

Kaiser Permanente Insurance Company (KPIC) / Lista de medicamentos recetados disponibles del Plan Added Choice con nivel de medicamentos especializados

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.

Este documento contiene información sobre los medicamentos que están cubiertos cuando usted participa en nuestro plan **punto de servicio Added Choice** ofrecido por Kaiser Permanente Insurance Company (KPIC) y Kaiser Foundation Health Plan, Inc.

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** o al **711 (TTY)**.

Puede acceder a la Lista actualizada de medicamentos recetados disponibles de KPIC visitando <http://info.kaiserpermanente.org/html/kpic-hawaii/drugformulary.html> (en inglés)

Para obtener ayuda en su idioma preferido, por favor, vea la página 5 de este documento.

Cómo utilizar este documento (Lista de medicamentos recetados disponibles)

Este documento es una lista de los medicamentos recetados aprobados y cubiertos por su plan de Seguro Médico de KPIC. Todos los medicamentos se muestran por su nombre genérico y su nombre de marca comercial más común. Se puede explorar la Lista de medicamentos recetados disponibles utilizando el índice; ya sea por el nombre genérico (*en cursiva*) o el nombre de marca (en MAYÚSCULAS) o por la categoría terapéutica del medicamento. Este documento se aplica solo a los medicamentos recetados para pacientes ambulatorios que se le proporcionan a través de una farmacia de la red. Este documento no se aplica a los medicamentos usados en el consultorio del médico o en el hospital.

Los medicamentos de la Lista de medicamentos recetados disponibles están agrupados en categorías según el tipo de afección médica para la cual se use el medicamento. Busque su medicamento por nombre genérico bajo el nombre de la categoría en orden alfabético. Para todos los agentes incluidos en la tabla de la Lista de medicamentos recetados disponibles, el nivel se indica en todo el documento usando los siguientes símbolos (*consulte la siguiente tabla*).

Tabla de definición de los niveles:

Símbolo	Pauta	Descripción
T1	Nivel 1	Medicamentos genéricos y medicamentos genéricos de mantenimiento
T2	Nivel 2	Medicamentos de marca preferidos
T3	Nivel 3	Medicamentos de marca no preferidos
T4	Nivel 4	Medicamentos farmacéuticos especializados
T5	Nivel 5	Medicamentos preventivos conforme a la Ley de Protección al Paciente y Cuidado de Salud Asequible (Patient Protection and Affordable Care Act, PPACA)*

*Ley federal de Protección al Paciente y Cuidado de Salud Asequible (PPACA).

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 la Lista de medicamentos recetados disponibles usando un enfoque estructurado del proceso de selección de medicamentos para garantizar el acceso continuo de los pacientes a tratamientos farmacológicos racionales.

Los comités de P&T y de la Lista de medicamentos recetados disponibles de MedImpact usan los siguientes criterios en la evaluación de la selección 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 agentes actuales de la Lista de medicamentos recetados disponibles de uso similar, y para minimizar la duplicación terapéutica cuando sea posible
- rentabilidad en relación con unas terapias comparables

¿Qué medicamentos están cubiertos?

Por lo general, KPIC cubrirá los medicamentos genéricos, de marca y especializados recetados que aparecen en la Lista de medicamentos recetados disponibles de KPIC, siempre que el medicamento sea médicamente necesario, la receta se surta en un proveedor de farmacia de la red y se sigan otras reglas de cobertura. Los medicamentos de venta libre (Over-the-Counter, OTC) no suelen estar cubiertos. Ciertos medicamentos preventivos OTC de la PPACA son elegibles para la cobertura cuando los receta un médico, como la aspirina, los suplementos de hierro y la vitamina D.

El equipo médico duradero (Durable Medical Equipment, DME) recetado por un médico incluye:

- jeringas de insulina,
- agujas para la insulina,
- espaciadores para inhaladores.

¿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 de marca.

¿Qué es un medicamento genérico de mantenimiento?

Los medicamentos genéricos de mantenimiento son medicamentos genéricos específicos que se usan para el tratamiento de enfermedades crónicas. Sin embargo, no todos los medicamentos genéricos usados para el tratamiento de enfermedades crónicas se consideran medicamentos genéricos de "mantenimiento".

¿Qué es un medicamento de marca?

Por lo general, la fabricación y venta de los medicamentos de marca está a cargo de la compañía farmacéutica que realizó primero la investigación y desarrolló el medicamento. Cuando la patente de un medicamento de marca se vence, otras compañías farmacéuticas pueden fabricar y vender una versión genérica aprobada por la FDA del medicamento con el mismo o los mismos principios activos y a un precio más bajo. Si solicita un medicamento de marca cuando se le recetó un medicamento genérico, es posible que tenga que pagar el copago del medicamento de marca más la diferencia de costo entre el medicamento genérico y el de marca. Por favor, consulte su *Certificado de Seguro (Certificate of Insurance)* para obtener más detalles.

¿Qué es un medicamento especializado?

Los medicamentos especializados son medicamentos recetados de alto costo que se usan para tratar afecciones complejas y crónicas, como la esclerosis múltiple, la artritis reumatoide y la hepatitis C. Los medicamentos especializados suelen requerir una manipulación, administración o monitoreo especiales.

¿Cuáles son los medicamentos preventivos de la PPACA?

Todos los medicamentos, incluso los de venta libre (OTC), incluidos en la Ley federal de Protección al Paciente y Cuidado de Salud Asequible (PPACA) como **medicamentos preventivos** son elegibles para la cobertura sin costo compartido si el asegurado tiene una receta de su proveedor de atención médica. La única excepción es la vacuna contra la gripe, que no requiere receta médica; sin embargo, hay que presentar la tarjeta del seguro en la farmacia.

Algunos medicamentos preventivos solo están cubiertos sin costo compartido para determinados pacientes. Por ejemplo, para los pacientes dentro de un rango de edad específico o cuando se usa un medicamento para un determinado propósito. **Los medicamentos preventivos de la PPACA están etiquetados como Nivel 5 en la Lista de medicamentos recetados disponibles.**

¿Qué medicamentos no están cubiertos? Exclusiones generales

- Medicamentos de venta libre (OTC) o sus equivalentes, excepto los medicamentos OTC incluidos en esta Lista de medicamentos recetados disponibles.
- Cualquier medicamento utilizado con fines cosméticos.
- Medicamentos experimentales o cualquier medicamento utilizado de forma experimental.
- Sustitución de medicamentos perdidos o robados.
- Medicamentos administrados por un profesional clínico de salud a menos que se especifique lo contrario en la Lista de medicamentos recetados disponibles.
- Medicamentos no aprobados por la Administración de Medicamentos y Alimentos de EE. UU.

¿Cómo solicito una excepción a la Lista de medicamentos recetados disponibles de KPIC?

Puede solicitar una excepción para obtener la cobertura de un medicamento que no aparezca en la Lista de medicamentos recetados disponibles o que esté anotado con "Autorización previa (Prior Authorization, PA)" junto al nombre del medicamento, llamando a MedImpact al **1-800-788-2949**. Después de la recepción de su solicitud de excepción, MedImpact le notificará en un plazo de 72 horas para las solicitudes que no sean de urgencia y en un plazo de 24 horas si existen circunstancias apremiantes, la aprobación de la solicitud u otro resultado. (Existen circunstancias apremiantes cuando un asegurado padece una condición de salud que pueda poner en grave peligro su vida, su salud o su capacidad para recuperar al máximo sus funciones, o cuando un asegurado está usando un medicamento mientras se somete a un tratamiento en curso). Si se concede una solicitud de excepción estándar, se otorgará la cobertura del medicamento que no aparece en la Lista de medicamentos recetados disponibles mientras dure el tratamiento, incluidos los surtidos posteriores. Si se concede una excepción basada en circunstancias apremiantes, la cobertura del medicamento que no aparece en la Lista de medicamentos recetados disponibles se concederá mientras dure la situación apremiante.

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

Sí, para determinados agentes de la Lista de medicamentos recetados disponibles puede aplicarse una pauta de receta 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	Modificar edad	La cobertura depende de la edad del paciente.
PA	Autorización previa	Requiere una autorización previa basada en criterios clínicos específicos. Consulte Autorización previa más abajo para obtener información adicional.
QL	Límite 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. Vea "Tratamiento Escalonado" más abajo para obtener información adicional.

¿Qué es una autorización previa?

Una autorización previa (PA) es un procedimiento de revisión y aprobación que se usa para fomentar el uso seguro y rentable de los medicamentos. Muchos medicamentos tienen múltiples usos, por lo que se establecen las PA para garantizar que el medicamento es apropiado y seguro para la persona asegurada.

¿Cómo funciona el programa? Los medicamentos marcados con una autorización previa significan que el profesional que se los receta debe demostrar primero que usted tiene una necesidad médica de ese medicamento recetado para pacientes ambulatorios en concreto. Esto significa que para recibir cobertura su profesional que receta tendrá que colaborar con MedImpact para recibir la autorización previa del medicamento. Los medicamentos con autorización previa tienen criterios clínicos específicos que usted debe cumplir para obtener cobertura. Los medicamentos que requieren autorización previa se indican en la Lista de medicamentos recetados disponibles con el símbolo PA bajo la columna Restricciones/Limitaciones.

Después de la recepción de su solicitud de autorización previa, MedImpact notificará al proveedor autorizado para recetar, la aprobación de la solicitud u otro resultado, en un plazo de 72 horas para las solicitudes no urgentes y en un plazo de 24 horas si existen circunstancias apremiantes. 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 tiene preguntas sobre su solicitud, puede llamar a MedImpact al **1-800-788- 2949**.

¿Qué es el tratamiento escalonado?

Algunos medicamentos recetados para pacientes ambulatorios requieren un tratamiento escalonado. El Programa de Tratamiento Escalonado fomenta el uso seguro y rentable de los medicamentos. En este programa, se requiere un método "escalonado" para recibir la cobertura de ciertos medicamentos de alto costo. 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. Recuerde que las decisiones sobre el tratamiento siempre se toman entre usted y su médico.

¿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 mantener los costos bajos. Un medicamento de segunda línea es una opción de tratamiento menos preferida o a veces más costosa. Los medicamentos sujetos a revisiones de tratamiento escalonado se indican en la Lista de medicamentos recetados disponibles con el símbolo ST bajo la columna Restricciones/Limitaciones. La sección "Índice" que se encuentra al final de la Lista de medicamentos recetados disponibles también contiene una lista completa de los medicamentos que requieren tratamiento escalonado.

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. Después de la recepción de su solicitud para un medicamento de segunda línea, MedImpact notificará al proveedor autorizado para emitir la receta, en un plazo de 72 horas para las solicitudes que no sean de urgencia y en un plazo de 24 horas si existen circunstancias apremiantes para la aprobación de la solicitud u otro resultado. Si tiene preguntas sobre su solicitud, puede llamar a MedImpact al **1-800-788-2949**.

Cobertura y limitaciones de los beneficios

La Lista de medicamentos recetados disponibles no proporciona información sobre la cobertura y limitación específicas a las que puede estar sujeto un asegurado individual. Las inclusiones, exclusiones y costos compartidos 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 para pacientes ambulatorios que se le hayan recetado y no se aplica a los medicamentos que se usan en un establecimiento para pacientes hospitalizados. Si tiene preguntas específicas sobre su cobertura, por favor, llame a Servicio al Cliente de KPIC al **1-800-238-5742**.

Sus gastos

El monto que paga por un medicamento cubierto dependerá de su nivel de cobertura. Cada medicamento cubierto se encuentra en uno de los distintos niveles. El monto en cada nivel de medicamentos puede ser diferente. Cada nivel de medicamentos puede tener un monto de copago o coseguro diferente.

Por favor, consulte su *Programa de Cobertura (Schedule of Coverage)* para obtener información adicional. Para saber el costo de sus medicamentos, puede comunicarse con MedImpact llamando al **1-800-788-2949**.

La Lista de medicamentos recetados disponibles indica un rango estimado de su costo compartido para cada medicamento según la información disponible actualmente en KPIC. La estimación se basa en la información que la aseguradora tiene disponible. Los costos compartidos pueden variar de un plan a otro. Los rangos de los costos compartidos se indican de la siguiente manera:

- A. \$100 y menos: _____\$;
- B. Más de \$100 a \$250: _____\$\$;
- C. Más de \$250 a \$500: _____\$\$\$;
- D. Más de \$500 a \$1,000: _____\$\$\$\$;
- E. Más de \$1,000: _____\$\$\$\$\$.

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:

- Brindamos ayuda y servicios sin costo alguno a las personas que tienen una discapacidad que les impide comunicarse con nosotros en forma eficaz, tales 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 personas cuyo idioma principal no sea el inglés, tales como:
 - intérpretes calificados,
 - información escrita en otros idiomas.

Si necesita estos servicios, llame al **1-800-238-5742** (TTY: **711**)

Si considera que Kaiser Permanente Insurance Company no le ha proporcionado estos servicios o lo ha discriminado de alguna otra manera por motivos de raza, color, país de origen, edad, discapacidad o sexo, puede presentar una queja formal por correo o por teléfono en: KPIC Civil Rights Coordinator, Grievance 1557, 711 Kapiolani Blvd Honolulu, HI 96813, número de teléfono 1 800 238 5742.

También puede presentar una queja sobre derechos civiles en la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de forma electrónica por medio del Portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo o teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, teléfono: 1-800-368-1019, 1-800-537-7697 (línea 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 **1-800-238-5742** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, adunay mga serbisyo sa tabang sa pinulongan, nga walay bayad, nga magamit nimo. Tawag sa **1-800-238-5742** (TTY: **711**).

中文 (Chinese) 注意: 如果您使用繁體中文, 您可以免費獲得語言協助服務。請致電 **1-800-238-5742** (TTY: **711**)

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-238-5742** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā i ‘ōlelo ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi e pili ana i ka ‘ōlelo. E kelepona aku i ka helu **1-800-238-5742** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-238-5742** (TTY: 711)

日本語 (Japanese) 注意事項: 日本語を話される場合、言語支援サービスを無料でご利用いただけます。1-800-238-5742 (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. 1-800-238-5742 (TTY: 711) 번으로 전화해 주십시오.

ລາວ (Laotian) ເຊີນຊາບ: ຖ້າທ່ານເວ

້າພາສາລາວແມ່ນມີບໍລິການດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ກັບທ່ານ. ໂທ **1-800-238-5742** (TTY: 711).

Kajin Pälle (Marshallese) LALE: Ñe kwōj kōnono Kajin Pälle, kwomaroñ bōk jerbal in jibañ kein, ilo ejelok onean, im rej bellok ñan eok. Kaalōk **1-800-238-5742** (TTY: 711).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hól'ó, koj'í' hódíłnih **1-800-238-5742** (TTY: 711).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Eker nempe **1-800-238-5742** (TTY: 711).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala i le Gagana fa'a Sāmoa, o loo iai 'au'aunaga fesoasoani, e fai fua mo oe, e leai se totogi. Telefoni mai: **1-800-238-5742** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-238-5742** (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 **1-800-238-5742** (TTY: 711).

Lea Faka-Tonga (Tongan) FAKATOKANGA: Kapau 'oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pe a te ke lava 'o ma'u ia. Telefoni mai **1-800-238-5742** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-800-238-5742** (TTY: 711).

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Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Abandono Del Tabaquismo		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum 2 mg (Quit 2)</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum 4 mg (Quit 4)</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg (Quit 2)</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg (Quit 4)</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg (Nicorette)</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr (Nicoderm CQ)</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 5	\$\$; \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>varenicline oral tablet 0.5 mg</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablet 1 mg</i> (Chantix)	Tier 5	\$; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR 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)	Tier 5	\$; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Agentes Misceláneos		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	\$\$\$\$
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 3	\$; QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 3	\$\$; QL (2 EA per 365 days)
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	\$
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	\$
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	\$; QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	\$; QL (4 EA per 1 FILL)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	\$\$\$\$\$
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; \$\$\$\$\$
JAVYGTOR ORAL POWDER IN PACKET 100 MG (sapropterin)	Tier 4	\$\$\$
JAVYGTOR ORAL POWDER IN PACKET 500 MG (sapropterin)	Tier 4	\$\$\$\$\$
JAVYGTOR ORAL TABLET, SOLUBLE 100 MG (sapropterin)	Tier 4	\$\$\$\$\$
JOENJA ORAL TABLET 70 MG	Tier 4	PA; \$\$\$\$\$
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 20 MG/ML	Tier 4	PA; \$\$\$\$\$
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Tier 4	PA; \$\$\$
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	\$
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 4	\$\$\$\$\$
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA; \$\$
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4	PA
<i>sapropterin oral powder in packet 100 mg</i> (Javygtor)	Tier 4	\$\$
<i>sapropterin oral powder in packet 500 mg</i> (Javygtor)	Tier 4	\$\$\$\$\$
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	Tier 4	\$\$\$\$
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	Tier 2	\$; QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 4	PA; \$\$\$\$\$
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 4	PA
XOLREMDI ORAL CAPSULE 100 MG	Tier 4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	\$\$\$\$\$
ZOKINVY ORAL CAPSULE 50 MG	Tier 4	PA; \$\$\$\$\$
ZOKINVY ORAL CAPSULE 75 MG	Tier 4	PA
Alergia		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	Tier 1	\$; QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 1	\$; QL (60 ML per 30 days)
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	\$; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (23 GM per 30 days)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	\$; Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	\$; Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i> (RyVent)	Tier 1	\$\$\$; ST: Must meet the following requirements: Carbinoxamine 4mg and IR solution in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	\$
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	\$; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days; QL (2 EA per 1 day)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	\$
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	\$
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	\$
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 1	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>desloratadine oral tablet, disintegrating</i> 2.5 mg, 5 mg	Tier 1	\$; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days; QL (1 EA per 1 day)
<i>dexchlorpheniramine maleate oral solution</i> 2 mg/5 ml (Ryclora)	Tier 1	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	\$
<i>flunisolide nasal spray, non-aerosol</i> 25 mcg (0.025 %)	Tier 1	\$; QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension</i> 50 mcg/actuation (24 Hour Allergy Relief)	Tier 1	\$; QL (16 GM per 30 days)
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA; \$
<i>hydroxyzine hcl oral solution</i> 10 mg/5 ml	Tier 1	\$
<i>hydroxyzine hcl oral tablet</i> 10 mg, 25 mg, 50 mg	Tier 1	\$
<i>hydroxyzine pamoate oral capsule</i> 100 mg, 50 mg	Tier 1	\$
<i>hydroxyzine pamoate oral capsule</i> 25 mg (Vistaril)	Tier 1	\$
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	\$; ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>levocetirizine oral solution</i> 2.5 mg/5 ml (Xyzal)	Tier 1	\$; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet</i> 5 mg (24HR Allergy Relief)	Tier 1	\$
<i>mometasone nasal spray, non-aerosol</i> 50 mcg/actuation (Allergy Nasal (mometasone))	Tier 1	\$; QL (17 GM per 30 days)
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA; \$\$
<i>olopatadine nasal spray, non-aerosol</i> 0.6 % (Patanase)	Tier 1	\$; QL (30.5 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 3	\$; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (5 GM per 12 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 2	PA; \$
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA; \$\$
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA; \$\$
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 4	PA; \$
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 4	PA; \$\$
<i>promethazine injection solution 25</i> (Phenergan) <i>mg/ml, 50 mg/ml</i>	Tier 1	\$
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	\$
<i>promethazine oral tablet 12.5 mg, 25</i> <i>mg, 50 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	\$; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl in 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	\$; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl Children in 120 days; QL (10.6 GM per 30 days)
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA; \$\$
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Tier 3	\$; QL (29 GM per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG	Tier 3	PA
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	Tier 3	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	\$\$; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy in 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (6.1 GM per 30 days)
Anestesia Local		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	Tier 3	
<i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>	Tier 1	
<i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%</i>	Tier 1	
GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %	Tier 1	\$
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	\$
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	\$
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 1	\$
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Tier 3	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
<i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %</i>	Tier 1	
XARACOLL IMPLANT IMPLANT 100 MG	Tier 3	
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML	Tier 3	
Anticonceptivo/Ocitócos		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	\$
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Tier 5	\$
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	\$
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	\$
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Tier 5	\$; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	Tier 5	\$
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 5	\$\$\$; ST: Must meet the following requirement: Etonogestrel/Ethinyl Estradiol in 120 days; QL (1 EA per 365 days)
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Tier 5	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	\$
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad) Tier 5	\$; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad) Tier 5	\$
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad) Tier 5	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol) Tier 5	\$
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol) Tier 5	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron) Tier 5	\$
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron) Tier 5	\$
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron) Tier 5	\$
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad) Tier 5	\$
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad) Tier 5	\$
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol) Tier 5	\$
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 5	\$
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron) Tier 5	\$
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron) Tier 5	\$
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron) Tier 5	\$
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 5	\$
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive)) Tier 5	\$
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad) Tier 5	\$; 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) Tier 5	\$; QL (91 EA per 84 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 5	\$

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 3	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	\$
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	\$
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	\$
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	\$
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	\$
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	\$
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	\$\$; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	\$
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 5	\$\$; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	Tier 5	\$
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 5	\$
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	Tier 5	\$
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	Tier 5	\$
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	Tier 5	\$
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	Tier 5	\$
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	\$
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	\$
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	\$

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

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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Rivelsa)	Tier 5	\$
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	Tier 5	\$; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	\$
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	\$
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Tier 5	\$
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (noreth-ethinyl estradiol-iron)	Tier 5	\$
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	
LESSINA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	\$
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	Tier 5	\$
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> (Joyeaux)	Tier 5	\$; QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i> (After Pill)	Tier 5	\$
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	Tier 5	\$
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	Tier 5	\$
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	Tier 5	\$
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	Tier 5	\$; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	Tier 5	\$
LEVORA-28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Tier 5	\$
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 5	\$; ST: Must meet the following requirements: Two generic oral contraceptives in 365 days

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	\$; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	\$
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	\$
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	\$
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	\$
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	\$
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	\$
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera)	Tier 5	\$; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera)	Tier 5	\$; \$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)	Tier 5	\$
<i>methylergonovine oral tablet 0.2 mg</i>		Tier 1	\$; QL (28 EA per 30 days)
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	\$
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	\$
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	\$
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	\$
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 5	\$\$; ST: Must meet the following requirements: Two generic oral contraceptives in 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	\$
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	\$
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 3	\$\$; \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	Tier 5	\$; ST: Must meet the following requirements: Two generic oral contraceptives in 365 days; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Tier 5	\$
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	\$
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	Tier 5	\$; QL (3 EA per 28 days)
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	Tier 5	\$
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	Tier 5	\$
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	Tier 5	\$
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	Tier 5	\$
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	Tier 5	\$
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmily)	Tier 5	\$
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	Tier 5	\$
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	Tier 5	\$
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)	Tier 5	\$
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	Tier 5	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>norgestimate-ethinyl estradiol oral tablet</i> (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg	Tier 5	\$
<i>norgestimate-ethinyl estradiol oral tablet</i> (Tri-Estarylla) 0.18/0.215/0.25 mg-35 mcg (28)	Tier 5	\$
<i>norgestimate-ethinyl estradiol oral tablet</i> (Estarylla) 0.25-35 mg-mcg	Tier 5	\$
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	\$
NORTREL 1/35 (21) ORAL TABLET 1- 35 MG-MCG (21)	Tier 5	\$
NORTREL 1/35 (28) ORAL TABLET 1- 35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	\$
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	\$
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	\$
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	\$
NYMYO ORAL TABLET 0.25-35 MG- MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 5	\$
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	Tier 5	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
OPILL ORAL TABLET 0.075 MG	Tier 5	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	\$
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 3	PA; \$
PHILITH ORAL TABLET 0.4-35 MG- MCG	Tier 5	\$
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	Tier 5	\$
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estradiol)	Tier 5	\$
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
RECLIPSEN (28) ORAL TABLET 0.15- 0.03 MG (desogestrel-ethinyl estradiol)	Tier 5	\$
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol- e.estradiol)	Tier 5	\$
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estradiol)	Tier 5	\$; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Tier 5	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Tier 5	\$; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	Tier 5	\$; ST: Must meet the following requirement: Generic Norethindrone 0.35mg tablets in 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	\$
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 5	\$
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	\$
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Tier 5	\$
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)	Tier 5	\$
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)	Tier 5	\$
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Tier 5	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic) Tier 5	\$
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol) Tier 5	\$
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol) Tier 5	\$
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive)) Tier 5	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol) Tier 5	\$
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	\$; QL (3 EA per 28 days)
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	Tier 5	\$
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa) Tier 5	\$
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 5	\$
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 5	\$
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 5	\$
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 5	\$
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol) Tier 5	\$
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad) Tier 5	\$
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol) Tier 5	\$
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol) Tier 5	\$
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 5	\$
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol) Tier 5	\$
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	\$
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 5	\$
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 5	\$
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 5	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 5	\$
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 5	\$
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 5	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron) Tier 5	\$
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol) Tier 5	\$\$; QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol) Tier 5	\$\$; QL (3 EA per 28 days)
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol) Tier 5	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol) Tier 5	\$
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol) Tier 5	\$
Antiemesis/Antivertigo		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	\$\$\$; QL (1 EA per 28 days)
ANZEMET ORAL TABLET 50 MG	Tier 3	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 1 FILL)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	\$\$\$; QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	\$\$; QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	(Emend) Tier 1	\$\$; QL (2 EA per 21 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	(Emend) Tier 1	\$\$\$; QL (3 EA per 21 days)
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	Tier 3	\$\$; QL (60 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine) Tier 1	\$
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (drlec) 10-10 mg</i>	(Diclegis) Tier 1	\$\$; QL (120 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	\$; ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	\$\$; QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	\$
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	\$
<i>meclizine oral tablet 50 mg</i> (Antivert)	Tier 1	\$; QL (2 EA per 1 day)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	\$; QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	\$
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	\$
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	\$
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	\$
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Promethegan)	Tier 1	\$
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 1	\$
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	\$\$\$; ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	\$
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	\$\$\$; ST: Must meet any of the following requirements: Dronabinol capsules or Megestrol suspension in 120 days; QL (60 ML per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VARUBI ORAL TABLET 90 MG	Tier 3	\$\$; QL (2 EA per 14 days)
Asma Y Copd		
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device) Tier 3	\$
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol) Tier 2	\$; QL (12 GM per 30 days)
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	\$
AEROCHAMBER MINI SPACER	(inhalational spacing device) Tier 3	\$
AEROCHAMBER MV SPACER	(inhalational spacing device) Tier 3	\$
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device) Tier 3	\$
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device) Tier 3	\$
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device) Tier 3	\$
AEROECLIPSE II NEBULIZER	(nebulizers) Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers) Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER	(nebulizers) Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device) Tier 3	
AEROVENT PLUS SPACER	(inhalational spacing device) Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION	Tier 3	\$\$; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 232-14 MCG/ACTUATION	Tier 3	\$; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
AIRS DISPOSABLE NEBULIZER (nebulizers)	Tier 3	\$
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 2	\$\$; QL (32.1 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 1	\$
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	Tier 1	\$
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	\$
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	\$
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
ALTERA NEBULIZER HANDSET (nebulizers)	Tier 3	\$\$
ALTERA NEBULIZER SYSTEM (nebulizers)	Tier 3	\$\$
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (12.2 GM per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	\$\$; QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	\$; ST: Must meet the following requirement: Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat in 120 days; QL (120 ML per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	\$; QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Arnuity Ellipta in 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 3	\$; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
ASTHMAPACK CHILDREN'S KIT	Tier 3	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	\$\$; QL (25.8 GM per 30 days)
AURA PORTANEB (nebulizers)	Tier 3	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 3	\$; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days)
BREATHERITE MDI SPACER SPACER (inhalational spacing device)	Tier 3	\$
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 3	\$
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
BREATHERITE VALVED MDI SPACER SPACER (inhalational spacing device)	Tier 3	\$
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE (fluticasone furoate-vilanterol)	Tier 2	\$; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	Tier 2	\$\$; QL (60 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 2	\$; QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 1	\$; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	\$\$; 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 1	\$; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	\$; 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 1	\$; QL (30.9 GM per 30 days)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	\$
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 3	\$
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 3	\$
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 3	\$
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	\$
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 3	\$
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	\$\$
COMFORTSEAL LARGE MASK DEVICE	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE	Tier 3	
COMFORTSEAL SMALL MASK DEVICE	Tier 3	
COMPACT SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	\$
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	\$
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	\$
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	\$
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	\$
DEVILBISS DISPOSABLE NEBULIZER (nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 3	\$
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	\$
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 3	\$\$; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	\$; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 3	\$; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (13 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; \$\$\$\$
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; \$\$\$\$
EASIVENT HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
EASIVENT MASK LARGE DEVICE	Tier 3	\$
EASIVENT MASK MEDIUM DEVICE	Tier 3	\$
EASIVENT MASK SMALL DEVICE	Tier 3	\$
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	\$
EBASE CONTROLLER DEVICE	Tier 3	\$\$
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA; \$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FLEXICHAMBER SPACER (inhalational spacing device)	Tier 3	\$
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 3	
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	\$; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	\$; QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	\$; QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	\$; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	\$; 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 3	\$; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	\$; QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 1	\$\$; QL (120 ML per 30 days)
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 3	\$
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Spiriva in 120 days; QL (30 EA per 30 days)
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 3	\$
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 3	\$
INNOSPIRE GO NEBULIZER (nebulizers)	Tier 3	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 3	\$
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	\$
LC PLUS (nebulizers)	Tier 3	\$
LC PLUS NEBULIZER-PED MASK (nebulizers)	Tier 3	\$
<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 1	\$
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	\$
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER (nebulizers)	Tier 3	\$
MICROCHAMBER SPACER (inhalational spacing device)	Tier 3	\$
MICROSPACER SPACER (inhalational spacing device)	Tier 3	\$
MINI PLUS NEBULIZER (nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	\$
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	\$
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	\$
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	\$
<i>nebulizer and compressor device</i> (Clever Choice Nebulizer)	Tier 3	\$
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA; \$\$\$\$
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; \$\$\$\$
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 4	PA; \$\$\$
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	\$
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	Tier 3	\$
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	\$
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	\$
PARI LC SPRINT NEBULIZER SET (nebulizers)	Tier 3	\$
PARI LC SPRINT SINUS (nebulizers)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	\$
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 3	\$
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER (inhalational spacing device)	Tier 3	\$
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	\$
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	\$
PROCHAMBER SPACER (inhalational spacing device)	Tier 3	\$
PRODIGY MINI-MIST NEBULIZER (nebulizers)	Tier 3	\$
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)	Tier 3	\$
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (nebulizer and compressor)	Tier 3	
PROVENT NASAL DEVICE	Tier 3	
PROVENT STARTER NASAL DEVICE	Tier 3	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	\$
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 3	\$
PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	\$
QUAKE VIBRATORY PEP DEVICE	Tier 3	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (21.2 GM per 30 days)
RITFLO AEROCHAMBER SPACER (inhalational spacing device)	Tier 3	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 1	\$; QL (1 EA per 1 day)
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 3	\$
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	\$\$; QL (60 EA per 30 days)
SIDESTREAM (nebulizers)	Tier 3	\$
SIDESTREAM NEBULIZER (nebulizers)	Tier 3	\$
SIDESTREAM PLUS (nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	\$
SINUSTAR NEBULIZER (nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER (nebulizers)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	\$
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	\$
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	\$
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	Tier 2	\$\$; QL (4 GM per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	\$; QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	\$; QL (4 GM per 30 days)
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	\$; QL (4 GM per 30 days)
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	\$
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	\$
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 4	PA; \$\$\$\$
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	\$
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	\$
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	\$
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	\$
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	\$
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	Tier 1	\$; QL (30 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	\$\$; QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	\$\$; QL (2 EA per 1 day)
TRUNEB NEBULIZER (nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 3	\$\$; ST: Must meet the following requirement: Spiriva in 120 days; QL (1 EA per 30 days)
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 3	\$
VIXONE NEBULIZER (nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (nebulizers)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	\$
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	\$
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 3	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 1	\$; QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	Tier 4	PA; \$\$\$\$
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	Tier 4	PA; \$\$\$\$
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA; \$\$\$
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	\$\$\$; ST: Must meet the following requirement: Lonhala Magnair in 120 days; QL (90 ML per 30 days)
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	Tier 1	\$
zileuton oral tablet, er multiphase 12 hr 600 mg	Tier 1	\$\$; ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG	Tier 3	ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Deficiencia Vitamínica Y/O Mineral		
ACCRUFER ORAL CAPSULE 30 MG	Tier 3	PA; \$\$
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	\$
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	\$
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	\$
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	\$
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	\$
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	\$
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 3	\$
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	\$
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	Tier 1	\$
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i> (Nascobal)	Tier 1	\$\$
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	\$
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	\$
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 1	\$
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 1	\$
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	\$
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	\$
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 1	\$
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 5	\$; \$0 COPAY IF 6 MONTHS 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)	Tier 5	\$; \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	\$
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	\$
<i>folic acid oral tablet 1 mg</i>	Tier 1	\$
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 5	\$
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	Tier 3	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	\$
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 3	\$
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	\$
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Tier 1	\$
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	\$
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	\$
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	\$
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	\$
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	\$
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	\$
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	Tier 1	\$
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	\$
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 3	\$
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 1	\$
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
Deficiencia Hormonal		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA; \$\$
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	\$
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 3	\$; ST: Must meet the following requirement: Duavee or Premarin in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	\$; ST: Must meet the following requirement: Duavee or Premarin in 120 days; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	\$; 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 2	\$; QL (2 EA per 7 days)
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
CRINONE VAGINAL GEL 4 %	Tier 3	\$
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	\$
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 1	\$; QL (2 EA per 7 days)
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	\$
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Alora or Estradiol in 120 days; QL (52 GM per 30 days)
<i>estradiol implant pellet 10 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 6 mg</i>	Tier 1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	\$
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 1	ST: Must meet the following requirement: Alora or Estradiol in 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 1	\$; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	\$; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	\$; QL (37.5 GM per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>estradiol transdermal patch semiweekly</i> (Dotti) 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	Tier 1	\$; QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly</i> (Climara) 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	Tier 1	\$; QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil</i> (Delestrogen) 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1	\$
<i>estradiol-norethindrone acet oral tablet</i> (Amabelz) 0.5-0.1 mg, 1-0.5 mg	Tier 1	\$
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 3	\$; ST: Must meet the following requirement: Alora or Estradiol in 120 days
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx H.S.) 0.625-1.25 mg	Tier 1	\$
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx) 1.25-2.5 mg	Tier 1	\$
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	\$; ST: Must meet the following requirement: Alora or Estradiol in 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 1	\$
JATENZO ORAL CAPSULE 158 MG, 198 MG	Tier 3	PA; \$\$
JATENZO ORAL CAPSULE 237 MG	Tier 3	PA; \$\$\$
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	\$
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	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 1	\$; QL (2 EA per 7 days)
<i>medroxyprogesterone oral tablet</i> (Provera) 10 mg, 2.5 mg, 5 mg	Tier 1	\$
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 3	\$
MENEST ORAL TABLET 2.5 MG	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	\$; QL (1 EA per 7 days)
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule</i> 10 mg	Tier 1	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	\$
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	PA; \$\$
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	\$
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 1	\$
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	\$; ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	\$
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	\$
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	\$
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	\$
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	\$
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	\$
TESTOPEL IMPLANT PELLETT 75 MG	Tier 3	\$\$
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA; \$
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA; \$
<i>testosterone implant pellet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA; \$
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>	Tier 1	PA; \$
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA; \$
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	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 1	PA; \$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA; \$
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; \$\$
VEOZAH ORAL TABLET 45 MG	Tier 3	PA; \$\$
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA; \$\$
Dermatología - Acné		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ABSORICA LD ORAL CAPSULE 8 MG	Tier 3	ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	\$
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 3	
ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene-benzoyl-clindamycin)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	Tier 3	
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	\$
<i>adapalene topical gel 0.3 %</i>	Tier 1	\$
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	\$
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 39 Years)
<i>adapalene topical solution 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days
<i>adapalene topical swab 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 1	\$
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Tier 1	\$
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AKLIEF TOPICAL CREAM 0.005 %	Tier 3	\$\$; ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days; Age (Max 39 Years)
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Tier 3	
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	\$
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 1	\$
ARAZLO TOPICAL LOTION 0.045 %	Tier 3	\$\$; ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
AVEIDA TOPICAL GEL 1-1 %	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)	Tier 3	\$
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
AZADROX TOPICAL GEL IN PACKET	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	\$
AZELEX TOPICAL CREAM 20 %	Tier 3	\$\$; ST: Must meet any of the following requirements; Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
BASADROX TOPICAL GEL IN PACKET	Tier 3	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	Tier 1	\$
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA; \$\$
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	\$
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>clindamycin-benzoyl peroxide topical gel</i> 1-5 %	Tier 1	\$
<i>clindamycin-benzoyl peroxide topical gel</i> (Onexton) with pump 1.2 %(1 % base) -3.75 %	Tier 1	\$
<i>clindamycin-benzoyl peroxide topical gel</i> (Acanya) with pump 1.2-2.5 %	Tier 1	\$; ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
<i>clindamycin-benzoyl peroxide topical gel</i> with pump 1-5 %	Tier 1	\$
<i>clindamycin-tretinoin topical gel</i> 1.2-0.025 % (Veltin)	Tier 1	\$; ST: Must meet the following requirement: Clindamycin gel or Tretinoin 0.025% gel in 120 days
<i>dapsone topical gel</i> 5 % (Aczone)	Tier 1	\$
<i>dapsone topical gel with pump</i> 7.5 % (Aczone)	Tier 1	\$; ST: Must meet any of the following requirements; Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 3	
DAZOMON TOPICAL GEL 0.25 %	Tier 3	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsonespiro-nolactone-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsoneniacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsonespiro-nolactone-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsoneniacinamide)	Tier 3	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 3	Age (Max 39 Years)
DIMOXIA TOPICAL GEL 5-4 % (spironolactone-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)	Tier 3	
EPSOLAY TOPICAL CREAM 5 %	Tier 3	\$\$; ST: Must meet the following requirement: Generic topical Metronidazole in 120 days; QL (30 GM per 30 days); Age (Min 18 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 3	
FINACEA TOPICAL FOAM 15 %	Tier 2	\$
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i> (Alcortin A)	Tier 1	\$\$\$
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 1	\$
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	\$
IDARAN TOPICAL OINTMENT 1-2 %	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	\$
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (Accutane)	Tier 1	\$
isotretinoin oral capsule 25 mg, 35 mg (Absorica)	Tier 1	\$\$; ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	
ivermectin topical cream 1 % (Soolantra)	Tier 1	\$\$; ST: Must meet the following requirement: Azelaic Acid or Finacea gel or foam in 120 days
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
metronidazole topical cream 0.75 % (Rosadan)	Tier 1	\$
metronidazole topical gel 0.75 % (Rosadan)	Tier 1	\$
metronidazole topical gel 1 % (Metrogel)	Tier 1	\$
metronidazole topical gel with pump 1 %	Tier 1	\$
metronidazole topical lotion 0.75 % (MetroLotion)	Tier 1	\$
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	Tier 3	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 1	\$
NORITATE TOPICAL CREAM 1 %	Tier 3	\$\$\$; ST: Must meet the following requirement: Generic Metronidazole 0.75% gel, lotion or cream in 120 days
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	\$
ONEXTON TOPICAL GEL 1.2 % (1 % BASE) -3.75 %	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 3	
QUINJA TOPICAL GEL 1.25-1 %	Tier 3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 3	\$\$; ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
RHOFADÉ TOPICAL CREAM 1 %	Tier 3	\$\$
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 1	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	\$
<i>silver nitrate topical solution 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 3	\$
SOLOX GEL TOPICAL GEL 55 PPM	Tier 3	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	\$
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin-spiro-nolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin-niacinamide)	Tier 3	
<i>tazarotene topical foam 0.1 %</i> (Fabior)	Tier 1	\$\$; ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 1	\$; Age (Max 39 Years)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	\$; Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	Tier 1	\$\$; ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	\$
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	\$
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	\$
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	\$
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	\$
TWYNEO TOPICAL CREAM 0.1-3 %	Tier 3	\$
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin-spiro-nolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin-niacinamide)	Tier 3	
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA; \$\$
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	\$
Dermatología - Antiinfecciosos		
<i>acyclovir topical cream 5 %</i> (Zovirax)	Tier 1	\$; ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	\$
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	\$\$; ST: Must meet the following requirement: Mupirocin ointment in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AMZEEQ TOPICAL FOAM 4 %	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 365 days; Age (Min 9 Years)
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur)	Tier 1	\$\$
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	\$; QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	\$
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	\$
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	\$; QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	\$; QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	\$; QL (19.8 ML per 1 FILL)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 1	\$
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 % (sulfacetamide sodium-sulfur)	Tier 3	
CLINDACIN ETZ TOPICAL KIT 1 %	Tier 3	
CLINDACIN PAC TOPICAL KIT 1 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 1	\$
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	\$
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	\$; ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	\$
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	\$; QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	\$
<i>clotrimazole topical solution 1 %</i>	Tier 1	\$
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	\$
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	\$
CROTAN TOPICAL LOTION 10 %	Tier 3	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Tier 3	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 3	
<i>econazole topical cream 1 %</i>	Tier 1	\$\$; QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	\$\$\$
ERTACZO TOPICAL CREAM 2 %	Tier 3	\$\$\$
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Tier 1	\$
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	\$
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	\$\$; QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	\$
EURAX TOPICAL CREAM 10 %	Tier 3	
EURAX TOPICAL LOTION 10 %	Tier 3	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 2	\$
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	\$\$; QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	\$\$; QL (90 GM per 1 FILL)
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)	Tier 3	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA; \$\$
<i>ketoconazole topical cream 2 %</i>	Tier 1	\$\$; QL (180 GM per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ketoconazole topical foam 2 %</i> (Ketodan)	Tier 1	\$. ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	\$. QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KETODAN TOPICAL FOAM 2 % (ketoconazole)	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	\$
LOPROX KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Tier 3	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	\$. ST: Must meet the following requirement: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	\$
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	\$
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	\$. QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	\$. QL (90 GM per 1 FILL)
<i>naftifine topical cream 1 %</i>	Tier 1	\$
<i>naftifine topical cream 2 %</i>	Tier 1	\$. QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 1	\$
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	\$
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	\$
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	\$. QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 1	\$
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	\$
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	\$. QL (180 GM per 1 FILL)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	\$
OXIAICE TOPICAL LOTION 15-4 %	Tier 3	
<i>oxiconazole topical cream 1 %</i>	Tier 1	\$\$; QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	\$\$
<i>penciclovir topical cream 1 %</i> (Denavir)	Tier 1	\$\$
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	\$
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 3	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	\$
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	\$
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	\$
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 1	\$
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium-sulfur)	Tier 1	\$
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	\$
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	\$\$; QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	Tier 1	\$
<i>sulfacetamide sodium-sulfur topical suspension 9-4.25 %</i> (Clenia Plus)	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	\$; QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	\$
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide-sulfur-cleansr23)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 3	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 1	PA; \$
ULESFIA TOPICAL LOTION 5 %	Tier 3	
VEREGEN TOPICAL OINTMENT 15 %	Tier 3	\$\$\$; ST: Must meet the following requirements: Imiquimod and Podofilox in 365 days; QL (30 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %	Tier 3	\$; ST: Must meet the following requirement: Mupirocin ointment in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XERESE TOPICAL CREAM 5-1 %	Tier 3	\$\$\$; ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days; QL (10 GM per 365 days)
XOLEGEL TOPICAL GEL 2 %	Tier 3	\$\$; ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
ZILXI TOPICAL FOAM 1.5 %	Tier 3	\$; ST: Must meet the following requirement: Generic topical Metronidazole in 120 days; QL (30 GM per 30 days)
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	Tier 1	
Dermatología - Antiinflamatorio		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; \$\$\$\$
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	\$
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	\$\$; ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	\$
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	\$
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream in 120 days
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	\$
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	\$
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	\$
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	\$
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	Tier 1	\$
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	\$
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	\$
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	\$
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	\$
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	\$
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	\$
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	\$\$; ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
CAPSINAC TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	\$
<i>clobetasol topical cream 0.05 %</i>	Tier 1	\$
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	\$
<i>clobetasol topical gel 0.05 %</i>	Tier 1	\$
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	\$
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	\$
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	\$
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	Tier 1	\$
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	\$
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	\$
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	\$; ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CLOFENAX TOPICAL KIT 1.5 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	\$\$; ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	\$
<i>desonide topical gel 0.05 %</i>	Tier 1	\$; ST: Must meet any of the following requirements: 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) in 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	\$
<i>desonide topical ointment 0.05 %</i>	Tier 1	\$
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	\$
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	\$
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 1	\$
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 1	\$; ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
DICLAREAL TOPICAL COMBO PACK 2-0.025 %	Tier 3	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 1	\$
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	\$
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	Tier 1	\$
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid)	Tier 1	PA; \$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Tier 3	
DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %	Tier 3	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
DICLOTREX II TOPICAL KIT 1.5-10-4 %	Tier 3	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Tier 3	
<i>diflorasone topical cream 0.05 %</i>	Tier 1	\$\$; ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	\$\$; ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (180 GM per 30 days)
DIMENTHO TOPICAL KIT 1.5-10 %	Tier 3	
DITHOL TOPICAL COMBO PACK 1.5-10 %	Tier 3	
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 %	Tier 1	
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	\$\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	\$
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	\$
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	\$
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	\$
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	\$
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	\$
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	\$
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	\$
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	\$
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	\$
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	\$
FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)	Tier 1	\$
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	\$
FLUOPAR TOPICAL KIT 0.1-5 %	Tier 3	
FLUOVIX PLUS TOPICAL KIT 0.1 %	Tier 3	
FLUOVIX TOPICAL KIT 0.1 %	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	ST: Must meet any of the following requirements: 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) in 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	\$
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	\$
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	\$
FROTEK TOPICAL CREAM IN PACKET 10 %	Tier 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	\$\$; ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	\$
<i>halobetasol propionate topical foam 0.05 %</i> (Lexette)	Tier 1	\$\$; ST: Must meet the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	\$
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	\$; ST: Must meet any of the following requirements: 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) in 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	\$; ST: Must meet any of the following requirements: 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) in 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	\$
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	Tier 3	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	\$
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	\$
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 1	\$
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	\$
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	\$
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	\$
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	\$
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	\$
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	\$; ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
HYDROXYM TOPICAL GEL 2 %	Tier 3	
ICLOFENAC CP TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	Tier 3	
LEXETTE TOPICAL FOAM 0.05 % (halobetasol propionate)	Tier 3	ST: Must meet the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)
LEXITRAL PHARMAPAK II TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	\$\$; ST: Must meet the following requirement: Diclofenac Epolamine patch in 120 days; QL (1 EA per 1 day)
MOMETACURE TOPICAL KIT 0.1-5 %	Tier 3	
<i>mometasone topical cream 0.1 %</i>	Tier 1	\$
<i>mometasone topical ointment 0.1 %</i>	Tier 1	\$
<i>mometasone topical solution 0.1 %</i>	Tier 1	\$
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	\$; ST: Must meet the following requirement: Generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	\$; ST: Must meet the following requirement: Generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
NOXIPAK TOPICAL KIT 0.01-20 %	Tier 3	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA; \$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Must meet any of the following requirements: 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) in 120 days; QL (160 GM per 30 days)
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	Tier 3	PA
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	\$
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	\$
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	\$
PROFINAC TOPICAL KIT 1.5 %	Tier 3	
QUINIXIL TOPICAL CREAM 0.1-5 %	Tier 3	
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 3	
SANADERMRX TOPICAL KIT 0.1-5 %	Tier 1	QL (1 EA per 30 days)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	\$\$; ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	\$; ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
TOVET KIT TOPICAL COMBO PACK 0.05 %	Tier 3	
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	Tier 1	\$
<i>triamcinolone acetonide topical cream</i> 0.025 %	Tier 1	\$
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %	Tier 1	\$
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	Tier 1	\$; QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	\$
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	\$
<i>triamcinolone acetonide topical ointment</i> (Trianex) 0.05 %	Tier 1	\$; QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)	Tier 1	QL (430 GM per 30 days)
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"	Tier 3	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (120 ML per 30 days)
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 3	
VENNGEL ONE TOPICAL KIT 1 %	Tier 1	
VERDESO TOPICAL FOAM 0.05 %	Tier 3	ST: Must meet the following requirement: Fluocinolone Acetonide 0.01% body oil in 120 days
WHYTEDERM TDKIT TOPICAL KIT 0.1-2 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %	Tier 3	
XILAPAK TOPICAL KIT 0.01 %	Tier 3	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	Tier 3	
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
ZORYVE TOPICAL FOAM 0.3 %	Tier 3	PA; \$\$
Dermatología - Medicamentos		
Antipruriginosos		
<i>doxepin topical cream 5 %</i> (Prudoxin)	Tier 1	\$. ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 3	
Dermatología - Misceláneo		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	\$
ALADERM PLUS TOPICAL SPRAY, NON-AEROSOL	Tier 1	
<i>ammonium lactate topical cream 12 %</i>	Tier 1	\$
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 1	\$
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	\$\$
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	Tier 1	
ASTERO TOPICAL GEL WITH PUMP 4 %	Tier 3	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %	Tier 3	
ATRAPRO HYDROGEL TOPICAL GEL	Tier 3	
AVO CREAM TOPICAL EMULSION	Tier 1	\$
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i> (BP Wash)	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BETADINE OPHTHALMIC PREP (povidone-iodine) OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	\$
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 4	PA; \$\$\$\$\$
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CELACYN TOPICAL GEL WITH PUMP	Tier 3	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
CERACADE TOPICAL EMULSION	Tier 3	
CERAMAX TOPICAL CREAM	Tier 3	
CERAMAX TOPICAL LOTION	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	\$
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY	Tier 3	\$
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 3	\$
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 %-0.06 %	Tier 3	
DERMACINRX LIDOCAN TOPICAL (lidocaine) ADHESIVE PATCH,MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Tier 3	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 3	
DERMALID TOPICAL COMBO PACK 5 %	Tier 1	
DERMASO PLUS TOPICAL CREAM	Tier 3	
DERMELLE TOPICAL GEL	Tier 3	
DERPIXA TOPICAL GEL	Tier 3	
DEXERYL TOPICAL CREAM	Tier 3	
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	\$; QL (100 GM per 1 FILL)
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 3	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	\$
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	\$
ELEMAR TOPICAL KIT 5-6 %	Tier 3	
EMULSION SB TOPICAL EMULSION	Tier 1	
ENTTY TOPICAL SPRAY, NON-AEROSOL	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	Tier 3	\$\$\$\$\$
EPICYN TOPICAL SPRAY, NON-AEROSOL	Tier 3	\$
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	\$; ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	\$
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<i>fluorouracil topical cream 0.5 % (Carac)</i>	Tier 1	PA
<i>fluorouracil topical cream 5 % (Efudex)</i>	Tier 1	\$
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	\$
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	\$\$
<i>guaiacol liquid</i>	Tier 3	
HALUCORT TOPICAL GEL	Tier 3	
HAPRODERM TOPICAL GEL	Tier 3	
HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL	Tier 1	
HPR PLUS TOPICAL CREAM	Tier 3	
HPR PLUS TOPICAL FOAM	Tier 3	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM 96.53-3-0.4 -0.066 %	Tier 1	
HPR TOPICAL FOAM	Tier 3	
HYALO4 CARE CLEAR TOPICAL GEL 0.2 % (sodium hyaluronate)	Tier 3	
HYALO4 CARE TOPICAL GEL 0.2 % (sodium hyaluronate)	Tier 3	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hydrocortisone-pramoxine topical cream</i> 2.35-1 %	Tier 1	
<i>hydrocortisone-pramoxine topical cream</i> (Pramosone) 2.5-1 %	Tier 1	\$
HYLATOPICPLUS TOPICAL CREAM	Tier 3	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	\$
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 3	
ILIDERM TOPICAL SPRAY, NON- AEROSOL	Tier 3	
JUVAZIN TOPICAL GEL	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 3	
KERASTAT TOPICAL CREAM	Tier 3	
KERASTAT TOPICAL GEL 5 %	Tier 3	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 2	\$\$\$; QL (5 EA per 1 FILL)
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) (lidocaine-racepinep- TOPICAL SOLUTION 4-0.05-0.5 % tetracaine)	Tier 1	
L.E.T. (LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
<i>lactated ringers irrigation solution</i>	Tier 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Tier 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	Tier 3	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution</i> 4 %	Tier 1	\$\$\$
<i>lidocaine hcl topical cream</i> 3 % (Lidopin)	Tier 1	\$
<i>lidocaine hcl topical lotion</i> 3 % (Lido-K)	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 1	\$
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	\$; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	\$; QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	\$
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i> (Anodyne LPT)	Tier 1	\$
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i> (Pliaglis)	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	\$; QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDOPURE PATCH TOPICAL COMBO PACK 5 %	Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 %	Tier 3	
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %	Tier 3	
LIDOSOL-50 TOPICAL KIT 5 %- 6 CM X 7 CM	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA; \$\$\$\$
LMR PLUS TOPICAL KIT 5-6 %	Tier 3	
LOUTREX TOPICAL CREAM	Tier 1	
LOYON TOPICAL SPRAY,NON-AEROSOL	Tier 3	
LUXAMEND TOPICAL CREAM	Tier 3	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL	Tier 1	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 3	\$
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %	Tier 3	
METDRAY TOPICAL GEL 17-2 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 %	Tier 3	
MOXICAINE TOPICAL KIT 5 %	Tier 1	
NENDRUX TOPICAL GEL 40-5 %	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	\$
NEOSALUS TOPICAL CREAM	Tier 3	\$
NEOSALUS TOPICAL FOAM	Tier 3	
NEOSALUS TOPICAL LOTION	Tier 3	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
NUTRASEB TOPICAL CREAM	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 3	
OVACE PLUS SHAMPOO TOPICAL (sulfacetamide sodium) SHAMPOO 10 %	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	\$\$
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	\$\$; ST: Must meet the following requirement: Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL, SPRAY	Tier 3	\$
PAIN EASE MIST SPRAY TOPICAL AEROSOL, SPRAY	Tier 3	\$
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 %	Tier 3	
PANRETIN TOPICAL GEL 0.1 %	Tier 4	QL (60 GM per 28 days)
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	\$
<i>podofilox topical gel 0.5 %</i> (Condylox)	Tier 1	\$. ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	\$. QL (0.5 ML per 1 day)
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	\$. ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	\$
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	\$. ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	\$
PRESERA TOPICAL FOAM	Tier 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Tier 3	
PROMISEB TOPICAL CREAM	Tier 3	\$\$\$\$\$
PRONAL TOPICAL GEL 10-40 %	Tier 3	
PROSILK GEL TOPICAL GEL	Tier 3	
PROXIVOL TOPICAL GEL 2 %	Tier 3	
PRUCLAIR TOPICAL CREAM	Tier 1	
PRUMYX TOPICAL CREAM	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA; \$\$\$\$
RADIAPLEXRX TOPICAL GEL	Tier 3	\$
RAYASAL TOPICAL CREAM 5.9 %	Tier 3	
RECEDO TOPICAL GEL	Tier 3	\$
REGENECARE TOPICAL GEL 2 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 3	\$
<i>ringer's irrigation solution</i>	Tier 1	
RYNODERM TOPICAL CREAM 37.5 %	Tier 3	
SALICATE TOPICAL LIQUID 10 %	Tier 3	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	\$
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	\$
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	\$
<i>salicylic acid topical gel 6 %</i> (Salynta)	Tier 1	\$
<i>salicylic acid topical liquid 26 %</i>	Tier 1	\$
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 1	\$
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
SALYNTRA TOPICAL GEL 6 % (salicylic acid)	Tier 1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA; \$
SCARCARE TOPICAL KIT 2 X 5.5 "	Tier 3	
SCARSILK GEL TOPICAL GEL	Tier 3	
SEBUDERM TOPICAL GEL	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	\$
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	\$
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	\$
<i>silver nitrate topical solution 10 %</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 1	\$
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 1	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SONAFINE TOPICAL EMULSION	Tier 1	\$
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	\$
STRATAMARK TOPICAL GEL	Tier 3	
STRATATRIZ TOPICAL GEL	Tier 3	
sulfacetamide sodium topical cleanser 10 % (Ovace)	Tier 1	\$
sulfacetamide sodium topical cleanser, gel 10 % (Ovace Plus Wash)	Tier 1	\$
sulfacetamide sodium topical shampoo 10 % (Ovace Plus Shampoo)	Tier 1	\$
sulfacetamide sodium topical shampoo 9.8 % (Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	\$
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20- 8.75- 6.25 MG/100 ML	Tier 3	
TOLAK TOPICAL CREAM 4 %	Tier 2	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
ULTRASAL-ER TOPICAL FILM- FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
urea topical cream 39 % (Uredeb)	Tier 1	\$
urea topical cream 39.5 %, 41 %	Tier 1	
urea topical cream 40 %, 47 %	Tier 1	\$
urea topical cream 45 % (Uramaxin)	Tier 1	\$
urea topical cream 50 % (Ure-K)	Tier 1	
urea topical foam 35 % (Hydro 35)	Tier 1	\$
urea topical gel 45 % (CEM-Urea)	Tier 1	\$
urea topical lotion 40 %	Tier 1	\$
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA; \$\$\$\$\$
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 1	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Tier 3	\$\$\$\$\$
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 1	\$
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 %	Tier 3	
XALIX TOPICAL FILM-FORMING SOLNER W/ APPL 28 %	Tier 3	\$
XCLAIR TOPICAL CREAM	Tier 3	
XYLIDERM TOPICAL KIT 5 %	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA; \$\$
ZILACAINE PATCH TOPICAL COMBO PACK 5 %	Tier 3	
ZILOVAL TOPICAL KIT 5 %	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	\$
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	Tier 3	\$\$; ST: Must meet the following requirement: Lidocaine 5% patch in 120 days; QL (90 EA per 30 days)
Dermatología - Soriasis/Eccema		
<i>acitretin oral capsule 10 mg, 25 mg</i>	Tier 4	\$
<i>acitretin oral capsule 17.5 mg</i>	Tier 4	\$\$
<i>acitretin oral capsule 22.5 mg</i>	Tier 4	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 4	PA; \$\$\$\$\$
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 4	PA; \$\$\$\$\$
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
COLLATYL TOPICAL GEL 1 %	Tier 3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; \$\$\$\$\$
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; \$\$\$\$
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; \$\$\$\$\$
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; \$\$\$\$\$
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA; \$\$\$\$
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	Tier 4	PA; \$\$\$\$\$
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 3	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	\$\$; ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (200 GM per 28 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	\$\$\$; ST: Must meet the following requirement: Calcipotriene/betamethasone in 120 days
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; \$\$\$\$
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 %	Tier 3	\$
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 1	\$\$\$
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
NUJO TOPICAL SOLUTION 0.1 %	Tier 3	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	\$; ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
PROTYL AG TOPICAL GEL 1 %	Tier 3	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 4	PA; \$\$\$\$\$
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; \$\$\$\$\$
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; \$\$\$\$\$
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; \$\$\$\$\$
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 3	\$\$\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
SOTYKTU ORAL TABLET 6 MG	Tier 4	PA; \$\$\$\$\$
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	\$; ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; \$\$\$\$\$
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; \$\$\$\$\$
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; \$\$\$\$\$
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	\$
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 1	\$. Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 %	Tier 3	\$\$; Age (Max 39 Years)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA; \$\$\$\$\$
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; \$\$\$\$\$
TRIONEX TOPICAL KIT 0.005 %	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	\$
VTAMA TOPICAL CREAM 1 %	Tier 3	PA; \$\$\$
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	\$\$\$; ST: Must meet the following requirement: Calcipotriene/betamethasone in 120 days
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 3	PA; \$\$
Dermatología - Trastornos De Pigmentación		
<i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)	Tier 1	\$
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 %	Tier 3	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 3	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone-hyaluronate)	Tier 3	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 %	Tier 3	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Tier 3	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone-hydrocortisone)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 %	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 %	Tier 3	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3
KUTEA TOPICAL EMULSION 8 %	(hydroquinone)	Tier 3
KUVARYA TOPICAL EMULSION 8-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3
KUVARYE TOPICAL EMULSION 8-0.05-1 %	(hydroquin-tretinoin-hydrocort)	Tier 3
KUXM TOPICAL EMULSION 8 %	(hydroquinone)	Tier 3
OBAGI ELASTIDERM TOPICAL CREAM 4 %	(hydroquinone)	Tier 1
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 %	(hydroquinone)	Tier 1
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 %	(hydroquinone)	Tier 1
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15		Tier 3
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %		Tier 3
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %		Tier 3
PROOXIA TOPICAL CREAM 10-4 %	(lactic acid-niacinamide)	Tier 3
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %		Tier 3
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3
YOKATAR TOPICAL EMULSION 4-0.025-2.5 %		Tier 3
Diabetes		
2TEK CONTROL (HIGH-NORMAL) SOLUTION	(blood glucose control, normal)	Tier 3
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	(Precose)	Tier 1
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION		Tier 3
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	(blood sugar diagnostic)	Tier 3

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	Tier 3	\$
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose control, normal)	Tier 3	\$
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
ACCUTREND GLUCOSE CONTROL SOLUTION	Tier 3	
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose control, low)	Tier 3	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	\$
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose control, high)	Tier 3	
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT (90)/ 8 UNIT (90), 8 UNIT	Tier 3	PA; \$\$\$
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT	Tier 3	PA; \$\$
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA; \$\$\$\$
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose control, high)	Tier 3	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose contrl hi,normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose control, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose control, high)	Tier 3	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 3	\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 3	\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	Tier 3	\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
ASSURE 4 CONTROL SOLUTION COMBO PACK	Tier 3	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose contrl hi,normal)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose contrl hi,normal)	Tier 3	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	\$
AUTOSOFT 90 INFUSION SET	Tier 3	\$
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	\$
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	\$
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	\$
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3	\$; ST: Must meet any of the following requirements: Glucagon Emergency Kit, Gvoke, or Zegalogue in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
<i>blood glucose contrl hi,normal solution</i> (2Tek Control (High-Normal))	Tier 3	
<i>blood glucose control, normal solution</i> (Accu-Chek SmartView Contrl Sol)	Tier 3	\$
<i>blood glucose ctl high,nml,low solution</i> (Myglucohealth Control Solution)	Tier 3	\$
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose control, low)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose control, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose control, high)	Tier 3	
BREEZE 2 TEST STRIPS STRIP	Tier 3	
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	PA; \$\$
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	PA; \$\$
CARESENS CONTROL A AND B SOLUTION (blood glucose control, normal)	Tier 3	
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CARETOUCH CONTROL SOLN L2-L3 SOLUTION (blood glucose control, normal)	Tier 3	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CEQR SIMPLICITY DEVICE 2 UNIT	Tier 3	PA; \$
CEQR SIMPLICITY INSERTER	Tier 3	PA; \$
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose control, low)	Tier 3	\$
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose control, normal)	Tier 3	\$
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose control, high)	Tier 3	\$
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	\$
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose control, high)	Tier 3	\$
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose control, low)	Tier 3	\$

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CONTOUR CONTROL SOLUTION, NML SOLUTION	(blood glucose control, normal)	Tier 3	\$
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	(blood glucose control, low)	Tier 3	\$
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	(blood glucose control, normal)	Tier 3	\$
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
CONTOUR PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
CYCLOSET ORAL TABLET 0.8 MG		Tier 3	\$\$; ST: Must meet any of the following requirements: Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet ER in 180 days
DARIO BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
DEXCOM G6 RECEIVER		Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 SENSOR DEVICE		Tier 2	\$\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 TRANSMITTER DEVICE		Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 RECEIVER		Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 SENSOR DEVICE		Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DIASTIX STRIP		Tier 3	
DIATRUE CONTROL SOLN NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION	(blood glucose control, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION	(blood glucose control, low)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
<i>diazoxide oral suspension 50 mg/ml</i>	(Proglycem)	Tier 1	\$\$
DM2 COMBO PACK, TABLET AND STRIP 500 MG		Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EASY PLUS II LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION	(blood glucose control, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION	(blood glucose control, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION	(blood glucose control, normal)	Tier 3	
EASY STEP STRIP	(blood sugar diagnostic)	Tier 3	
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY TALK PLUS II HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION		Tier 3	
EASY TOUCH BLULINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION		Tier 3	\$
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	\$
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	
EASY TRAK HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 3	
EASYMAX 15 LEVEL 2 SOLUTION	(blood glucose control, normal)	Tier 3	
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
EASYMAX NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EASYMAX STRIP	(blood sugar diagnostic)	Tier 3	\$

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ELEMENT COMPACT HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	
EMBRACE EVO LEVEL 1 SOLUTION	(blood glucose control, low)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	(blood glucose control, low)	Tier 3	
EMBRACE PRO SOLUTION	(blood glucose control, high, normal)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	(blood glucose control, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	(blood glucose control, low)	Tier 3	
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
EMBRACE WAVE GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EVENCARE G2 SOLUTION		Tier 3	
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 3	
EVENCARE G3 CONTROL SOLUTION		Tier 3	
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 3	
EVENCARE MINI GLUCOSE CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EVENCARE MINI GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION		Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EVENCARE SOLUTION	Tier 3	
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 3	PA
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART CONTROL SOLUTION (blood glucose control, low)	Tier 3	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	\$\$
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$\$; ST: Must meet the following requirement: Lyumjev in 120 days
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	\$\$; ST: Must meet the following requirement: Lyumjev in 120 days
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	\$\$\$; ST: Must meet the following requirement: Lyumjev in 120 days
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	\$\$; ST: Must meet the following requirement: Lyumjev in 120 days
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA D20 STRIP (blood sugar diagnostic)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	\$
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA HIGH CONTROL SOLUTION (blood glucose control, high)	Tier 3	\$
FORA LOW CONTROL SOLUTION (blood glucose control, low)	Tier 3	\$
FORA NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
FORA V20 STRIP (blood sugar diagnostic)	Tier 3	
FORA V30A STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose control, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose control, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
FREESTYLE CONTROL SOLUTION	Tier 3	\$
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	\$
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	\$
FREESTYLE LIBRE 14 DAY READER	Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 READER	Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 SENSOR KIT	Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 READER	Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 2	\$
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 2	\$
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 2	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose control, normal)	Tier 3	
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GE333 CONTROL SOLUTION NORMAL SOLUTION (blood glucose control, normal)	Tier 3	
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	\$
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<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 1	\$
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	\$
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose control hi,normal)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION (blood glucose control, normal)	Tier 3	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	\$
GLUCOCARD SHINE SOLUTION (blood glucose control, normal)	Tier 3	
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
GLUCOCOM AUTOLINK	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose control, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose control, normal)	Tier 3	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose control, normal)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose control, normal)	Tier 3	
<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 2	\$\$
GM100 STRIP (blood sugar diagnostic)	Tier 3	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose control, normal)	Tier 3	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA; \$\$
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA; \$\$
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA; \$\$
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA; \$\$
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	\$
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	\$\$
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	\$
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	\$\$
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	\$
HARMONY CONTROL L1,L3 SOLUTION	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	\$\$\$
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	\$
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	\$
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	\$
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	\$
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	\$
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	\$
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	\$
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	\$
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	\$\$\$
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	\$\$\$
IGLUOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose control, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose control, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose control, normal)	Tier 3	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
INPEFA ORAL TABLET 200 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INPEFA ORAL TABLET 400 MG	Tier 3	\$\$\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
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 3 \$; ST: Must meet any of the following requirements: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 3 \$; ST: Must meet any of the following requirements: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 3 \$; ST: Must meet the following requirement: Lyumjev in 120 days
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	Tier 3 \$; ST: Must meet the following requirement: Lyumjev in 120 days
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	Tier 3 \$; ST: Must meet the following requirement: Lyumjev in 120 days
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 1 \$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> (Admelog SoloStar U-100 Insulin)	Tier 1	\$
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)	Tier 1	\$
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	Tier 1	\$
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 50-1,000 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-500 MG, 50-500 MG	Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	\$\$
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	Tier 2	\$\$
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	\$\$
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	\$\$
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$. ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	\$. ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	\$\$
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	\$\$\$
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$\$
MEDISENSE COMBO PACK	Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	\$
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	\$
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	\$
METER-CHECK SOLUTION (blood glucose control, normal)	Tier 3	
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 1	\$
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	\$
<i>metformin oral tablet 625 mg</i>	Tier 1	\$\$\$
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	\$
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 1	\$
<i>metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg</i> (Glumetza)	Tier 1	\$. ST: Must meet the following requirement: Metformin Hcl in 120 days
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MICRODOT HIGH-LOW CONTROL SOLUTION	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 4	PA
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	\$
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	\$
MINIMED QUICK SET 18" INFUSION SET	Tier 3	\$
MINIMED QUICK SET 23" INFUSION SET	Tier 3	\$
MINIMED QUICK SET 32" INFUSION SET	Tier 3	\$
MINIMED QUICK SET 43" INFUSION SET	Tier 3	\$
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	\$
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	\$
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	\$
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	\$
MINIMED SURE T 18" INFUSION SET	Tier 3	\$
MINIMED SURE T 23" INFUSION SET	Tier 3	\$
MINIMED SURE T 32" INFUSION SET	Tier 3	\$
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 2	PA; \$\$
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose ctl high,nml,low)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	\$
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
NO-STICK GLUCOSE STRIP	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION	Tier 3	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	\$; ST: Must meet any of the following requirements: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	\$; ST: Must meet any of the following requirements: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$; ST: Must meet the following requirement: Humulin N in 120 days
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Humulin N in 120 days
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$; ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	\$
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	\$\$
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	\$
ON CALL EXPRESS CONTROL SOLUTION (blood glucose ctl high,nml,low)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL PLUS CONTROL SOLUTION (blood glucose contrl hi,normal)	Tier 3	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL VIVID CONTROL SOLUTION (blood glucose contrl hi,normal)	Tier 3	
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose control, normal)	Tier 3	\$
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	\$
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose control, high)	Tier 3	\$
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose control, normal)	Tier 3	\$
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	
OPTUMRX SOLUTION (blood glucose contrl hi,normal)	Tier 3	
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	
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 2	PA; \$\$
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pioglitazone-glimepiride oral tablet 30-2 mg</i> (DUETACT)	Tier 1	\$; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-glimepiride oral tablet 30-4 mg</i> (DUETACT)	Tier 1	\$\$; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 1	\$; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 1	\$; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	Tier 3	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	Tier 3	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	\$
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 2	\$
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	\$
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose control, low)	Tier 3	\$
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose control, high)	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	\$
PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose control, high)	Tier 3	
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose control, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose control, normal)	Tier 3	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose control, normal)	Tier 3	
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION (blood glucose control, normal)	Tier 3	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (blood glucose control, normal)	Tier 3	
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 3	ST: Must meet the following requirement: Metformin Hcl in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RYBELSUS ORAL TABLET 14 MG, 7 MG	Tier 2	PA; \$\$\$
RYBELSUS ORAL TABLET 3 MG	Tier 2	PA; \$\$
<i>saxagliptin oral tablet 2.5 mg</i>	Tier 1	\$. ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<i>saxagliptin oral tablet 5 mg</i> (Onglyza)	Tier 1	\$. ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	Tier 1	\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-500 MG	Tier 3	\$. ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
SEGLUROMET ORAL TABLET 2.5-500 MG, 7.5-1,000 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$\$
SEMGLEE(INSULIN GLARG-YFGN)PEN (insulin glargine-yfgn) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	\$
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	\$\$
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose control, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose control, high)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose control, normal)	Tier 3	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	\$\$\$\$
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	\$\$\$
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	\$\$
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	Tier 2	\$\$
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA; \$\$\$\$\$
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	\$
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose control, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
TD GOLD LEVEL 3 CONTROL SOLUTION (blood glucose control, high)	Tier 3	
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TELCARE CONTROL SOLUTION	Tier 3	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 3	\$
TEMPO WELCOME KIT KIT	Tier 3	\$
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	Tier 2	\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc) Tier 2	\$\$
TRADJENTA ORAL TABLET 5 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec) Tier 2	\$\$
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec) Tier 2	\$\$
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec) Tier 2	\$\$
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Tier 2	\$\$
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic) Tier 3	\$
TRUE METRIX LEVEL 1 SOLUTION	(blood glucose control, low) Tier 3	\$
TRUE METRIX LEVEL 2 SOLUTION	(blood glucose control, normal) Tier 3	\$
TRUE METRIX LEVEL 3 SOLUTION	(blood glucose control, high) Tier 3	\$
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic) Tier 3	\$
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic) Tier 3	
TRUETRACK TEST STRIP	(blood sugar diagnostic) Tier 3	\$
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 2	PA; \$\$
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	\$
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	\$
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic) Tier 3	
ULTRATRAK HIGH-LOW CONTROL SOLUTION	Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION	(blood glucose control, normal) Tier 3	
ULTRATRAK STRIP	(blood sugar diagnostic) Tier 3	
ULTRATRAK ULTIMATE SOLUTION	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose control, low)	Tier 3	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	\$
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	\$
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	\$
V-GO 20 DEVICE	Tier 2	\$\$
V-GO 30 DEVICE	Tier 2	\$\$
V-GO 40 DEVICE	Tier 2	\$\$
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	PA; \$\$
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	PA; \$\$
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose ctl high,nml,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Tier 3	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose control, normal)	Tier 3	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose control, normal)	Tier 3	
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 3	\$
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	\$
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	\$\$
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG	Tier 2	\$\$
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	\$\$\$
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	\$
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZITUVIO ORAL TABLET 100 MG, 50 MG (sitagliptin)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
ZITUVIO ORAL TABLET 25 MG (sitagliptin)	Tier 3	\$\$\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
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 1	\$. QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-40 mg</i>	Tier 1	\$. QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-20 mg</i>	Tier 1	QL (1 EA per 1 day)
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	Tier 3	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	\$\$; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	\$\$; ST: Must meet any of the following requirements: Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
<i>droxidopa oral capsule 100 mg, 200 mg</i> (Northera)	Tier 4	PA; \$
<i>droxidopa oral capsule 300 mg</i> (Northera)	Tier 4	PA; \$\$
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	\$\$; QL (2 EA per 1 day)
LODOCO ORAL TABLET 0.5 MG	Tier 3	\$\$
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	\$. QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	\$. QL (120 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA; \$\$
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; \$\$\$\$\$
VYNDALIN ORAL CAPSULE 20 MG	Tier 4	PA; \$\$\$\$\$

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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; \$\$\$\$\$
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	\$
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA; \$\$
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA; \$
<i>amiloride oral tablet 5 mg</i>	Tier 1	\$
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	\$
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	\$
<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 1	\$
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	\$
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	\$
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	\$
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	\$
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	\$
<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 1	\$
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	\$
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	\$
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA; \$
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 1	\$
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>	Tier 1	\$
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG	Tier 3	\$
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 8 MG	Tier 3	\$\$
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 1	\$
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	\$
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	\$\$; QL (1 EA per 1 day)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	\$
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	\$
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i> (Nexiclon XR)	Tier 1	\$
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	\$
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	\$
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	\$
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg</i> (Taztia XT)	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadylt ER)	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	\$
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	\$
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 1	\$
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	\$
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	\$
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	\$
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	\$
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	\$; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 3	\$; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 1	\$; ST: Must meet the following requirement: Enalapril tablets in 120 days unless 11 years of age or younger; 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>epplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	\$
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	PA; \$
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	\$
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 3	\$\$\$\$\$
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	\$
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	\$
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	\$
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	\$\$; ST: Must meet the following requirement: Propranolol HCL in 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 1	\$
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	\$
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	\$
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: Propranolol HCL in 120 days
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 80 MG	Tier 3	\$\$\$\$\$; ST: Must meet the following requirement: Propranolol HCL in 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG	Tier 3	\$\$\$\$\$; ST: Must meet the following requirement: Propranolol HCL in 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 80 MG	Tier 3	\$\$\$\$\$; ST: Must meet the following requirement: Propranolol HCL in 120 days
<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 1	\$
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	\$
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	PA; \$\$
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; \$\$
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	\$
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 1	PA
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 4	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 1	\$
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	\$\$
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 1	\$
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	\$
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	\$
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	\$
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	\$\$\$\$\$
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	\$
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	\$
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 1	\$
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	Tier 1	\$
<i>nicardipine oral capsule 20 mg</i>	Tier 1	\$
<i>nicardipine oral capsule 30 mg</i>	Tier 1	\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	\$
<i>nifedipine oral tablet extended release</i> (Procardia XL) <i>24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	\$
<i>nifedipine oral tablet extended release</i> <i>30 mg, 60 mg, 90 mg</i>	Tier 1	\$
<i>nimodipine oral capsule 30 mg</i>	Tier 1	\$
<i>nisoldipine oral tablet extended release</i> (Sular) <i>24 hr 17 mg, 34 mg, 8.5 mg</i>	Tier 1	\$
<i>nisoldipine oral tablet extended release</i> <i>24 hr 20 mg, 25.5 mg</i>	Tier 1	\$
<i>nisoldipine oral tablet extended release</i> <i>24 hr 30 mg</i>	Tier 1	\$\$\$
<i>nisoldipine oral tablet extended release</i> <i>24 hr 40 mg</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	\$\$; ST: Must meet the following requirement: Amlodipine tablets in 120 days
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	PA; \$\$\$
NYMALIZE ORAL SYRINGE 30 MG/5 ML	Tier 4	PA
NYMALIZE ORAL SYRINGE 60 MG/10 ML	Tier 4	PA; \$\$
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	\$
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 1	\$
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	\$
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 4	PA; \$\$\$
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 4	PA; \$\$\$\$
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; \$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	Tier 4	PA; \$\$\$
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG, 2.5 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	\$
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 4	PA; \$\$\$
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	\$
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	\$
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	ST: Must meet 2 of the following requirements: Amlodipine Besilate, Amlodipine Besylate, Amlodipine Besylate/Benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Fosinopril Sodium, Lisinopril, Moexipril HCL, Norliqva, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril in 365 days; QL (1 EA per 1 day)
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	\$
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	\$
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	\$
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	\$\$; ST: Must meet the following requirement: Lisinopril tablets in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	\$
<i>quinapril oral tablet 20 mg</i> (Accupril)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Accuretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i> (Accuretic)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	\$
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 1	PA; \$
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA; \$
SOAANZ ORAL TABLET 40 MG	Tier 3	PA; \$\$
SOAANZ ORAL TABLET 60 MG	Tier 3	PA; \$
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 1	\$
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Tier 1	\$
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 1	\$
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	\$\$; QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol tablets in 120 days
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	Tier 1	\$; ST: Must meet the following requirement: Spironolactone tablets in 120 days; QL (600 ML per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	\$
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	\$
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 4	PA; \$
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA; \$\$\$
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Tier 1	\$
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 180 MG (diltiazem hcl)	Tier 1	
<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 1	\$
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	\$
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	\$
THALITONE ORAL TABLET 15 MG	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TIADYLT ER ORAL (diltiazem hcl) CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	\$
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$
<i>torse mide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	\$
<i>torse mide oral tablet 20 mg</i> (Soaanz)	Tier 1	\$
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	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 1	\$
<i>treprostinil sodium injection solution 1 mg/ml</i> (Remodulin)	Tier 4	PA; \$\$\$
<i>treprostinil sodium injection solution 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 4	PA; \$\$\$\$\$
<i>triamterene oral capsule 100 mg</i> (Dyrenium)	Tier 1	\$
<i>triamterene oral capsule 50 mg</i> (Dyrenium)	Tier 1	\$\$
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	\$
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	\$
TRYVIO ORAL TABLET 12.5 MG	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84)	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA; \$\$\$\$\$
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; \$\$\$\$\$
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA; \$\$\$\$\$
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA; \$\$\$\$\$
<i>valsartan oral solution 4 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Valsartan tablets in 120 days
<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	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 20 MCG/ML	Tier 4	PA; \$\$\$\$\$
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 1	\$
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	\$
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	\$
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	\$
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 4	
Enfermedad Cardiovascular - Irregularidad De Lípidos		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG	Tier 3	\$\$\$\$; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 40 MG, 60 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA; \$
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Tier 5	\$; \$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 1	\$
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	\$
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 1	\$
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	\$
<i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light)	Tier 1	\$
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	\$
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	\$
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	\$
<i>colestipol oral packet 5 gram</i>	Tier 1	\$
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	\$
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	ST: Must meet the following requirement: Generic Rosuvastatin Calcium in 120 days; QL (1 EA per 1 day)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	\$; QL (1 EA per 1 day)
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i> (Roszet)	Tier 1	ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	\$; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	\$; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; \$; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	\$
<i>fenofibrate micronized oral capsule 90 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	\$
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Tier 1	\$
<i>fenofibrate oral tablet 120 mg</i> (Fenoglide)	Tier 1	\$\$
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	\$
<i>fenofibrate oral tablet 40 mg</i> (Fenoglide)	Tier 1	\$
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 1	\$
<i>fenofibric acid oral tablet 105 mg</i> (Fibricor)	Tier 1	\$
<i>fenofibric acid oral tablet 35 mg</i> (Fibricor)	Tier 1	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 3	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	Tier 5	\$; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>fluvastatin oral capsule 40 mg</i>	Tier 5	\$; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 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)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	Tier 5	\$; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 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 1	\$
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	Tier 1	\$; QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	Tier 1	\$; QL (4 EA per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG	Tier 4	PA; \$\$\$\$\$
JUXTAPID ORAL CAPSULE 30 MG, 5 MG	Tier 4	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 5	\$; \$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)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NEXLETOL ORAL TABLET 180 MG	Tier 2	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	\$
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	\$
NIACOR ORAL TABLET 500 MG (niacin)	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	\$; ST: Must meet any of the following requirements: Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide in 120 days; QL (4 EA per 1 day)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	Tier 5	\$; \$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 2	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 5	\$; \$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 1	\$
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	\$
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg</i>	Tier 1	\$; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	Tier 1	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe-rosuvastatin)	Tier 3	ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	Tier 5	\$; \$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>	Tier 5	\$; \$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)
ZYPITAMAG ORAL TABLET 2 MG	Tier 3	\$\$; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 4 MG	Tier 3	\$; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
Enfermedad Cardiovascular - Vasodilatación		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	Tier 3	ST: Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	\$
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	\$\$\$
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	\$
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	\$
NITRO-BID TRANSDERMAL (nitroglycerin) OINTMENT 2 %	Tier 2	\$
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	\$\$\$
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	\$
<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 1	\$
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	\$
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	\$
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	\$
Enfermedad De Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	\$
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	\$
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	\$
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 4	PA; \$\$\$\$\$
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	\$
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	\$
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	\$
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 1	\$
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 1	\$
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	\$
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	\$
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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 1	\$
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA; \$\$\$\$\$
<i>entacapone oral tablet 200 mg</i>	Tier 1	\$
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	Tier 4	PA; \$\$\$\$
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	Tier 4	PA; \$\$\$
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	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 2	\$\$; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4	PA; \$\$\$
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA; \$\$
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	Tier 3	PA; \$\$
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	\$
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 3.75 mg</i>	Tier 1	\$; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 2.25 mg, 3 mg, 4.5 mg</i>	Tier 1	\$\$; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	\$
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	\$; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 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 3	\$\$\$; ST: Must meet the following requirement: Carbidopa/levodopa in 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	\$
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	\$
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	\$\$\$\$\$; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	\$
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	\$
XADAGO ORAL TABLET 100 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Carbidopa/levodopa, Duopa, or Rytary in 120 days; QL (1 EA per 1 day)
XADAGO ORAL TABLET 50 MG	Tier 3	\$\$\$; ST: Must meet any of the following requirements: Carbidopa/levodopa, Duopa, or Rytary in 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	Tier 3	ST: Must meet the following requirement: Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
Enfermedad Infecciosa - Bacteriana		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	\$
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	\$
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	\$
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	\$
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	\$
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	\$
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 1	\$
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 1	\$
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	\$
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	\$
<i>ampicillin oral capsule 500 mg</i>	Tier 1	\$
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	\$\$; ST: Must meet the following requirement: Amoxicillin/potassium Clavulanate in 120 days; QL (150 ML per 30 days)
AVIDOXY DK KIT 100 MG-2 % -SPF 30	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	\$
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	\$
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	\$
<i>azithromycin oral tablet 600 mg</i>	Tier 1	\$
BAXDELA ORAL TABLET 450 MG	Tier 3	PA; \$\$\$\$
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; \$\$\$\$\$
<i>ceftazidime oral capsule 250 mg, 500 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	\$
cefadroxil oral capsule 500 mg	Tier 1	\$
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	\$
cefadroxil oral tablet 1 gram	Tier 1	\$
cefdinir oral capsule 300 mg	Tier 1	\$
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	\$
cefixime oral capsule 400 mg	Tier 1	\$
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	\$
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	\$
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	\$
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	\$
cefprozil oral tablet 250 mg, 500 mg	Tier 1	\$
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	\$
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	\$
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	\$
cephalexin oral tablet 250 mg, 500 mg	Tier 1	\$
CIPRO ORAL (ciprofloxacin) SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	\$
ciprofloxacin hcl oral tablet 100 mg	Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	Tier 1	\$
ciprofloxacin hcl oral tablet 750 mg	Tier 1	\$
ciprofloxacin oral (Cipro) suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	\$
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	\$
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	\$
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	\$
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	\$
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 2	\$\$\$\$; QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 2	\$\$\$\$; QL (20 EA per 10 days)
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 50mg/100mg IR tablets or capsules in 120 days; QL (2 EA per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG (doxycycline hyclate)	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 1	\$; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	\$; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 1	\$; ST: Must meet the following requirement: Generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	\$; ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	\$; ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	\$; ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	Tier 1	\$; ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	Tier 1	\$; ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 80 mg</i> (Doryx)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	\$; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	\$; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	\$; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	\$; ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>doxycycline monohydrate oral capsule,ir</i> (Oracea) <i>- delay rel,biphase 40 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Generic Doxycycline Monohydrate 50mg capsules in 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 1	\$
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	\$; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	\$; QL (2 EA per 1 day)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG (erythromycin)	Tier 1	\$\$
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	\$
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	\$
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	\$\$
<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i>	Tier 1	\$
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	\$
<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 500 mg</i> (Ery-Tab)	Tier 1	\$
<i>erythromycin oral tablet,delayed release (dr/ec) 333 mg</i> (Ery-Tab)	Tier 1	\$\$
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	\$
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	\$
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	\$
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	\$\$
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	\$
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	\$
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 1	\$
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i> (Ximino)	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 55 mg, 80 mg</i> (Solodyn)	Tier 1	\$; ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 135 mg</i>	Tier 1	\$\$\$; ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 45 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 65 mg</i> (Solodyn)	Tier 1	\$\$; ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 90 mg</i>	Tier 1	\$\$; ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MONDOXYNE NL ORAL CAPSULE 75 (doxycycline monohydrate) MG	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
MORGIDOX 1X 50 KIT 50 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MOXATAG ORAL TABLET, ER (amoxicillin) MULTIPHASE 24 HR 775 MG	Tier 3	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	\$
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Tier 1	\$
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 1	\$\$; QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	\$
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	PA; \$\$
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 1	\$\$\$
NUZYRA ORAL TABLET 150 MG	Tier 3	PA; \$\$\$\$\$
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	\$
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	\$
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	\$
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
REBYOTA RECTAL ENEMA 150 ML	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
SIVEXTRO ORAL TABLET 200 MG	Tier 2	\$\$\$\$; ST: Must meet the following requirement: Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	\$\$\$
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	(Sulfatrim) Tier 1	\$
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	(Bactrim) Tier 1	\$
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	(Bactrim DS) Tier 1	\$
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim) Tier 1	\$
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	\$
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	\$
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	\$
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	\$
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 3	\$
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos) Tier 1	\$
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	\$
VOWST ORAL CAPSULE	Tier 4	PA; \$\$\$\$\$
XENLETA ORAL TABLET 600 MG	Tier 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XIMINO ORAL CAPSULE,EXTENDED (minocycline) RELEASE 24HR 135 MG	Tier 3	\$\$; ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
XIMINO ORAL CAPSULE,EXTENDED (minocycline) RELEASE 24HR 45 MG, 90 MG	Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Enfermedad Infecciosa - Fungosa		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	\$
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA; \$\$\$\$
CRESEMBA ORAL CAPSULE 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 1	\$
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Tier 1	\$
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Tier 1	\$
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	\$
<i>flucytosine oral capsule 250 mg</i> (Ancobon)	Tier 1	\$\$\$
<i>flucytosine oral capsule 500 mg</i> (Ancobon)	Tier 1	\$\$
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	\$
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	\$
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	\$
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	\$
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	\$\$
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	\$
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA; \$\$\$\$\$
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	\$
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	\$
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 1	PA; \$\$\$
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	Tier 1	PA; \$
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA; \$\$\$\$
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA; \$\$\$\$
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	\$\$
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 1	\$
Enfermedad Infecciosa - Miscelánea		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	\$; ST: Must meet any of the following requirements: Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin in 120 days; QL (12 EA per 1 FILL)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA; \$\$\$\$\$
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	\$
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 1	\$
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	\$
<i>cycloserine oral capsule 250 mg</i>	Tier 1	\$\$\$\$\$
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	\$
<i>ethambutol oral tablet 100 mg</i>	Tier 1	\$
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	\$
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	\$
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	\$
<i>neomycin oral tablet 500 mg</i>	Tier 1	\$
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	\$; QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	\$
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	\$\$
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	\$
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	\$
SIRTURO ORAL TABLET 100 MG	Tier 4	PA; \$\$\$\$\$
SIRTURO ORAL TABLET 20 MG	Tier 4	PA
THALOMID ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
THALOMID ORAL CAPSULE 50 MG	Tier 4	PA; \$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA; \$\$\$\$\$
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA; \$\$\$\$\$
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 4	PA; \$\$\$
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 4	PA; \$\$\$\$\$
TRECTOR ORAL TABLET 250 MG	Tier 3	\$\$
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	\$. QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	\$. QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	\$. QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	\$. QL (600 ML per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA; \$
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; \$\$\$\$
Enfermedad Infecciosa - Parasitaria		
<i>albendazole oral tablet 200 mg</i>	Tier 1	\$
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
ARAKODA ORAL TABLET 100 MG	Tier 3	\$
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	\$
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	\$
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	\$
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	\$. QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	\$. QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	\$
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA; \$\$\$
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	\$. QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	\$. QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	\$. QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	\$. QL (60 EA per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA; \$\$
<i>mefloquine oral tablet 250 mg</i>	Tier 1	\$
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	\$
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	\$
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	\$\$\$; QL (2 EA per 1 day)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 1	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	\$
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	\$\$
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	\$
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA; \$\$\$\$
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	\$
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	\$; ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 365 days; QL (1 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	\$
Enfermedad Infecciosa - Viral		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	\$
<i>abacavir oral tablet 300 mg</i>	Tier 1	\$
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	\$
<i>acyclovir oral capsule 200 mg</i>	Tier 1	\$
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	\$
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	\$
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	\$\$\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	Tier 5	\$\$\$\$; ST: Must meet the following requirement: Descovy lor generic Truvada in 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; Age (Min 12 Years)
APTIVUS ORAL CAPSULE 250 MG	Tier 2	\$\$\$
<i>atazanavir oral capsule 150 mg</i>	Tier 1	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	Tier 1	\$
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	\$\$; QL (630 ML per 30 days)
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	\$\$\$\$
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	\$\$\$\$\$
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	Tier 5	ST: Must meet the following requirement: Descovy lor generic Truvada in 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; Age (Min 12 Years)
CIMDUO ORAL TABLET 300-300 MG	Tier 2	\$\$\$\$
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	\$\$\$\$\$
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	Tier 1	\$
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	\$\$\$\$
DESCOVY ORAL TABLET 120-15 MG	Tier 2	\$\$\$
DESCOVY ORAL TABLET 200-25 MG	Tier 5	\$\$\$\$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	
DOVATO ORAL TABLET 50-300 MG	Tier 2	\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EDURANT ORAL TABLET 25 MG	Tier 2	\$\$\$\$
<i>efavirenz oral capsule 200 mg</i>	Tier 1	\$
<i>efavirenz oral capsule 50 mg</i>	Tier 1	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	\$
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	\$
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	
<i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	\$\$\$\$
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 5	\$\$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg</i> (Truvada)	Tier 1	\$
<i>emtricitabine-tenofovir (tdf) oral tablet 167-250 mg</i> (Truvada)	Tier 1	\$\$
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	Tier 5	\$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	\$
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	\$; QL (1 EA per 1 day)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	Tier 4	PA
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	Tier 4	PA; \$\$\$\$\$
EPCLUSA ORAL TABLET 200-50 MG	Tier 4	PA; \$\$\$\$\$
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 4	PA; \$\$\$\$\$
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	Tier 1	\$\$
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	\$\$\$
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	\$
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	\$\$
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	\$\$\$\$\$
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 4	PA; \$\$\$\$\$
INTELENCE ORAL TABLET 25 MG	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	\$\$\$\$
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	\$\$
ISENTRESS ORAL TABLET 400 MG	Tier 2	\$\$\$\$
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier 2	\$\$
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier 2	
JULUCA ORAL TABLET 50-25 MG	Tier 2	\$\$\$\$\$
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	\$. QL (40 EA per 29 days); Age (Min 18 Years)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 1	\$
<i>lamivudine oral tablet 100 mg</i>	Tier 1	\$. QL (1 EA per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	Tier 1	\$
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	\$
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA; \$\$\$\$\$
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	\$\$
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	\$\$\$
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	\$\$\$\$
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 4	PA; \$\$\$\$\$
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA; \$\$\$\$\$
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	\$
<i>nevirapine oral tablet 200 mg</i>	Tier 1	\$
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	\$
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	\$
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	\$\$\$\$\$
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	\$. QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	\$. QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	\$. QL (360 ML per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 2	\$\$\$; QL (20 EA per 28 days); Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	\$\$\$; QL (30 EA per 28 days); Age (Min 12 Years)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA; \$\$\$\$
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA; \$\$\$\$
PIFELTRO ORAL TABLET 100 MG	Tier 3	\$\$\$\$
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA; \$\$\$\$\$
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 3	\$\$\$\$
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	\$\$\$
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	;; QL (40 EA per 180 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>ribavirin oral capsule 200 mg</i>	Tier 1	\$
<i>ribavirin oral tablet 200 mg</i>	Tier 1	\$
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	\$
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	\$
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA; \$\$\$\$\$
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	\$\$\$\$\$
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; \$\$\$
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	\$\$\$\$\$
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 5	\$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
TIVICAY ORAL TABLET 50 MG	Tier 2	\$\$\$\$
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	\$\$
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 2	\$
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	\$\$\$\$\$
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	\$\$\$
TYBOST ORAL TABLET 150 MG	Tier 2	\$\$
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	\$
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	\$
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	\$
VEMLIDY ORAL TABLET 25 MG	Tier 4	\$\$\$; QL (1 EA per 1 day)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 4	
VIRACEPT ORAL TABLET 250 MG	Tier 2	
VIRACEPT ORAL TABLET 625 MG	Tier 2	\$\$\$\$
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	
VIREAD ORAL TABLET 150 MG, 250 MG	Tier 2	\$\$
VIREAD ORAL TABLET 200 MG	Tier 2	\$\$\$
VOCABRIA ORAL TABLET 30 MG	Tier 2	Age (Min 12 Years)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA; \$\$\$\$\$
XOFLUZA ORAL TABLET 20 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 40 MG	Tier 2	\$; QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	\$; QL (2 EA per 180 days)
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	\$
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	\$
<i>zidovudine oral tablet 300 mg</i>	Tier 1	\$
Enfermedad Inflamatoria		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	PA; \$\$\$\$
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; \$\$\$\$
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i> (Idacio(CF) Pen)	Tier 4	PA
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Yuflyma(CF) Autoinjector)	Tier 4	PA
<i>adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (Yuflyma(CF) AI Crohn's-UC-HS)	Tier 4	PA
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Yuflyma(CF))	Tier 4	PA
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 4	PA; \$\$\$
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 4	PA; \$\$
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml</i> (adalimumab-adbm(CF) pen Crohns)	Tier 4	PA
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i> (adalimumab-adbm(CF) pen Crohns)	Tier 4	PA; \$\$
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.4 ml</i> (Cyltezo(CF))	Tier 4	PA
<i>adalimumab-adbm subcutaneous syringe kit 40 mg/0.8 ml</i> (Cyltezo(CF))	Tier 4	PA; \$\$\$
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (adalimumab-adbm)	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA; \$\$\$
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i> (Hulio(CF) Pen)	Tier 4	PA; \$\$\$
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i> (Hulio(CF))	Tier 4	PA
<i>adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Simlandi(CF) Autoinjector)	Tier 4	PA
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	Tier 4	PA; \$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG	Tier 4	PA; \$\$\$\$
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 5 MG	Tier 4	PA; \$\$\$\$\$
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	Tier 4	PA; \$\$\$
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.8 ML	Tier 4	PA; \$\$\$
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	Tier 4	PA; \$\$\$\$
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA; \$\$\$\$\$
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	PA; \$\$\$\$
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA; \$\$\$\$
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 4	PA; \$\$\$\$\$
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 4	PA
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	\$
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 1	\$\$; ST: Must meet the following requirement: Balsalazide Disodium in 120 days
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	\$
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 4	PA; \$\$\$\$\$
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; \$\$\$\$\$
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; \$\$\$\$\$
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>cortisone oral tablet 25 mg</i>	Tier 1	
COXANTO ORAL CAPSULE 300 MG (oxaprozin)	Tier 1	
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA; \$\$\$\$\$
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA; \$\$\$\$\$
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 4	PA
<i>deflazacort oral tablet 18 mg, 36 mg</i> (Emflaza)	Tier 4	PA; \$\$\$\$\$
<i>deflazacort oral tablet 30 mg</i> (Emflaza)	Tier 4	PA
<i>deflazacort oral tablet 6 mg</i> (Emflaza)	Tier 4	PA; \$\$\$\$
DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	\$
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	\$
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	\$
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	\$
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> (TaperDex)	Tier 1	\$; ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
<i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	\$; ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>diclofenac potassium oral capsule 25 mg</i> (Zipsor)	Tier 1	\$; ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, or Pennsaid in 120 days; QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i> (Lofena)	Tier 1	\$\$\$; QL (8 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	\$
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	\$
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>diclofenac submicronized oral capsule 35 mg</i> (Zorvolex)	Tier 1	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	\$
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	\$
DMT SUIK KIT 10 MG/ML	Tier 3	
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 3	PA; \$\$\$
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG (naproxen)	Tier 1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG (naproxen)	Tier 1	\$
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 4	PA; \$\$\$\$\$
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG (deflazacort)	Tier 4	PA; \$\$\$\$\$
EMFLAZA ORAL TABLET 6 MG (deflazacort)	Tier 4	PA; \$\$\$\$
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA; \$\$\$\$\$
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA; \$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; \$\$\$\$
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	Tier 4	PA; \$\$\$\$\$
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA; \$\$\$\$\$
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA; \$\$\$\$\$
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 4	PA; \$\$\$
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	\$
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	\$
<i>etodolac oral tablet 500 mg</i>	Tier 1	\$
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	\$
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA; \$\$\$
<i>fenoprofen oral capsule 200 mg</i>	Tier 1	
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	Tier 1	\$
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	Tier 1	\$
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	\$
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	\$
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 3	PA; \$\$\$\$
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 3	PA; \$\$\$
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA
HADLIMA PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 4	PA; \$\$
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	PA
HADLIMA(CF) PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 4	PA; \$\$
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 4	PA; \$\$
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA; \$\$\$\$\$
HEMADY ORAL TABLET 20 MG	Tier 3	Q; QL (2 EA per 1 day)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA; \$\$\$\$\$
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 3	PA; \$\$
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA; \$\$
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	\$
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 3	PA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 4	PA; \$\$\$
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	Tier 4	PA; \$\$\$\$\$
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 1	\$
IBUPAK ORAL KIT 600 MG	Tier 3	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	\$
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	\$
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	Tier 1	\$. ST: Must meet the following requirement: Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 4	PA; \$\$
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML (indomethacin)	Tier 3	\$\$\$\$
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 3	\$\$\$\$
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	\$
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	\$
<i>indomethacin oral suspension 25 mg/5 ml</i> (Indocin)	Tier 1	\$\$\$
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>indomethacin rectal suppository 50 mg</i> (Indocin)	Tier 1	\$\$\$\$
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Tier 3	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	\$
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	\$
<i>ketorolac injection solution 30 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 30 mg/ml</i>	Tier 1	\$
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	\$
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	\$
<i>ketorolac nasal spray,non-aerosol 15.75 mg/spray</i> (Sprix)	Tier 1	\$; ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory in 120 days; QL (5 EA per 30 days)
<i>ketorolac oral tablet 10 mg</i>	Tier 1	\$; QL (20 EA per 5 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; \$\$\$\$
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; \$\$\$\$
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; \$\$\$\$\$
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 1	
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Tier 3	
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	\$
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	Tier 1	\$\$\$\$; QL (8 EA per 1 day)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	\$
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	\$
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	\$
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	\$
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)	Tier 1	\$\$; ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	\$
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	\$
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 1	\$
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 3	PA; \$\$\$
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	\$
NAPROTIN KIT 500 MG- 0.025 %	Tier 3	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	Tier 1	\$
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	\$
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	\$
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	\$
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	\$
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	\$
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg</i> (Naprelan CR)	Tier 1	\$\$
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i> (Naprelan CR)	Tier 1	\$
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i> (Naprelan CR)	Tier 1	
<i>naproxen-esomeprazole oral tablet,ir, delayed rel,biphasic 375-20 mg, 500-20 mg</i> (Vimovo)	Tier 1	\$\$; ST: Must meet the following requirement: Generic Naproxen in 120 days
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 4	PA; \$\$\$\$
OLUMIANT ORAL TABLET 4 MG	Tier 4	PA; \$\$\$\$\$
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA; \$\$\$\$
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 4	PA; \$\$\$\$
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA; \$\$\$\$\$
ORLADEYO ORAL CAPSULE 110 MG	Tier 4	PA
ORLADEYO ORAL CAPSULE 150 MG	Tier 4	PA; \$\$\$\$\$
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 3	PA; \$\$\$
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG	Tier 3	PA
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 9 MG	Tier 3	PA; \$\$\$
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; \$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 4	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 2	\$\$; QL (1.6 ML per 28 days)
<i>oxaprozin oral capsule 300 mg</i> (Coxanto)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	\$
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA; \$\$
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA; \$\$\$\$
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	\$
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	\$
<i>prednisolone oral tablet 5 mg</i> (Millipred)	Tier 1	\$\$; ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days
<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 1	\$
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	\$
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	\$
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	\$
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	\$
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	\$
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	\$
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	\$
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 3	\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 3	\$\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (1 ML per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 3	\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 3	\$\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 3	\$\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 3	\$\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 3	\$\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 3	\$\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 3	\$; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.6 ML per 28 days)
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 3	PA; \$\$\$\$
RELAFEN DS ORAL TABLET 1,000 MG	Tier 3	\$\$\$\$; ST: Must meet the following requirement: Nabumetone tablets in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
RIDAURA ORAL CAPSULE 3 MG	Tier 3	\$\$
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 4	PA; \$\$\$\$\$
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 4	PA; \$\$\$\$\$
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 4	PA; \$\$\$\$\$
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; \$\$\$\$\$
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	\$
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	\$
SPRIX NASAL SPRAY, NON-AEROSOL (ketorolac) 15.75 MG/SPRAY	Tier 3	\$\$\$; ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory in 120 days; QL (5 EA per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 4	PA; \$\$\$\$\$
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA; \$\$\$\$\$
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	\$
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA; \$
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA; \$\$\$
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA; \$\$\$
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA; \$\$\$\$\$
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 4	PA; \$\$\$\$\$
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS) (dexamethasone)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	Tier 4	PA; \$\$\$\$\$
TIVORBEX ORAL CAPSULE 20 MG (indomethacin submicronized)	Tier 3	ST: Must meet the following requirement: Indomethacin capsules in 120 days; QL (3 EA per 1 day)
<i>tolmetin oral capsule 400 mg</i>	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3 PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3 PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 3 PA; \$\$
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA; \$\$\$\$
XELJANZ ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$
XELJANZ ORAL TABLET 5 MG	Tier 4	PA; \$\$\$\$\$
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA; \$\$\$\$\$
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	(adalimumab-aaty)	Tier 4 PA
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	(adalimumab-aaty)	Tier 4 PA
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	(adalimumab-aaty)	Tier 4 PA
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 4	PA; \$\$\$
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
ZORVOLEX ORAL CAPSULE 18 MG	Tier 3	\$; ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG	(diclofenac submicronized)	Tier 3 ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 4	PA; \$\$\$\$\$
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 4	PA
Enfermedad Neoplásica		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 4	PA; \$
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	Tier 4	PA; \$\$\$
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; \$\$\$\$\$
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; \$\$\$\$\$
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA
AMELUZ TOPICAL GEL 10 %	Tier 3	
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY
AUGTYRO ORAL CAPSULE 40 MG	Tier 4	PA; \$\$\$\$\$
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
BALVERSA ORAL TABLET 3 MG	Tier 4	PA; \$\$\$\$\$
BALVERSA ORAL TABLET 4 MG	Tier 4	PA; \$\$\$\$
BALVERSA ORAL TABLET 5 MG	Tier 4	PA; \$
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA; \$\$
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	\$
BOSULIF ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
BOSULIF ORAL CAPSULE 50 MG	Tier 4	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; \$\$\$\$\$
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA; \$\$\$\$\$
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; \$\$\$\$\$
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; \$\$\$\$\$
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA; \$\$\$\$\$
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 4	PA; \$
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 4	PA; \$\$\$\$\$
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3)	Tier 4	PA
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	Tier 4	PA; \$\$\$\$\$
COPIKTRA ORAL CAPSULE 15 MG	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
COPIKTRA ORAL CAPSULE 25 MG	Tier 4	PA; \$\$\$\$\$
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; \$\$\$\$\$
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	\$
<i>cyclophosphamide oral tablet 25 mg</i>	Tier 4	
<i>cyclophosphamide oral tablet 50 mg</i>	Tier 4	\$
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA
EMCYT ORAL CAPSULE 140 MG	Tier 4	
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; \$\$\$\$\$
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4	PA; \$\$\$\$\$
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 4	PA; \$
<i>etoposide oral capsule 50 mg</i>	Tier 1	\$\$
<i>everolimus (antineoplastic) oral tablet 10 mg, 5 mg</i> (Afinitor)	Tier 4	PA; \$\$
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 7.5 mg</i> (Afinitor)	Tier 4	PA; \$
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 4	PA; \$\$\$\$\$
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY
EXKIVITY ORAL CAPSULE 40 MG	Tier 4	PA; \$\$\$\$\$
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	\$\$; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	\$\$; QL (2 EA per 365 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; \$\$\$\$\$
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	\$\$\$\$\$
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 4	PA; \$\$
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; \$\$\$\$\$
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	Tier 4	PA; \$
GLEOSTINE ORAL CAPSULE 100 MG (lomustine)	Tier 4	PA; \$\$\$
GLEOSTINE ORAL CAPSULE 40 MG (lomustine)	Tier 4	PA; \$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 4	
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
HYCAMTIN ORAL CAPSULE 0.25 MG	Tier 4	\$\$\$
HYCAMTIN ORAL CAPSULE 1 MG	Tier 4	\$\$\$\$\$
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	\$
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA; \$\$\$\$\$
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 4	PA; \$
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA; \$\$\$\$\$
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA; \$\$\$\$\$
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA; \$\$\$\$\$
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
IWILFIN ORAL TABLET 192 MG	Tier 4	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
JAYPIRCA ORAL TABLET 100 MG	Tier 4	PA; \$\$\$\$\$
JAYPIRCA ORAL TABLET 50 MG	Tier 4	PA
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	Tier 4	PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	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 4	PA; \$\$\$\$\$
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA; \$\$\$\$\$
KRAZATI ORAL TABLET 200 MG	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 4	PA; \$\$\$\$
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 4	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 4	PA; \$\$\$\$\$
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	\$
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	\$
LEUKERAN ORAL TABLET 2 MG	Tier 4	\$\$\$\$\$
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; \$\$\$\$\$
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA; \$\$\$\$\$
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 4	PA; \$\$\$\$\$
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA; \$\$\$\$\$
LYSODREN ORAL TABLET 500 MG	Tier 4	\$\$\$\$
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	Tier 4	PA; \$\$\$\$
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 4	PA
MATULANE ORAL CAPSULE 50 MG	Tier 4	\$\$\$\$
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	\$
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 4	PA; \$\$\$\$\$
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA; \$\$\$\$\$
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; \$\$\$\$\$
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	\$
MESNEX ORAL TABLET 400 MG	Tier 3	\$\$
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	\$
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	\$
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	\$
MYLERAN ORAL TABLET 2 MG	Tier 4	\$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NERLYNX ORAL TABLET 40 MG	Tier 4	PA; \$\$\$\$\$
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	QL (2 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA; \$\$\$\$\$
NUBEQA ORAL TABLET 300 MG	Tier 4	PA; \$\$\$\$\$
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA; \$\$\$\$\$
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 4	PA
OGSIVEO ORAL TABLET 50 MG	Tier 4	PA; \$\$\$\$\$
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 4	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 4	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4	PA; \$\$\$\$\$
ONUREG ORAL TABLET 200 MG	Tier 4	PA
ONUREG ORAL TABLET 300 MG	Tier 4	PA; \$\$\$\$\$
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; \$\$\$\$
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; \$\$\$\$\$
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 4	PA; \$\$\$\$
PEMAZYRE ORAL TABLET 13.5 MG, 9 MG	Tier 4	PA; \$\$\$\$\$
PEMAZYRE ORAL TABLET 4.5 MG	Tier 4	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 4	PA; \$\$\$\$\$
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; \$\$\$\$\$
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	\$\$\$; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
QINLOCK ORAL TABLET 50 MG	Tier 4	PA; \$\$\$\$\$
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA; \$\$\$\$\$
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; \$\$\$\$\$
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RUBRACA ORAL TABLET 200 MG, 300 MG	Tier 4	PA; \$\$\$\$\$
RUBRACA ORAL TABLET 250 MG	Tier 4	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA; \$\$\$\$\$
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 4	PA; \$\$\$\$\$
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	\$\$
<i>sorafenib oral tablet 200 mg (Nexavar)</i>	Tier 4	PA; \$\$\$
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; \$\$\$\$\$
<i>sunitinib malate oral capsule 12.5 mg (Sutent)</i>	Tier 4	PA; \$
<i>sunitinib malate oral capsule 25 mg, 37.5 mg (Sutent)</i>	Tier 4	PA; \$\$
<i>sunitinib malate oral capsule 50 mg (Sutent)</i>	Tier 4	PA; \$\$\$\$
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 4	\$\$\$\$\$
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; \$\$\$\$\$
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 4	PA; \$\$\$\$
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA; \$\$\$\$\$
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; \$
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; \$\$\$\$\$
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA; \$\$\$\$\$
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA; \$\$
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	\$\$\$\$
TREXALL ORAL TABLET 10 MG, 15 MG, 7.5 MG	Tier 2	\$
TREXALL ORAL TABLET 5 MG	Tier 2	\$\$
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 4	PA; \$\$\$\$\$
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
TURALIO ORAL CAPSULE 125 MG	Tier 4	PA; \$\$\$\$\$
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA; \$\$\$\$\$
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA; \$
VENCLEXTA ORAL TABLET 100 MG	Tier 4	PA; \$\$\$\$\$
VENCLEXTA ORAL TABLET 50 MG	Tier 4	PA; \$\$
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA; \$\$\$\$
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	QL (24 EA per 14 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; \$\$\$\$\$
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; \$\$\$\$\$
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA
VONJO ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
WELIREG ORAL TABLET 40 MG	Tier 4	PA; \$\$\$\$\$
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; \$\$\$\$\$
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	\$\$; ST: Must meet any of the following requirements: Methotrexate tablets or injection solution in 120 days if 12 years of age and older; QL (120 ML per 60 days)
XOSPATA ORAL TABLET 40 MG	Tier 4	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), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA; \$\$\$\$\$
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 4	PA
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; \$\$\$\$\$
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
YONSA ORAL TABLET 125 MG	Tier 4	PA; \$\$\$\$\$
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA; \$\$\$\$\$
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; \$\$\$\$\$
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	\$\$\$\$\$
ZYDELIG ORAL TABLET 100 MG	Tier 4	PA; \$\$\$
ZYDELIG ORAL TABLET 150 MG	Tier 4	PA; \$\$\$\$\$
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA; \$\$\$\$\$
Enfermedad Neurológica - Miscelánea		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14)	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; \$\$\$\$\$
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; \$\$\$
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	Tier 4	PA; \$\$\$
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	Tier 4	PA; \$\$\$\$\$
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	Tier 4	PA; \$\$\$
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 4	PA; \$\$\$\$\$
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; \$\$\$\$\$
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 4	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA; \$
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; \$\$\$\$\$
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 4	PA; \$
EXSERVAN ORAL FILM 50 MG	Tier 4	PA
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 4	PA; \$\$\$
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
<i>gabapentin oral tablet extended release 24 hr 300 mg</i> (Gralise)	Tier 1	\$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i> (Gralise)	Tier 1	\$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	Tier 4	PA; \$\$\$\$\$
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)	Tier 4	PA; \$\$\$
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA; \$\$
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 3	\$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG	Tier 3	\$\$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK 300 MG (9)- 600 MG (24)	Tier 3	ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (33 EA per 15 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (2 EA per 1 day)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA; \$\$\$\$\$
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAYZENT ORAL TABLET 0.25 MG	Tier 4	PA; \$\$\$
MAYZENT ORAL TABLET 1 MG, 2 MG	Tier 4	PA; \$\$\$\$\$
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	PA; \$\$
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA; \$\$\$
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 4	PA
PONVORY ORAL TABLET 20 MG	Tier 4	PA; \$\$\$\$\$
<i>pregabalin oral tablet extended release</i> (Lyrica CR) <i>24 hr 165 mg, 82.5 mg</i>	Tier 1	\$; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 330 mg	Tier 1	\$; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 4	\$\$\$\$\$
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 4	\$\$\$\$\$
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	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 4	PA; \$\$\$\$\$
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	\$
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	\$; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; \$\$\$\$\$
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.5 MG	Tier 4	PA; \$\$\$\$\$
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; \$\$\$\$
<i>teriflunomide oral tablet 14 mg</i> (Aubagio)	Tier 4	PA; \$\$
<i>teriflunomide oral tablet 7 mg</i> (Aubagio)	Tier 4	PA; \$\$\$
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA; \$
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA
VELSIPITY ORAL TABLET 2 MG	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA; \$\$\$\$\$
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; \$\$\$\$\$
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 4	PA; \$\$\$\$\$
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 4	PA; \$\$\$\$
Inmunización		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 3	\$
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet,delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet,delayed release (drlec)</i>	Tier 3	
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 3	\$
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA; \$\$\$\$
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %)	Tier 4	PA; \$\$
CUVITRU SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 4	PA; \$\$\$\$\$
CUVITRU SUBCUTANEOUS SOLUTION 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; \$\$\$\$
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA; \$\$\$\$\$
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 4	PA
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; \$\$\$\$\$
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 4	PA; \$\$
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; \$\$\$\$\$
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %)	Tier 4	PA; \$\$\$
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; \$\$\$\$\$
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %)	Tier 4	PA; \$\$\$
HIZENTRA SUBCUTANEOUS SYRINGE 2 GRAM/10 ML (20 %)	Tier 4	PA; \$\$\$\$
HIZENTRA SUBCUTANEOUS SYRINGE 4 GRAM/20 ML (20 %)	Tier 4	PA; \$\$\$\$\$
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %)	Tier 4	PA; \$\$\$\$\$
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %)	Tier 4	PA; \$\$
HYQVIA SUBCUTANEOUS SOLUTION 5 GRAM /50 ML (10 %)	Tier 4	PA; \$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.25 AND 6 MONTHS TO 11 YEARS OF AGE
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.3 AND 5-11 YEARS OF AGE
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.3 AND 6 MONTHS TO 4 YEARS OF AGE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	\$
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %)	Tier 4	PA; \$\$
XEMBIFY SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; \$\$\$\$\$
XEMBIFY SUBCUTANEOUS SOLUTION 2 GRAM/10 ML (20 %)	Tier 4	PA; \$\$\$\$
Inmunosupresión/Modulación		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG	Tier 3	\$. ST: Must meet the following requirement: generic Tacrolimus in 120 days
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG	Tier 3	\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>azathioprine oral tablet 100 mg</i> (Azasan)	Tier 1	\$
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	\$
<i>azathioprine oral tablet 75 mg</i> (Azasan)	Tier 1	\$\$
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 4	PA; \$\$\$\$\$
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	\$
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	\$
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	\$
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	\$
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	Tier 3	\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> (Zortress)	Tier 1	\$
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i> (Zortress)	Tier 1	\$\$
<i>everolimus (immunosuppressive) oral tablet 0.75 mg</i> (Zortress)	Tier 1	\$\$\$
<i>everolimus (immunosuppressive) oral tablet 1 mg</i> (Zortress)	Tier 1	\$\$\$\$
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 1	\$
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	Tier 1	PA; \$\$
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Tier 1	PA; \$\$
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	\$; QL (2 EA per 1 day)
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA; \$\$\$\$\$
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	\$
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	\$
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	\$
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	\$
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	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 (tacrolimus)	Tier 3	\$
PROGRAF ORAL CAPSULE 1 MG (tacrolimus)	Tier 3	\$\$\$
PROGRAF ORAL CAPSULE 5 MG (tacrolimus)	Tier 3	\$\$
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	\$\$
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetiriziniacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 3	
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Tier 3	\$\$\$
RAPAMUNE ORAL TABLET 0.5 MG (sirolimus)	Tier 3	\$\$
RAPAMUNE ORAL TABLET 1 MG (sirolimus)	Tier 3	\$\$\$
RAPAMUNE ORAL TABLET 2 MG (sirolimus)	Tier 3	
REZUROCK ORAL TABLET 200 MG	Tier 4	PA; \$\$\$\$\$
SANDIMMUNE ORAL CAPSULE 100 MG (cyclosporine)	Tier 3	\$\$\$
SANDIMMUNE ORAL CAPSULE 25 MG (cyclosporine)	Tier 3	\$\$
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 1	\$\$
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	\$
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Tier 3	PA; \$\$\$
La Gota Y Enfermedades Relacionadas		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	\$
<i>allopurinol oral tablet 200 mg, 300 mg</i>	Tier 1	\$
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	\$. QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	\$. QL (4 EA per 1 day)
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Must meet the following requirement: Allopurinol in 120 days; QL (1 EA per 1 day)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	\$. ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
<i>probenecid oral tablet 500 mg</i>	Tier 1	\$
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	\$
Manejo De Dolor - Analgésicos		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)	Tier 1	\$. ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	\$. QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	\$. QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	\$. QL (6 EA per 1 day); Age (Min 12 Years)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; \$\$
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA; \$\$
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA; \$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 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 3	ST: Must meet the following requirement: Hydrocodone/acetaminophen tablets in 120 days; QL (12 EA per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asacaff)	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	Tier 5	\$
<i>aspirin oral tablet, delayed release (drlec) 325 mg</i> (Bayer Aspirin)	Tier 5	\$
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	Tier 5	\$
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	\$
BELBUCA BUCCAL FILM 150 MCG, 75 MCG (buprenorphine hcl)	Tier 3	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
BELBUCA BUCCAL FILM 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 3	\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 1	ST: Must meet the following requirement: Hydrocodone/acetaminophen tablets in 120 days; QL (12 EA per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	\$
<i>buprenorphine transdermal patch weekly</i> (Butrans) <i>10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) <i>12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	\$
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	\$
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	\$; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	\$; ST: Must meet the following requirement: Generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	\$
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	\$
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	Tier 1	\$
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	\$
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	\$
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	\$
<i>butorphanol injection solution 1 mg/ml</i>	Tier 1	
<i>butorphanol injection solution 2 mg/ml</i>	Tier 1	\$
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	\$
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> (Duraclon (PF))	Tier 1	
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	\$; QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML	Tier 3	\$
<i>diclofenac potassium oral powder in packet 50 mg</i> (Cambia)	Tier 1	\$
<i>diflunisal oral tablet 500 mg</i>	Tier 1	\$
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	\$\$; QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 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 3	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	Tier 3	PA
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	\$
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA; \$\$\$
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA; \$\$
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; \$\$
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA; \$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	\$; QL (12 EA per 1 day)
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	\$\$\$; QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	\$; QL (10 EA per 7 days)
<i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Tier 1	PA; \$\$
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	Tier 1	PA; \$
<i>fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Fentora)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; \$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	Tier 3	PA
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	\$
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 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, 50 mg</i>	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 40 mg</i>	Tier 1	\$\$; ST: Must meet the following requirement: 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, 80 mg</i> (Hysingla ER)	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 30 mg</i> (Hysingla ER)	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 40 mg, 60 mg</i> (Hysingla ER)	Tier 1	\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	\$; QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	\$; QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	\$; QL (12 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	\$
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i> (Dilaudid (PF))	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	\$
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	\$
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg</i>	Tier 1	PA; \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	Tier 1	PA; \$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	\$
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG (hydrocodone bitartrate)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG (hydrocodone bitartrate)	Tier 3	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 40 MG (hydrocodone bitartrate)	Tier 3	\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 80 MG (hydrocodone bitartrate)	Tier 3	\$\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	\$\$\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>levorphanol tartrate oral tablet 3 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA; \$\$
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	Tier 1	\$
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	Q; QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	Q; QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL (methadone) CONCENTRATE 10 MG/ML	Tier 1	Q; QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml (Methadone Intensol)</i>	Tier 1	Q; QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	Q; QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	Q; QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	Q; QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	Q; QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg (Methadose)</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL (methadone) TABLET, SOLUBLE 40 MG	Tier 1	QL (1 EA per 1 day)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3	PA; \$\$\$\$
MIGRANOW KIT, GEL AND TABLET 50 MG- 10 %-4 %	Tier 3	
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA; \$
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	\$\$; ST: Must meet the following requirement: 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, 90 mg</i>	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 75 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, extend.release pellets 100 mg</i>	Tier 1	ST: Must meet the following requirement: 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 1	\$
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	\$
<i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg</i>	Tier 1	\$
<i>morphine rectal suppository 30 mg, 5 mg</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NALOCET ORAL TABLET 2.5-300 MG (oxycodone-acetaminophen)	Tier 1	\$\$; ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (12 EA per 1 day)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	\$; QL (18 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 50 MG	Tier 3	\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 150 MG, 200 MG, 250 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG	Tier 3	\$\$\$; QL (6 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG, 75 MG	Tier 3	\$\$; QL (6 EA per 1 day)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 2	PA; \$\$\$
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 3	ST: Must meet the following requirement: Generic Sumatriptan nasal spray in 180 days; QL (32 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	\$
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA; \$
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	\$
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Tier 1	\$
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	Tier 1	\$; ST: Must meet the following requirement: 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 1	\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>oxycodone-acetaminophen oral solution</i> (Prolate) 10-300 mg/5 ml	Tier 1	QL (66 ML per 1 day)
<i>oxycodone-acetaminophen oral solution</i> 5-325 mg/5 ml	Tier 1	\$; QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Primlev) 10-300 mg	Tier 1	\$\$\$\$; ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	\$; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Nalocet) 2.5-300 mg	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i> (Prolate)	Tier 1	\$\$\$\$; ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG (oxycodone)	Tier 2	\$; ST: Must meet the following requirement: 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 20 MG, 30 MG, 40 MG, 60 MG (oxycodone)	Tier 2	\$\$; ST: Must meet the following requirement: 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 2	\$\$\$; ST: Must meet the following requirement: 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 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	\$; ST: Must meet the following requirement: 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</i>	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	Tier 1	\$\$; ST: Must meet the following requirement: 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 1	\$
PERCOCET ORAL TABLET 10-325 MG (oxycodone-acetaminophen)	Tier 1	\$\$\$; QL (12 EA per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	\$; QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML (oxycodone-acetaminophen)	Tier 3	QL (66 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	Tier 1	\$\$\$\$; ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
QULIPTA ORAL TABLET 10 MG	Tier 2	PA; \$\$\$
QULIPTA ORAL TABLET 30 MG, 60 MG	Tier 2	PA; \$\$
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; \$\$
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	\$; QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	\$; QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	\$; QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	\$; QL (27 EA per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	Tier 3	\$\$\$
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	Tier 3	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	\$
SEGLENTIS ORAL TABLET 44-56 MG	Tier 3	\$
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	\$; QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	\$; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	\$; QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	\$\$; QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	\$; 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 1	\$; QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	\$; QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	Tier 1	\$; ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succ/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Tosymra, Zembrace Symtouch, or Zolmitriptan in 180 days; QL (18 EA per 30 days)
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	\$\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (24 EA per 30 days)
<i>tramadol oral capsule, er biphasic 24 hr 17-83 300 mg</i> (ConZip)	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule, er biphasic 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 1	PA; \$
<i>tramadol oral tablet 100 mg</i>	Tier 1	\$; QL (4 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 25 mg</i>	Tier 1	\$
<i>tramadol oral tablet 50 mg</i>	Tier 1	\$; QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	\$; ST: Must meet the following requirement: 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 1	\$; ST: Must meet the following requirement: 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 1	\$; ST: Must meet the following requirement: 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 1	\$; QL (10 EA per 1 day); Age (Min 12 Years)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	\$\$\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; \$\$
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 9 MG	Tier 3	\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 18 MG	Tier 3	\$\$; ST: Must meet the following requirement: 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 3	\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	\$\$; ST: Must meet the following requirement: 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 3	PA; \$\$
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 3	\$\$; ST: Must meet the following requirement: Generic Sumatriptan injection in 120 days; QL (18 ML per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)	Tier 1	\$\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG (zolmitriptan)	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 5 MG (zolmitriptan)	Tier 1	\$\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 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, 8.6-2.1 MG	Tier 2	\$
Oído - Trastornos Generales		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	\$
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	Tier 3	\$
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	\$
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Tier 1	\$
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	\$
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	\$
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	\$
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	\$
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	\$
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	\$
Ojo - Glaucoma		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	\$
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	\$
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	\$
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	\$
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	\$
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	\$
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	\$
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	\$
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	\$
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	\$; QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Tier 1	\$
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	\$
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 1	\$
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Tier 1	\$
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	\$
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	\$
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	\$
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	\$
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	\$; ST: Must meet the following requirement: Dorzolamide HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 2.3-6.8 mg/ml</i> (Cosopt)	Tier 1	\$
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	\$\$
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 3	\$; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 1	\$
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	\$
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	\$; QL (2.5 ML per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	\$
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	\$\$\$
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	\$
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	\$; ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	\$; ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	\$
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	Tier 1	\$; QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Tier 1	\$; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	\$
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 1	\$
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	\$
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	\$; QL (2.5 ML per 25 days)
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	\$
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	Tier 1	\$
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA; \$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	\$; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	\$; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (2.5 ML per 25 days)
Ojo - Misceláneos		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA; \$\$\$\$\$
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA; \$\$\$\$\$
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	\$
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	PA; \$\$
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	Tier 1	(tropic-proparacai-peketor-wat)
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	\$\$\$\$
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 4	PA
Ojo - Trastornos Generales		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	\$; ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (60 EA per 15 days)
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 1	
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 2	\$; ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	\$; ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (40 ML per 30 days)
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 1	\$
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 3	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	\$
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	\$
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	\$; QL (12 ML per 30 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	\$
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	Tier 1	\$
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Tier 1	\$; ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (10 ML per 30 days)
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	\$
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	\$; ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	\$; ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	\$; ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3.4 ML per 16 days)
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Cyclosporine, Restasis Multidose, or Xiidra in 365 days; QL (60 EA per 30 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	\$
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	\$
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	\$; QL (50 ML per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 1	\$; QL (60 EA per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	\$; QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	\$; QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 1	\$; QL (10 ML per 14 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	\$; QL (10 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	\$
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	PA; \$\$
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	\$. ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	\$
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	\$. QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	\$
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	\$. ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	\$
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	\$
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 3	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 3	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	\$. QL (3.4 ML per 16 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	\$; ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	\$
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	\$; QL (20 ML per 30 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	\$; QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	\$; QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	\$; QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	\$; ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	\$; QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	\$; ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	\$
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	\$
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	\$
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	\$
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	\$
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	\$
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	\$
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	\$
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (9 ML per 16 days)
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	\$
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	\$
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	\$; QL (3 ML per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA; \$\$\$\$\$
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	\$
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	\$
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	\$; ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days)
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	\$; QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	\$; QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	\$; QL (20 ML per 14 days)
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	\$
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	\$\$; QL (5.5 ML per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	\$
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	\$\$\$
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	\$
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	\$
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 1	\$
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	\$; ST: Must meet the following requirement: generic ophthalmic Tobramycin/dexamethason e drops in 120 days
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	\$
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	\$
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	\$
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 3	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	\$
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3	PA; \$\$
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA; \$
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA; \$\$\$
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	PA; \$\$\$
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA; \$\$\$
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	\$\$; QL (60 EA per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	\$; QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	\$\$; ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 3	\$
Otros Medicamentos		
AIMSCO LATEX CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>alum, ammonium (bulk) powder</i>	Tier 3	
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
APLIGRAF TOPICAL DISK	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 3	
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 3	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 3	
ASPYRERX DIGITAL APP (90-DAY)	Tier 3	
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
AURUMHEEL ORAL DROPS	Tier 3	
<i>balsam peru (bulk) liquid</i>	Tier 3	
<i>balsam peru-castor oil topical ointment</i> (BPCO)	Tier 1	\$
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	\$
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	\$
BD VERITOR SARS-COV-2, FLU A-B KIT	Tier 5	\$
<i>benzoin (bulk) topical tincture</i>	Tier 3	\$
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 4	PA; \$\$\$
BPCO TOPICAL OINTMENT (balsam peru-castor oil)	Tier 1	\$
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	ST: Must meet the following requirement: Inhaled 7% Sodium Chloride solution in 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 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	\$
CERDELGA ORAL CAPSULE 84 MG	Tier 4	\$\$\$\$\$
CHEMET ORAL CAPSULE 100 MG	Tier 3	\$\$\$
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
COAGUCHEK XS	Tier 3	\$\$
CONCEPTION KIT	Tier 3	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 3	PA
<i>covid19 test adm.by pharmacist</i>	Tier 5	\$
CRALONIN ORAL DROPS	Tier 3	
CRYOSERV SOLUTION 99 %	Tier 3	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 4	PA; \$\$\$\$\$
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
<i>deferasirox oral granules in packet 180 mg</i> (Jadenu Sprinkle)	Tier 4	PA; \$\$
<i>deferasirox oral granules in packet 360 mg</i> (Jadenu Sprinkle)	Tier 4	PA; \$\$\$\$
<i>deferasirox oral granules in packet 90 mg</i> (Jadenu Sprinkle)	Tier 4	PA; \$\$\$
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA; \$
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	Tier 4	PA; \$\$
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	Tier 4	PA; \$
<i>deferiprone oral tablet 1,000 mg</i> (Ferriprox)	Tier 4	PA; \$\$\$\$\$
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	Tier 4	PA; \$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA; \$
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 %	Tier 3	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 %	Tier 3	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 %	Tier 3	
DERMULCERA TOPICAL OINTMENT (balsam peru-castor oil)	Tier 3	
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA; \$\$\$\$\$
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
DUREX AIR CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
ENDEAVORRX	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
<i>eua patient assessment</i>	Tier 5	
EVERLYWELL COVID19 HOM COLLECT (covid-19 test specimen collect)	Tier 5	
EYE ORAL TABLET,SOLUBLE	Tier 3	
FANTASY CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; \$\$\$\$\$
FILSUVEZ TOPICAL GEL 10 %	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	\$
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	
GELFILM IMPLANT FILM	Tier 3	
GELX MUCOUS MEMBRANE GEL	Tier 3	
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 3	
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 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	\$
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %</i>	Tier 3	
<i>isopropyl alcohol solution 99 %</i>	Tier 3	\$
KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 "	Tier 3	
KETONE CARE STRIP	Tier 3	
KETONE URINE TEST STRIP	Tier 3	\$
KETOSTIX STRIP	Tier 3	\$
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
KIMONO TEXTURED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	Tier 5	\$\$
LAMIOFLUR ORAL DROPS	Tier 3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	\$
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	\$
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	\$
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	Tier 5	\$\$
LUMINOPIA DIGITAL APP (30-DAY)	Tier 3	
MACI IMPLANT SHEET 500,000 CELL/CM2 (3CM X 5CM)	Tier 3	
MAHANA IBS	Tier 3	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	\$
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	\$\$; ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
MIDASPOT COVID19 ANTIBODY TEST KIT	Tier 5	
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	\$
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	\$
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	\$
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	\$
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 4	PA; \$\$\$\$\$
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG	Tier 5	\$\$
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
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 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 3	
MURI-LUBE OIL	Tier 3	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 4	PA; \$\$\$\$\$
NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %	Tier 1	\$
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	\$
NERIVIO DIGITAL APP (MIGRAINE)	Tier 3	\$\$
<i>nitisinone oral capsule 10 mg, 5 mg</i> (Orfadin)	Tier 4	PA; \$\$\$\$\$
<i>nitisinone oral capsule 2 mg</i> (Orfadin)	Tier 4	PA; \$\$\$\$
<i>nitisinone oral capsule 20 mg</i> (Orfadin)	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	Tier 4	\$\$
<i>octreotide acetate injection solution 100 (Sandostatin) mcg/ml, 50 mcg/ml</i>	Tier 4	\$
<i>octreotide acetate injection solution 200 mcg/ml</i>	Tier 4	\$
<i>octreotide acetate injection solution 500 (Sandostatin) mcg/ml</i>	Tier 4	\$\$
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	\$
OPFOLDA ORAL CAPSULE 65 MG	Tier 4	PA; \$
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ORAPEUTIC MUCOUS MEMBRANE GEL	Tier 3	
ORFADIN ORAL CAPSULE 10 MG, 20 MG, 5 MG (nitisinone)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA; \$\$\$\$\$
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 5	\$\$
PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)	Tier 5	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 3	
PS1 ACIURGY PACK TOPICAL KIT 2-4-10-70 %	Tier 3	
PS2 ACIURGY PACK TOPICAL KIT 2-4-10-70 %	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RADIAGEL TOPICAL GEL	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
RAPPORT VACUUM THERAPY KIT	Tier 3	
RAYASORE KIT TOPICAL KIT 1-10 %	Tier 3	
REGULORA IBS DIGITAL APP	Tier 3	
RENEEL ORAL TABLET, SOLUBLE	Tier 3	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA; \$\$\$\$\$
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	Tier 5	\$\$
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	\$
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	\$
SOFIA2 FLU-SARS ANTIGEN FIA KIT	Tier 5	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	\$
T.E.D. KNEE LENGTH-M-LONG	Tier 3	\$
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	\$
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 3	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 3	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 4	PA; \$\$
<i>trientine oral capsule 500 mg</i>	Tier 4	PA
TRUE COVER CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUEPLUS KETONE STRIP	Tier 3	\$
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
TRUSTEX LATEX CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
VENELEX TOPICAL OINTMENT (balsam peru-castor oil)	Tier 3	\$
VENELEX TOPICAL OINTMENT IN PACKET	Tier 3	\$
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET, SOLUBLE	Tier 3	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 %	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
XCELLISTEM TOPICAL POWDER 250 MG	Tier 3	
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 4	PA
Otros Trastornos Respiratorios		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	\$
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	Tier 4	PA
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; \$\$\$\$\$
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; \$\$\$\$\$
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA; \$\$\$\$\$
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA; \$\$\$\$\$
<i>pirfenidone oral capsule 267 mg (Esbriet)</i>	Tier 4	PA; \$\$
<i>pirfenidone oral tablet 267 mg, 801 mg (Esbriet)</i>	Tier 4	PA; \$
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA; \$\$\$\$
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	Tier 4	PA; \$\$\$\$\$
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	Tier 4	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 4	PA; \$\$\$\$\$
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; \$\$\$\$\$
Reemplazo De Fluidos		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA
Regulación De Electrolitos		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (12 EA per 1 day)
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	\$
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	\$
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	\$
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	\$
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 1	\$
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Klor-Con M10 Oral Tablet, ER Particles/Crystals 10 MEQ (potassium chloride)	Tier 1	\$
Klor-Con M15 Oral Tablet, ER Particles/Crystals 15 MEQ (potassium chloride)	Tier 1	\$
Klor-Con M20 Oral Tablet, ER Particles/Crystals 20 MEQ (potassium chloride)	Tier 1	\$
Lanthanum oral tablet, chewable 1,000 mg, 500 mg (Fosrenol)	Tier 1	\$
Lanthanum oral tablet, chewable 750 mg (Fosrenol)	Tier 1	\$\$
Lokelma Oral Powder in Packet 10 Gram, 5 Gram	Tier 2	\$\$
Normal Saline Flush Injection Syringe (sodium chloride 0.9 % (flush))	Tier 1	\$
Pokonza Oral Packet 10 MEQ	Tier 1	\$\$\$
Potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	\$
Potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	\$
Potassium chloride oral packet 20 meq (Klor-Con)	Tier 1	\$
Potassium chloride oral tablet extended release 10 meq (Klor-Con 10)	Tier 1	\$
Potassium chloride oral tablet extended release 20 meq (K-Tab)	Tier 1	\$
Potassium chloride oral tablet extended release 8 meq (Klor-Con 8)	Tier 1	\$
Potassium chloride oral tablet, ER particles/crystals 10 meq (Klor-Con M10)	Tier 1	\$
Potassium chloride oral tablet, ER particles/crystals 15 meq (Klor-Con M15)	Tier 1	\$
Potassium chloride oral tablet, ER particles/crystals 20 meq (Klor-Con M20)	Tier 1	\$
Sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	Tier 1	\$
Sevelamer carbonate oral tablet 800 mg (Renvela)	Tier 1	\$
Sevelamer HCl oral tablet 400 mg, 800 mg	Tier 1	\$\$
Sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	\$
Sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	\$
Sodium chloride 0.9 % (flush) injection syringe (BD PosiFlush Normal Saline 0.9)	Tier 1	\$
Sodium chloride 0.9 % injection solution	Tier 1	\$
Sodium chloride 0.9 % intravenous parenteral solution	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	\$
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	\$
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	\$
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	\$
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	\$
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 4	\$\$\$; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 4	\$\$\$\$; QL (60 EA per 365 days)
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	\$\$\$\$; QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA; \$\$
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	\$\$\$\$; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 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 1	\$
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	\$
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>amoxapine oral tablet 150 mg</i>	Tier 1	
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG	Tier 3	\$\$\$\$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	Tier 3	\$\$\$\$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	PA; \$\$
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	\$
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	\$
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	Tier 1	\$\$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	\$
<i>citalopram oral capsule 30 mg</i>	Tier 1	\$
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	\$
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	\$
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	\$
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	\$
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	\$\$; ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 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 1	\$
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	\$
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 3	PA
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	\$
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	\$\$; ST: Must meet the following requirement: 2-20mg generic Duloxetine capsules in 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4%	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR	Tier 3	\$\$\$\$; ST: Must meet any of the following requirements: Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate in 120 days; QL (1 EA per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 9 MG/24 HR	Tier 3	\$\$\$; ST: Must meet any of the following requirements: Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate in 120 days; QL (1 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	\$
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	\$
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Tier 2	ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	\$\$; ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	\$
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	\$
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	\$
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 1	\$; ST: Must meet any of the following requirements: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL in 120 days; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	\$
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	\$
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	\$
MARPLAN ORAL TABLET 10 MG	Tier 3	\$\$
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	Tier 1	\$
mirtazapine oral tablet 45 mg, 7.5 mg	Tier 1	\$
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	Tier 1	\$
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	\$
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	Tier 1	\$
nortriptyline oral solution 10 mg/5 ml	Tier 1	\$
paroxetine hcl oral suspension 10 mg/5 ml (Paxil)	Tier 1	\$
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	Tier 1	\$
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	Tier 1	\$
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg	Tier 1	\$
perphenazine-amitriptyline oral tablet 4-10 mg, 4-50 mg	Tier 1	
phenelzine oral tablet 15 mg (Nardil)	Tier 1	\$
protriptyline oral tablet 10 mg, 5 mg	Tier 1	\$
sertraline oral capsule 150 mg, 200 mg	Tier 1	\$; QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml (Zoloft)	Tier 1	\$
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	Tier 1	\$
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	Tier 4	PA
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	Tier 4	PA; \$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	Tier 4	PA; \$\$\$
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	\$
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	\$
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	\$\$; ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Venlafaxine ER capsules in 120 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 1	\$
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	\$
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 1	\$; ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days
ZURZUVAE ORAL CAPSULE 20 MG, 30 MG	Tier 2	PA
ZURZUVAE ORAL CAPSULE 25 MG	Tier 2	PA; \$\$\$\$\$
Salud Del Computamiento - Otro		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	\$
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 3.1 MG, 6.3 MG	Tier 3	\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 18.8 MG, 9.4 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	\$
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	\$
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	\$
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Dextroamphetamine/Amphetamine in 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA; \$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	\$; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	\$
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	\$\$; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	\$; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	\$; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	\$; QL (3 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	\$; 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 1	\$
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 3	\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	\$; QL (1 EA per 1 day)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	\$
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: Vraylar in 120 days; QL (1 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	\$
<i>chlorpromazine oral concentrate 100 mg/ml</i>	Tier 1	\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>chlorpromazine oral concentrate 30 mg/ml</i>	Tier 1	\$
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	\$
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	\$
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	\$
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Tier 1	\$\$; QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 200 mg</i>	Tier 1	\$\$\$; QL (3 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (2 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; 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 1	\$\$; QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 1	\$\$; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	\$\$; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	\$\$; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	\$\$; QL (60 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>dextroamphetamine sulfate oral solution</i> (ProCentra) 5 mg/5 ml	Tier 1	\$; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Tier 1	\$; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	Tier 1	\$; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenedi)	Tier 1	\$; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 1	\$; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Tier 1	\$; 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 1	\$; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	\$; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	\$; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	\$; QL (2 EA per 1 day)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 1	\$
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	\$
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	\$
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	\$
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 1	\$; ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	\$; ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 days; QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	\$
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	\$
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	\$; QL (1 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FANAPT ORAL TABLET 10 MG, 12 MG	Tier 3	\$\$\$\$; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	\$; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (8 EA per 28 days)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	\$
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	\$
<i>guanfacine oral tablet extended release (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	\$
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	\$
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	\$
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; \$\$\$\$\$
IGALMI SUBLINGUAL FILM 120 MCG	Tier 3	PA
IGALMI SUBLINGUAL FILM 180 MCG	Tier 3	PA; \$\$\$
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	\$; 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 1	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lisdexamfetamine oral tablet, chewable</i> (Vyvanse) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	\$; QL (1 EA per 1 day)
<i>lithium carbonate oral capsule</i> 150 mg, 300 mg, 600 mg	Tier 1	\$
<i>lithium carbonate oral tablet</i> 300 mg	Tier 1	\$
<i>lithium carbonate oral tablet extended release</i> 300 mg (Lithobid)	Tier 1	\$
<i>lithium carbonate oral tablet extended release</i> 450 mg	Tier 1	\$
<i>lithium citrate oral solution</i> 8 meq/5 ml	Tier 1	\$
LORAZEPAM INTENSOL ORAL (lorazepam) CONCENTRATE 2 MG/ML	Tier 1	\$
<i>lorazepam oral concentrate</i> 2 mg/ml (Lorazepam Intensol)	Tier 1	\$
<i>lorazepam oral tablet</i> 0.5 mg, 1 mg, 2 mg (Ativan)	Tier 1	\$
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG	Tier 3	\$
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG	Tier 3	\$; ST: Must meet the following requirement: Lorazepam tablets in 120 days
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 3 MG	Tier 3	\$\$
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	\$
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 4	PA; \$\$\$\$\$
<i>lurasidone oral tablet</i> 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	Tier 1	\$; QL (30 EA per 30 days)
<i>lurasidone oral tablet</i> 80 mg (Latuda)	Tier 1	\$; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	PA; \$\$\$
<i>meprobamate oral tablet</i> 200 mg, 400 mg	Tier 1	\$
METADATE ER ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 20 MG	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet</i> 5 mg (Desoxyn)	Tier 1	\$\$; QL (150 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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 3	\$; ST: Must meet the following requirement: One of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 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 1	\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 1	\$; 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 1	\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 1	\$; QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 1	\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 1	\$
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 1	\$; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	\$; QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	\$; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Relexxii)	Tier 1	\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Relexxii)	Tier 1	\$; QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg</i> (Relexxii)	Tier 3	\$\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 63 mg</i> (Relexxii)	Tier 1	\$\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	Tier 1	\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$; QL (90 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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 1	\$. ST: Must meet the following requirement: Methylphenidate HCL or Quillivant XR in 120 days; QL (1 EA per 1 day)
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Tier 1	\$
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	\$. QL (2 EA per 1 day)
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	\$
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)	Tier 1	\$. QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG	Tier 3	
NALTREX ORAL CAPSULE 4.5 MG	Tier 3	\$
<i>naltrexone oral tablet 50 mg</i>	Tier 1	\$
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; \$\$\$\$
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	\$
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	\$
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 1	\$. QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	Tier 1	\$. QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 6-50 mg</i>	Tier 1	\$. QL (1 EA per 1 day)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	\$. QL (4 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	\$
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 1	\$. QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 1	\$. QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 1	\$. QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	\$
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	\$
<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 1	\$
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	\$
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	\$; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL in 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL in 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	\$; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL in 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	\$\$; ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	\$
<i>quetiapine oral tablet 150 mg</i>	Tier 1	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>quetiapine oral tablet extended release</i> (Seroquel XR) 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	\$
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	\$; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	\$; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	\$; 120mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	\$; 150mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	\$; 180mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	\$; 60mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (60 ML per 30 days)
QUVIVIQ ORAL TABLET 25 MG	Tier 3	PA; \$\$
QUVIVIQ ORAL TABLET 50 MG	Tier 3	PA; \$
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 1	\$; ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 54 MG	Tier 3	QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 27 MG	Tier 3	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 36 MG	Tier 3	\$; QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 72 MG	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	\$\$\$; 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 2	QL (1 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	\$
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	\$
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	\$
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	\$
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (1 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24 HOUR	Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; 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 3	
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 4	PA; \$\$\$\$\$
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA; \$\$
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	\$
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	\$
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	\$
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	\$
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	\$
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (18 ML per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	\$\$\$; QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG (lisdexamfetamine)	Tier 2	\$\$; QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Tier 2	\$; QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine)	Tier 2	\$; QL (1 EA per 1 day)
WAKIX ORAL TABLET 17.8 MG	Tier 4	PA; \$\$\$\$\$
WAKIX ORAL TABLET 4.45 MG	Tier 4	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 3	\$; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA; \$\$\$\$\$
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	\$; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	\$; QL (2 ML per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	\$
zolpidem oral capsule 7.5 mg	Tier 1	\$
zolpidem oral tablet 10 mg, 5 mg (Ambien)	Tier 1	\$; QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	Tier 1	\$; QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	\$; QL (1 EA per 1 day)
Sistema Nervioso Autónomo		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 3	PA; \$
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	Tier 1	\$
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	\$
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	\$; QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	\$; QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	\$; QL (60 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	Tier 1	\$; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	\$; QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 1	\$; QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg (Namenda Titration Pak)	Tier 1	\$; QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 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 2	\$\$; ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (1 EA per 1 day)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	\$
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	\$\$
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	\$
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	\$
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	\$
<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 1	\$; QL (30 EA per 30 days)
Suministros Médicos		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	\$
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	\$
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	\$
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 "	Tier 3	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 "	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 2	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 2	\$
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 3	
ADVANCE PLUS INTERMITTENT 14-16 FR-" (catheter)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE	Tier 2	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
AERONEB GO (nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 "	Tier 3	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"	Tier 3	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 "	Tier 3	
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 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 2	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
ASSURE LANCE 25 GAUGE	Tier 2	\$
ASSURE LANCE 28 GAUGE (lancets)	Tier 2	\$
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE	Tier 2	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	\$
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	\$
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 2	\$
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1"	Tier 3	\$
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4"	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE (lancets)	Tier 2	
BD MICROTAINER LANCET 30 GAUGE (lancets)	Tier 2	\$
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	\$
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 2	\$
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 (lancets) GAUGE, 28 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 (lancets) GAUGE	Tier 2	
CAREONE ULTRA THIN LANCET (lancets)	Tier 2	\$
CARESENS LANCETS 30 GAUGE (lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 (lancets) GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 (lancets) GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CEFALY COMBO PACK	Tier 3	
CELLPAD TOPICAL PAD 2 X 5.5 "	Tier 3	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
CICASIL TOPICAL PAD 2 X 5.5 "	Tier 3	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 "	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 2	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	\$
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
COAGUCHEK LANCETS (lancets)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 2	\$
COMFORT EZ LANCETS 21 GAUGE (lancets)	Tier 2	
COMFORT EZ LANCETS 23 GAUGE	Tier 2	
COMFORT EZ LANCETS 28 GAUGE (lancets)	Tier 2	\$
COMFORT TOUCH PLUS SAFETY (lancets) LANC 30 GAUGE	Tier 2	\$
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 2	\$
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
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 3	
DERM-SILK TOPICAL PAD 2.5 X 2 "	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 2	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	\$
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
EASY TOUCH LANCETS 32 GAUGE	Tier 2	\$
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 2	\$
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 2	\$
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 2	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 2	\$
EMBRACE SAFETY LANCET 21 GAUGE (lancets)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EMBRACE SAFETY LANCET 28 GAUGE (lancets)	Tier 2	\$
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
EXTENDED RESERVOIR 3 ML	Tier 3	\$
E-Z JECT LANCETS , 26 GAUGE (lancets)	Tier 2	\$
E-Z JECT LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
E-Z JECT LANCETS 32 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 2	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 2	
FEMALE CATHETER 14 FR	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 2	\$
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 2	\$
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 2	\$
FREESTYLE UNISTIK 2 (lancets)	Tier 2	\$
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 2	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 2	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	\$
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 2	\$
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	
INSUFロン INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
INTERLINK LEVER LOCK CANNULA	Tier 3	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 2	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE (iv administration set) INFUSION SET	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set) INFUSION SET	Tier 3	
IVENIX ADMIN SET SINGLE-INLET (iv administration set) INFUSION SET	Tier 3	
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET	Tier 3	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
KELOTOP TOPICAL PAD 4.7 X 5.7 "	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERAGELT TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	\$
<i>lancets 21 gauge, 30 gauge</i> (Advocate Lancet)	Tier 2	
<i>lancets 26 gauge</i> (Advocate Lancet)	Tier 2	\$
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Tier 2	\$
<i>lancets 33 gauge</i> (CareTouch Twist Lancet)	Tier 2	\$
LANCETS, SUPER THIN (lancets)	Tier 2	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 2	
LANCETS, ULTRA THIN (lancets)	Tier 2	\$
LOFRIC 12-16 FR-"	Tier 3	
LOFRIC 14-16 FR-" (catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"	Tier 3	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 "	Tier 3	
MEDIHONEY (HYDROCOLLOID- HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
MEDISENSE THIN LANCETS 28 (lancets) GAUGE	Tier 2	
MEDLANCE PLUS LANCETS 21 (lancets) GAUGE	Tier 2	
MEDLANCE PLUS LANCETS 25 GAUGE	Tier 2	\$
MEDLANCE PLUS LANCETS 30 (lancets) GAUGE	Tier 2	\$
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 2	\$
MICROBORE EXTENSION SET (iv admin extension set) INFUSION SET	Tier 3	
MICRODOT LANCET 28 GAUGE (lancets)	Tier 2	
MICROLET LANCET (lancets)	Tier 2	\$
MOBILE LANCETS 30 GAUGE (lancets)	Tier 2	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 2	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 2	
MYGLUCOHEALTH LANCETS 30 (lancets) GAUGE	Tier 2	
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 3	
NOSE CLIP (nebulizer accessories)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE	Tier 2	
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Tier 2	
NOVA SUREFLEX LANCETS (lancets)	Tier 2	
NUVA III TOPICAL SHEET 10 CM X 12 CM	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NUVAGEL TOPICAL SHEET 10 CM X 12 CM	Tier 3	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM	Tier 3	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
ON CALL LANCET 30 GAUGE (lancets)	Tier 2	\$
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 2	\$
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 2	\$
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 2	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	\$
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	\$
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	\$
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	\$
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
PRO COMFORT LANCET 30 GAUGE (lancets)	Tier 2	\$
PRO COMFORT LANCET 31 GAUGE	Tier 2	\$
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 2	\$
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRODIGY LANCETS 26 GAUGE (lancets)	Tier 2	
PRODIGY LANCETS 28 GAUGE (lancets)	Tier 2	\$
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 2	\$
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
PROSILK TOPICAL PAD 2 X 5.5 "	Tier 3	
PTS COLLECT CAPILLARY TUBE	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 3	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	\$
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 2	\$
PUSH BUTTON SAFETY LANCETS 21 GAUGE (lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)	Tier 2	\$
RATE FLOW REGULATOR IV SET (iv administration set) INFUSION SET	Tier 3	
RELIAMED LANCET 23 GAUGE	Tier 2	
RELIAMED LANCET 28 GAUGE (lancets)	Tier 2	\$
RELIAMED LANCET 30 GAUGE (lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 2	\$
RELIZORB CARTRIDGE	Tier 3	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 "	Tier 3	
REPLICARE DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 8 X 8 " (hydrocolloid dressing)	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 "	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
REPLICARE THIN TOPICAL BANDAGE (hydrocolloid dressing) 6 X 8 "	Tier 3	
REPLICARE ULTRA DRESSING (hydrocolloid dressing) TOPICAL BANDAGE 4 X 4 ", 6 X 6 "	Tier 3	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 7 X 8 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	\$
RIGHTEST GL300 LANCETS 30 (lancets) GAUGE	Tier 2	\$
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	\$
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 3	\$
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 "	Tier 3	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 "	Tier 3	\$
SCARHEAL TOPICAL SHEET 2 X 2.5 "	Tier 3	
SCARSILK TOPICAL PAD 2 X 5.5 "	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SIDESTREAM MASK (nebulizer accessories)	Tier 3	
SILADERM TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SILADONE TOPICAL SHEET 2 X 2.5 "	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SILICONE MASK (nebulizer accessories)	Tier 3	\$
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SIL-K TOPICAL PAD 2 X 5.5 "	Tier 3	
SILTREX TOPICAL PAD 2 X 5.5 "	Tier 3	
SINGLE-LET (lancets)	Tier 2	
SKARLITE TOPICAL PAD 1.57 X 5.12 "	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SMART SENSE LANCETS 21 GAUGE, (lancets) 26 GAUGE, 33 GAUGE	Tier 2	
SMARTEST LANCET (lancets)	Tier 2	
SOFT TOUCH LANCETS (lancets)	Tier 2	\$
SOLUS V2 LANCETS 28 GAUGE, 30 (lancets) GAUGE	Tier 2	
SPECTRAGEL TOPICAL GEL	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
STERILANCE TL 30 GAUGE (lancets)	Tier 2	\$
STERILANCE TL 32 GAUGE	Tier 2	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 (lancets) GAUGE	Tier 2	\$
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 2	
SURE COMFORT LANCETS 21 (lancets) GAUGE	Tier 2	
SURE COMFORT LANCETS 28 (lancets) GAUGE, 30 GAUGE	Tier 2	\$
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 2	
SURE-TOUCH LANCET (lancets)	Tier 2	
SZOSIL TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SZOSIL TOPICAL STRIP 1.4 X 6 "	Tier 3	
TECHLITE LANCETS 26 GAUGE, 30 (lancets) GAUGE	Tier 2	
TECHLITE LANCETS 28 GAUGE (lancets)	Tier 2	\$
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 2	
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
TENS CARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
THERA HONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	Tier 2	
TOP CARE UNIVERSAL 1 LANCET , 33 (lancets) GAUGE	Tier 2	
TOUCH-TROL 10 FR	Tier 3	
TRANSFER SET	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 2	\$
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
TWIST LANCETS 30 GAUGE (lancets)	Tier 2	\$
TWIST LANCETS 32 GAUGE	Tier 2	\$
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 33 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
ULTILET LANCETS 28 GAUGE (lancets)	Tier 2	\$
ULTILET LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 2	\$
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
ULTRA THIN LANCETS 31 GAUGE	Tier 2	\$
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 2	\$
ULTRA TLC LANCETS (lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 2	\$
ULTRALANCE LANCETS 26 GAUGE (lancets)	Tier 2	
ULTRALANCE LANCETS 28 GAUGE (lancets)	Tier 2	\$
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 2	\$
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 2	\$
UNILET GP LANCET (lancets)	Tier 2	\$
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
UNILET LANCETS 30 GAUGE (lancets)	Tier 2	\$
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	\$
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 2	\$
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	\$
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 2	\$
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	\$
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 2	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
UNISTIK CZT LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 2	\$
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 2	\$
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	\$
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE (lancets)	Tier 2	\$
UNISTIK SAFETY 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
UNIVERSAL 1 LANCETS 26 GAUGE, 30 GAUGE (lancets)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 3	
VARITHENA ADMINISTRATION PACK	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 2	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 4 ", 5 X 9 "	Tier 3	\$
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 3 "-YARD	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 "	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XEROFORM TOPICAL BANDAGE 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	
Tos Y Resfriado		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	\$
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine-pseudoeph-dm)	Tier 1	\$
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	\$
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	Tier 1	\$. Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	\$. QL (10 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 1	\$. QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> (Hycodan (with homatropine))	Tier 1	\$. QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML (hydrocodone-homatropine)	Tier 1	\$. QL (30 ML per 1 day); Age (Min 18 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 1	\$. Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 1	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	\$. Age (Min 12 Years)
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine)	Tier 1	\$
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	\$. QL (30 ML per 1 day); Age (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	\$
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	\$. ST: Must meet the following requirement: Promethazine HCL/codeine in 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 1	\$
CYSTAGON ORAL CAPSULE 150 MG	Tier 4	\$\$
CYSTAGON ORAL CAPSULE 50 MG	Tier 4	\$
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	\$
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)	Tier 4	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	\$
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	\$. ST: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA; \$\$
ENTADFI ORAL CAPSULE 5-5 MG	Tier 3	PA
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 1	\$. QL (1 EA per 1 day)
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; \$\$\$\$\$
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	\$
<i>flavoxate oral tablet 100 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	\$\$; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days; QL (1 GM per 1 day)
GEMTESA ORAL TABLET 75 MG	Tier 3	\$\$; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days; QL (1 EA per 1 day)
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	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 4	PA; \$\$\$\$\$
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	\$
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 3	\$
<i>mirabegron oral tablet extended release</i> (Myrbetriq) 24 hr 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	Tier 3	PA; \$
ORACIT ORAL SOLUTION 490-640 (sodium citrate-citric acid) MG/5 ML	Tier 3	\$
<i>oxybutynin chloride oral syrup</i> 5 mg/5 ml	Tier 1	\$
<i>oxybutynin chloride oral tablet</i> 2.5 mg, 5 mg	Tier 1	\$
<i>oxybutynin chloride oral tablet extended release</i> 24hr 10 mg, 15 mg, 5 mg	Tier 1	\$
OXYTROL TRANSDERMAL PATCH SEMI-WEEKLY 3.9 MG/24 HR	Tier 3	\$\$; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days
<i>phenazopyridine oral tablet</i> 100 mg, 200 mg (Pyridium)	Tier 1	\$
<i>potassium citrate oral tablet extended release</i> 10 meq (1,080 mg) (Urocit-K 10)	Tier 1	\$
<i>potassium citrate oral tablet extended release</i> 15 meq (Urocit-K 15)	Tier 1	\$
<i>potassium citrate oral tablet extended release</i> 5 meq (540 mg) (Urocit-K 5)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	\$
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 4	
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 4	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	\$
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	\$
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	\$
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (tiopronin)	Tier 4	\$\$\$\$
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 300 MG (tiopronin)	Tier 4	\$\$\$\$\$
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	\$\$\$\$\$
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 4	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	\$
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	\$
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 1	\$
<i>trospium oral tablet 20 mg</i>	Tier 1	\$
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	PA; \$
Trastorno De Convulsiones		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
APTIOM ORAL TABLET 200 MG	Tier 3	\$\$\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 400 MG	Tier 3	\$\$\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	\$\$\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	\$\$\$\$; QL (600 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	\$\$\$; QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	Tier 1	\$
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	Tier 1	\$
carbamazepine oral tablet 200 mg (Epilex)	Tier 1	\$
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	Tier 1	\$
carbamazepine oral tablet, chewable 100 mg	Tier 1	\$
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	\$
clobazam oral suspension 2.5 mg/ml (Onfi)	Tier 1	\$\$; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	Tier 1	\$\$; QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)	Tier 1	\$
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	\$
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG (divalproex)	Tier 3	\$\$
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 500 MG (divalproex)	Tier 3	\$
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG (divalproex)	Tier 3	\$
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (divalproex)	Tier 3	\$\$
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3	\$
DIACOMIT ORAL CAPSULE 250 MG	Tier 4	PA; \$\$\$
DIACOMIT ORAL CAPSULE 500 MG	Tier 4	PA; \$\$\$\$\$
DIACOMIT ORAL POWDER IN PACKET 250 MG	Tier 4	PA; \$\$\$\$\$
DIACOMIT ORAL POWDER IN PACKET 500 MG	Tier 4	PA; \$\$\$\$\$
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	\$
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 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	\$
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	\$
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	\$
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	Tier 3	ST: Must meet the following requirement: Generic Levetiracetam oral solution in 120 days; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	Tier 3	ST: Must meet the following requirement: Generic Levetiracetam oral solution in 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	\$\$\$\$; ST: Must meet 2 of the following requirements: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid in 365 days
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 1	\$
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	PA; \$
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 1	\$
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 1	\$
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	\$; QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	\$; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	\$; QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	\$\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 8 MG	Tier 3	\$\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 12 MG	Tier 3	\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (30 EA per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FYCOMPA ORAL TABLET 2 MG	Tier 3	\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG	Tier 3	\$\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 6 MG	Tier 3	\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	\$
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	\$
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	\$
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	\$
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 1	\$; QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 1	\$; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	\$\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 1	\$
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 1	\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 1	\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 1	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 1	\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 1	\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	\$
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 1	\$
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 1	\$\$
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	Tier 1	\$\$\$
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	\$
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	\$
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	\$
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 1	\$\$\$
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 3	PA
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	\$\$; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	\$
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	\$
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide in 365 days; 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 1
<i>phenytoin oral tablet, chewable 50 mg</i>	(Dilantin Infatabs)	Tier 1
<i>phenytoin sodium extended oral capsule 100 mg</i>	(Dilantin Extended)	Tier 1
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	(Phenytek)	Tier 1
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	(Lyrica)	Tier 1
<i>pregabalin oral solution 20 mg/ml</i>	(Lyrica)	Tier 1
<i>primidone oral tablet 125 mg</i>		Tier 1
<i>primidone oral tablet 250 mg, 50 mg</i>	(Mysoline)	Tier 1
<i>rufinamide oral suspension 40 mg/ml</i>	(Banzel)	Tier 1
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	Tier 1
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	Tier 1

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA; \$\$\$\$\$
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG	Tier 3	PA; \$\$
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	Tier 3	PA
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	Tier 3	PA; \$\$\$
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 3	\$
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 3	\$\$
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 3	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 3	\$\$
SYMPAZAN ORAL FILM 10 MG	Tier 3	PA; \$\$\$
SYMPAZAN ORAL FILM 20 MG	Tier 3	PA
SYMPAZAN ORAL FILM 5 MG	Tier 3	PA; \$\$
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 (carbamazepine)	Tier 3	\$
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG (carbamazepine)	Tier 3	\$\$
<i>tiagabine oral tablet 12 mg</i>	Tier 1	\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tiagabine oral tablet 16 mg</i>	Tier 1	\$\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (3 EA per 1 day)
<i>tiagabine oral tablet 2 mg, 4 mg</i>	Tier 1	\$; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	\$
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Tier 1	\$\$; QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	\$\$; QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	\$\$; QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i> (Qudexy XR)	Tier 1	\$\$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 1	\$\$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) 25 mg, 50 mg	Tier 1	\$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg,</i> (Topamax) 25 mg, 50 mg	Tier 1	\$
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	\$
<i>valproic acid oral capsule 250 mg</i>	Tier 1	\$
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 3	\$\$; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 4	PA; \$
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 4	PA; \$\$\$\$\$
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA; \$\$\$\$\$
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	\$\$\$; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	\$\$\$; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	\$\$\$; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (2 EA per 1 day)
XCOPRI ORAL TABLET 25 MG	Tier 2	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	Tier 2	\$; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	\$\$; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA; \$\$
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	\$
<i>zonisamide oral capsule 50 mg</i>	Tier 1	\$
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4	PA; \$\$\$\$\$
Trastorno Endocrino - Fertilidad		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> (Pregnyl)	Tier 3	\$\$; ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
CLOMID ORAL TABLET 50 MG (clomiphene citrate)	Tier 3	\$
<i>clomiphene citrate oral tablet 50 mg</i> (Clomid)	Tier 1	\$
CRINONE VAGINAL GEL 8 %	Tier 3	\$\$; ST: Must meet the following requirement: Endometrin in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML	Tier 4	\$\$\$\$; ST: Must meet any of the following requirements: Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f in 120 days
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 900 UNIT/1.08 ML	Tier 4	\$\$\$\$; ST: Must meet any of the following requirements: Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f in 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 4	\$\$\$\$
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	\$
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 4	\$\$\$\$
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	\$\$\$
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	\$
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	\$
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 3	\$; ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
<i>tadalafil oral tablet 10 mg, 20 mg, 5 mg</i> (Cialis)	Tier 1	PA; \$
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA; \$
Trastorno Endocrino - Otro		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA; \$\$\$\$\$
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	\$; QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg</i>	Tier 1	\$
<i>alendronate oral tablet 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	\$
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 3	\$; ST: Must meet 2 of the following requirements: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in 365 days; QL (4 EA per 28 days)
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 1	\$\$\$\$
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	\$
<i>cetrotirelix subcutaneous kit 0.25 mg</i> (Cetrotide)	Tier 4	\$\$
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 4	\$. QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 4	\$. QL (4 EA per 1 day)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 4	PA; \$\$\$\$\$
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	\$
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	\$\$
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	\$
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	\$
<i>desmopressin nasal spray, non-aerosol 150 mcg/spray (0.1 ml)</i>	Tier 1	\$\$
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	\$
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	\$\$
<i>doxercalciferol oral capsule 2.5 mcg</i>	Tier 1	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; \$\$\$\$\$
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA; \$\$
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA; \$\$\$
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA; \$\$\$\$
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA; \$
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT	Tier 2	\$
FOSAMAX PLUS D ORAL TABLET 70 MG- 5,600 UNIT	Tier 2	\$\$
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix)	Tier 4	\$\$; ST: Must meet the following requirements: Cetrotirelix Acetate in 120 days
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel)	Tier 4	\$\$; ST: Must meet the following requirements: Cetrotirelix Acetate in 120 days

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 1.4 MG/0.25 ML	Tier 4	PA; \$\$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML	Tier 4	PA; \$\$\$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.6 MG/0.25 ML	Tier 4	PA; \$\$\$\$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 1.8 MG/0.25 ML	Tier 4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 2 MG/0.25 ML	Tier 4	PA; \$\$\$\$\$
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML)	Tier 4	PA; \$\$\$\$\$
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG/ML (15 UNIT/ML)	Tier 4	PA; \$\$\$\$
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT)	Tier 4	PA; \$\$\$\$
HUMATROPE INJECTION CARTRIDGE 24 MG (72 UNIT)	Tier 4	PA; \$\$\$\$\$
HUMATROPE INJECTION CARTRIDGE 6 MG (18 UNIT)	Tier 4	PA; \$\$\$
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 4	PA
<i>ibandronate oral tablet 150 mg</i>	Tier 1	\$
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA; \$
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	\$\$\$\$\$; QL (1 EA per 1 day)
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA; \$\$\$
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML)	Tier 4	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 60 MG/1.2 ML (50 MG/ML)	Tier 4	PA; \$\$\$\$\$
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	\$; QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML)	Tier 3	Q; QL (3.8 GM per 30 days)
NOCTIVA NASAL SPRAY, NON-AEROSOL 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML)	Tier 4	PA; \$\$\$\$
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	Tier 4	PA; \$\$\$\$\$
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; \$\$\$
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML)	Tier 4	PA; \$\$\$\$
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 20 MG/2 ML (10 MG/ML)	Tier 4	PA; \$\$\$\$\$
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	Tier 4	PA; \$\$
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)	Tier 4	PA; \$\$\$
OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; \$\$
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA; \$\$
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA; \$\$
ORLISSA ORAL TABLET 150 MG	Tier 2	PA; \$\$\$
ORLISSA ORAL TABLET 200 MG	Tier 2	PA; \$\$
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	\$
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 5	Q; \$0 COPAY IF QUANTITY 1 IN 1 DAY
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	Tier 2	\$\$\$; QL (2 EA per 1 day)
RECORLEV ORAL TABLET 150 MG	Tier 4	PA; \$\$\$\$\$
RETHYMIC IMPLANT IMPLANT	Tier 3	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	\$; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	\$; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet 5 mg</i>	Tier 1	\$; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	\$; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 6 MG	Tier 4	PA; \$\$\$\$\$
SEROSTIM SUBCUTANEOUS RECON SOLN 5 MG	Tier 4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4	PA; \$\$\$\$\$
SKYTROFA SUBCUTANEOUS CARTRIDGE 3 MG, 3.6 MG, 4.3 MG	Tier 4	PA; \$\$\$\$
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML)	Tier 4	PA; \$\$\$\$
SOGROYA SUBCUTANEOUS PEN INJECTOR 15 MG/1.5 ML (10 MG/ML)	Tier 4	PA; \$\$\$\$\$
SOGROYA SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; \$\$
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	\$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 4	\$\$\$\$\$
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 4	PA
<i>teriparatide subcutaneous pen injector</i> (Forteo) 20 mcg/dose (600mcg/2.4ml)	Tier 4	PA; \$\$\$\$
<i>teriparatide subcutaneous pen injector</i> 20 mcg/dose (620mcg/2.48ml)	Tier 4	PA; \$\$\$\$
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA; \$\$\$\$
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	PA; \$\$\$\$\$
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	Tier 4	PA; \$\$\$
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	Tier 4	PA; \$
Trastorno Endocrino - Tiroides		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	\$
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	\$; ST: Must meet any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets in 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3	\$; ST: Must meet any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets in 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA; \$
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 1	\$; QL (2 EA per 1 day)
<i>levothyroxine oral capsule</i> 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 1	PA; \$
<i>levothyroxine oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (Euthyrox)	Tier 1	\$; QL (2 EA per 1 day)
<i>levothyroxine oral tablet</i> 300 mcg (Levo-T)	Tier 1	\$; QL (2 EA per 1 day)
<i>liothyronine oral tablet</i> 25 mcg, 5 mcg, 50 mcg (Cytomel)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
LUGOLS ORAL SOLUTION 5 %	Tier 3	\$
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	\$
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 1	\$
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 1	\$
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	\$
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	\$
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	\$
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	\$. ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 1	\$
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	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 3	PA; \$
Trastorno Musculoesquelético		
<i>baclofen oral solution 10 mg/5 ml</i> (2 mg/ml) (Ozobax DS)	Tier 1	PA; \$\$
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 1	PA; \$\$
<i>baclofen oral suspension 25 mg/5 ml</i> (5 mg/ml) (Fleqsuvy)	Tier 1	PA; \$\$
<i>baclofen oral tablet 10 mg</i>	Tier 1	\$. QL (8 EA per 1 day)
<i>baclofen oral tablet 15 mg</i>	Tier 1	
<i>baclofen oral tablet 20 mg</i>	Tier 1	\$. QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	\$. QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	\$. QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 250 mg</i>	Tier 1	\$\$\$; ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	Tier 1	\$. ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	\$. QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i> (Amrix)	Tier 1	\$. QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	\$. QL (3 EA per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 1	\$. QL (3 EA per 1 day)
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %	Tier 3	
CYCLOTENS REFILL COMBO PACK 10 MG	Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG	Tier 3	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	\$. QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 1	\$. QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 1	\$. QL (3 EA per 1 day)
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 4	PA; \$\$\$\$\$
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA; \$\$\$\$\$
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG	Tier 3	PA
LYVISPAH ORAL GRANULES IN PACKET 5 MG	Tier 3	PA; \$
<i>metaxalone oral tablet 400 mg</i>	Tier 1	\$. QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	\$. QL (4 EA per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i>	Tier 1	\$\$\$
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	\$. QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	\$. QL (6 EA per 1 day)
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 %	Tier 3	
NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Tier 3	\$\$\$\$; QL (4 EA per 1 day)
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	\$. QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 1	\$. QL (8 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Tier 1	QL (4 EA per 1 day)
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	PA
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	\$. QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	\$. QL (9 EA per 1 day)

Nombre del Medicamento		Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>tizanidine oral capsule 6 mg</i>	(Zanaflex)	Tier 1	\$; QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>		Tier 1	\$; QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i>	(Zanaflex)	Tier 1	\$; QL (9 EA per 1 day)
Trastornos Gastrointestinal Inferior - Inflamación De Intestino			
ANA-LEX KIT RECTAL KIT 2-2 %	(lidocaine-hydrocortisone-aloe)	Tier 1	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 1	\$
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	Tier 1	\$
<i>budesonide rectal foam 2 mg/actuation</i>	(Uceris)	Tier 1	\$\$
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3	\$\$
DIPENTUM ORAL CAPSULE 250 MG		Tier 3	\$\$\$; ST: Must meet the following requirement: Mesalamine in 120 days
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 4	\$\$\$\$\$
<i>hydrocortisone acetate rectal suppository 25 mg</i>	(Anucort-HC)	Tier 1	\$
<i>hydrocortisone acetate rectal suppository 30 mg</i>	(Hemmorex-HC)	Tier 1	\$
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	Tier 1	\$
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	(Analpram-HC)	Tier 1	\$
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	(Analpram-HC Singles)	Tier 1	\$
<i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>		Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>		Tier 1	\$
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>		Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>		Tier 1	\$
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>		Tier 1	\$
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>		Tier 1	\$
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 2	\$\$; QL (1 EA per 1 day)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	(Delzicol)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	Tier 1	\$\$
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	\$
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 1	\$
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 1	\$\$
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	\$
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	\$
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	\$
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 1	\$\$
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	\$\$
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	\$
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	\$
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 3	\$\$
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	\$
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	\$
TRULANCE ORAL TABLET 3 MG	Tier 3	\$\$; ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA; \$\$\$
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	
Trastornos Gastrointestinal Inferior - Otro		
<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	\$
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA; \$\$\$\$\$
BYLVAY ORAL PELLE T 200 MCG	Tier 4	PA
BYLVAY ORAL PELLE T 600 MCG	Tier 4	PA; \$\$\$\$\$
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 4	PA; \$\$\$\$\$
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
CHENODAL ORAL TABLET 250 MG	Tier 4	PA; \$\$\$\$\$
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	\$
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	\$
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	\$
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; \$\$\$\$\$
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; \$\$\$\$\$
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	Tier 5	\$; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 5	\$; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
IBSRELA ORAL TABLET 50 MG	Tier 3	PA; \$\$\$
KRISTALOSE ORAL PACKET 20 GRAM	Tier 3	\$; ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (2 EA per 1 day)
<i>lactulose oral packet 10 gram</i> (Kristalose)	Tier 1	\$\$; ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (3 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	\$
LITHOSTAT ORAL TABLET 250 MG	Tier 3	\$\$
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Tier 4	PA; \$\$\$\$\$
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	\$
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	\$; QL (2 EA per 1 day)
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 3	\$; ST: Must meet the following requirement: Diphenoxylate HCL/Atropine in 120 days; QL (8 EA per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	\$; QL (1 EA per 1 day)
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 2	\$\$\$\$; ST: Must meet the following requirement: Antiretrovirals in 120 days; QL (2 EA per 1 day)
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 4	PA
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	\$
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	Tier 5	\$; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	Tier 5	\$; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Tier 5	\$; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 5	\$; ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (3 EA per 1 FILL)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA; \$\$\$\$\$
RELISTOR ORAL TABLET 150 MG	Tier 3	PA; \$\$\$
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA; \$\$\$
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; \$\$\$\$
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 3	PA; \$\$
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 3	PA; \$\$\$
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 4	PA; \$\$\$\$\$
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 4	PA; \$\$\$\$\$
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	Tier 5	\$; \$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (354 ML per 1 FILL)
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 4	
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 5	\$; ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	Tier 5	\$; \$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (24 EA per 1 FILL)
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	\$; ST: Must meet the following requirement: Movantik in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	Tier 1	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	\$
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	\$
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	\$
XERMELO ORAL TABLET 250 MG	Tier 4	PA; \$\$\$\$\$
ZELNORM ORAL TABLET 6 MG	Tier 3	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Trastornos Gastrointestinal Superior - Digestivos		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	\$\$
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-76,000 - 120,000 UNIT, 36,000-114,000- 180,000 UNIT	Tier 2	\$\$\$
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 3,000-9,500- 15,000 UNIT	Tier 2	\$
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 2,600-8,800- 15,200 UNIT, 4,200-14,200- 24,600 UNIT	Tier 3	\$
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT	Tier 3	\$\$\$
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	Tier 3	\$\$\$\$
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT	Tier 3	\$\$\$\$
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT	Tier 3	\$\$\$\$\$
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4,000-14,375- 15,125 UNIT	Tier 3	\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8,000-28,750-30,250 UNIT	Tier 3	\$\$\$
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; \$\$\$\$\$
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	Tier 3	\$\$
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	Tier 3	\$\$\$\$
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 3,000-10,000 -14,000-UNIT	Tier 2	\$\$
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15,000-47,000 - 63,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	\$\$\$
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000- 168,000 UNIT	Tier 2	\$\$\$\$
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5,000-17,000-24,000 UNIT	Tier 2	\$
Trastornos Gastrointestinal Superior - Enfermedad Espástica		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	\$
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	\$
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	\$
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 - 0.0194 MG/5 ML	(phenobarb-hyoscy-atropine-scop) Tier 3	\$\$\$; ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	(phenobarb-hyoscy-atropine-scop) Tier 3	\$\$; ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate) Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	(Hyosyne) Tier 1	\$
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	(Hyosyne) Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	\$
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	\$
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	\$
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	\$
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	\$
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	\$
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	\$
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	\$
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	\$
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i> (Donnatal)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i> (Donnatal)	Tier 1	\$; ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarb-hyoscy-atropine-scop)	Tier 3	\$; ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarb-hyoscy-atropine-scop)	Tier 3	\$; ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
SYMAYX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
Trastornos Gastrointestinal Superior - Enfermedad Por Úlceras		
ACIPHEX SPRINKLE ORAL CAPSULE, (rabeprazole) DELAYED REL SPRINKLE 10 MG	Tier 3	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	\$\$; QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 1	\$\$
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	\$
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	\$
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	\$
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 3	ST: Must meet the following requirement: Glycopyrrolate 2mg in 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 1	\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Nexium)	Tier 1	\$; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	\$; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
esomeprazole magnesium oral granules (Nexium Packet) dr for susp in packet 40 mg	Tier 1	\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (2 EA per 1 day)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1	\$
famotidine oral tablet 20 mg (Acid Controller)	Tier 1	\$
famotidine oral tablet 40 mg (Pepcid)	Tier 1	\$
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA; \$\$\$
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml) (Glyrx-PF)	Tier 1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml) (Cuvposa)	Tier 1	\$
glycopyrrolate oral tablet 1 mg (Robinul)	Tier 1	\$
glycopyrrolate oral tablet 1.5 mg (Glycate)	Tier 1	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (3 EA per 1 day)
glycopyrrolate oral tablet 2 mg (Robinul Forte)	Tier 1	\$
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 3	
KONVOMEPEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Tier 3	\$\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 ML per 1 day)
lansoprazole oral capsule, delayed release(dr/lec) 15 mg (Acid Reducer (lansoprazole))	Tier 1	\$
lansoprazole oral capsule, delayed release(dr/lec) 30 mg (Prevacid)	Tier 1	\$
lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg (Prevacid SoluTab)	Tier 1	\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole Magnesium, Omeprazole, or Pantoprazole Sodium in 120 days
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	\$
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	Tier 1	\$
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	\$\$; ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	\$
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 1	\$
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i> (Zegerid)	Tier 1	\$\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 1	\$; ST: Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	Tier 1	\$
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	Tier 1	\$; QL (1 EA per 1 day)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	\$
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	\$
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	\$\$; QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 3	PA; \$\$
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; \$\$
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA; \$\$
Trastornos Hematológicos		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	\$
ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
ADVATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT	Tier 4	\$\$\$
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT	Tier 4	\$\$\$\$\$
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 4	
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	Tier 4	\$\$\$\$\$
ALPHANATE INTRAVENOUS RECON SOLN 250 (100 VWF) UNIT/5 ML	Tier 4	\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ALPHANATE INTRAVENOUS RECON SOLN 500 (200 VWF) UNIT/5 ML	Tier 4	\$\$\$\$
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ALPHANINE SD INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT	Tier 4	\$\$\$\$\$
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	\$\$\$\$\$
ALPROLIX INTRAVENOUS RECON SOLN 250 UNIT	Tier 4	\$\$\$\$
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
ALVAIZ ORAL TABLET 18 MG, 54 MG	Tier 4	PA; \$\$\$\$
ALVAIZ ORAL TABLET 36 MG	Tier 4	PA; \$\$\$\$\$
ALVAIZ ORAL TABLET 9 MG	Tier 4	PA
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	\$\$
<i>aminocaproic acid oral tablet 1,000 mg</i> (Amicar)	Tier 1	\$\$
<i>aminocaproic acid oral tablet 500 mg</i> (Amicar)	Tier 1	\$
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	\$
<i>anagrelide oral capsule 1 mg</i>	Tier 1	\$
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML	Tier 4	PA; \$\$\$\$
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 200 MCG/ML	Tier 4	PA; \$\$\$\$\$
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML	Tier 4	PA; \$
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 40 MCG/ML, 60 MCG/ML	Tier 4	PA; \$\$
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	Tier 4	PA; \$
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 300 MCG/0.6 ML, 60 MCG/0.3 ML	Tier 4	PA; \$\$\$
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 500 MCG/ML	Tier 4	PA; \$\$\$\$

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

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 1	\$; QL (2 EA per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	\$
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; \$\$\$\$\$
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; \$\$\$\$\$
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; \$\$\$\$\$
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	\$
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 3	PA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	\$\$; QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	\$\$; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	\$\$; QL (74 EA per 30 days)
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 3,000 UNIT, 4,000 UNIT, 6,000 UNIT	Tier 4	\$\$\$\$\$
ELOCTATE INTRAVENOUS RECON SOLN 250 UNIT, 5,000 UNIT	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 500 UNIT	Tier 4	\$\$
ELOCTATE INTRAVENOUS RECON SOLN 750 UNIT	Tier 4	\$\$\$\$
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA; \$\$\$\$\$
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA; \$\$\$
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 4	\$; 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 4	\$
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; \$
EPOGEN INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	Tier 4	PA; \$\$
EPOGEN INJECTION SOLUTION 3,000 UNIT/ML	Tier 4	PA
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
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 3	
FABHALTA ORAL CAPSULE 200 MG	Tier 4	PA; \$\$\$\$\$
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT	Tier 4	
FEIBA NF INTRAVENOUS RECON SOLN 700-1,300 UNIT	Tier 4	\$\$\$\$\$
FLOSEAL TOPICAL KIT 2,500 UNIT	Tier 3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 4	\$\$; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 4	\$; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 4	\$\$; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 4	\$; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	\$\$\$\$; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	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 4	QL (12 ML per 30 days)

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	\$\$\$; QL (18 ML per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; \$\$\$
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; \$\$\$
GEL-FLOW NT TOPICAL SYRINGE	Tier 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	Tier 4	PA; \$\$
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	Tier 4	PA; \$\$\$\$
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	Tier 4	PA; \$\$\$
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 4	PA; \$\$\$\$\$
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4 ML, 300 MG/2 ML (150 MG/ML)	Tier 4	PA
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 4	
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution</i> 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<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 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	\$
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	Tier 1	\$\$
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	\$
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	\$
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	Tier 1	\$
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	\$
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	\$\$
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	\$
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml</i>	Tier 1	\$
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	\$
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT	Tier 4	\$\$\$\$\$
HUMATE-P INTRAVENOUS RECON SOLN 250-600 UNIT	Tier 4	\$\$\$
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
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 1	\$
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 4	
JIVI INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
KOVALTRY INTRAVENOUS RECON SOLN 250 (+/-) UNIT	Tier 4	\$\$\$\$
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 4	PA; \$\$\$
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML	Tier 4	PA; \$\$
MIRCERA INJECTION SYRINGE 120 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 4	PA
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
MULPLETA ORAL TABLET 3 MG	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA; \$\$\$\$\$
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; \$\$\$\$\$
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA; \$\$\$
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA; \$\$\$
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA; \$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA; \$\$
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 250 (+/-) UNIT	Tier 4	\$\$\$\$\$
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 4	\$\$\$\$\$
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT	Tier 4	\$\$\$\$
NUWIQ INTRAVENOUS RECON SOLN 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 500 UNIT	Tier 4	\$\$\$\$\$
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; \$\$\$\$
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 4	
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 4	PA; \$\$\$\$\$
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Tier 4	PA; \$\$\$\$\$
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	\$
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	\$
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	\$
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	\$
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate)	Tier 3	\$. ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG	Tier 3	PA; \$\$\$\$\$
PRADAXA ORAL PELLETS IN PACKET 150 MG	Tier 3	PA; \$
PRADAXA ORAL PELLETS IN PACKET 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	\$; QL (1 EA per 1 day)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; \$
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	Tier 4	PA; \$\$
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	Tier 4	PA; \$\$\$
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA; \$\$\$\$\$
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 4	PA
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT	Tier 4	\$\$\$\$\$
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; \$
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML	Tier 4	PA

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	Tier 4	PA; \$\$
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 4	PA; \$\$\$\$
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 4	PA
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	\$\$; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (30 EA per 30 days)
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG)	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 5 MG (5,000 MCG)	Tier 4	\$\$\$\$\$
SIKLOS ORAL TABLET 1,000 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: Generic Droxia or Generic Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	\$\$; QL (2 EA per 1 day)
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
ST JOSEPH ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	Tier 5	\$
ST. JOSEPH ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	\$
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
SURGIFLO TOPICAL SYRINGE	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; \$\$\$\$\$
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; \$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	\$
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	\$
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 4	PA; \$\$\$\$
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; \$\$\$\$
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
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 3	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1)) Tier 1	\$
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1)) Tier 1	\$
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 4	\$\$\$\$\$
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 4	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	(Jantoven) Tier 1	\$
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT	Tier 4	\$\$\$\$\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
WILATE INTRAVENOUS RECON SOLN 500-500 UNIT	Tier 4	\$\$\$
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	\$\$; QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	\$\$; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	\$\$; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	\$\$; QL (2 EA per 1 day)
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 2,000 (+/-) UNIT	Tier 3	\$\$\$\$\$
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT	Tier 4	\$\$\$\$\$
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 250 (+/-) UNIT	Tier 4	\$\$
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 500 (+/-) UNIT	Tier 4	\$\$\$
YOSPRALA ORAL (aspirin-omeprazole) TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	Tier 3	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	Tier 4	PA; \$\$
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	Tier 4	PA; \$\$\$
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 4	PA
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Trastornos Orales/Faríngeos		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 4	PA; \$\$\$\$\$
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 1	\$
<i>cocaine nasal solution 4 %</i> (Goprelto)	Tier 1	\$
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	\$
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	\$
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	\$
Trastornos Vaginales		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	\$; ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	\$
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	\$; ST: Must meet the following requirement: Generic Clindamycin vaginal cream in 120 days
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	\$
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 1	\$
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 3	\$\$; ST: Must meet the following requirements: Estradiol and Premarin cream in 365 days; QL (1 EA per 90 days)
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	\$\$; ST: Must meet the following requirements: Estradiol and Premarin cream in 365 days; QL (1 EA per 84 days)
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	\$
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 1	\$
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuversa)	Tier 1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	\$
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 3	\$

Nombre del Medicamento	Nivel del Medicamento	Acciones necesarias, restricciones o límites en el uso
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	\$
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	\$
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	\$
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	\$
XACIATO VAGINAL GEL 2 %	Tier 3	\$
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