



2023

## FORMULARY

### LIST OF COVERED DRUGS

#### PLEASE READ:

**This document contains information about the drugs we cover in this plan.**

This formulary was updated on 10/04/2022. For more recent information or other questions, please contact Doctors HealthCare Plans Member Services Department at (786) 460-3427 or toll-free at (833) 342-7463 (TTY users should call 711), Monday through Sunday 8AM to 8PM ET, or visit [www.doctorshcp.com](http://www.doctorshcp.com).

#### Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

#### Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

## FORMULARIO

### LISTA DE MEDICAMENTOS CUBIERTOS

#### LEA LO SIGUIENTE:

**Este documento contiene información acerca de los medicamentos que cubrimos en este plan.**

Este formulario se actualizó el 4 de octubre de 2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Doctors HealthCare Plans Departamento de Servicios al Asociado al (786) 460-3427 o al número de teléfono gratuito (833) 342-7463 (Los usuarios de TTY deben llamar al 711), lunes a domingo 8AM hasta 8PM ET, o visite [www.doctorshcp.com](http://www.doctorshcp.com).

#### Mensaje importante sobre lo que paga por las vacunas

Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted. Llame a nuestro Departamento de Servicios al Asociado para obtener más información.

#### Mensaje importante sobre lo que paga por la insulina

No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costos compartidos se encuentre.



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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Doctors HealthCare Plans, Inc. When it refers to “plan” or “our plan,” it means Doctors HealthCare Plans, Inc.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/04/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

## **What is the Doctors HealthCare Plans, Inc. Formulary?**

A formulary is a list of covered drugs selected by the Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Doctors HealthCare Plans, Inc. network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC).

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Doctors HealthCare Plans, Inc.’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Doctors HealthCare Plans, Inc.’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/04/2022. To get updated information about the drugs covered by the Plan, please contact us. Our contact information appears on the front and back cover pages.

If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes.

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

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

### **Medical Condition**

The formulary begins on page 23. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 21. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

The Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Doctors HealthCare Plans, Inc. requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from the Plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Doctors HealthCare Plans, Inc. limits the amount of the drug that the Plan will cover. For example, the Plan provides 30 capsules per prescription for *temazepam*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Doctors HealthCare Plans, Inc. requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 23. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Doctors HealthCare Plans, Inc.'s formulary?" on page 4 for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that we do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by the Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask the Plan to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Doctors HealthCare Plans, Inc.'s Formulary?**

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

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

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide

up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are in need of a one-time Transition Fill, or are prescribed a Non-Formulary drug as a result of a level of care change, you can be placed in transition via a National Council for Prescription Drug Plans (NCPDP) pharmacy submission clarification code (SCC) via manual override at the point of service (POS) or Doctors Health Care Plans, Inc. can also accommodate a one-time fill in these scenarios via a manual override at point-of-sale.

A level of care change may include:

- Enter long-term care facility from hospitals or other settings;
- Leave long-term care facility and return to the community;
- Discharge from a hospital to a home;
- End a skilled nursing facility stay covered under Medicare Part A (including pharmacy charges), and revert to coverage under Part D;
- Revert from hospice status to standard Medicare Part A and B benefits; and
- Discharge from a psychiatric hospital with medication regimens that are highly individualized.

If you are prescribed a drug that is not on the Plan's formulary or your ability to get your drugs is limited, you may request a one-time temporary supply to allow you time to discuss alternative treatment with your doctor or to pursue a formulary exception.

Doctors HealthCare Plans makes arrangements to continue to provide necessary Part D drugs to you via an extension of the transition period, on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request). On a case-by-case basis, point-of-sale overrides can also be entered by the plan in order to provide continued coverage of the transition drug(s).

## **For more information**

For more detailed information about your Plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

## Our Formulary

The formulary below provides coverage information about the drugs covered by the Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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



## Cost-Sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage

	<b>Tier 1 Preferred Generics</b>	<b>Tier 2 Generics</b>	<b>Tier 3 Preferred Brands</b>	<b>Insulin Savings Program- Select Insulins (SI)</b>	<b>Tier 4 Non- Preferred Drugs</b>	<b>Tier 5 Specialty</b>	<b>Tier 6 Supplemental Drugs</b>
<b>DrMax</b> HMO-POS H4140-001	\$0	\$0	\$0	\$0	\$45*	33%*	\$0
<b>DrPlus</b> HMO-POS D-SNP H4140-002	\$0	\$0	\$0	Not applicable	\$0	\$0	\$0
<b>DrExtraCare</b> HMO-POS C-SNP H4140-004	\$0	\$0	\$10*	\$10	\$40*	33%*	\$0
<b>DrValue</b> HMO-POS H4140-005	\$0	\$0	\$45*	Not applicable	\$90*	33%*	\$0
<b>DrMax-B</b> HMO-POS H4140-009	\$0	\$0	\$45*	\$35	\$100*	33%*	\$0
<b>DrPlus-B</b> HMO-POS D-SNP H4140-010	\$0	\$0	\$0	Not applicable	\$35*	33%*	\$0
<b>DrValue-B</b> HMO-POS H4140-011	\$0	\$0	\$45*	Not applicable	\$95*	33%*	\$0

- One-month cost shares are the same for Network Retail Pharmacy, Mail-Order Pharmacy and Long-Term Care Pharmacy.
- Tiers 1, 2 and 6 drugs are covered at \$0 copayment through the Coverage Gap stage of your benefit.
- Tier 6 Drugs (Supplemental Drugs) are covered at \$0 copayment throughout all your benefit stages.
- A long-term supply is not available for drugs in Tier 5 - Specialty Tier.
- **\*Important:** The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program. Please refer to your Evidence of Coverage (EOC) for more information about this coverage and your LIS Rider for the specific amount you will pay. You may pay \$0.00-\$10.35 per prescription.

- **All Plans: Important Message About What You Pay for Insulin\*\*** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on and this is applicable throughout all stages of your benefit.
- **Getting Help from Medicare** - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.
- **Additional Resources to Help** – Please contact our Member Services number at (786) 460-3427 or Toll Free: (833) 342-7463 for additional information. (TTY users should call 711.) Hours are Monday – Sunday from 8AM to 8PM.

**\*\* The Insulin Savings Program- Select Insulins (SI)** is applicable if you are enrolled in one of the following Plans: **DrMax, DrExtraCare, DrMax-B**. The Insulin Savings Program- Select Insulins (SI) offers lower out-of-pocket costs for select, covered insulins. You can identify Select Insulins by the “SI” symbol. If you have questions about the Drug List, you can also call Member Services. You will pay a copayment of \$0 (**DrMax**), \$10 (**DrExtraCare**), \$35 (**DrMax-B**) for a 1-month supply of select, covered insulins during the initial coverage limit and coverage gap or “donut hole” stages of your benefit. Note: This cost-sharing only applies to beneficiaries who do not qualify for “Extra Help.” You will pay a maximum \$35 copayment for a 1-month supply of your covered insulin in the catastrophic stage. In the catastrophic phase, your cost may be less if you receive “Extra Help” from Medicare.

**If you are enrolled in the plan DrPlus,** you pay \$0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on and this is applicable throughout all coverage stages.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
- **DrPlus FULL duals only (QMB+, SLMB+ and FBDE):** Your plan has a contract with the Medicaid agency to provide additional coverage for select drugs. These drugs are not normally covered in a Medicare prescription drug plan.
- **DrPlus HMO-POS D-SNP:** Your plan provides “Extra Help” with prescription drug costs. You have coverage of all medications for all Tiers at \$0 copayment throughout all your coverage stages.

Doctors HealthCare Plans, Inc. is an HMO with a Medicare contract. Enrollment in Doctors HealthCare Plans, Inc. depends on contract renewal.

## Legend

Generic drugs are shown in lowercase italic (e.g., *metformin*). Brand-name drugs are shown in capital letters (e.g., JANUVIA).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

LEGEND	
TIER	NAME
1	Preferred Generics
2	Generics
3	Preferred Brands
4	Non-Preferred Drugs
5	Specialty
6	Supplemental Drugs

SYMBOL	NAME	DESCRIPTION
EX	Excluded Drugs	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
GC	Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
NDS	Non-Extended Day Supply	This drug is limited to a 1-month supply per prescription.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA - B vs D	Prior Authorization - Part B vs. D	This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA - New Starts	Prior Authorization – For New Starts Only	Prior authorization applies to new starts only. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limits	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
SI	Insulin Savings Program- Select Insulins	The Insulin Savings Program (SI) is applicable if you are enrolled in one of the following Plans: <b>DrMax</b> , <b>DrExtraCare</b> , <b>DrMax-B</b> . You will pay a copayment of \$0 ( <b>DrMax</b> ), \$10 ( <b>DrExtraCare</b> ), \$35 ( <b>DrMax-B</b> ) for a 1-month supply of select, covered insulins during the initial coverage limit and coverage gap or “donut hole” stages of your benefit. Note: This cost-sharing only applies to beneficiaries who do not qualify for “Extra Help.” You will pay a maximum \$35 copayment for a 1-month supply of your covered insulin in the catastrophic stage. In the catastrophic phase, your cost may be less if you receive “Extra Help” from Medicare.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

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

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Doctors HealthCare Plans, Inc. Cuando dice “plan” o “nuestro plan”, hace referencia a Doctors HealthCare Plans, Inc.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, la cual está en vigencia desde el 4 de octubre de 2022. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2023 y periódicamente durante el año.

## **¿Qué es el Formulario de Doctors HealthCare Plans, Inc.?**

Un Formulario es una lista de medicamentos cubiertos seleccionados por el Plan con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, el Plan cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Doctors HealthCare Plans, Inc. y se cumpla con otras normas del Plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura (EOC).

## **¿Puede cambiar el Formulario (lista de medicamentos)?**

La mayoría de los cambios en la cobertura de los medicamentos ocurren el 1 de enero, pero nosotros podríamos agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios.

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

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
  - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Doctors HealthCare Plans, Inc.?”.

- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los asociados que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los asociados que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario, o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o ambas cosas. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los asociados afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el asociado solicite un resurtido del medicamento, momento en el cual el asociado recibirá un suministro del medicamento para 30 días.
  - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Doctors HealthCare Plans, Inc.?”.

**Cambios que no lo afectarán si actualmente toma el medicamento.** En general, si usted toma un medicamento de nuestro Formulario para 2023 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2023, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos asociados que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto es vigente a partir del 4 de octubre de 2022. Para recibir información actualizada sobre los medicamentos cubiertos por el Plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior.

Si se realiza cualquier otro tipo de cambio en el formulario aprobado (cambio que no sea de mantenimiento) durante el año, lo notificaremos enviándole una lista de dichos cambios.

## ¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

### Afección médica

El Formulario comienza en la página 23. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría Cardiovascular Agents. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 21. Luego, busque su medicamento debajo del nombre de la categoría.

## **Listado alfabético**

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

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

El Plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

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

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

- **Autorización previa:** Doctors HealthCare Plans, Inc. exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de el Plan antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que el Plan no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, Doctors HealthCare Plans, Inc. limita la cantidad del medicamento que cubrirá. Por ejemplo, el Plan proporciona 30 cápsulas por receta para *temazepam*. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, Doctors HealthCare Plans, Inc. requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que el Plan no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces el Plan cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 23. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a nosotros que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Doctors HealthCare Plans, Inc..?” en la página 14 para obtener información acerca de cómo solicitar una excepción.

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

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

Si resulta que el Plan no cubre el medicamento que toma, tiene dos alternativas:

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

## ¿Cómo puedo solicitar que se haga una excepción al Formulario de Doctors HealthCare Plans, Inc.?

Puede solicitarle al Plan que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, el Plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, nosotros solo aprobaremos su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, Nivel o a la restricción de uso. **Cuando solicita una excepción al Formulario, Nivel o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.



## **¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?**

Como asociado nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea asociado de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido asociado del plan durante menos de 90 días.

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

Si está en la necesidad de un abastecimiento único de transición o le han recetado un medicamento que no está en la lista como resultado de un cambio de nivel del cuidado, podría ser colocado en transición por la vía del consejo nacional de planes para medicamentos recetados (NCPDP sigla en inglés) o por el código de clarificación de la farmacia (SCC sigla en inglés) o por la vía de anulación manual en el punto de servicio (POS) o Doctors Health Care Plans, Inc. también puede acomodar un relleno único en estos escenarios a través de una anulación manual en el punto de venta.

### **Un nivel de cambio de cuidado puede incluir:**

- Ingresar a un centro de atención a largo plazo desde hospitales u otros entornos;
- Abandonar el centro de atención a largo plazo y regresar a la comunidad;
- Alta de un hospital a un hogar;
- Poner fin a una estancia en un centro de enfermería especializada cubierto por la Parte A de Medicare (incluidos los cargos de farmacia) y volver a la cobertura de la Parte D;
- Revertir del estado de hospicio a los beneficios estándar de Medicare Parte A y B; y
- Alta de un hospital psiquiátrico con regímenes de medicación altamente individualizados.

Si le recetan un medicamento que no está en nuestro formulario o su capacidad para obtener sus medicamentos es limitada, puede solicitar un suministro temporal de una sola vez para darle tiempo para discutir el tratamiento alternativo con su médico o para buscar una excepción.

Doctors HealthCare Plans hace arreglos para continuar su suministro de medicamentos necesarios de la Parte D mediante una extensión del periodo de transición, según el caso, en la medida en que la solicitud de excepción o apelación no haya sido procesada al final del período mínimo de transición y hasta el

momento en que la transición se haya realizado (ya sea mediante el cambio a un medicamento en el formulario o a la decisión de un pedido de excepción). Sobre una base de caso por caso, las anulaciones de punto de venta también pueden ser ingresadas por el Plan con el fin de proporcionar una cobertura continua de los medicamentos de transición.

## **Para obtener más información**

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Doctors HealthCare Plans, Inc. consulte la Evidencia de cobertura y otra documentación del plan.

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

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

## **Formulario de Doctors HealthCare Plans**

El formulario a continuación proporciona información acerca de la cobertura de los medicamentos cubiertos por Doctors HealthCare Plans. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página I-1.

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

La información incluida en la columna de Requisitos/límites indica si Doctors HealthCare Plans tiene algún requisito especial para la cobertura del medicamento.

**Distribución de costos por un suministro de un mes de un medicamento recetado y cubierto de la Parte D durante la Etapa de Cobertura Inicial**

	<b>Nivel 1 Medicamentos genéricos preferidos</b>	<b>Nivel 2 Medicamentos genéricos</b>	<b>Nivel 3 Medicamentos de marca preferidos</b>	<b>Programa de Ahorros para Insulina- Insulinas Seleccionadas (SI)</b>	<b>Nivel 4 Medicamentos no preferidos</b>	<b>Nivel 5 Medicamentos especializados</b>	<b>Nivel 6 Medicamentos suplementarios</b>
<b>DrMax</b> HMO-POS H4140-001	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$45*</b>	<b>33%*</b>	<b>\$0</b>
<b>DrPlus</b> HMO-POS D-SNP H4140-002	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>No aplica</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>DrExtraCare</b> HMO- POS C- SNP H4140-004	<b>\$0</b>	<b>\$0</b>	<b>\$10*</b>	<b>\$10</b>	<b>\$40*</b>	<b>33%*</b>	<b>\$0</b>
<b>DrValue</b> HMO-POS H4140-005	<b>\$0</b>	<b>\$0</b>	<b>\$45*</b>	<b>No aplica</b>	<b>\$90*</b>	<b>33%*</b>	<b>\$0</b>
<b>DrMax-B</b> HMO-POS H4140-009	<b>\$0</b>	<b>\$0</b>	<b>\$45*</b>	<b>\$35</b>	<b>\$100*</b>	<b>33%*</b>	<b>\$0</b>
<b>DrPlus-B</b> HMO-POS D-SNP H4140-010	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>No aplica</b>	<b>\$35*</b>	<b>33%*</b>	<b>\$0</b>
<b>DrValue-B</b> HMO-POS H4140-011	<b>\$0</b>	<b>\$0</b>	<b>\$45*</b>	<b>No aplica</b>	<b>\$95*</b>	<b>33%*</b>	<b>\$0</b>

- Farmacia de la red, Farmacia de venta por correo y Farmacia de centro de atención a largo plazo tienen la misma distribución de costos por suministro de un mes.
- Los medicamentos en el Nivel 1, 2 y 6 están cubiertos con \$0 copago durante la Etapa sin cobertura de su beneficio.
- Los medicamentos en el Nivel 6 (Medicamentos Suplementarios) están cubiertos con \$0 copago durante todas las etapas de su beneficio.
- No hay disponible un suministro a largo plazo para medicamentos en el Nivel 5 - Nivel de medicamentos especializados.

- **\*Importante:** La cantidad que pague dependerá de si califica para el subsidio de bajos ingresos (LIS), también conocido como el programa de "Ayuda Adicional" de Medicare. Para obtener información más detallada acerca de la cobertura para medicamentos, lea su Evidencia de cobertura (EOC) y consulte su LIS Rider para conocer el monto específico que paga. Usted puede pagar \$0.00-\$10.35 por receta.
- **Todos los Planes: Mensaje importante sobre lo que paga por la insulina\*\*** - No pagarás más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costos compartidos se encuentre y es aplicable durante todas las etapas de su beneficio.
  - **Para obtener ayuda de Medicare: si eligió este plan porque estaba buscando cobertura de insulina a \$35 al mes o menos, es importante saber que es posible que tenga otras opciones disponibles para 2023 a costos aún más bajos debido a los cambios en el programa de la Parte D de Medicare. Comuníquese con Medicare, al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana para obtener ayuda para comparar sus opciones. Los usuarios de TTY deben llamar al 1-877-486-2048.**
  - **Recursos adicionales para ayudar:** comuníquese con nuestro número del Departamento de Servicios al Asociado al (786) 460-3427 o al número gratuito: (833) 342-7463 para obtener información adicional. (Los usuarios de TTY deben llamar al 711). El horario es de lunes a domingo de 8 a.m. a 8 p.m.

**\*\*El Programa de Ahorros para Insulina- Insulinas Seleccionadas (SI)** es aplicable si usted está inscrito en uno de los siguientes planes: **DrMax, DrExtraCare, DrMax-B**. El Programa de Ahorros para Insulina- Insulinas Seleccionadas (SI) ofrece gastos de su bolsillo más bajos para insulinas seleccionadas y cubiertas. Puede identificar Insulinas Seleccionadas por el símbolo "SI". Si tiene preguntas sobre la Lista de Medicamentos, también puede llamar al Departamento de Servicios al Asociado. Usted pagará un copago de \$0 (**DrMax**), \$10 (**DrExtraCare**), \$35 (**DrMax-B**) por un suministro de 1 mes de insulinas seleccionadas y cubiertas durante la Etapa de cobertura inicial y la Etapa sin cobertura o "agujero de donut" de su beneficio. Tenga en cuenta: este costo compartido solo se aplica a beneficiarios que no son elegibles para un programa que ayuda a pagar sus medicamentos ("Ayuda adicional"). Usted pagará un máximo copago de \$35 por un suministro de un mes de insulinas cubiertas en la etapa catastrófica. En la fase catastrófica, su costo puede ser menor si recibe "Ayuda adicional" de Medicare.

**Si está inscrito en el plan DrPlus,** -pagará \$0 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costos compartidos se encuentre y es aplicable durante todas las etapas de su beneficio.

- **Mensaje importante sobre lo que paga por las vacunas-** nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted. Llame a nuestro Departamento de Servicios al Asociado para obtener más información.
- **DrPlus Solo duales COMPLETOS (QMB+, SLMB+ and FBDE):** Su plan tiene un contrato con la agencia de Medicaid para proveer cobertura adicional para ciertos medicamentos recetados que normalmente no están cubiertos en un plan de medicamentos recetados de Medicare
- **DrPlus HMO-POS D-SNP:** Su plan proporciona "Ayuda adicional" con los costos de los medicamentos recetados. Usted tiene cobertura de \$0 copago para todos los medicamentos en todos los Niveles durante todas las etapas de su cobertura.

Doctors HealthCare Plans, Inc. es un plan HMO con un contrato de Medicare. La afiliación en Doctors HealthCare Plans, Inc. depende de la renovación del contrato.

## Leyenda

Los medicamentos genéricos figuran en letra minúscula y cursiva (por ej., *metformin*). Los medicamentos de marca figuran en letra mayúscula (por ej., JANUVIA).

El Índice brinda una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos se enumeran en el Índice. Encuentre su medicamento. Al lado de su medicamento verá el número de página en la que puede encontrar información de cobertura. Vaya a la página que se enumera en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

LEYENDA	
NIVEL	NOMBRE
1	Genéricos preferidos
2	Genéricos
3	Medicamentos de marca preferidos
4	Medicamentos no preferidos
5	Medicamentos especializados
6	Medicamentos suplementarios

SÍMBOLO	NOMBRE	DESCRIPCIÓN
EX	Medicamento Excluido	Este medicamento con receta por lo general no está cubierto en un plan de medicamentos con receta de Medicare. El monto que paga cuando obtiene uno de estos medicamentos con receta no se tiene en cuenta en sus costos totales de medicamentos (es decir, el monto que usted paga no lo ayuda a calificar para la cobertura en situaciones catastróficas). Además, si recibe ayuda adicional para pagar sus medicamentos con receta, no recibirá ninguna ayuda adicional para pagar este medicamento.
GC	Cobertura durante el período sin cobertura	Proporcionamos cobertura adicional para este medicamento recetado durante el período sin cobertura. Consulte la Evidencia de cobertura para obtener más información sobre esta cobertura.
NDS	No hay suministro extendido	Este medicamento está limitado a un suministro de un mes por receta.
PA	Autorización previa	Usted (o su médico) necesitará solicitar autorización previa antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.
PA - B vs D	Autorización previa – Parte B vs. D	Este medicamento recetado puede estar cubierto por Medicare Parte B o D dependiendo de las circunstancias. Usted (o su médico) necesitará solicitar autorización previa antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.
PA - New Starts	Autorización previa - Sólo para nuevos inicios	La autorización previa se aplica solo a los nuevos inicios. Usted (o su médico) necesitará solicitar autorización previa antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.
QL	Límites de cantidad	Hay un límite en la cantidad de este medicamento que está cubierto por receta médica, o dentro de un marco de tiempo específico.
SI	Programa de Ahorros para Insulina- Insulinas Seleccionadas	El Programa de Ahorros para Insulina- Insulinas Seleccionadas (SI) es aplicable si usted está inscrito en uno de los siguientes planes: <b>DrMax, DrExtraCare, DrMax-B</b> . Usted pagará un copago de \$0 ( <b>DrMax</b> ), \$10 ( <b>DrExtraCare</b> ), \$35 ( <b>DrMax-B</b> ) por un suministro de 1 mes de insulinas seleccionadas y cubiertas durante la Etapa de cobertura inicial y la Etapa sin cobertura o "agujero de donut" de su beneficio. Tenga en cuenta: este costo compartido solo se aplica a beneficiarios que no son elegibles para un programa que ayuda a pagar sus medicamentos ("Ayuda adicional"). Usted pagará un máximo copago de \$35 por un suministro de un mes de insulinas cubiertas en la etapa catastrófica. En la fase catastrófica, su costo puede ser menor si recibe "Ayuda adicional" de Medicare.
ST	Tratamiento escalonado	En algunos casos, es posible que deba probar primero ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección.

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	GC; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	GC; QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	4	QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	4	
<i>butalbital-acetaminophen-caf-cod oral capsule 50-300-40-30 mg</i>	2	GC; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	GC; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	GC; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	GC; QL (180 per 30 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	4	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	GC; QL (5 per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	GC; QL (180 per 30 days)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	GC; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	GC; QL (180 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	2	GC; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	GC; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hour, 62.5 mcg/hour, 75 mcg/hr</i>	4	QL (10 per 30 days)

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<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	GC; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hour</i>	5	NDS; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	4	QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg</i>	5	NDS
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	GC; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	2	GC; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	GC; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg</i>	2	GC; QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	GC; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	GC; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 4 mg/ml</i>	2	GC
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	2	GC
<i>hydromorphone injection syringe 2 mg/ml</i>	2	GC
<i>hydromorphone oral liquid 1 mg/ml</i>	2	GC; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	GC; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	4	QL (30 per 30 days)

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<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	4	QL (60 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	5	NDS; QL (150 per 30 days)
<i>levorphanol tartrate oral tablet 3 mg</i>	5	NDS; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	GC; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	GC; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	GC; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	GC; QL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	GC
<i>morphine intravenous solution 10 mg/ml</i>	4	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 45 mg, 75 mg, 90 mg</i>	4	QL (30 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg, 30 mg, 50 mg</i>	4	QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 100 mg, 60 mg, 80 mg</i>	4	QL (30 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	GC; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (300 per 30 days)
<b>MORPHINE ORAL TABLET 15 MG, 30 MG</b>	3	
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	GC; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	GC; QL (90 per 30 days)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	4	
<i>oxycodone oral capsule 5 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	4	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	GC; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	GC; QL (180 per 30 days)

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<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	2	GC; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	GC; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	GC; QL (240 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	4	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	4	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	4	QL (180 per 30 days)
<i>tramadol oral tablet 100 mg</i>	1	GC; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	GC; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	GC; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	GC; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	GC; QL (300 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	2	GC; QL (180 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	GC; QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	1	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	GC; QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	1	GC; QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	GC; QL (60 per 30 days)

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<i>diclofenac sodium topical drops 1.5 %</i>	1	GC; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	2	GC; QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; QL (100 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	4	
<i>diflunisal oral tablet 500 mg</i>	2	GC
<i>ec-naproxen dr 500 mg tablet 500 mg</i>	1	GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	GC
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	GC
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	GC
<i>ibu oral tablet 400 mg, 800 mg</i>	1	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>indomethacin oral capsule 25 mg</i>	2	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	2	GC; QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	4	QL (60 per 30 days)
<i>ketoprofen oral capsule 25 mg</i>	5	NDS
<i>ketoprofen oral capsule 75 mg</i>	2	GC
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	4	
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	2	GC; QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	1	GC; QL (20 per 30 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	4	
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	GC
<i>naproxen oral suspension 125 mg/5 ml</i>	2	GC
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	1	GC

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<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	GC
<i>oxaprozin oral tablet 600 mg</i>	2	GC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	GC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC
<i>tolmetin oral capsule 400 mg</i>	2	GC
<i>tolmetin oral tablet 200 mg</i>	2	GC
<i>tolmetin oral tablet 600 mg</i>	4	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	2	GC
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	2	GC
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	GC; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	GC; QL (50 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	GC
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	GC; QL (30 per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	GC
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>	2	GC; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	2	GC; QL (30 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	GC; QL (90 per 30 days)

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<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	GC; QL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	4	QL (336 per 365 days)
CHANTIX ORAL TABLET 1 MG	4	QL (336 per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	GC
LUCEMYRA ORAL TABLET 0.18 MG	5	PA; NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	GC
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	GC
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	3	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	GC
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	4	QL (336 per 365 days)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	4	QL (504 per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	5	NDS
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	GC; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	GC; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	2	GC; QL (30 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i>	2	GC; QL (150 per 30 days)

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<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	2	GC; QL (90 per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	2	GC; QL (120 per 30 days)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	2	GC; QL (150 per 30 days)
<i>chlorthalidone hcl oral capsule 10 mg, 25 mg, 50 mg</i>	2	GC; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>diazepam 10 mg/2 ml carpuject inner, sdv 5 mg/ml</i>	1	GC
<i>diazepam injection solution 5 mg/ml</i>	1	GC; QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	1	GC; QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	GC; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	GC; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	GC; QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i>	2	GC; QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	GC; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	GC; QL (150 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	4	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	GC; QL (30 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin injection solution 500 mg/2 ml</i>	2	GC

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ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NDS; QL (235.2 per 28 days)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	GC
<i>gentamicin injection solution 40 mg/ml</i>	2	GC
<i>gentamicin sulfate (pf) intravenous solution 60 mg/6 ml</i>	2	GC
<i>neomycin oral tablet 500 mg</i>	2	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA - B vs D; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA - B vs D; NDS
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	GC
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	
<b>Antibacterials, Miscellaneous</b>		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	GC
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	4	
CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE 600 MG/50 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml</i>	2	GC
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	3	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	GC
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	2	GC

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<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	GC
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	5	PA - B vs D; NDS
DALVANCE INTRAVENOUS SOLUTION 500 MG	5	NDS
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	5	NDS
<i>fosfomycin tromethamine oral packet 3 gram</i>	4	
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	5	NDS
<i>lincomycin injection solution 300 mg/ml</i>	2	GC
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	4	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	PA; NDS
<i>linezolid oral tablet 600 mg</i>	4	PA; QL (56 per 28 days)
<i>methenamine hippurate oral tablet 1 gram</i>	2	GC
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	GC
<i>metronidazole oral capsule 375 mg</i>	2	GC
<i>metronidazole oral tablet 250 mg</i>	2	GC
<i>metronidazole oral tablet 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	GC; QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	GC; QL (60 per 30 days)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	5	NDS
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	GC
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	5	NDS; QL (6 per 30 days)

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
SIVEXTRO ORAL TABLET 200 MG	5	NDS; QL (6 per 30 days)
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NDS
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	2	GC
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (112 per 14 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	2	PA; GC
XIFAXAN ORAL TABLET 200 MG	5	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
<b>Cephalosporins</b>		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	5	NDS
<i>cefaclor oral capsule 250 mg</i>	1	GC
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	GC
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	GC
<i>cefadroxil oral capsule 500 mg</i>	2	GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	GC
<i>cefadroxil oral tablet 1 gram</i>	2	GC
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	GC
<i>cefdinir oral capsule 300 mg</i>	2	GC
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	GC
<i>cefixime oral capsule 400 mg</i>	1	GC
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	4	

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<i>cefotaxime injection recon soln 1 gram</i>	2	GC
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	2	GC
<i>cefroxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	GC
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	GC
CEFTAZIDIME 2 GM PIGGYBACK 2 GRAM/50 ML	3	
<i>ceftazidime injection recon soln 1 gram, 6 gram</i>	2	GC
CEFTAZIDIME INJECTION RECON SOLN 2 GRAM	3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	GC
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	GC
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	GC
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	GC
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	GC
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	
<i>tazicef injection recon soln 1 gram, 2 gram</i>	3	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS

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<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	2	GC
<i>azithromycin oral packet 1 gram</i>	2	GC
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	GC
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	PA; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	PA; NDS; QL (20 per 10 days)
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	GC
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	GC
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	2	GC
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	2	GC
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	GC
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram</i>	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NDS
<i>ertapenem injection recon soln 1 gram</i>	4	

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<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	4	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	GC
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	GC
<i>ampicillin oral capsule 500 mg</i>	1	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	GC
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	GC
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	4	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	

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<i>nafcillin injection recon soln 10 gram</i>	5	NDS
<i>oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram</i>	4	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	4	
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	GC
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	GC
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	GC
<b>Quinolones</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	GC
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	GC
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	GC
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin 400 mg/250 ml bag 400 mg/250 ml</i>	4	
<i>moxifloxacin oral tablet 400 mg</i>	2	GC
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	4	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	GC

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<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	GC
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	GC
<i>doxy-100 intravenous recon soln 100 mg</i>	2	GC
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	GC
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	GC
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	GC
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	GC
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	2	GC
<i>doxycycline monohydrate oral tablet 75 mg</i>	4	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	4	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS; QL (15 per 14 days)
NUZYRA ORAL TABLET 150 MG	5	PA; NDS; QL (30 per 14 days)
<i>tetracycline oral capsule 250 mg</i>	2	GC
<i>tetracycline oral capsule 500 mg</i>	4	

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<i>tigecycline intravenous recon soln 50 mg</i>	5	NDS
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML	4	
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	5	PA - New Starts; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NDS
ALECENSA ORAL CAPSULE 150 MG	5	PA - New Starts; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	PA - New Starts; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA - New Starts; NDS; QL (60 per 365 days)
<i>anastrozole oral tablet 1 mg</i>	1	GC
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	5	PA - New Starts; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA - New Starts; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	5	NDS
BALVERSA ORAL TABLET 3 MG	5	NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	NDS; QL (28 per 28 days)

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BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA - New Starts; NDS
<i>bexarotene oral capsule 75 mg</i>	5	PA - New Starts; NDS
<i>bexarotene topical gel 1 %</i>	5	PA - New Starts; NDS
<i>bicalutamide oral tablet 50 mg</i>	2	GC
BLNREP INTRAVENOUS RECON SOLN 100 MG	5	PA - New Starts; NDS
<i>bortezomib injection recon soln 1 mg</i>	4	PA - New Starts
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA - New Starts; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA - New Starts; NDS
BOSULIF ORAL TABLET 100 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA - New Starts; NDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA - New Starts; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
<i>busulfan intravenous solution 60 mg/10 ml</i>	5	NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA - New Starts; NDS; QL (60 per 30 days)

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CAPRELSA ORAL TABLET 300 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
<i>carmustine intravenous recon soln 100 mg</i>	5	NDS
<i>cladribine intravenous solution 10 mg/10 ml</i>	5	NDS
<i>clofarabine intravenous solution 1 mg/ml</i>	5	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA - New Starts; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA - New Starts; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA - New Starts; NDS; QL (63 per 28 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	3	PA - B vs D; ST
<i>cyclophosphamide oral capsule 50 mg</i>	3	PA - B vs D; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA - B vs D; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA - New Starts; NDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	GC
<i>dactinomycin intravenous recon soln 0.5 mg</i>	5	NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA - New Starts; NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA - New Starts; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA - New Starts; NDS
<i>daunorubicin intravenous solution 5 mg/ml</i>	4	
DAURISMO ORAL TABLET 100 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA - New Starts; NDS; QL (60 per 30 days)

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<i>decitabine intravenous recon soln 50 mg</i>	5	PA - New Starts; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	NDS
<i>doxorubicin intravenous recon soln 10 mg</i>	2	GC
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	5	NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA - New Starts; QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA - New Starts; QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA - New Starts; QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA - New Starts; QL (1 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA - New Starts; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA - New Starts; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	PA - New Starts; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	5	PA - New Starts; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA - New Starts; NDS; QL (90 per 30 days)
ERWINASE INJECTION RECON SOLN 10,000 UNIT	5	NDS

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ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	5	NDS
<i>etoposide intravenous solution 20 mg/ml</i>	2	GC
EULEXIN ORAL CAPSULE 125 MG	2	GC
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	5	PA - New Starts; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA - New Starts; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	5	PA - New Starts; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	3	
EXKIVITY ORAL CAPSULE 40 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA - New Starts; NDS; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA - New Starts; NDS; QL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA - New Starts; QL (1 per 28 days)
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	PA - B vs D; GC
<i>flutamide oral capsule 125 mg</i>	2	GC
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	PA - New Starts; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA - New Starts; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	
GAVRETO ORAL CAPSULE 100 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	PA - New Starts; NDS

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA - New Starts; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA - New Starts; NDS
<i>hydroxyurea oral capsule 500 mg</i>	2	GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA - New Starts; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA - New Starts; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
<i>idarubicin intravenous solution 1 mg/ml</i>	5	NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	5	NDS; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	4	PA - New Starts; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA - New Starts; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA - New Starts; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA - New Starts; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA - New Starts; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA - New Starts; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	3	PA - New Starts; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA - New Starts; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA - New Starts; NDS; QL (180 per 30 days)

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INLYTA ORAL TABLET 5 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA - New Starts; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA - New Starts; NDS
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	5	PA - New Starts; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG	5	PA - New Starts; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG	5	PA - New Starts; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA - New Starts; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA - New Starts; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA - New Starts; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA - New Starts; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA - New Starts; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA - New Starts; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA - New Starts; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA - New Starts; NDS; QL (63 per 28 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
KOSELUGO ORAL CAPSULE 10 MG	5	PA - New Starts; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA - New Starts; NDS
<i>lapatinib oral tablet 250 mg</i>	5	PA - New Starts; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA - New Starts; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA - New Starts; NDS
<i>letrozole oral tablet 2.5 mg</i>	1	GC
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	PA - New Starts; NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA - New Starts; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA - New Starts; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA - New Starts; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA - New Starts; NDS; QL (240 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA - New Starts; NDS; QL (1 per 84 days)

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LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA - New Starts; NDS; QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA - New Starts; NDS; QL (1 per 168 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA - New Starts; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	GC
MEKINIST ORAL TABLET 0.5 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA - New Starts; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i>	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	GC
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	GC
<i>mitomycin intravenous recon soln 40 mg, 5 mg</i>	5	NDS
<i>mitomycin intravesical solution 40 mg/10 ml (4 mg/ml)</i>	5	NDS
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	PA - New Starts; GC
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA - New Starts; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	NDS
<i>nelarabine intravenous solution 250 mg/50 ml</i>	5	NDS

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
NERLYNX ORAL TABLET 40 MG	5	NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA - New Starts; NDS; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	5	NDS
NUBEQA ORAL TABLET 300 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA - New Starts; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG	5	PA - New Starts; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA - New Starts; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA - New Starts; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA - New Starts; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA - New Starts; NDS; QL (40 per 28 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	5	NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA - New Starts; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA - New Starts; NDS; QL (14 per 21 days)
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	PA - New Starts; NDS
<i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i>	5	NDS

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PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA - New Starts; NDS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML	5	PA - New Starts; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG- 20000 UNIT/10ML	5	PA - New Starts; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG	5	PA - New Starts; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA - New Starts; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA - New Starts; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA - New Starts; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA - New Starts; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA - New Starts; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA - New Starts; NDS
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	5	PA - New Starts; NDS

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<i>romidepsin intravenous solution 5 mg/ml</i>	5	PA - New Starts; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA - New Starts; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA - New Starts; NDS
RYBREVA INTRAVENOUS SOLUTION 50 MG/ML	5	PA - New Starts; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA - New Starts; NDS; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	5	PA - New Starts; NDS; QL (30 per 30 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA - New Starts; NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA - New Starts; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i>	5	PA - New Starts; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA - New Starts; NDS; QL (84 per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA - New Starts; NDS; QL (30 per 30 days)

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SYLVANT INTRAVENOUS RECON SOLN 100 MG	5	PA - New Starts; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA - New Starts; NDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	GC
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA - New Starts; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA - New Starts; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	NDS
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	5	NDS; QL (4 per 28 days)
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	5	PA - New Starts; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	5	NDS
TIBSOVO ORAL TABLET 250 MG	5	PA - New Starts; NDS; QL (60 per 30 days)

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TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA - New Starts; NDS
<i>topotecan intravenous recon soln 4 mg</i>	5	NDS
<i>toremifene oral tablet 60 mg</i>	5	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	5	PA - New Starts; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG	5	PA - B vs D; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	PA - New Starts; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA - New Starts; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA - New Starts; QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA - New Starts; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA - New Starts; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA - New Starts; NDS
TUKYSA ORAL TABLET 150 MG	5	PA - New Starts; NDS; QL (120 per 30 days)

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TUKYSA ORAL TABLET 50 MG	5	PA - New Starts; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA - New Starts; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA - New Starts; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA - New Starts; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA - New Starts; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA - New Starts; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	GC
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	GC
<i>vincristine intravenous solution 1 mg/ml</i>	2	GC
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	2	GC
VITRAKVI ORAL CAPSULE 100 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA - New Starts; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA - New Starts; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	NDS

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WELIREG ORAL TABLET 40 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
XOSPATA ORAL TABLET 40 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA - New Starts; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA - New Starts; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA - New Starts; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA - New Starts; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA - New Starts; NDS
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	5	PA - New Starts; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	NDS
YONSA ORAL TABLET 125 MG	5	PA - New Starts; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA - New Starts; NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	5	NDS
ZEJULA ORAL CAPSULE 100 MG	5	PA - New Starts; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA - New Starts; NDS; QL (240 per 30 days)

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ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA - New Starts; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA - New Starts; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	5	PA - New Starts; NDS; QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	5	PA - New Starts; NDS; QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA - New Starts; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA - New Starts; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA - New Starts; NDS
<b>Anticholinergic Agents</b>		
<b>Antimuscarinics/Antispasmodics</b>		
<i>glycopyrrolate 0.2 mg/ml vial 25's, mdiv 0.2 mg/ml</i>	5	NDS
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	4	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
APTOM ORAL TABLET 200 MG, 400 MG	5	ST; NDS; QL (30 per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	5	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	ST; NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	ST; NDS; QL (60 per 30 days)

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<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	GC
<i>carbamazepine oral tablet 200 mg</i>	1	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	GC
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA - New Starts; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA - New Starts; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA - New Starts; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA - New Starts; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	GC
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	GC
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	GC

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EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA - New Starts; NDS
<i>epitol oral tablet 200 mg</i>	2	GC
EPRONTIA ORAL SOLUTION 25 MG/ML	4	PA - New Starts; QL (480 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i>	2	GC
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	GC
<i>felbamate oral suspension 600 mg/5 ml</i>	5	NDS
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA - New Starts; NDS; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	GC; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	GC; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	GC; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	3	
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	GC

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<i>lamotrigine oral tablet, disintegrating 100 mg, 25 mg, 50 mg</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	2	GC
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	GC
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	5	PA - New Starts; NDS; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	GC
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	GC
<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>	2	GC
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	GC
<i>phenytoin oral tablet, chewable 50 mg</i>	2	GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	GC
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	4	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	GC; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	GC; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	GC; QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	GC
ROWEEPRA ORAL TABLET 500 MG	1	GC
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	
<i>rufinamide oral suspension 40 mg/ml</i>	5	NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i>	4	

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SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	QL (120 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	NDS; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	4	
TEGRETOL ORAL TABLET 200 MG	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	4	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	GC
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	4	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	2	GC
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	NDS; QL (20 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA - New Starts; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA - New Starts; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5	PA - New Starts; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	5	PA - New Starts; NDS

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XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	5	PA - New Starts; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	PA - New Starts
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA - New Starts; NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA - New Starts
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	GC
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA - New Starts; NDS; QL (1100 per 30 days)
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i>	2	GC; QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	GC; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	4	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	GC; QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	3	PA; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	PA; GC; QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	PA; GC; QL (60 per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i>	3	PA

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	2	GC; QL (90 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	2	GC; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	4	QL (30 per 30 days)
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	GC
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	GC
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	5	NDS; QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	GC; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	GC; QL (30 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	4	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 200 mg</i>	1	GC; QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	2	GC; QL (60 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	4	QL (30 per 30 days)

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<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	4	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	GC; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	GC
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (56 per 365 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine (pmd) oral tablet 10 mg, 20 mg</i>	2	GC
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	4	QL (4 per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	GC
<i>fluoxetine oral tablet 60 mg</i>	4	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	4	QL (60 per 30 days)

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<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	GC
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg</i>	1	GC
<i>mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg</i>	2	GC
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	GC
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	GC
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	GC
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i>	4	QL (90 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	3	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	GC
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	4	QL (60 per 30 days)
<i>phenelzine oral tablet 15 mg</i>	2	GC
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	GC
<i>sertraline oral concentrate 20 mg/ml</i>	2	GC

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<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA - New Starts; NDS
<i>tranylcypromine oral tablet 10 mg</i>	4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 300 mg</i>	2	GC
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	1	GC; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC
VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (60 per 365 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	4	ST; QL (30 per 30 days)
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC; QL (90 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	4	ST; QL (3.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	4	ST; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	ST; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	4	QL (180 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)

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GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NDS; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml</i>	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	GC; QL (60 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	4	QL (90 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	4	ST; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	4	QL (90 per 30 days)

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OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg</i>	1	GC; QL (60 per 30 days)
<i>pioglitazone oral tablet 30 mg, 45 mg</i>	1	GC; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	3	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	GC; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	GC; QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	2	GC; QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)

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TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
<b>Insulins</b>		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	SI
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	SI
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	SI; QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	SI; QL (30 per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	SI

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HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	SI; QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	SI
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	SI; QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI; QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SI; QL (24 per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI

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LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	SI
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	SI
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	SI; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	SI; QL (18 per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg</i>	1	GC; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	GC; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	GC; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	GC; QL (240 per 30 days)

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<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	GC; QL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	GC; QL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	GC; QL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	1	GC; QL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	GC; QL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	GC; QL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	GC; QL (120 per 30 days)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA - B vs D
<i>amphotericin b injection recon soln 50 mg</i>	4	PA - B vs D
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	5	PA - B vs D; NDS
<i>caspofungin intravenous recon soln 50 mg</i>	5	NDS
<i>caspofungin intravenous recon soln 70 mg</i>	4	
<i>ciclopirox topical cream 0.77 %</i>	2	GC; QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	2	GC; QL (300 per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	2	GC
<i>ciclopirox topical solution 8 %</i>	2	GC; QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	2	GC; QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	GC
<i>clotrimazole topical cream 1 %</i>	1	GC
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	GC; QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	4	QL (90 per 30 days)

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CRESEMBA INTRAVENOUS RECON SOLN 372 MG	5	PA; NDS
CRESEMBA ORAL CAPSULE 186 MG	5	PA; NDS
<i>econazole topical cream 1 %</i>	4	QL (170 per 30 days)
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	5	NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	PA - B vs D; GC
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	GC
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	GC
<i>fluconazole oral tablet 150 mg</i>	1	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	GC
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
<i>itraconazole oral solution 10 mg/ml</i>	4	PA
<i>ketoconazole oral tablet 200 mg</i>	2	GC
<i>ketoconazole topical cream 2 %</i>	2	GC; QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i>	4	QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	GC; QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	5	NDS
<i>miconazole-3 vaginal suppository 200 mg</i>	2	GC
<i>naftifine topical cream 1 %, 2 %</i>	4	QL (180 per 30 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	GC; QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	GC
<i>nystatin topical cream 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)

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<i>nystatin topical ointment 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	GC
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	GC
<i>nystop topical powder 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>oxiconazole topical cream 1 %</i>	4	QL (270 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5	PA; NDS
<i>sulconazole topical solution 1 %</i>	4	
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC; QL (84 per 180 days)
<i>voriconazole intravenous recon soln 200 mg</i>	5	PA - B vs D; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg</i>	2	GC; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	GC
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	GC
<b>Antihistamines</b>		
<b>Antihistamines</b>		
<i>cetirizine oral solution 1 mg/ml</i>	1	GC
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	GC
<i>cyproheptadine oral tablet 4 mg</i>	2	GC
<i>desloratadine oral tablet 5 mg</i>	2	GC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	GC
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	4	

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<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral tablet 5 mg</i>	2	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	GC
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	2	GC
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	GC
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	GC
<i>terconazole vaginal suppository 80 mg</i>	2	GC
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	4	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	QL (12 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	5	NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; QL (2 per 30 days)

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EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; QL (3 per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	GC; QL (40 per 28 days)
<i>frovatriptan oral tablet 2.5 mg</i>	4	QL (18 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	GC; QL (9 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	GC; QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	GC; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	GC; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i>	4	QL (12 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	3	QL (6 per 30 days)
<b>Antimycobacterials</b>		
<b>Antimycobacterials</b>		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	GC

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	GC
<i>isoniazid injection solution 100 mg/ml</i>	4	
<i>isoniazid oral solution 50 mg/5 ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRETOMANID ORAL TABLET 200 MG	4	PA; QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	GC
<i>rifabutin oral capsule 150 mg</i>	2	GC
<i>rifampin intravenous recon soln 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	NDS
TRECATOR ORAL TABLET 250 MG	4	
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
<i>aprepitant oral capsule 125 mg</i>	2	PA - B vs D; GC; QL (2 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA - B vs D; GC; QL (1 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	2	PA - B vs D; GC; QL (8 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	2	PA - B vs D; GC; QL (6 per 30 days)
<i>compro rectal suppository 25 mg</i>	4	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	4	QL (120 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA - B vs D; QL (6 per 30 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	2	GC
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	GC
<i>granisetron hcl oral tablet 1 mg</i>	2	PA - B vs D; GC; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA - B vs D; GC; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA - B vs D; GC
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	PA - B vs D; GC
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	GC
<i>prochlorperazine rectal suppository 25 mg</i>	2	GC
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	4	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	GC
<i>promethegan rectal suppository 25 mg</i>	4	
<i>promethegan rectal suppository 50 mg</i>	2	GC
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	5	NDS; QL (4 per 28 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	4	QL (10 per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i>	2	PA - B vs D; GC
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	5	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250 mg</i>	2	GC; QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	2	GC; QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	GC; QL (90 per 30 days)

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i>	2	GC
<i>mefloquine oral tablet 250 mg</i>	2	GC
<i>nitazoxanide oral tablet 500 mg</i>	5	NDS
<i>paromomycin oral capsule 250 mg</i>	2	GC
<i>pentamidine injection recon soln 300 mg</i>	4	
<i>praziquantel oral tablet 600 mg</i>	1	GC
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; GC; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	GC
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	GC
<i>amantadine hcl oral tablet 100 mg</i>	2	GC
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	PA; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	2	GC
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>bromocriptine oral capsule 5 mg</i>	4	
<i>bromocriptine oral tablet 2.5 mg</i>	4	
<i>cabergoline oral tablet 0.5 mg</i>	2	GC
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<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>	4	
<i>entacapone oral tablet 200 mg</i>	3	QL (300 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; NDS; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; NDS; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
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	4	ST; QL (30 per 30 days)
NOURIANZ ORAL TABLET 20 MG, 40 MG	5	PA; NDS; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG	4	PA
ONGENTYS ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	4	ST; QL (360 per 30 days)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 36.25-145 MG, 61.25-245 MG	4	ST; QL (300 per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	2	GC
<i>selegiline hcl oral tablet 5 mg</i>	2	GC
<i>tolcapone oral tablet 100 mg</i>	5	NDS
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	GC
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	5	NDS; QL (60 per 30 days)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	4	QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	5	NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 56 days)

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ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	GC
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i>	2	GC; QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	GC; QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	GC; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	4	QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	5	NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST; QL (8 per 180 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	3	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	3	

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<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	3	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	GC
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	GC
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GC
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	PA - New Starts; NDS; QL (7 per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	PA - New Starts; NDS; QL (10 per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)

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INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	ST; NDS; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	ST; NDS; QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	GC; QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	GC; QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	GC; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA - New Starts; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	GC; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	GC
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	GC; QL (90 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	4	QL (30 per 30 days)

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<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	GC; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i>	2	GC; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i>	2	GC; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	GC; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	GC; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	GC; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	GC; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>	2	GC; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)

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VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST; QL (14 per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	GC; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	4	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral solution 20 mg/ml</i>	2	GC
<i>abacavir oral tablet 300 mg</i>	4	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	NDS; QL (60 per 30 days)
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	NDS
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	GC
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	
<i>efavirenz oral tablet 600 mg</i>	4	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	NDS; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NDS; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	NDS; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS; QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS; QL (60 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS; QL (60 per 30 days)

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ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NDS; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	2	GC
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	2	GC
<i>lamivudine oral tablet 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	GC; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	NDS; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	2	GC
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS; QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	

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REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>ritonavir oral tablet 100 mg</i>	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 30 mg, 40 mg</i>	2	GC
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	3	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	QL (180 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS; QL (60 per 30 days)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	5	NDS; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	GC

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<i>zidovudine oral syrup 10 mg/ml</i>	2	GC
<i>zidovudine oral tablet 300 mg</i>	2	GC
<b>Antivirals, Miscellaneous</b>		
<i>foscarnet intravenous solution 24 mg/ml</i>	3	
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS; QL (120 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	2	GC; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	2	GC; QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	2	GC; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	GC; QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	1	GC; QL (20 per 5 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	GC; QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (360 per 30 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (720 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i>	2	GC
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; NDS
<b>Hcv Antivirals</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)

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HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	5	PA; NDS
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NDS
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; NDS; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	3	PA - New Starts
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	1	GC
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	PA - B vs D
<i>adefovir oral tablet 10 mg</i>	5	NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	5	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>lagevrio (eua) oral capsule 200 mg</i>	1	GC; QL (40 per 5 days)
<i>ribavirin oral capsule 200 mg</i>	2	GC
<i>ribavirin oral tablet 200 mg</i>	4	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	GC; QL (120 per 30 days)

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<i>valganciclovir oral recon soln 50 mg/ml</i>	5	NDS
<i>valganciclovir oral tablet 450 mg</i>	3	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	4	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	NDS; QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	5	NDS; QL (15.2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	5	NDS; QL (17 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	5	NDS; QL (8.5 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	5	NDS; QL (10.2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	5	NDS; QL (21.6 per 30 days)

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FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML	4	QL (6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 5,000 ANTI-XA UNIT/0.2 ML	4	QL (12 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	5	NDS; QL (5.1 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	GC
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	ST; QL (60 per 30 days)
<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>	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
<b>Blood Formation Modifiers</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	5	PA; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA

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ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; NDS
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	5	PA; NDS; QL (24 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	PA; NDS; QL (38.4 per 365 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS

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NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/ML	5	PA; NDS; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NDS; QL (4 per 28 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	5	PA; NDS
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	5	PA; NDS; QL (8 per 30 days)

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UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
<b>Hematologic Agents, Miscellaneous</b>		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	GC
CABLIVI INJECTION KIT 11 MG	5	PA; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NDS
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NDS; QL (2 per 30 days)
OXBRYTA ORAL TABLET 500 MG	5	PA; NDS; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	5	PA; NDS; QL (150 per 30 days)
PYRUKYND 5 MG TAPER PACK INNER 5 MG	5	PA; NDS; QL (56 per 28 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	5	PA; NDS; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	5	PA; NDS; QL (7 per 7 days)
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	5	PA; NDS; QL (14 per 14 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	GC; QL (30 per 30 days)
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	

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<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GC
<i>clopidogrel oral tablet 75 mg</i>	1	GC
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA - B vs D
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA - B vs D
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA - B vs D
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA - B vs D
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA - B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA - B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA - B vs D
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA - B vs D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA - B vs D

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA - B vs D
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA - B vs D
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA - B vs D
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA - B vs D
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA - B vs D
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA - B vs D
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	PA - B vs D; GC
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	GC
<i>dextrose 5%-water iv soln single use</i>	1	GC
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA; NDS
INTRALIPID INTRAVENOUS EMULSION 20 %	4	PA - B vs D
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA - B vs D
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA - B vs D
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA - B vs D

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PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA - B vs D
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA - B vs D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA - B vs D
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	4	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	4	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GC
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	4	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	GC
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	GC
<i>methyldopate intravenous solution 250 mg/5 ml</i>	4	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NDS; QL (180 per 30 days)
<i>phenoxybenzamine oral capsule 10 mg</i>	5	NDS
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	GC
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	GC
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	GC
EDARBI ORAL TABLET 40 MG, 80 MG	4	

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	GC
<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>	3	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	GC
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	GC
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-240 mg, 4-240 mg</i>	1	GC
<b>Antiarrhythmic Agents</b>		
<i>amiodarone intravenous solution 50 mg/ml</i>	2	GC
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	GC
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	3	

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MULTAQ ORAL TABLET 400 MG	3	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	4	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	GC
<i>quinidine gluconate oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	GC
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	GC
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GC
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	GC
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	GC
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	GC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	GC

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<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	GC
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	GC
<i>propranolol intravenous solution 1 mg/ml</i>	4	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	GC
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	GC
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	GC
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	GC
<i>sotalol aforal tablet 120 mg, 160 mg, 80 mg</i>	2	GC
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	2	GC
<i>sotalol oral tablet 80 mg</i>	1	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC
<b>Calcium-Channel Blocking Agents</b>		
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG</b>	4	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	GC
<i>diltiazem hcl intravenous recon soln 100 mg</i>	4	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	4	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	GC
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i>	3	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	2	GC
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	GC

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<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	GC
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	GC
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	GC
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	GC
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	GC
<i>verapamil intravenous solution 2.5 mg/ml</i>	2	GC
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	4	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	GC
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	3	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	GC
<b>Cardiovascular Agents, Miscellaneous</b>		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)	4	
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	4	PA
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	1	GC; QL (30 per 30 days)
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	1	GC
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	GC; QL (30 per 30 days)

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<i>digox oral tablet 250 mcg (0.25 mg)</i>	1	GC
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i>	1	GC
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	4	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	3	
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	1	GC; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	1	GC
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	QL (4 per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	4	QL (4 per 30 days)
<i>hydralazine injection solution 20 mg/ml</i>	4	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; NDS; QL (18 per 30 days)
<i>metirosine oral capsule 250 mg</i>	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	3	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	3	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS; QL (30 per 30 days)
VYNDALIN ORAL CAPSULE 20 MG	5	PA; NDS; QL (120 per 30 days)
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	GC

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<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	GC
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	3	
<i>amlodipine-valsartan-hcthiiazid oral tablet 5-160-12.5 mg, 5-160-25 mg</i>	2	GC
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	4	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	GC
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	GC
<i>nimodipine oral capsule 30 mg</i>	4	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	4	
<b>Diuretics</b>		
<b>ALDACTAZIDE ORAL TABLET 50-50 MG</b>	4	
<i>amiloride oral tablet 5 mg</i>	2	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<i>bumetanide injection solution 0.25 mg/ml</i>	2	GC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GC
<b>DIURIL ORAL SUSPENSION 250 MG/5 ML</b>	4	
<i>ethacrynic acid oral tablet 25 mg</i>	4	PA

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<i>furosemide injection solution 10 mg/ml</i>	1	GC
<i>furosemide injection syringe 10 mg/ml</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NDS; QL (120 per 30 days)
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)	5	PA; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
SAMSCA ORAL TABLET 15 MG	5	NDS; QL (120 per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	GC
<i>tolvaptan oral tablet 15 mg</i>	5	NDS; QL (120 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	NDS; QL (60 per 30 days)
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GC
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
<b>Dyslipidemics</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>	3	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	3	QL (30 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	GC
<i>cholestyramine light oral powder in packet 4 gram</i>	2	GC
<i>colesevelam oral powder in packet 3.75 gram</i>	4	
<i>colesevelam oral tablet 625 mg</i>	4	
<i>colestipol oral packet 5 gram</i>	2	GC
<i>colestipol oral tablet 1 gram</i>	2	GC
EVKEEZA 1,200 MG/8 ML VIAL 150 MG/ML	5	PA; NDS
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	5	PA; NDS; QL (8 per 28 days)
<i>ezetimibe oral tablet 10 mg</i>	2	GC; QL (30 per 30 days)
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg</i>	4	
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	1	GC
<i>fenofibrate micronized oral capsule 200 mg, 43 mg</i>	2	GC
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	2	GC
<i>fenofibrate nanocrystallized oral tablet 160 mg, 48 mg</i>	1	GC
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	4	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	GC
<i>fenofibrate oral tablet 40 mg</i>	4	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	2	GC
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	4	QL (60 per 30 days)

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<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	4	
<i>gemfibrozil oral tablet 600 mg</i>	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
NEXLETOL ORAL TABLET 180 MG	4	PA; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	4	PA; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i>	2	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	4	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	2	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	GC; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	GC
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	2	GC; QL (240 per 30 days)

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VASCEPA ORAL CAPSULE 1 GRAM	2	GC; QL (120 per 30 days)
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	GC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	GC
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	
<b>Vasodilators</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	GC
<i>isosorbide dinitrate oral tablet 40 mg</i>	5	NDS
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	2	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	GC
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	4	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg</i>	1	GC
<i>nitroglycerin sublingual tablet 0.6 mg</i>	2	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	GC
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	4	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg</i>	2	GC; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30 per 30 days)
<i>atomoxetine oral capsule 25 mg, 40 mg</i>	4	QL (60 per 30 days)

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AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	4	QL (120 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	3	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	4	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	4	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	GC; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	4	PA; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	4	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	GC; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; NDS; QL (14 per 7 days)

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<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; NDS; QL (120 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; NDS; QL (60 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (30 per 30 days)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NDS; QL (28 per 28 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	GC
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; QL (7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS; QL (12 per 30 days)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	PA; QL (30 per 30 days)

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<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	4	PA; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	4	PA; QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	4	PA; QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	4	PA; QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	4	PA; QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	PA; GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	4	PA; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	4	PA; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating)</i>	4	PA; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet,chewable 10 mg</i>	4	PA; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg</i>	4	PA; QL (90 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	5	PA; NDS; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS; QL (2 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
<i>riluzole oral tablet 50 mg</i>	2	PA; GC; QL (60 per 30 days)

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SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (110 per 365 days)
tetrabenazine oral tablet 12.5 mg, 25 mg	5	PA; NDS; QL (112 per 28 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	5	NDS; QL (600 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	QL (30 per 30 days)

### Contraceptives

Contraceptives		
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	2	GC
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	GC; QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	2	GC
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	2	GC
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	GC; QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	2	GC
aviane oral tablet 0.1-20 mg-mcg	2	GC
balziva (28) oral tablet 0.4-35 mg-mcg	2	GC
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	GC
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	GC
briellyn oral tablet 0.4-35 mg-mcg	2	GC
camila oral tablet 0.35 mg	2	GC
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	2	GC; QL (91 per 84 days)
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	2	GC

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<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	GC
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>deblitane oral tablet 0.35 mg</i>	2	GC
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	GC
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>errin oral tablet 0.35 mg</i>	2	GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	GC; QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	4	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC

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<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	GC
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	GC
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	GC
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	4	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	GC
<i>luteria (28) oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>lyza oral tablet 0.35 mg</i>	2	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	GC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	GC
<i>nora-be oral tablet 0.35 mg</i>	2	GC

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<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	2	GC
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	GC
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>ocella oral tablet 3-0.03 mg</i>	2	GC
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	GC
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	GC
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	2	GC; QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	2	GC
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	GC
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	GC
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	GC
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	GC
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	4	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	GC
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<b>Cough And Cold Products</b>		
<b>Cough And Cold Products</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	6	GC; EX
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>ARESTIN DENTAL CARTRIDGE 1 MG</i>	5	NDS
<i>cevimeline oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	GC
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	GC
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		

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<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>acyclovir topical ointment 5 %</i>	4	QL (30 per 30 days)
ALCOHOL 70% SWABS	1	GC
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	GC
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	1	GC
<i>ammonium lactate topical cream 12 %</i>	2	GC
<i>ammonium lactate topical lotion 12 %</i>	2	GC
<i>azelaic acid topical gel 15 %</i>	4	
BD SINGLE USE SWAB	1	GC
<i>calcipotriene scalp solution 0.005 %</i>	3	
<i>calcipotriene topical cream 0.005 %</i>	3	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	3	QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	4	QL (400 per 28 days)
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	4	QL (400 per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	4	
CARETOUCH ALCOHOL 70% PREP PAD	1	GC
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
CONDYLOX TOPICAL GEL 0.5 %	4	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	1	GC
DENAVIR TOPICAL CREAM 1 %	4	
<i>doxepin topical cream 5 %</i>	5	PA; NDS; QL (90 per 30 days)
DROPSAFE ALCOHOL 70% PREP PADS	1	GC
EASY COMFORT ALCOHOL 70% PAD	1	GC
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	GC
FINACEA TOPICAL FOAM 15 %	4	
<i>fluorouracil topical cream 0.5 %</i>	5	NDS
<i>fluorouracil topical cream 5 %</i>	2	GC

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<i>fluorouracil topical solution 2 %, 5 %</i>	2	GC
HEB INCONTROL ALCOHOL 70% PADS	1	GC
<i>imiquimod 3.75% cream 3.75 %</i>	5	NDS
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	5	NDS
<i>imiquimod topical cream in packet 5 %</i>	2	GC; QL (24 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	3	PA
IV ANTISEPTIC WIPES	1	GC
KENDALL ALCOHOL 70% PREP PAD	1	GC
<i>mafenide acetate topical packet 50 gram</i>	2	GC
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	NDS
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	4	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	GC
PRO COMFORT ALCOHOL 70% PADS	1	GC
PURE COMFORT ALCOHOL 70% PADS	1	GC
RA ISOPROPYL ALCOHOL 70% WIPES	1	GC
REGRANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
SURE COMFORT ALCOHOL PREP PADS	1	GC
SURE-PREP ALCOHOL PREP PADS	1	GC
TRUE COMFORT ALCOHOL 70% PADS	1	GC
TRUE COMFORT PRO ALCOHOL PADS	1	GC
ULTILET ALCOHOL STERL SWAB	1	GC

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VALCHLOR TOPICAL GEL 0.016 %	5	PA - New Starts; NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE	1	GC
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
ZYCLARA 3.75% CREAM 3.75 %	5	NDS
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	5	NDS; QL (15 per 28 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	5	NDS
<b>Dermatological Antibacterials</b>		
<i>clindamycin phosphate topical foam 1 %</i>	4	QL (100 per 30 days)
<i>clindamycin phosphate topical gel 1 %</i>	4	QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	2	GC; QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	GC; QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	2	GC
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	4	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	4	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	4	PA
<i>ery pads topical swab 2 %</i>	2	GC
<i>erythromycin with ethanol topical gel 2 %</i>	2	GC; QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	GC; QL (180 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	4	
<i>gentamicin topical cream 0.1 %</i>	2	GC; QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	GC; QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	4	
<i>metronidazole topical gel 0.75 %</i>	2	GC
<i>metronidazole topical gel 1 %</i>	4	
<i>metronidazole topical lotion 0.75 %</i>	4	
<i>mupirocin topical ointment 2 %</i>	2	GC; QL (220 per 30 days)

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<i>selenium sulfide topical lotion 2.5 %</i>	1	GC
<i>silver sulfadiazine topical cream 1 %</i>	3	
<i>ssd topical cream 1 %</i>	2	GC
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	4	
XEPI TOPICAL CREAM 1 %	4	
<b>Dermatological Anti-Inflammatory Agents</b>		
<i>alclometasone topical cream 0.05 %</i>	2	GC
<i>alclometasone topical ointment 0.05 %</i>	2	GC
<i>amcinonide topical cream 0.1 %</i>	4	
<i>amcinonide topical lotion 0.1 %</i>	4	
APEXICON E TOPICAL CREAM 0.05 %	5	NDS; QL (60 per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	2	GC
<i>betamethasone, augmented topical gel 0.05 %</i>	2	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	GC
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	GC
CAPEX TOPICAL SHAMPOO 0.01 %	4	
<i>clobetasol scalp solution 0.05 %</i>	2	GC
<i>clobetasol topical cream 0.05 %</i>	4	
<i>clobetasol topical foam 0.05 %</i>	4	
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical lotion 0.05 %</i>	4	
<i>clobetasol topical ointment 0.05 %</i>	4	

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<i>clobetasol topical shampoo 0.05 %</i>	4	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	4	
<i>clobetasol-emollient topical cream 0.05 %</i>	4	
<i>clobetasol-emollient topical foam 0.05 %</i>	4	
CLODAN 0.05% KIT 0.05 %	4	
CLODAN TOPICAL SHAMPOO 0.05 %	4	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	3	
<i>desonide topical cream 0.05 %</i>	2	GC
<i>desonide topical lotion 0.05 %</i>	4	
<i>desonide topical ointment 0.05 %</i>	2	GC
<i>desoximetasone topical cream 0.25 %</i>	4	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.25 %</i>	4	QL (120 per 30 days)
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	4	QL (100 per 30 days)
DESRX TOPICAL GEL 0.05 %	4	
DUOBRII TOPICAL LOTION 0.01-0.045 %	4	PA; QL (200 per 28 days)
<i>fluocinolone 0.01% body oil 0.01 %</i>	4	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	4	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	GC
<i>fluocinolone topical ointment 0.025 %</i>	2	GC
<i>fluocinolone topical solution 0.01 %</i>	2	GC
<i>fluocinonide topical cream 0.05 %</i>	2	GC
<i>fluocinonide topical cream 0.1 %</i>	1	GC
<i>fluocinonide topical gel 0.05 %</i>	4	
<i>fluocinonide topical ointment 0.05 %</i>	2	GC
<i>fluocinonide topical solution 0.05 %</i>	2	GC
<i>fluocinonide-emollient topical cream 0.05 %</i>	4	
<i>flurandrenolide topical cream 0.05 %</i>	4	QL (120 per 30 days)
<i>flurandrenolide topical lotion 0.05 %</i>	4	QL (120 per 30 days)
<i>flurandrenolide topical ointment 0.05 %</i>	4	QL (120 per 30 days)

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<i>fluticasone propionate topical cream 0.05 %</i>	2	GC
<i>fluticasone propionate topical lotion 0.05 %</i>	2	GC
<i>fluticasone propionate topical ointment 0.005 %</i>	2	GC
<i>halobetasol propionate topical cream 0.05 %</i>	2	GC
<i>halobetasol propionate topical ointment 0.05 %</i>	4	
<i>hydrocortisone 2.5% cream 2.5 %</i>	1	GC
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	4	QL (120 per 30 days)
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>hydrocortisone valerate topical cream 0.2 %</i>	4	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	4	
<i>mometasone topical cream 0.1 %</i>	1	GC
<i>mometasone topical ointment 0.1 %</i>	1	GC
<i>mometasone topical solution 0.1 %</i>	1	GC
PADEL TOPICAL CREAM 0.1 %	5	NDS
<i>pimecrolimus topical cream 1 %</i>	4	QL (100 per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	2	GC
<i>prednicarbate topical ointment 0.1 %</i>	2	GC
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	GC
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	GC
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	GC
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	PA; QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	GC

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<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	GC
<i>triderm topical cream 0.5 %</i>	1	GC
TRITOCIN TOPICAL OINTMENT 0.05 %	1	GC
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream 0.1 %</i>	2	PA; GC
<i>adapalene topical gel 0.1 %, 0.3 %</i>	2	PA; GC
<i>adapalene topical solution 0.1 %</i>	2	PA; GC
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	2	PA; GC
<i>tazarotene topical cream 0.1 %</i>	3	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	PA; QL (100 per 30 days)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	4	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	4	PA
<b>Scabicides And Pediculicides</b>		
<i>lindane topical shampoo 1 %</i>	4	
<i>malathion topical lotion 0.5 %</i>	4	
<i>permethrin topical cream 5 %</i>	2	GC
<b>Devices</b>		
<b>Devices</b>		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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1ST TIER UNIFINE PNTD 29GX1/2" 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
1ST TIER UNIFINE PNTD 31GX3/16 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
1ST TIER UNIFINE PNTD 32GX5/32 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	GC
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	1	GC
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	GC
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	GC
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	1	GC
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	1	GC
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	1	GC; QL (200 per 30 days)
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	1	GC; QL (200 per 30 days)
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	1	GC; QL (200 per 30 days)
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	1	GC; QL (200 per 30 days)
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML	1	GC; QL (200 per 30 days)
BD LUER-LOK SYRINGE 1 ML 1 ML	1	GC; QL (200 per 30 days)
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
BD SAFETGLD INS 0.3 ML 13MMX29G 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
BD SAFETGLD INS 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
BD SAFETGLD INS 0.5 ML 8MMX30G 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
BD SAFETYGLIDE NEEDLE 27 X 5/8 "	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	1	GC; QL (200 per 30 days)
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
BORDERED GAUZE 2"X2" 2 X 2 "	1	GC
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	1	GC; QL (200 per 30 days)
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	GC; QL (200 per 30 days)
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	1	GC; QL (200 per 30 days)
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 33GX4MM 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
CURAD GAUZE PADS 2" X 2" 2 X 2 "	1	GC
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	GC
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	1	GC
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	1	GC
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	GC
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	1	GC; QL (200 per 30 days)

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DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	1	GC; QL (200 per 30 days)
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	1	GC; QL (200 per 30 days)
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	GC; QL (200 per 30 days)

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EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	1	GC
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH FLIPILOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	GC
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	1	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	1	GC
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	GC
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	GC
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	GC
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	GC
EASY TOUCH LUER LOK INSUL 1 ML 1 ML	1	GC; QL (200 per 30 days)
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	1	GC; QL (200 per 30 days)
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
EASY TOUCH UNI-SLIP SYR 1 ML 1 ML	1	GC; QL (200 per 30 days)
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	1	GC; QL (200 per 30 days)
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	1	GC; QL (200 per 30 days)
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	1	GC; QL (200 per 30 days)

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EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	1	GC; QL (200 per 30 days)
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	1	GC; QL (200 per 30 days)
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	1	GC; QL (200 per 30 days)
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	1	GC; QL (200 per 30 days)
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	GC; QL (200 per 30 days)
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 0.5 ML 1/2 ML 29	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	1	GC; QL (200 per 30 days)
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	GC; QL (200 per 30 days)

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INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
LISCO SPONGES 100/BAG 2 X 2 "	1	GC
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	1	GC; QL (200 per 30 days)
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	1	GC; QL (200 per 30 days)
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)

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LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	1	GC
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	1	GC
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"	1	GC; QL (200 per 30 days)
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	1	GC
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2"	1	GC
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)

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MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	1	GC; QL (200 per 30 days)

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MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	1	GC; QL (200 per 30 days)
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	1	GC; QL (200 per 30 days)
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	1	GC; QL (200 per 30 days)
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	1	GC; QL (200 per 30 days)
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)

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MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	1	GC
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
NOVOFINE 30 NEEDLE	1	GC; QL (200 per 30 days)
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	GC; QL (200 per 30 days)
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	1	GC; QL (200 per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	4	PA; QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 per 30 days)
OMNIPOD DASH PDM KIT (GEN 4)	4	PA; QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	1	GC; QL (200 per 30 days)

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RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	1	GC; QL (200 per 30 days)
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	GC
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	GC
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	GC
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	1	GC
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)

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SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)

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SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	GC; QL (200 per 30 days)
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	GC; QL (200 per 30 days)
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	1	GC; QL (200 per 30 days)
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	1	GC; QL (200 per 30 days)
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	1	GC; QL (200 per 30 days)
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8"	1	GC; QL (200 per 30 days)
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	1	GC; QL (200 per 30 days)
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"	1	GC; QL (200 per 30 days)
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	GC; QL (200 per 30 days)

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TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)

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TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULT CFT 0.3 ML 30GX5/16" (1/2) 1/2 UNIT 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ULTICARE SAFE PEN NDL 8MM 30G 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)

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ULTIGUARD SAFEPAK 31G 6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFEPAK 31G 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFEPAK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	1	GC; QL (200 per 30 days)
ULTIGUARD SAFEPAK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	1	GC; QL (200 per 30 days)
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)
ULTILET PEN NEEDLE 29 GAUGE	1	GC; QL (200 per 30 days)
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	1	GC; QL (200 per 30 days)
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC; QL (200 per 30 days)

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ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)

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ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)

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UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	1	GC; QL (200 per 30 days)
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	1	GC; QL (200 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	1	GC; QL (200 per 30 days)
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	1	GC; QL (200 per 30 days)
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	GC; QL (200 per 30 days)
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	1	GC; QL (200 per 30 days)
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	GC
V-GO 20 DEVICE	4	PA; QL (30 per 30 days)
V-GO 30 DEVICE	4	PA; QL (30 per 30 days)
V-GO 40 DEVICE	4	PA; QL (30 per 30 days)
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	PA; NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHENODAL ORAL TABLET 250 MG	5	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	PA; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)

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KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA; NDS
<i>miglustat oral capsule 100 mg</i>	5	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; NDS
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i>	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NDS
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		

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ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	4	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>atropine ophthalmic (eye) drops 1 %</i>	2	GC
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	GC; QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	2	GC; QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	3	QL (23 per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	4	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	GC
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NDS; QL (20 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	GC
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	4	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	GC; QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	GC; QL (15 per 10 days)
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	4	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	GC
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	4	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2	GC
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA; NDS; QL (56 per 28 days)
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	GC
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NDS

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VISUDYNE INTRAVENOUS RECON SOLN 15 MG	5	PA; NDS
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<i>acetic acid otic (ear) solution 2 %</i>	2	GC
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	GC
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	GC
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	4	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	QL (7.5 per 7 days)
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	GC
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	GC; QL (3.5 per 4 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	GC
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	GC
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	GC

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<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	GC
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	GC
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	4	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	4	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	GC
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	GC

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<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	GC
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	QL (3.5 per 7 days)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	4	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	GC
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	GC
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	4	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	3	QL (60 per 30 days)
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	GC
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	GC
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	GC; QL (50 per 25 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	GC

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	GC
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	GC; QL (16 per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	4	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	QL (6 per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	GC; QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	QL (14 per 365 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	4	QL (20 per 365 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	4	QL (34 per 30 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	GC
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	4	QL (12 per 365 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		

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<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	GC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	GC
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	4	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	GC; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	GC; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	3	QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	3	QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	GC
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	GC
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	GC; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	GC; QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	GC
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	QL (30 per 30 days)
<i>nizatidine oral capsule 150 mg</i>	2	GC
<i>nizatidine oral capsule 300 mg</i>	1	GC
<i>nizatidine oral solution 150 mg/10 ml</i>	4	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	GC; QL (60 per 30 days)

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	GC; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i>	2	GC
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	GC; QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	GC; QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i>	2	GC
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	4	QL (168 per 14 days)
<b>Gastrointestinal Agents, Other</b>		
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	NDS
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	GC
<i>cromolyn oral concentrate 100 mg/5 ml</i>	3	
<i>dicyclomine oral capsule 10 mg</i>	1	GC
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	GC
<i>dicyclomine oral tablet 20 mg</i>	1	GC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	GC
<i>enulose oral solution 10 gram/15 ml</i>	1	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i>	1	GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	GC
KRISTALOSE ORAL PACKET 20 GRAM	4	QL (60 per 30 days)
<i>lactulose oral packet 10 gram</i>	5	NDS; QL (120 per 30 days)
<i>lactulose oral solution 10 gram/15 ml</i>	2	GC

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LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i>	2	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	GC
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	GC
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	3	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	NDS
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
VIBERZI ORAL TABLET 100 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)

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XERMELO ORAL TABLET 250 MG	5	PA; NDS
<b>Laxatives</b>		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	GC
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	GC
<i>gavilyte-n oral recon soln 420 gram</i>	2	GC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	GC
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	2	GC
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	GC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	4	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	4	
<b>Phosphate Binders</b>		
AURYXIA ORAL TABLET 210 MG IRON	4	PA
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	GC
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	GC
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	5	NDS
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	5	NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	

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<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	5	NDS; QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	NDS; QL (90 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	4	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	5	NDS
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	4	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	3	
<i>flavoxate oral tablet 100 mg</i>	2	GC
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	GC
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	GC
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	GC
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	3	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	3	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	2	GC
<i>trospium oral tablet 20 mg</i>	2	GC
<b>Genitourinary Agents, Miscellaneous</b>		

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<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	GC; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
<i>dutasteride oral capsule 0.5 mg</i>	2	GC
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	GC
<i>finasteride oral tablet 5 mg</i>	1	GC
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	5	PA; NDS
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	GC
<i>tamsulosin oral capsule 0.4 mg</i>	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NDS
<i>tiopronin oral tablet 100 mg</i>	5	PA; NDS
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	5	PA; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	PA; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
<i>penicillamine oral capsule 250 mg</i>	3	
<i>penicillamine oral tablet 250 mg</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; NDS; QL (240 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying Androgens</b>		

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ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	QL (30 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	GC
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	4	PA; QL (21.96 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	3	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	QL (240 per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	GC; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	4	QL (150 per 30 days)
<b>Estrogens And Antiestrogens</b>		
BIJUVA ORAL CAPSULE 1-100 MG	4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	QL (8 per 28 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	GC; QL (8 per 28 days)

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<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	GC; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	GC
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	GC
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	GC
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	QL (1 per 84 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	
FEMRING VAGINAL RING 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	GC
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
<i>mimvey oral tablet 1-0.5 mg</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
OSPHENA ORAL TABLET 60 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	4	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
<i>raloxifene oral tablet 60 mg</i>	2	GC
<i>yuvafem vaginal tablet 10 mcg</i>	4	QL (18 per 28 days)
<b>Glucocorticoids/Mineralocorticoids</b>		

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	3	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GC
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	2	GC
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
<i>fludrocortisone oral tablet 0.1 mg</i>	2	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	GC
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	GC
<i>methylprednisolone oral tablet 4 mg</i>	1	GC
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	GC
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	4	
MILLIPRED ORAL TABLET 5 MG	4	PA - B vs D
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA - B vs D; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA - B vs D; GC

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	PA - B vs D; GC
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA - B vs D; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA - B vs D; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	GC
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML	4	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	5	PA; NDS; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
<b>Pituitary</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA
<i>desmopressin injection solution 4 mcg/ml</i>	4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	GC
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (30 per 30 days)
GENOTROPIN MINIQUEICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUEICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS

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GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA - New Starts; NDS; QL (0.5 per 28 days)
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	5	PA; NDS; QL (1 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA - New Starts; NDS; QL (1 per 84 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA - New Starts; NDS; QL (1 per 28 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; NDS; QL (1 per 28 days)
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NDS
ORGOVYX ORAL TABLET 120 MG	5	PA - New Starts; NDS; QL (33 per 30 days)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	PA; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	5	NDS; QL (1 per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA - New Starts; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA - New Starts; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA - New Starts; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NDS

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA
<b>Progestins</b>		
CRINONE VAGINAL GEL 4 %, 8 %	4	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	QL (1 per 84 days)
<i>hydroxyprogesterone(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	5	PA - New Starts; NDS
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	5	PA - New Starts; NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA - New Starts
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA - New Starts
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	GC
<b>Thyroid And Antithyroid Agents</b>		
<i>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</i>	1	GC
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine intravenous solution 10 mcg/ml</i>	4	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	GC
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	4	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	4	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	4	
THYROLAR-2 ORAL TABLET 25-100 MCG	4	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	4	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
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	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<b>Immunological Agents</b>		

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
<b>Immunological Agents</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS; QL (3.6 per 28 days)
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	PA - B vs D
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 5 MG	5	PA - B vs D; NDS
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	5	NDS
AZASAN ORAL TABLET 100 MG, 75 MG	4	PA - B vs D
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	2	PA - B vs D; GC
<i>azathioprine sodium injection recon soln 100 mg</i>	2	GC
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA - New Starts; NDS
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS

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CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	2	PA - B vs D; GC
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA - B vs D; GC
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	PA - B vs D; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	PA - B vs D; GC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	PA - New Starts
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA - New Starts; NDS

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FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	PA; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA; NDS
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 2.5 GRAM/25 ML (10 %), 5 GRAM/50 ML (10 %)	3	PA
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %)	5	PA; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA - B vs D; GC
<i>gengraf oral solution 100 mg/ml</i>	2	PA - B vs D; GC
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; NDS
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS

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HUMIRA PEN PSOR-UEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	3	
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NDS; QL (2 per 28 days)
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	3	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>infliximab intravenous recon soln 100 mg</i>	5	PA; NDS

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KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	GC
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NDS
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA - B vs D; GC
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	PA - B vs D; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA - B vs D; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	4	PA - B vs D
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA - New Starts; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	5	PA; NDS
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	5	PA; NDS

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA - B vs D
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA - B vs D
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	4	PA; QL (0.8 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	4	PA; QL (1 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	4	PA; QL (1.2 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	4	PA; QL (1.4 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	4	PA; QL (1.6 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	4	PA; QL (1.8 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	4	PA; QL (2 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	4	PA; QL (2.4 per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	4	PA; QL (0.6 per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML	4	PA; QL (1.6 per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 12.5 MG/0.5 ML	4	PA; QL (2 per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 15 MG/0.6 ML	4	PA; QL (2.4 per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 17.5 MG/0.7 ML	4	PA; QL (2.8 per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 20 MG/0.8 ML	4	PA; QL (3.2 per 28 days)

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REDITREX (PF) SUBCUTANEOUS SYRINGE 22.5 MG/0.9 ML	4	PA; QL (3.6 per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 25 MG/ML	4	PA; QL (4 per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 7.5 MG/0.3 ML	4	PA; QL (1.2 per 28 days)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
REZUROCK ORAL TABLET 200 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
SIMULECT INTRAVENOUS RECON SOLN 20 MG	5	NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA - B vs D; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	PA - B vs D
<i>sirolimus oral tablet 2 mg</i>	5	PA - B vs D; NDS
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NDS

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	PA - B vs D; GC
<i>tacrolimus oral capsule 5 mg</i>	4	PA - B vs D
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	5	NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NDS
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
<b>Vaccines</b>		

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ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA - B vs D
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA - B vs D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA - B vs D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 84 days)

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GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 84 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA - B vs D
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	3	

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PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 62 DU/0.5 ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA - B vs D
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA - B vs D
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA - B vs D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA - B vs D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)

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TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	5	PA; NDS

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<i>balsalazide oral capsule 750 mg</i>	2	GC
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	5	ST; NDS
DIPENTUM ORAL CAPSULE 250 MG	5	NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	GC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	4	QL (180 per 30 days)
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	4	QL (240 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	3	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i>	4	QL (1800 per 30 days)
<i>mesalamine rectal suppository 1,000 mg</i>	4	
<i>sulfasalazine oral tablet 500 mg</i>	2	GC
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	GC
UCERIS RECTAL FOAM 2 MG/ACTUATION	4	
<b>Irrigating Solutions</b>		
<b>Irrigating Solutions</b>		
LACTATED RINGERS IRRIGATION SOLUTION	3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
<i>sodium chloride irrigation solution 0.9 %</i>	1	GC
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	2	GC; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)

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<i>alendronate oral tablet 35 mg, 70 mg</i>	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	5	NDS
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	GC; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	GC
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	GC
<i>calcitriol oral solution 1 mcg/ml</i>	2	GC
<i>cinacalcet oral tablet 30 mg</i>	4	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	5	NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	NDS; QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	
<i>etidronate disodium oral tablet 200 mg</i>	2	GC
<i>ibandronate oral tablet 150 mg</i>	2	GC; QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml)</i>	2	GC
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	4	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	4	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	GC
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	5	NDS; QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i>	4	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 per 28 days)

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<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	4	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	PA; QL (100 per 365 days)
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	5	NDS
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA - New Starts; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	4	
<i>betaine oral powder 1 gram/scoop</i>	5	NDS
BOTOX INJECTION RECON SOLN 100 UNIT	4	PA; QL (4 per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT	5	PA; NDS; QL (2 per 90 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	GC
COSELA INTRAVENOUS RECON SOLN 300 MG	5	PA; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	NDS
<i>diazoxide oral suspension 50 mg/ml</i>	5	NDS
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NDS
FIRDAPSE ORAL TABLET 10 MG	5	PA; NDS; QL (240 per 30 days)

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GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	4	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	3	
GRASTEK SUBLINGUAL TABLET 2,800 BAU	4	PA; QL (30 per 30 days)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	GC
ISTURISA ORAL TABLET 1 MG	5	PA; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; NDS; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NDS; QL (60 per 30 days)
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	5	NDS
KEVEYIS ORAL TABLET 50 MG	5	PA; NDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	GC
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	GC
<i>levocarnitine oral tablet 330 mg</i>	2	GC
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	NDS
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	5	NDS
MESNEX ORAL TABLET 400 MG	5	NDS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; NDS
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	4	PA; QL (30 per 30 days)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NDS

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	4	QL (30 per 30 days)
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	5	PA; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	5	NDS
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	GC
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
RECORLEV ORAL TABLET 150 MG	5	PA; NDS; QL (240 per 30 days)
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA - New Starts; NDS; QL (6 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA - New Starts; NDS; QL (60 per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	5	PA; NDS
XEOMIN INTRAMUSCULAR RECON SOLN 50 UNIT	4	PA; QL (2 per 90 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; NDS
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	3	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	GC
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	GC

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<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	GC
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	GC
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	2	GC
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	GC
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	GC
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	GC
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC

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Drug Name/Nombre del Medicamento	Drug Tier/Nivel de Medicamento	Requirements/Limits/Requisitos/Límites
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	4	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	4	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	GC
VYZULTA OPTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE 0.0015 %	4	QL (30 per 30 days)
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	GC
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	GC
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	GC
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	GC
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	GC
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	GC
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	GC
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	GC
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	GC
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	GC
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	PA - B vs D; GC
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	PA - B vs D; GC
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	PA - B vs D; GC
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	PA - B vs D; GC
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	PA - B vs D; GC
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	PA - B vs D; GC
<i>potassium chloride oral capsule, extended release 10 meq</i>	1	GC
<i>potassium chloride oral capsule, extended release 8 meq</i>	2	GC
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	3	
<i>potassium chloride oral packet 20 meq</i>	1	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	GC
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	PA - B vs D; GC
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	GC
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	GC
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	GC
<i>sodium chloride 0.9 % injection solution</i>	1	GC
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	GC
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	GC
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	GC
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	GC
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	GC
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	GC; QL (60 per 30 days)

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ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	PA - B vs D; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	PA - B vs D; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (30.6 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral tablet 10 mg</i>	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	2	GC

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zafirlukast oral tablet 10 mg, 20 mg	2	GC
zileuton oral tablet, er multiphase 12 hr 600 mg	5	NDS
ZYFLO ORAL TABLET 600 MG	5	ST; NDS
<b>Bronchodilators</b>		
albuterol 5 mg/ml solution 5 mg/ml	2	PA - B vs D; GC; QL (120 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	GC; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	GC; QL (14 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	2	GC; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml	2	PA - B vs D; GC; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	PA - B vs D; GC; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	2	PA - B vs D; GC; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	2	GC
albuterol sulfate oral tablet 4 mg	3	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	3	
aminophylline intravenous solution 250 mg/10 ml	2	GC
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	5	PA - B vs D; NDS; QL (120 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)

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COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	4	PA - B vs D; QL (120 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	4	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA - B vs D; GC; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA - B vs D; GC; QL (540 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml</i>	4	PA - B vs D; QL (540 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	4	PA - B vs D; QL (90 per 30 days)
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	2	GC; QL (30 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	4	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	2	GC
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	GC

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<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	GC
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA - B vs D; GC
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; NDS
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA - B vs D; GC
DALIRESP ORAL TABLET 250 MCG	4	PA; QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NDS; QL (270 per 30 days)
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	PA; NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	5	PA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (120 per 30 days)

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<i>pirfenidone oral tablet 267 mg</i>	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	5	PA; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA; NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	PA; NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	GC
<i>baclofen oral tablet 20 mg</i>	2	GC
<i>carisoprodol oral tablet 350 mg</i>	4	QL (120 per 30 days)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1	GC; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	GC
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	GC
<i>orphenadrine citrate injection solution 30 mg/ml</i>	2	GC
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	GC
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	GC
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	PA; QL (30 per 30 days)

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<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	GC; QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	4	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	GC; QL (30 per 30 days)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	4	QL (30 per 30 days)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	5	PA; NDS; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; NDS; QL (224 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	PA; GC; QL (90 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC; EX; QL (4 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; NDS; QL (60 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	6	GC; EX; QL (4 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page numbers 9 and 10.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas de esta tabla en las páginas 19 y 20.

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10/04/2022

<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS; QL (400 per 365 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; NDS; QL (270 per 30 days)
<b>Vitamins And Minerals</b>		
<b>Vitamins And Minerals</b>		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	GC
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	GC
<i>calcium pnv oral capsule 28-1-250 mg</i>	2	GC
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	GC
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	6	GC; EX; QL (10 per 30 days)
<i>dothelle dha oral capsule 35-1-200 mg</i>	2	GC
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	6	GC; EX; QL (4 per 28 days)
<i>extra-virt plus dha oral capsule 29 mg iron-1.25 mg-55 mg</i>	2	GC
<i>fluorabon oral drops 0.25 mg(0.55 mg s.fluor)/0.6 ml</i>	2	GC
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	GC

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10/04/2022

<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>fluoride 0.25 mg tablet chew cherry flavor (rx) 0.25 mg(0.55 mg sod. fluoride)</i>	2	GC
<i>fluoride 0.5 mg tablet chew grape flavor (rx) 0.5 mg (1.1 mg sodium fluorid)</i>	2	GC
<i>fluoride 1 mg tablet chewable (rx) 1 mg (2.2 mg sod. fluoride)</i>	2	GC
<i>fluoritab 0.5 mg tablet chew (rx) 0.5 mg (1.1 mg sodium fluorid)</i>	2	GC
<i>fluoritab 1 mg tablet chew (rx) 1 mg (2.2 mg sod. fluoride)</i>	2	GC
<i>flura-drops 0.25 mg/drop (rx) 0.25 mg(0.55 mg sod.fluor)/drop</i>	2	GC
<i>folic acid oral tablet 1 mg</i>	6	GC; EX
<i>folivane-ob capsule 85-1 mg</i>	2	GC
<i>hemenatal ob + dha oral combo pack 28 mg iron-6 mg iron-1 mg</i>	2	GC
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	GC
<i>ludent fluoride 0.25 mg tb chw d/f, chewable (rx) 0.25 mg(0.55 mg sod. fluoride)</i>	2	GC
<i>ludent fluoride 0.5 mg tb chew d/f, chewable (rx) 0.5 mg (1.1 mg sodium fluorid)</i>	2	GC
<i>ludent fluoride 1 mg tab chew d/f, chewable (rx) 1 mg (2.2 mg sod. fluoride)</i>	2	GC
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	GC
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	2	GC
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	GC
<i>mynatal oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	GC
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	GC
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>newgen tablet 32-1,000 mg-mcg</i>	2	GC
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	GC
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	2	GC
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	2	GC
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	GC
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	GC
<i>pnv-ferrous fumarate-docu-fa oral tablet 29 mg iron- 1 mg-25 mg</i>	2	GC
<i>pnv-omega softgel 28-1-300 mg</i>	2	GC
<i>pnv-vp-u capsule 106.5-1 mg</i>	2	GC
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	GC
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	GC
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	GC
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	GC
<i>prenal true combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	GC
<i>prenaisance oral capsule 29-1.25-55-325 mg</i>	2	GC
<i>prenaisance plus oral capsule 28-1-50-250 mg</i>	2	GC
<i>prenatabs fa tablet 29-1 mg</i>	2	GC
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	GC
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	GC
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	2	GC
<i>prenatal plus tablet (rx) 27 mg iron- 1 mg</i>	2	GC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	2	GC
<i>prenatal-u capsule 106.5-1 mg</i>	2	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	2	GC
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	GC
<i>purefe ob plus capsule 106 mg iron- 1 mg</i>	2	GC
<i>purefe plus capsule 106 mg iron- 1 mg</i>	2	GC
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml</i>	2	GC
<i>taron-c dha capsule 35-1-200 mg</i>	2	GC
<i>taron-prex prenatal-dha oral capsule 30 mg iron- 1.2 mg-55 mg-265 mg</i>	2	GC
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	GC
<i>triveen-prx rnf oral capsule 26-1.2-55-300 mg</i>	2	GC
<i>vena-bal dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	2	GC
<i>vinate care chewable tablet 40 mg iron- 1 mg</i>	2	GC
<i>vinate gt oral tablet 90-1-50 mg</i>	2	GC
<i>vinate ii oral tablet 29 mg iron- 1 mg</i>	2	GC
<i>vinate ultra oral tablet 90-1-50 mg</i>	2	GC
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	GC
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	GC
<i>virt-pn oral tablet 27-1 mg</i>	2	GC
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	GC
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	GC
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	GC
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	GC
<i>viva dha oral capsule 28 mg iron-1 mg -200 mg</i>	2	GC
<i>vol-nate oral tablet 28 mg iron- 1 mg</i>	2	GC

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<b>Drug Name/Nombre del Medicamento</b>	<b>Drug Tier/Nivel de Medicamento</b>	<b>Requirements/Limits/Requisitos/Límites</b>
<i>vp-ch plus oral capsule 29 mg iron-1 mg -50 mg-265 mg</i>	2	GC
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	GC
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	GC
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	GC
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	GC
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	GC

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## MULTI-LANGUAGE INTERPRETER SERVICE / SERVICIO DE INTÉRPRETE MULTILINGÜE

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (833) 342-7463 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (833) 342-7463 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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This formulary was updated on 10/04/2022.  
For more recent information or other questions,  
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