM THERAPY ...	176	RESTASIS MULTIDOSE	158
		<i>rasagiline</i>	104	RESTORE	219
		RASUVO (PF)	123, 124	RESTORE CALCIUM ALGINATE ..	219
		RATE FLOW REGULATOR IV SET	219	RETACRIT	260
		RAVICTI	247	RETEVMO	130
		RAYALDEE	240	RETIN-A MICRO PUMP	42

REUSABLE NEBULIZER KIT	219	ROCKLATAN	151	<i>saxagliptin</i>	83
REVCIVI	176	<i>roflumilast</i>	30	<i>saxagliptin-metformin</i>	83, 84
REVEAL BLOOD GLUCOSE		ROLVEDON	260	SCALACORT DK	53
METER	83	<i>ropinirole</i>	104	SCEMBLIX	130
REVEAL TEST STRIP	83	ROSADAN	42	SCLEROSOL INTRAPLEURAL	130
REVLIMID	130	ROSULA	45	<i>scopolamine base</i>	21
REVUFORJ	130	<i>rosuvastatin</i>	101	SECUADO	196
REXULTI	196	ROTARIX	137	SECURESAFE INSULIN	
REYATAZ	117	ROTATEQ VACCINE	137	SYRINGE	220
REYVOW	146	ROXYBOND	146	SECURESAFE PEN NEEDLE	176
REZDIFFRA	5	ROZLYTREK	130	SEGLUROMET	84
REZLIDHIA	130	RUBBER MOUTHPIECE	219	<i>selegiline hcl</i>	104
REZUROCK	138	RUBRACA	130	<i>selenium sulfide</i>	59
REZVOGLAR KWIKPEN	83	RUCONEST	124	SELF-CATHETER, FEMALE	220
RHOPRESSA	151	<i>rufinamide</i>	236	SELZENTRY	117
<i>ribavirin</i>	117	RUKOBIA	117	SEREVENT DISKUS	30
RIDAURA	124	RYBELSUS	83	SERNIVO	53
<i>rifabutin</i>	111	RYDAPT	130	SEROQUEL XR	196
<i>rifampin</i>	111	RYDEX	230	SEROSTIM	240
RIGHTEST GL300 LANCETS	219	RYLAZE	130	<i>sertraline</i>	186
RIGHTEST GM550 SYSTEM	83	RYPLAZIM	260	SETLAKIN	17
RIGHTEST GM700SB GLUCOSE		RYTARY	104	<i>sevelamer carbonate</i>	183
METER	83	RYZUMVI	158	<i>sevelamer hcl</i>	183
RIGHTEST GS550 TEST STRIPS ..	83	SABAL-HOMACCORD	176	SEVENFACT	260
RIGHTEST GS700 TEST STRIP	83	SABRIL	236	<i>sevoflurane</i>	176
RIGHTEST GT333 GLUCOSE		<i>sacubitril-valsartan</i>	87	SF	35
METER	83	SAFESNAP INSULIN SYRINGE ..	220	SF 5000 PLUS	35
RIGHTEST GT333 TEST STRIP	83	SAFESNAP SYRINGE	220	SHAROBEL	18
RIGHTEST MAX PLUS GLUCOSE		SAFETY LANCETS	220	SIDESTREAM	30
MTR	83	<i>safety needles</i>	176	SIDESTREAM MASK	220
RIGHTEST MAX TEST STRIP	83	SAFETY PEN NEEDLE	176	SIDESTREAM NEBULIZER	30
<i>riluzole</i>	135	SAFETY SEAL LANCETS	220	SIDESTREAM PLUS	30
<i>rimantadine</i>	117	SAFETY-LET LANCETS	220	SIGNIFOR	176
<i>ringer's</i>	58	SAIZEN SAIZENPREP	240	SIKLOS	260
RINVOQ	124	SAJAZIR	124	SILASTIC FOLEY CATHETER	220
RINVOQ LQ	124	<i>salicylic acid</i>	58	<i>sildenafil (pulm.hypertension)</i>	94
<i>risedronate</i>	240	SALIMEZ FORTE	58	SILICONE MASK	220
<i>risperidone</i>	196	<i>salsalate</i>	146	SILICONE MASK - INFANT	30
RITEFLO AEROCHAMBER	30	SALVAX	59	SILIGENTLE AG	220
<i>ritonavir</i>	117	SALVAX DUO PLUS	59	SILINOIN	220
<i>rivastigmine</i>	198	SAMI THE SEAL	30	SILIQ	62
<i>rivastigmine tartrate</i>	198	SAMI THE SEAL MASK	220	<i>silodosin</i>	232
RIVELSA	17	SANCUSO	21	SILVASORB	42
RIVFLOZA	232	SANDIMMUNE	138	<i>silver nitrate</i>	42, 59
RIXUBIS	260	SANTYL	59	<i>silver nitrate applicators</i>	59
<i>rizatriptan</i>	146	<i>sapropterin</i>	5	<i>silver sulfadiazine</i>	45
ROAOXIA	53	SAROXIA	42	SIMBRINZA	151
ROBINSON CLEAR VINYL		SAVAYSA	260	SIMLANDI(CF) AUTOINJECTOR ..	124
CATHETER	219	SAVELLA	135	SIMLIYA (28)	18

SIMPESSE.....	18	<i>sodium iodide-123</i>	130	SPRINTEC (28).....	18
SIMPONI.....	124	<i>sodium iodide-131</i>	130	SPS (WITH SORBITOL).....	183
<i>simvastatin</i>	101	<i>sodium oxybate</i>	196	SRONYX.....	18
SINGLE-LET.....	220	<i>sodium phenylbutyrate</i>	247	SSD.....	46
SINUSTAR NEBULIZER.....	30	<i>sodium polystyrene sulfonate</i>	183	SSKI.....	242
<i>sirolimus</i>	138	<i>sodium,potassium,mag sulfates</i>	248	ST JOSEPH ASPIRIN.....	261
SIRTURO.....	111	SOFDRA.....	5	ST. JOSEPH ASPIRIN.....	261
<i>sitagliptin</i>	84	<i>sofosbuvir-velpatasvir</i>	117	<i>stavudine</i>	117
SIVEXTRO.....	109	SOGROYA.....	241	STEGLATRO.....	84
SKY SAFETY PEN NEEDLE.....	176	SOHONOS.....	243	STEGLUJAN.....	85
SKYCLARYS.....	135	<i>solifenacin</i>	232	STELARA.....	124, 125
SKYLA.....	176	SOLQUA 100/33.....	84	STERILANCE TL.....	221
SKYRIZI.....	62	SOLOSEC.....	113	STERILE HYDROGEL FOR	
SKYTROFA.....	241	SOLTAMOX.....	130	JELMYTO.....	176
SLOW FE.....	35	SOLU-CORTEF.....	124	<i>sterile talc</i>	131
SLOW RELEASE IRON.....	35	SOLU-CORTEF ACT-O-VIAL (PF).....	124	STERITALC.....	131
SLYND.....	18	SOLUS V2 AUDIBLE METER.....	84	STIMUFEND.....	261
SMART SENSE LANCETS.....	220	SOLUS V2 LANCETS.....	220	STIOLTO RESPIMAT.....	30
SMART SENSE MONITORING		SOLUS V2 TEST STRIPS.....	84	STIVARGA.....	131
SYSTEM.....	84	SOMAVERT.....	241	STOP SMOKING AID.....	4
SMART SENSE TEST STRIPS.....	84	SOOTHENEB COMPRESSOR		STRATACTX.....	221
SMARTEST EJECT.....	84	NEBULIZER.....	30	STRATAGRT.....	221
SMARTEST LANCET.....	220	SOOTHENEB MESH NEBULIZER.....	30	STRATAXRT.....	221
SMARTEST PERSONA		<i>sorafenib</i>	130	STRAVIX.....	176
GLUCOSE METER.....	84	<i>sorbitol</i>	59	STRENSIQ.....	177
SMARTEST PERSONA STARTER.....	84	<i>sorbitol-mannitol</i>	59	STRIBILD.....	117
SMARTEST PRONTO GLUCOSE		SORILUX.....	62	STRIVE PEAK FLOW METER.....	30
METER.....	84	<i>sotalol</i>	95	STRIVERDI RESPIMAT.....	30
SMARTEST PRONTO STARTER.....	84	SOTALOL AF.....	94	STRONG IODINE.....	42, 242
SMARTEST PROTEGE.....	84	SOTYKTU.....	62	SUBVENITE.....	236
SMARTEST SMART CODE		SOTYLIZE.....	95	SUBVENITE STARTER (BLUE)	
METER.....	84	SOVALDI.....	117	KIT.....	236
SMARTEST TALKING METER.....	84	SOVUNA.....	113	SUBVENITE STARTER (GREEN)	
SMARTEST TEST.....	84	SPACE CHAMBER.....	30	KIT.....	236
SMARTNEB COMPRESSOR		SPACE CHAMBER WITH LARGE		SUBVENITE STARTER	
NEBULIZER.....	30	MASK.....	30	(ORANGE) KIT.....	236
SMOOTHLAX.....	247	SPACE CHAMBER WITH		SUCRAID.....	248
<i>sodium chlor 0.9% bacteriostat</i>	183	MEDIUM MASK.....	30	<i>sucrafate</i>	252
<i>sodium chloride</i>	59, 176, 183	SPACE CHAMBER WITH SMALL		SUFLAVE.....	248
<i>sodium chloride 0.45 %</i>	183	MASK.....	30	<i>sulconazole</i>	46
<i>sodium chloride 0.9 %</i>	183	SPECTRAGEL.....	220	<i>sulfacetamide sodium</i>	59, 158
<i>sodium chloride 0.9 % (flush)</i>	183	SPEEDICATH (FEMALE).....	221	<i>sulfacetamide sodium (acne)</i>	42
<i>sodium citrate</i>	261	SPEVIGO.....	62	<i>sulfacetamide sodium-sulfur</i>	46
<i>sodium citrate in 0.9 % nacl</i>	261	<i>spinosad</i>	46	<i>sulfacetamide sod-sulfur-urea</i>	46
<i>sodium citrate-citric acid</i>	232	SPIRIVA RESPIMAT.....	30	<i>sulfacetamide-prednisolone</i>	158
SODIUM FLUORIDE 5000 DRY		<i>spironolactone</i>	95	<i>sulfadiazine</i>	109
MOUTH.....	35	<i>spironolacton-hydrochlorothiaz</i>	95	<i>sulfamethoxazole-trimethoprim</i>	109
SODIUM FLUORIDE 5000 PLUS.....	35	SPRAVATO.....	186	SULFAMYLON.....	46
<i>sodium fluoride-pot nitrate</i>	35	SPRAY AND STRETCH.....	59	<i>sulfasalazine</i>	244, 245

SULFATRIM.....	109	SYNJARDY.....	85	TARON-PREX PRENATAL-DHA....	35
<i>sulindac</i>	125	SYNJARDY XR.....	85	TAROXIA.....	42
SUMADAN XLT.....	46	SYNOJOYNT.....	125	TARPEYO.....	125
<i>sumatriptan</i>	146	SYNVISC.....	125	TASCENSO ODT.....	135
<i>sumatriptan succinate</i>	146, 147	SYNVISC-ONE.....	125	TASIGNA.....	131
<i>sunitinib malate</i>	131	<i>syringe (disposable)</i>	222	<i>tasimelteon</i>	196
SUNLENCA.....	117	SYRINGE 3CC/20GX1".....	222	<i>tavaborole</i>	46
SUNOSI.....	196	SYRINGE 3CC/21GX1".....	222	TAVALISSE.....	261
SUNRISE COMPRESSOR- NEBULIZER.....	30	SYRINGE 3CC/21GX1-1/2".....	222	TAVNEOS.....	261
SUPARTZ FX.....	125	SYRINGE 3CC/22GX1".....	222	<i>tazarotene</i>	63
SUPER THIN LANCETS.....	221	SYRINGE 3CC/22GX3/4".....	222	TAZVERIK.....	131
SUPRANE.....	177	SYRINGE 3CC/25GX1".....	222	TD GOLD BLOOD GLUCOSE MONITOR.....	85
SUPRAX.....	109	SYRINGE AVITENE.....	261	TD GOLD TEST STRIP.....	85
SURE COMFORT ALCOHOL PREP PADS.....	59	<i>syringe with needle</i>	222	TD GOLD VOICE GLUCOSE MONITOR.....	85
SURE COMFORT INS. SYR. U- 100.....	221	<i>syringe with needle, safety</i>	222	TECHLITE INSULIN SYRINGE.....	223
SURE COMFORT INSULIN SYRINGE.....	221	SYRINGE WITHOUT NEEDLE.....	222	TECHLITE INSULN SYR(HALF UNIT).....	223
SURE COMFORT LANCETS.....	221	<i>syringe, enfit, non-sterile</i>	222, 223	TECHLITE LANCETS.....	223
SURE COMFORT PEN NEEDLE..	177	<i>syringe, enfit, sterile</i>	223	TECHLITE PEN NEEDLE.....	177
SURE COMFORT SAFETY PEN NEEDLE.....	177	SYZYGIUM COMPOSITUM.....	177	TECHLITE PLUS PEN NEEDLE..	177
SURE-FINE PEN NEEDLES.....	177	T.E.D. ANTI-EMBOLISM STOCKING.....	177	TEGLUTIK.....	135
SURE-JECT INSULIN SYRINGE..	221	T.E.D. KNEE LENGTH-M-LONG..	177	TEGRETOL.....	236
SURE-LANCE.....	221	T.E.D. KNEE LENGTH-S- REGULAR.....	177	TEGRETOL XR.....	236
SURE-LANCE ULTRA THIN.....	221	T.R.U.E. TEST ALLERGEN.....	177	TELCARE LANCETS.....	223
SURE-PREP ALCOHOL PREP PADS.....	59	TABLOID.....	131	TELCARE TEST STRIPS.....	85
SURE-TEST EASYPLUS MINI.....	85	TABRECTA.....	131	<i>telmisartan</i>	95
SURE-TEST EASYPLUS MINI METER.....	85	TACHOSIL.....	261	<i>telmisartan-amlodipine</i>	95
SURE-TOUCH LANCET.....	221	<i>tacrolimus</i>	62, 138, 139	<i>telmisartan-hydrochlorothiazid</i>	95
SURGUARD2 SAFETY..	177, 221, 222	<i>tadalafil</i>	238	<i>temazepam</i>	196
SURVANTA.....	181	<i>tadalafil (pulm. hypertension)</i>	95	TEMBEXA.....	117
SUTAB.....	248	TAFINLAR.....	131	<i>temozolomide</i>	131
SYEDA.....	18	<i>tafluprost (pf)</i>	151	TEMPO REFILL KIT WITH GAUZE	223
SYMAX DUOTAB.....	249	TAGRISSO.....	131	TEMPO SMART BUTTON.....	85
SYMDEKO.....	181	TAKE ACTION.....	18	TENCON.....	147
SYMLINPEN 120.....	85	TAKHZYRO.....	125	<i>tenofovir disoproxil fumarate</i>	117
SYMLINPEN 60.....	85	TALICIA.....	252	TENS 502.....	223
SYMPROIC.....	248	TALTZ AUTOINJECTOR.....	63	TENS 504.....	223
SYMTUZA.....	117	TALTZ AUTOINJECTOR (2 PACK)..	62	TENSCARE ITOUCH SURE.....	223
SYNALAR CREAM KIT.....	53	TALTZ AUTOINJECTOR (3 PACK)..	62	TEPMETKO.....	131
SYNALAR OINTMENT KIT.....	53	TALTZ SYRINGE.....	63	<i>terazosin</i>	95
SYNALAR TS.....	53	TALZENNA.....	131	<i>terbinafine hcl</i>	110
SYNAREL.....	241	<i>tamoxifen</i>	131	<i>terbutaline</i>	31
SYNDROS.....	21	<i>tamsulosin</i>	232	<i>terconazole</i>	264
		TARDEOXIA.....	42	<i>teriflunomide</i>	135
		TARDIMAXIA.....	42	<i>teriparatide</i>	241
		TARINA 24 FE.....	18	TERRELL.....	177
		TARINA FE 1/20 (28).....	18		
		TARINA FE 1-20 EQ (28).....	18		

TERSİ FOAM.....	59	<i>tiopronin</i>	232	<i>travoprost</i>	152
TERUMO ALLERGY SYRINGE	223	<i>tiotropium bromide</i>	31	<i>trazodone</i>	186
TERUMO HYPODERMIC		TIROSINT.....	242	TRECTOR.....	111
NEEDLE/SYRIN.....	223	TIROSINT-SOL.....	242	TRELEGY ELLIPTA.....	31
TERUMO INSULIN SYRINGE.....	223	TISSEEL VHSD (APROTININ,		TREMFYA.....	63
TERUMO SYRINGE.....	223	SYN).....	177	TREMFYA PEN.....	63
TEST N'GO BLOOD GLUCOSE		TIS-U-SOL PENTALYTE.....	59	<i>treprostinil sodium</i>	95
SYSTEM.....	85	TIVICAY.....	117	<i>tretinoin</i>	43
TEST N'GO TEST.....	85	TIVICAY PD.....	117	<i>tretinoin (antineoplastic)</i>	131
<i>testosterone</i>	38, 39	<i>tizanidine</i>	243	<i>tretinoin microspheres</i>	42, 43
<i>testosterone cypionate</i>	38	TLANDO.....	39	TRETTEN.....	261
<i>testosterone enanthate</i>	38	TOBI PODHALER.....	111	TREXALL.....	131
TETOXIA.....	53	TOBRADEX.....	158	<i>triamcinolone acetonide</i>	53, 54, 263
<i>tetrabenazine</i>	135	TOBRADEX ST.....	158	<i>triamterene</i>	95
<i>tetracaine hcl</i>	158	<i>tobramycin</i>	111, 159	<i>triamterene-hydrochlorothiazid</i>	95
<i>tetracaine hcl (pf)</i>	158	<i>tobramycin in 0.225 % nacl</i>	111	<i>triazolam</i>	196
<i>tetracycline</i>	109	<i>tobramycin with nebulizer</i>	111	TRI-CHLOR.....	178
TEXACORT.....	53	<i>tobramycin-dexamethasone</i>	159	<i>trichloroacetic acid</i>	178
TEZSPIRE.....	31	<i>tobramycin-vancomycin</i>	159	TRIDERM.....	54
THALOMID.....	111	TOBREX.....	159	<i>trientine</i>	178
THEO-24.....	31	TOLAK.....	59	TRI-ESTARYLLA.....	18
<i>theophylline</i>	31	<i>tolcapone</i>	104	TRIFERIC.....	35
THERAHONEY.....	223	<i>tolmetin</i>	125	<i>trifluoperazine</i>	196
<i>thiamine hcl (vitamin b1)</i>	35	<i>tolterodine</i>	232	<i>trifluridine</i>	159
THIN LANCETS.....	223	<i>tolvaptan</i>	183	<i>trihexyphenidyl</i>	104
THINPRO INSULIN SYRINGE.....	224	TOOMEY SYRINGE.....	224	TRIJARDY XR.....	85
THIOLA EC.....	232	TOPCARE CLICKFINE.....	177	TRIKAFTA.....	181
<i>thioridazine</i>	196	TOPCARE ULTRA COMFORT.....	224	TRI-LEGEST FE.....	18
<i>thiothixene</i>	196	TOPCARE UNIVERSAL1 LANCET		TRI-LINYAH.....	18
THRESHOLD IMT TRAINER.....	31	.....	224	TRILOAN II SUIK.....	125
THRESHOLD PEP DEVICE.....	31	<i>topiramate</i>	237	TRILOAN SUIK.....	125
THROMBI-GEL.....	261	<i>toremifene</i>	131	TRI-LO-ESTARYLLA.....	18
THROMBIN-JMI.....	261	TORONOVA II SUIK.....	125	TRI-LO-MARZIA.....	18
THROMBI-PAD.....	261	TORONOVA SUIK.....	125	TRI-LO-MILI.....	18
THYQUIDITY.....	242	TORPENZ.....	131	TRI-LO-SPRINTEC.....	18
<i>thyroid (pork)</i>	242	<i>torsemid</i>	95	TRI-LUMA.....	64
TIADYLT ER.....	95	TOTALVISC.....	159	TRILURON.....	125
<i>tiagabine</i>	236	TOUCH-TROL.....	224	<i>trimethobenzamide</i>	21
TIBSOVO.....	131	TPOXX (NATIONAL STOCKPILE).....	117	<i>trimethoprim</i>	109
TIGLUTIK.....	135	TRACLEER.....	95	TRI-MILI.....	18
TILIA FE.....	18	TRADJENTA.....	85	<i>trimipramine</i>	186
<i>timol-brimon-dorzol-bimato(pf)</i>	151	<i>tramadol</i>	147	TRIMO-SAN JELLY.....	264
<i>timolol</i>	152	<i>tramadol-acetaminophen</i>	147	TRINTELLIX.....	186
<i>timolol maleate</i>	95, 151, 152	<i>trandolapril</i>	95	TRI-SPRINTEC (28).....	19
<i>timolol maleate (pf)</i>	151	<i>trandolapril-verapamil</i>	95	TRIUMEQ.....	117
<i>timolol-bimatoprost (pf)</i>	152	<i>tranexamic acid</i>	261	TRIUMEQ PD.....	117
<i>timolol-brimonidi-dorzolam(pf)</i>	152	TRANSFER SET.....	224	TRIVISC.....	125
<i>timolol-dorzolam-bimatopro(pf)</i>	152	<i>tranylcypromine</i>	186	TRIVORA (28).....	19
<i>tinidazole</i>	113	TRANZAREL.....	59	TRI-VYLIBRA.....	19

TRI-VYLIBRA LO.....	19	TRUQAP.....	131	ULTICARE PEN NEEDLE.....	179
TROJAN BARESKIN.....	178	TRUSKIN.....	178	ULTICARE SAFETY PEN NEEDLE	..... 179
TROJAN EXTENDED PLEASURE	178	TRUSTEX LATEX CONDOM.....	178	ULTICARE SAFETY SYRINGE.....	225
TROJAN PLEASURE PACK.....	178	TRUSTEX LUBRICATED		ULTICARE TB SAFETY SYRINGE	226
TROJAN ULTRA RIBBED		CONDOMS.....	179	ULTIGUARD SAFEPACK-INSULIN	
CONDOM.....	178	TRUSTEX NON-LUB CONDOMS.	179	SYR.....	226
TROJAN ULTRA THIN.....	178	TRUSTEX-RIA LUB/SPERMICIDE	179	ULTIGUARD SAFEPACK-PEN	
<i>tropicamide</i>	152	TRUSTEX-RIA LUBRICATED		NEEDLE.....	179
<i>tropium</i>	232	CONDOMS.....	179	ULTILET ALCOHOL SWAB.....	59
TRUDHESA.....	147	TRUSTEX-RIA NON-LUB		ULTILET BASIC LANCETS.....	226
TRUE COMFORT ALCOHOL		CONDOMS.....	179	ULTILET CLASSIC LANCETS.....	226
PADS.....	59	TRUZONE PEAK FLOW METER....	31	ULTILET INSULIN SYRINGE.....	226
TRUE COMFORT INSULIN		TRYVIO.....	95	ULTILET LANCETS.....	226
SYRINGE.....	224	TUBERCULIN SYRINGE.....	225	ULTILET LANCETS.....	226
TRUE COMFORT LANCET.....	224	<i>tuberculin-allergy syringes</i>	225	ULTILET PEN NEEDLE.....	179
TRUE COMFORT PEN NEEDLE..	178	TUDORZA PRESSAIR.....	31	ULTILET SAFETY LANCETS.....	226
TRUE COMFORT PRO ALCOHOL		TUKYSA.....	131	ULTIMA MONITOR.....	86
PADS.....	59	TULANA.....	19	ULTIMA TEST STRIPS.....	86
TRUE COMFORT PRO INS		TURALIO.....	131	ULTRA CMFT INS SYR (HALF	
SYRINGE.....	224	TURQOZ (28).....	19	UNIT).....	226
TRUE COMFORT SAFE INSULIN		TUXARIN ER.....	230	ULTRA COMFORT INSULIN	
SYRG.....	224	TWIIST REFILL KT(CSST-NDL-		SYRINGE.....	226
TRUE COMFORT SAFETY PEN		SYR).....	86	ULTRA FINE LANCETS.....	226
NEEDLE.....	178	TWIRLA.....	19	ULTRA FLO INSUL SYR(HALF	
TRUE COVER CONDOM.....	178	TWIST LANCETS.....	225	UNIT).....	226
TRUE METRIX AIR GLUCOSE		TYBLUME.....	19	ULTRA FLO INSULIN SYRINGE..	227
METER.....	85	TYBOST.....	117	ULTRA FLO PEN NEEDLE.....	179
TRUE METRIX GLUCOSE METER	86	TYDEMY.....	19	ULTRA THIN II LANCETS.....	227
TRUE METRIX GLUCOSE TEST		TYENNE.....	125	ULTRA THIN LANCETS.....	227
STRIP.....	86	TYENNE AUTOINJECTOR.....	125	ULTRA THIN PEN NEEDLE.....	179
TRUE METRIX GO GLUCOSE		TYMLOS.....	241	ULTRA THIN PLUS LANCETS.....	227
METER.....	86	TYRVAYA.....	159	ULTRA TLC LANCETS.....	227
TRUE METRIX PRO TEST STRIP..	86	TYVASO.....	96	ULTRACARE INSULIN SYRINGE..	227
TRUE2GO BLOOD GLUCOSE		TYVASO DPI.....	96	ULTRA-CARE LANCETS.....	227
SYSTEM.....	86	TYVASO INSTITUTIONAL START		ULTRACARE PEN NEEDLE.....	179
TRUEPLUS INSULIN.....	225	KIT.....	96	ULTRAFOAM.....	262
TRUEPLUS KETONE.....	178	TYVASO REFILL KIT.....	96	ULTRALANCE LANCETS.....	227
TRUEPLUS LANCETS.....	225	TYVASO STARTER KIT.....	96	ULTRASAL-ER.....	59
TRUEPLUS PEN NEEDLE.....	178	UBRELVY.....	147	ULTRA-THIN II (SHORT) INS SYR	
TRUERESULT BLOOD GLUCOSE		UDENYCA.....	261	.....	227
SYSTM.....	86	UDENYCA AUTOINJECTOR.....	261	ULTRA-THIN II (SHORT) PEN	
TRUETEST TEST STRIPS.....	86	UDENYCA ONBODY.....	261	NDL.....	179
TRUETRACK BLOOD GLUCOSE		ULESFIA.....	46	ULTRA-THIN II INS PEN	
SYSTEM.....	86	ULTICARE.....	225	NEEDLES.....	179
TRUETRACK SMART SYSTEM....	86	ULTICARE INSULIN SYRINGE....	225	ULTRA-THIN II INSULIN	
TRUETRACK TEST.....	86	ULTICARE INSULN SYR(HALF		SYRINGE.....	227
TRULANCE.....	245	UNIT).....	225	ULTRA-THIN II LANCETS.....	227
TRULICITY.....	86	ULTICARE LOW DEAD SPACE		ULTRATRAK.....	86
TRUNEB NEBULIZER.....	31	SYRING.....	225	ULTRATRAK GLUCOSE METER... 86	

ULTRATRAK ULTIMATE	86	<i>valganciclovir</i>	117	VERIFINE SAFETY LANCET MINI	229
UNIFINE PENTIPS	180	<i>valproic acid</i>	237	VERIFINE UNIVERSAL LANCET ..	229
UNIFINE PENTIPS MAXFLOW	180	<i>valproic acid (as sodium salt)</i>	237	VERKAZIA	159
UNIFINE PENTIPS PLUS	180	<i>valsartan</i>	96	VERQUVO	87
UNIFINE PENTIPS PLUS MAXFLOW	180	<i>valsartan-hydrochlorothiazide</i>	96	VERSACLOZ	196
UNIFINE PROTECT	180	VALTOCO	237	VERTIGOHEEL	180
UNIFINE SAFECONTROL PEN NEEDLE	180	<i>vancomycin</i>	112	VERZENIO	132
UNIFINE ULTRA PEN NEEDLE	180	<i>vancomycin in 0.9 % sodium chl</i> ...	159	VESICARE LS	232
UNILET COMFORTOUCH LANCET	227	VANFLYTA	131	VESTURA (28)	19
UNILET GP LANCET	227	VANISHPOINT INSULIN SYRINGE	228	VEVYE	159
UNILET LANCET	227	VANISHPOINT SYRINGE	228	V-GO 20	86
UNILET LANCETS	227	VANISHPOINT TUBERCULIN SYRINGE	228	V-GO 30	86
UNILET SUPER THIN LANCETS ..	227	VANOXIDE-HC	43	V-GO 40	86
UNISTIK 3 COMFORT LANCET ..	227	VAPRO PLUS INTERMITT CATHETER	228	VIBERZI	245
UNISTIK 3 EXTRA LANCET	227	VARDIMAXIA	43	VIBRANT	229
UNISTIK 3 GENTLE	227	<i>varenicline</i>	4	VIBRANT STARTER KIT	229
UNISTIK 3 NORMAL LANCET	227	VARITHENA ADMINISTRATION PACK	228	VIENVA	19
UNISTIK COMFORT LANCETS	228	VAROXIA	43	<i>vigabatrin</i>	237
UNISTIK CZT LANCET	228	VARUBI	21	VIGADRONE	237
UNISTIK EXTRA LANCETS	228	VASELINE WHITE PETROLEUM ...	60	VIGAFYDE	237
UNISTIK NORMAL LANCETS	228	VASHE	60	VIGPODER	237
UNISTIK PRO LANCET	228	VAXCHORA ACTIVE COMPONENT	137	VIJOICE	5
UNISTIK SAFETY	228	VAXCHORA BUFFER COMPONENT	183	<i>vilazodone</i>	186
UNISTIK TOUCH LANCETS	228	VAXCHORA VACCINE	137	VIMPAT	237
UNISTRIP1 TEST STRIP	86	VCF CONTRACEPTIVE FILM	19	VIOKACE	249
UNIVERSAL 1 LANCETS	228	VCF CONTRACEPTIVE GEL	19	VIORELE (28)	19
UNZDOMDIOXIAZAR	43	VELIVET TRIPHASIC REGIMEN (28)	19	VIOS AEROSOL DELIVERY SYSTEM	31
UPNEEQ (PF)	159	VELPHORO	184	VIRACEPT	118
UPTRAVI	96	VELSIPITY	135	VIREAD	118
URAMAXIN	60	VELTASSA	184	VISCO-3	125
URAMAXIN GT	60	VEMLIDY	118	VISTASEAL-FIBRIN SEALANT	262
<i>urea</i>	60, 63	VENCLEXTA	132	VISTOGARD	132
UREA NAIL STICK	60	VENCLEXTA STARTING PACK ...	132	VITAFOL FE+ (WITH DOCUSATE)	35
URETRON D-S	109	<i>venlafaxine</i>	186	VITAMIN D2	36
URIBEL TABS	109	VENTAVIS	96	VITAMIN K	262
URIMAR-T	109	VEOZAH	39	VITAMIN K1	262
URISTIX 4	180	<i>verapamil</i>	96	VITRAKVI	132
URISTIX REAGENT	180	VERIFINE INSULIN SYRINGE	228	VIVAGUARD INO GLUCOSE METER	86
UROGESIC-BLUE	110	VERIFINE PEN NEEDLE	180	VIVAGUARD INO SMART GLUC METER	86
URO-MP	110	VERIFINE PLUS PEN NEEDLE	180	VIVAGUARD INO TEST STRIP	86
UROQID-ACID NO.2	232	VERIFINE PLUS PEN NEEDLE ...	180	VIVAGUARD LANCET	229
<i>ursodiol</i>	248	VERIFINE PLUS PEN NEEDLE- SHARP	180	VIVAGUARD SAFETY LANCET ...	229
VAFSEO	262			VIVJOA	110
VAGINAL CONTRACEPTIVE FILM	19			VIVOTIF	137
<i>valacyclovir</i>	117			VIXONE NEBULIZER	31
VALCHLOR	60				

VIXONE NEBULIZER-ADULT MASK.....	31	WIDE-SEAL DIAPHRAGM 75.....	20	XPROVIO.....	132
VIXONE NEBULIZER-PEDIATRIC MSK.....	31	WIDE-SEAL DIAPHRAGM 80.....	20	XTAMPZA ER.....	148
VIZIMPRO.....	132	WIDE-SEAL DIAPHRAGM 85.....	20	XTANDI.....	132
VOCABRIA.....	118	WIDE-SEAL DIAPHRAGM 90.....	20	XULANE.....	20
VOLNEA (28).....	19	WIDE-SEAL DIAPHRAGM 95.....	20	XULTOPHY 100/3.6.....	87
VONJO.....	132	WILATE.....	262	XURIDEN.....	181
VONVENDI.....	262	WILLIS THE WHALE COMPRESSR NEB.....	31	XYNTHA.....	262
VOQUEZNA.....	252	WILZIN.....	180	XYNTHA SOLOFUSE.....	262
VOQUEZNA DUAL PAK.....	252	WINLEVI.....	43	XYOSTED.....	39
VOQUEZNA TRIPLE PAK.....	252	WINREVAIR.....	96	XYWAV.....	197
VORANIGO.....	132	WINTERGREEN OIL.....	60	YALE DISPOSABLE NEEDLES... ..	180
<i>voriconazole</i>	110	WIXELA INHUB.....	32	YARGESA.....	180
VORTEX HOLDING CHAMBER.....	31	WOUNDGELHA MATRIX.....	60	YAXATARXYN.....	64
VORTEX VHC FROG MASK-CHILD.....	31	WYMZYA FE.....	20	YCANTH.....	60
VORTEX VHC LADYBUG MASK-TODDLR.....	31	WYNZORA.....	63	YOKATAR.....	64
VOSEVI.....	118	XADAGO.....	104	YONSA.....	132
VOWST.....	110	XALIX.....	60	YORVIPATH.....	241
VOXZOGO.....	241	XALKORI.....	132	YUPELRI.....	32
VOYDEYA.....	262	XARELTO.....	262	YUVAFEM.....	264
VP-CH-PNV.....	36	XARELTO DVT-PE TREAT 30D START.....	262	ZAFEMY.....	20
VRAYLAR.....	196	XATMEP.....	132	<i>zafirlukast</i>	32
VTAMA.....	63	XCLAIR.....	60	<i>zaleplon</i>	197
VUITY.....	152	XCOPRI.....	237	ZARAH.....	20
VUMERITY.....	136	XCOPRI MAINTENANCE PACK... ..	237	ZARXIO.....	262
VYALEV.....	104	XCOPRI TITRATION PACK.....	237	ZAVZPRET.....	148
VYFEMLA (28).....	19	XDEMVY.....	159	ZEGALOGUE AUTOINJECTOR.... ..	87
VYLIBRA.....	19	XELJANZ.....	125	ZEGALOGUE SYRINGE.....	87
VYNDAMAX.....	87	XELJANZ XR.....	125	ZEJULA.....	132
VYNDAQEL.....	87	XELPROS.....	152	ZELAPAR.....	104
VYVANSE.....	197	XELSTRYM.....	197	ZELBORAF.....	132
VYZULTA.....	152	XEMBIFY.....	137	ZEMAIRA.....	6
WAINUA.....	5	XENLETA.....	110	ZENATANE.....	43
WAKIX.....	197	XENOVIEW EMPTY DELIVERY BAG.....	229	ZENPEP.....	249
<i>warfarin</i>	262	XEPI.....	46	ZENPHOR.....	229
<i>water for irrigation, sterile</i>	60	XERMELO.....	248	ZENZEDI.....	197
WAVESENSE AMP.....	86	XEROFORM PETROLATUM DRESSING.....	229	ZEPATIER.....	118
WAVESENSE JAZZ.....	86	XHANCE.....	8	ZEPOSIA.....	136
WAVESENSE PRESTO.....	86	XIFAXAN.....	112	ZEPOSIA STARTER KIT (28-DAY).....	136
WEBCOL.....	60	XIGDUO XR.....	86, 87	ZEPOSIA STARTER PACK (7-DAY).....	136
WEGOVY.....	181	XIIDRA.....	159	ZETONNA.....	8
WELIREG.....	132	XOFLUZA.....	118	<i>zidovudine</i>	118
WERA (28).....	19	XOLAIR.....	32	ZIEXTENZO.....	262
WIDE-SEAL DIAPHRAGM 60.....	19	XOLREMDI.....	5	ZILBRYSQ.....	262
WIDE-SEAL DIAPHRAGM 65.....	19	XOSPATA.....	132	ZIMHI.....	197
WIDE-SEAL DIAPHRAGM 70.....	20	XPHOZAH.....	184	<i>zinc oxide</i>	60
				<i>ziprasidone hcl</i>	197
				ZIRGAN.....	159

ZITHRANOL.....	63
ZOKINVY.....	6
ZOLINZA.....	132
<i>zolmitriptan</i>	148
<i>zolpidem</i>	197
ZOMACTON.....	241
ZOMIG.....	148
ZONISADE.....	237
<i>zonisamide</i>	238
ZONTIVITY.....	262
ZORYVE.....	54, 63
ZOVIA 1-35 (28).....	20
ZTALMY.....	238
ZUBSOLV.....	148
ZUMANDIMINE (28).....	20
ZURZUVAE.....	187
ZYDELIG.....	132
ZYKADIA.....	133
ZYLET.....	159
ZYMFENTRA.....	125
ZYPRAM.....	245