Formulario 2022 de Bright HealthCare

(Lista de medicamentos cubiertos)

Planes individuales y familiares

South Carolina

LEA: Este documento contiene información acerca de algunos medicamentos que Bright HealthCare cubre en los Planes individuales y familiars y Planes para Grupos Pequeños.

Este formulario se actualizó el 12/01/2022. Para obtener información más reciente o si tiene otras preguntas,póngase en contacto con nosotros al 833-726-0670 o visite www.brighthealthcare.com.

Bienvenido a Bright

Adjunto encontrará una lista de los medicamentos incluidos en nuestros Planes individuales y familiars de Bright HealthCare, del 1 de enero de 2022 al 31 de diciembre de 2022. A medida que revise, asegúrese de tener sus medicamentos a mano para que pueda confirmar que sus recetas están cubiertas, y comparar la dosis y los precios de los medicamentos que toma.

Tenga en cuenta que este documento incluye una lista de medicamentos *integral* (formulario) incluidos en nuestros Planes individuales y familiars . Para ver un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto,junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Como miembro de Bright HealthCare, generalmente debe usar farmacias dentro de la red para surtir sus recetas. Los beneficios,el formulario, la red de farmacias o los copagos o el coseguro pueden cambiar el 1 de enero de, y cada cierto tiempo durante el año.

Atentamente,
Su equipo de Bright HealthCare

Preguntas frecuentes:

¿Qué es un formulario (lista de medicamentos)?

Un formulario es una lista de medicamentos cubiertos seleccionados por Bright HealthCare en consultacon un equipo de proveedores de atención médica, que representa las terapias con medicamentos recetados que se cree son una parte necesaria de un programa de tratamiento de calidad. Por lo general, Bright HealthCare cubrirá los medicamentos incluidos en nuestro formulario siempre que el medicamento sea médicamente necesario y la receta se surta en una farmacia de la red de Bright HealthCare.

¿Puede cambiar el Formulario (lista de medicamentos)?

Por lo general, si está tomando un medicamento de nuestro formulario 2022 que tenía cobertura a principios de año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2022, excepto cuando esté disponible un medicamento genérico menos costoso o cuando se divulgue información nueva adversa acerca de la seguridad o efectividad de un medicamento. Estos tipos de cambios pueden ocurrir sin previo aviso. Creemos que es importante que usted tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan, excepto en los casos en los que puede ahorrar dinero adicional, o podemos garantizar su seguridad.

Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario es inseguro o el fabricante del medicamento lo retira del mercado, inmediatamente retiraremos el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento. Para obtener información actualizada sobre los medicamentos cubiertos por Bright HealthCare, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada.

¿Cómo utilizo el formulario?

Hay dos formas de buscar los medicamentos que toma en el formulario:

1. **Afección médica**

   Los medicamentos en este formulario están agrupados en categorías según el tipo de afecciones médicas que se utilizan para el tratamiento. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se incluyen
   en la categoría “Cardiovascular”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza a continuación. Luego busque en el nombre de la categoría de su medicamento.

2. **Lista alfabética**

   Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice al finaldel formulario. El Índice proporciona una lista en orden alfabético de todos los medicamentos

incluidos en este documento. Tanto los medicamentos de marca como los genéricos se incluyen en el Índice. Consulte el Índice para buscar su medicamento. Al lado de su medicamento, verá el número de página donde puede encontrar la información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Bright HealthCare cubre medicamentos de marca y medicamentos genéricos. Un medicamento genérico es aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA), ya que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos demarca.

¿Existe alguna restricción en mi cobertura?

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

- **Autorización previa:** Bright HealthCare requiere que usted [o su médico] obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Bright HealthCare antes de surtir sus recetas. Si no obtiene la aprobación, Bright HealthCare podría no cubrir el medicamento.

- **Límites de cantidad:** en ciertos medicamentos, Bright HealthCare limita la cantidad del medicamento que cubrimos. Por ejemplo, Bright HealthCare proporciona 15 tabletas cada 25días por receta para Zolpidem Tartrate 5 mg. Esto puede ser adicional a un suministro estándar para un mes o tres meses.

- **Terapia de pasos:** en algunos casos, Bright HealthCare requiere que usted pruebe primero ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento paraesa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, Bright HealthCare podría no cubrir el medicamento B a menos que primero intente usar el medicamento A. Si el medicamento A no funciona para usted, Bright HealthCarecubrirá el medicamento B.

  Para averiguar si su medicamento tiene requisitos o límites adicionales revise el formulario. También puede obtener más información acerca de las restricciones que se aplican a medicamentos específicos cubiertos si visita nuestro sitio web, www.brighthealthcare.com. Hemos publicado en línea documentos que explican nuestro proceso de autorización previa y las restricciones de terapia de pasos. Usted también puede solicitar que le enviemos una copia.

Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.
Puede solicitar a Bright HealthCare que haga una excepción a estas restricciones o límites o una lista de otros medicamentos similares que traten la misma afección médica. Consulte la sección "¿Cómo solicito una excepción al Formulario de Bright HealthCare"?, para obtener información sobre cómo solicitar una excepción.

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

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios al Miembro y preguntar si su medicamento está cubierto.

Si se entera de que Bright HealthCare no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por Bright HealthCare. Cuando reciba la lista, muéstresela a su médico y pídale que lerecete un medicamento similar que esté cubierto por Bright HealthCare.

- Puede solicitar a Bright HealthCare que haga una excepción y cubra el medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Bright HealthCare?

Puede solicitarnos que exoneremos las restricciones de cobertura o límites de su medicamento. Por ejemplo, en algunos medicamentos, Bright HealthCare limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que exoneremos el límite y cubramos una cantidad mayor.

Por lo general, Bright HealthCare solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, o las restricciones de utilización adicionales, podrían no ser tan efectivos para tratar su afección o podrían provocarle efectos médicos adversos.

Debe comunicarse con nosotros para pedirnos una decisión inicial de cobertura de una excepción de restricción de formulario, de nivel o de utilización. **Cuando solicite una excepción de restricción al formulario o a la utilización, debe presentar una declaración de su médico o profesional que receta que respalde su solicitud.**
Por lo general, debemos tomar nuestra decisión dentro de las siguientes 72 horas después de recibirla declaración de respaldo del médico que receta. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría dañarse gravemente si espera hasta por 72 horas para una decisión. Si se autoriza su solicitud acelerada, debemos proporcionarle una decisióna más tardar 24 horas después de haber recibido una declaración de respaldo del médico u otro profesional que receta.

¿Qué debo hacer antes de que pueda hablar con mi médico sobre un cambio enmis medicamentos o de solicitar una excepción?

Como miembro nuevo o continuado en nuestro plan, puede tomar medicamentos que no se

encuentren en nuestra lista de medicamentos. O bien, usted puede estar tomando un medicamento que no está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, puede necesitar una autorización previa de nuestra parte antes de poder surtir su receta. Usted debehablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma.

Más información

Si tiene preguntas sobre Bright HealthCare, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Nuestro Formulario (lista de medicamentos)

El formulario a continuación proporciona información de cobertura sobre los medicamentos cubiertos por nuestros para los planes Planes individuales y familiars Bright. Si tiene dificultades paraencontrar su medicamento en la lista, consulte el Índice al final del formulario.

La primera columna del cuadro muestra el nombre del medicamento. Los medicamentos de marca están en mayúsculas y los medicamentos genéricos están en minúscula cursiva.

La segunda columna del gráfico, Nivel del medicamento, le indica en qué nivel se encuentra el medicamento. Los niveles de medicamentos son la forma en que dividimos los medicamentos recetados en diferentes niveles de costo. Cuánto pagará dependerá de su Planes individuales y familiars, sin embargo, esto es lo que le dice el nivel de medicamentos.

Nivel 1: Medicamentos preventivos sin costo compartido para el miembro según la Ley del Cuidado de Salud a Bajo Precio
Nivel 2: Medicamentos genéricos preferidos
Nivel 3: Medicamentos genéricos no preferidos; Medicamentos de marca preferidos
Nivel 4: Medicamentos genéricos no preferidos; Medicamentos de marca no preferidos
Nivel 5: Medicamentos especializados
Nivel 6: $0 Medicamentos genéricos

Nota: La lista de medicamentos de $0 no se aplica a todos los planes. Consulte su resumen de beneficios para determiner sis u plan califica.

La información en la columna de Requisitos/límites indica si nuestros planes tienen algún requisito especial para la cobertura de su medicamento.

Tabla de contenido

Nombre Del Medicamento	Nivel	Requisitos/Limites
Analgesic, Anti-inflammatory or Antipyretic		
Analgesic Opioid Agonists		
codeine sulfate oral tablet 15 mg, 30 mg	Tier 2	
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	Tier 2	
fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 5	PA
fentanyl transdermal patch 72 hour 100 mcg/hr	Tier 3	PA; ST; QL (20 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 3	PA; ST; QL (10 EA per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 4	PA; ST; QL (60 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	Tier 2	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 2	QL (240 EA per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	Tier 4	PA; ST; QL (30 EA per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 4	PA; ST; QL (60 EA per 30 days)
hydromorphone rectal suppository 3 mg	Tier 4	
levorphanol tartrate oral tablet 2 mg	Tier 2	ST
methadone injection solution 10 mg/ml	Tier 2	ST
methadone intensol oral concentrate 10 mg/ml	Tier 2	ST
methadone oral concentrate 10 mg/ml	Tier 2	ST
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 2	ST
methadone oral tablet 10 mg	Tier 2	ST; QL (240 EA per 30 days)
methadone oral tablet 5 mg	Tier 2	ST
methadone oral tablet,soluble 40 mg	Tier 2	ST; QL (27 EA per 90 days)
methadose oral tablet,soluble 40 mg	Tier 2	ST; QL (27 EA per 90 days)
morphine (pf) in 0.9 % sod chl injection syringe 2 mg/2 ml (1 mg/ml)	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 2	
morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml)	Tier 2	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	Tier 2	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 2	
morphine injection solution 4 mg/ml	Tier 2	
morphine injection syringe 4 mg/ml	Tier 2	
morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 2	
morphine intravenous solution 10 mg/ml, 4 mg/ml	Tier 2	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	Tier 2	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 2	
MORPHINE ORAL TABLET 15 MG, 30 MG	Tier 2	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	Tier 2	ST; QL (90 EA per 30 days)
morphine rectal suppository 10 mg, 20 mg, 5 mg	Tier 4	
morphine rectal suppository 30 mg	Tier 3	
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	Tier 5	PA
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	Tier 5	PA
oxycodone oral concentrate 20 mg/ml	Tier 2	
oxycodone oral solution 5 mg/5 ml	Tier 2	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (180 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 3	PA; ST; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	Tier 3	PA; ST; QL (60 EA per 30 days)
oxymorphone oral tablet 10 mg, 5 mg	Tier 2	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Tier 4	PA; ST

Nombre Del Medicamento	Nivel	Requisitos/Limites
tramadol oral tablet 50 mg	Tier 2	QL (240 EA per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg	Tier 2	ST; QL (30 EA per 30 days)
tramadol oral tablet, er multiphase 24 hr 300 mg	Tier 2	ST; QL (30 EA per 30 days)
Analgesic Opioid Codeine Combinations		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 2	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 2	QL (390 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	Tier 2	QL (180 EA per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	Tier 4	QL (48 EA per 25 days)
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	PA
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	Tier 3	PA
Analgesic Opioid Hydrocodone and NSAID Combinations		
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 2	QL (50 EA per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg	Tier 2	QL (180 EA per 30 days)
Analgesic Opioid Hydrocodone Combinations		
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	Tier 2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	QL (180 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 2	QL (50 EA per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	Tier 2	QL (180 EA per 30 days)
xylon 10 oral tablet 10-200 mg	Tier 2	QL (50 EA per 30 days)
Analgesic Opioid Oxycodone and Non-Salicylate Combinations		

Nombre Del Medicamento	Nivel	Requisitos/Limites
endocet oral tablet 10-325 mg, 7.5-325 mg	Tier 2	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg	Tier 2	
Analgesic Opioid Oxycodone Combinations		
endocet oral tablet 10-325 mg, 7.5-325 mg	Tier 2	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg	Tier 2	
endocet oral tablet 5-325 mg	Tier 2	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	Tier 2	
oxycodone-acetaminophen oral tablet 5-325 mg	Tier 2	QL (360 EA per 30 days)
Analgesic Opioid Partial-Mixed Agonists		
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 2	PA; ST
buprenorphine hcl injection solution 0.3 mg/ml	Tier 2	PA; ST
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 2	PA; ST
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 3	PA; ST; QL (4 EA per 28 days)
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 3	
Analgesic Opioid Tramadol Combinations		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 3	PA
Analgesic or Antipyretic Non-Opioid/Sedative Combinations		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	Tier 3	QL (48 EA per 25 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 3	QL (180 EA per 30 days)
fioricet oral capsule 50-300-40 mg	Tier 3	QL (48 EA per 25 days)
zebutal oral capsule 50-325-40 mg	Tier 3	QL (48 EA per 25 days)
Anti-inflammatory - Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA; SP
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents		

Nombre Del Medicamento	Nivel	Requisitos/Limites
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 5	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA; SP
DMARD - Antimetabolites		
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 2	
methotrexate sodium injection solution 25 mg/ml	Tier 2	
methotrexate sodium oral tablet 2.5 mg	Tier 2	
DMARD - Immunosuppressives		
cyclosporine oral capsule 100 mg	Tier 2	
gengraf oral capsule 100 mg, 25 mg	Tier 2	
gengraf oral solution 100 mg/ml	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 5	PA
DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 5	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA; SP
DMARD - Janus Kinase (JAK) Inhibitors		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA; SP
XELJANZ ORAL TABLET 5 MG	Tier 5	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 5	PA; SP
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors		
OTEZLA ORAL TABLET 30 MG	Tier 5	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 5	PA; SP
DMARD - Pyrimidine Synthesis Inhibitors		

Nombre Del Medicamento	Nivel	Requisitos/Limites
leflunomide oral tablet 10 mg, 20 mg	Tier 3	
NSAID Analgesic and Histamine H2 Receptor Antagonist Combinations		
ibuprofen-famotidine oral tablet 800-26.6 mg	Tier 5	PA
NSAID Analgesic and Prostaglandin Analog Combinations		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 3	
NSAID Analgesic and Proton Pump Inhibitor Combinations		
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	Tier 5	PA
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	Tier 3	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	Tier 3	QL (30 EA per 30 days)
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives		
meclofenamate oral capsule 100 mg, 50 mg	Tier 3	
mefenamic acid oral capsule 250 mg	Tier 3	
NSAID Analgesics (COX Non-Specific) - Other		
ketorolac oral tablet 10 mg	Tier 2	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg	Tier 2	QL (120 EA per 30 days)
nabumetone oral tablet 750 mg	Tier 2	QL (60 EA per 30 days)
sulindac oral tablet 150 mg, 200 mg	Tier 2	
tolmetin oral tablet 200 mg	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives		
meloxicam oral tablet 15 mg, 7.5 mg	Tier 2	
piroxicam oral capsule 10 mg, 20 mg	Tier 2	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives		
diclofenac potassium oral tablet 50 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 2	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives		
children's ibuprofen oral suspension 100 mg/5 ml	Tier 2	OTC
children's profen ib oral suspension 100 mg/5 ml	Tier 2	OTC
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 2	
fenoprofen oral tablet 600 mg	Tier 2	
flurbiprofen oral tablet 100 mg	Tier 2	
ibu oral tablet 400 mg, 600 mg, 800 mg	Tier 2	
ibuprofen oral suspension 100 mg/5 ml	Tier 2	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 2	
ketoprofen oral capsule 50 mg	Tier 2	QL (180 EA per 30 days)
ketoprofen oral capsule 75 mg	Tier 2	QL (120 EA per 30 days)
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 2	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 2	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 2	
oxaprozin oral tablet 600 mg	Tier 2	QL (60 EA per 30 days)
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives		
etodolac oral capsule 200 mg, 300 mg	Tier 2	
etodolac oral tablet 400 mg, 500 mg	Tier 2	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 4	
indomethacin oral capsule 25 mg, 50 mg	Tier 2	
Salicylate Analgesic and Sedative Combinations		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 3	QL (48 EA per 25 days)
Salicylate Analgesics		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
adult low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
aspirin childrens oral tablet,chewable 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
aspirin oral tablet 325 mg	Tier 1	OTC; ACA; QL (30 EA per 30 days)
aspirin oral tablet,chewable 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
aspirin oral tablet,delayed release (dr/ec) 325 mg	Tier 1	OTC; ACA; QL (30 EA per 30 days)
aspirin oral tablet,delayed release (dr/ec) 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	Tier 1	OTC; ACA; QL (30 EA per 30 days)
bayer aspirin oral tablet 325 mg	Tier 1	OTC; ACA; QL (30 EA per 30 days)
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	Tier 1	OTC; ACA; QL (30 EA per 30 days)
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
children's aspirin oral tablet,chewable 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
diflunisal oral tablet 500 mg	Tier 2	
ecotrin oral tablet,delayed release (dr/ec) 325 mg	Tier 1	OTC; ACA; QL (30 EA per 30 days)
salsalate oral tablet 500 mg	Tier 2	
st joseph aspirin oral tablet,chewable 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
Anesthetics		
Local Anesthetic - Amides		
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)	Tier 3	
bupivacaine hcl injection solution 0.25 % (2.5 mg/ml)	Tier 3	
lidocaine (pf) injection solution 20 mg/ml (2 %)	Tier 2	
lidocaine topical ointment 5 %	Tier 2	QL (150 GM per 90 days)
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (2.5 MG/ML)	Tier 3	
Anorectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 5	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Anorectal - Glucocorticoids		
hydrocortisone acetate rectal suppository 30 mg	Tier 2	QL (12 EA per 30 days)
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 2	
procto-med hc topical cream with perineal applicator 2.5 %	Tier 2	
procto-pak topical cream with perineal applicator 1 %	Tier 2	
proctosol hc topical cream with perineal applicator 2.5 %	Tier 2	
proctozone-hc topical cream with perineal applicator 2.5 %	Tier 2	
Antidotes and other Reversal Agents		
Chelating Agents - Copper		
penicillamine oral tablet 250 mg	Tier 5	PA; SP; QL (180 EA per 30 days)
Chelating Agents - Iron		
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 5	PA; SP
deferiprone oral tablet 500 mg	Tier 5	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA; SP
Chelating Agents - Lead Poisoning		
CHEMET ORAL CAPSULE 100 MG	Tier 5	
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 4	PA
Opioid Reversal Agents - Opioid Antagonists		
naloxone injection solution 0.4 mg/ml	Tier 2	
naloxone injection syringe 0.4 mg/ml	Tier 2	
naloxone injection syringe 1 mg/ml	Tier 3	
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 3	QL (4 EA per 30 days)
naltrexone oral tablet 50 mg	Tier 2	
Anti-Infective Agents		
Aminoglycoside Antibiotic		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	Tier 2	
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	Tier 2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	Tier 2	
neomycin oral tablet 500 mg	Tier 2	
streptomycin intramuscular recon soln 1 gram	Tier 2	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	Tier 2	
Aminopenicillin Antibiotic		
amoxicillin oral capsule 250 mg, 500 mg	Tier 2	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 2	
amoxicillin oral tablet 500 mg, 875 mg	Tier 2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 2	
ampicillin oral capsule 500 mg	Tier 2	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg	Tier 2	
amoxicillin-pot clavulanate oral tablet 875-125 mg	Tier 2	QL (28 EA per 14 days)
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 3	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 2	
Anthelmintic Agents - Benzimidazole Derivatives		
albendazole oral tablet 200 mg	Tier 4	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 5	QL (12 EA per 365 days)
Anthelmintic Agents - Macrocyclic Lactones		
ivermectin oral tablet 3 mg	Tier 2	QL (10 EA per 30 days)
Anthelmintic Agents Other		
praziquantel oral tablet 600 mg	Tier 5	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
Antibacterial Folate Antagonist - Other Combinations		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 2	
sulfatrim oral suspension 200-40 mg/5 ml	Tier 2	
Antibacterial Folate Antagonist Others		
trimethoprim oral tablet 100 mg	Tier 2	
Antibacterial Other		
fosfomycin tromethamine oral packet 3 gram	Tier 3	
Antifungal - Allylamines		
terbinafine hcl oral tablet 250 mg	Tier 2	
Antifungal - Amphoteric Polyene Macrolides		
nystatin oral tablet 500,000 unit	Tier 2	
Antifungal - Fluorinated Pyrimidine-type Agents		
flucytosine oral capsule 250 mg, 500 mg	Tier 5	PA
Antifungal - Imidazoles		
ketoconazole oral tablet 200 mg	Tier 2	
Antifungal - Triazoles		
CRESEMBA ORAL CAPSULE 186 MG	Tier 5	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 2	
itraconazole oral capsule 100 mg	Tier 3	PA
itraconazole oral solution 10 mg/ml	Tier 5	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 5	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 5	PA
voriconazole oral tablet 200 mg, 50 mg	Tier 5	PA
Antifungal other		
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 2	
griseofulvin microsize oral tablet 500 mg	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 3	
Anti-Infective Immunologic Adjuvants - Interferons		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA; SP
Antileprotic - Immunomodulators		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; SP
Antileprotic - Sulfone Agents		
dapsone oral tablet 100 mg, 25 mg	Tier 3	
Antimalarial Combinations		
atovaquone-proguanil oral tablet 250-100 mg	Tier 2	
atovaquone-proguanil oral tablet 62.5-25 mg	Tier 2	QL (30 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
Antimalarials		
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 3	
hydroxychloroquine oral tablet 200 mg	Tier 2	
mefloquine oral tablet 250 mg	Tier 2	
PRIMAQUINE ORAL TABLET 26.3 MG	Tier 4	
pyrimethamine oral tablet 25 mg	Tier 5	PA; SP
quinine sulfate oral capsule 324 mg	Tier 4	
Antiprotozoal Agents - Other		
atovaquone oral suspension 750 mg/5 ml	Tier 5	PA
IMPAVIDO ORAL CAPSULE 50 MG	Tier 5	PA; QL (84 EA per 28 days)
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 5	PA
nitazoxanide oral tablet 500 mg	Tier 5	PA
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole		
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	Tier 2	
metronidazole oral tablet 250 mg, 500 mg	Tier 2	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole		
tinidazole oral tablet 250 mg, 500 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Antiretroviral - CCR5 Co-Receptor Antagonist		
maraviroc oral tablet 150 mg, 300 mg	Tier 5	QL (120 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 5	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	Tier 5	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	Tier 5	QL (60 EA per 30 days)
Antiretroviral - HIV-1 Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 5	QL (60 EA per 30 days)
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors		
ISENTRESS ORAL TABLET 400 MG	Tier 5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 5	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	Tier 5	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	Tier 5	QL (30 EA per 30 days)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations		
JULUCA ORAL TABLET 50-25 MG	Tier 5	QL (30 EA per 30 days)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI)		
EDURANT ORAL TABLET 25 MG	Tier 5	QL (60 EA per 30 days)
efavirenz oral capsule 200 mg	Tier 5	QL (90 EA per 30 days)
efavirenz oral capsule 50 mg	Tier 5	QL (360 EA per 30 days)
efavirenz oral tablet 600 mg	Tier 5	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	Tier 5	QL (120 EA per 30 days)
etravirine oral tablet 200 mg	Tier 5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	Tier 5	QL (480 EA per 30 days)
nevirapine oral suspension 50 mg/5 ml	Tier 2	
nevirapine oral tablet 200 mg	Tier 2	QL (60 EA per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 3	
nevirapine oral tablet extended release 24 hr 400 mg	Tier 3	QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	Tier 5	QL (90 EA per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	Tier 5	QL (360 EA per 30 days)
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations		

Nombre Del Medicamento	Nivel	Requisitos/Limites
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 5	QL (30 EA per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	Tier 5	$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI)		
abacavir oral solution 20 mg/ml	Tier 5	QL (900 ML per 30 days)
abacavir oral tablet 300 mg	Tier 4	QL (60 EA per 30 days)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 2	
emtricitabine oral capsule 200 mg	Tier 5	$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5	
lamivudine oral solution 10 mg/ml	Tier 2	QL (900 ML per 30 days)
lamivudine oral tablet 150 mg, 300 mg	Tier 3	QL (60 EA per 30 days)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 2	QL (60 EA per 30 days)
zidovudine oral capsule 100 mg	Tier 2	QL (180 EA per 30 days)
zidovudine oral syrup 10 mg/ml	Tier 2	QL (1800 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 2	QL (60 EA per 30 days)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 2	$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	QL (30 EA per 30 days)
Antiretroviral Combinations - Protease Inhibitors		
KALETRA ORAL TABLET 100-25 MG	Tier 5	QL (360 EA per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Tier 5	QL (450 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 5	QL (360 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 5	QL (180 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 5	QL (30 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 5	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	QL (30 EA per 30 days)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb		
abacavir-lamivudine oral tablet 600-300 mg	Tier 5	QL (30 EA per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 2	QL (60 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 5	QL (60 EA per 30 days)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 5	QL (30 EA per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 5	QL (30 EA per 30 days)
Antitubercular - Aminobenzoic Acid Analogs		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 4	
Antitubercular - Diarylquinoline Antibiotics		
SIRTURO ORAL TABLET 100 MG	Tier 5	PA; SP
Antitubercular - Isonicotinic Acid Derivatives		
isoniazid oral solution 50 mg/5 ml	Tier 3	
isoniazid oral tablet 100 mg, 300 mg	Tier 2	
Antitubercular - Niacinamide Derivatives		
pyrazinamide oral tablet 500 mg	Tier 4	PA
Antitubercular - Rifamycin and Derivatives		
PRIFTIN ORAL TABLET 150 MG	Tier 3	
rifabutin oral capsule 150 mg	Tier 2	PA
rifampin intravenous recon soln 600 mg	Tier 2	
rifampin oral capsule 150 mg, 300 mg	Tier 2	
Antitubercular Agents Other		

Nombre Del Medicamento	Nivel	Requisitos/Limites
ethambutol oral tablet 100 mg, 400 mg	Tier 2	
TRECATOR ORAL TABLET 250 MG	Tier 3	
Carbapenem Antibiotic Combinations		
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	Tier 4	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	Tier 5	PA
Cephalosporin Antibiotics - 1st Generation		
cefadroxil oral capsule 500 mg	Tier 2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 2	
cefadroxil oral tablet 1 gram	Tier 2	
cephalexin oral capsule 250 mg, 500 mg	Tier 2	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
Cephalosporin Antibiotics - 2nd Generation		
cefaclor oral capsule 250 mg, 500 mg	Tier 2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 2	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
cefprozil oral tablet 250 mg, 500 mg	Tier 2	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 2	
Cephalosporin Antibiotics - 3rd Generation		
cefdinir oral capsule 300 mg	Tier 2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
cefixime oral capsule 400 mg	Tier 3	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 3	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 2	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 4	
CMV Antiviral Agent - Nucleoside Analogs		
valganciclovir oral recon soln 50 mg/ml	Tier 5	PA
valganciclovir oral tablet 450 mg	Tier 4	PA
Fluoroquinolone Antibiotics		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	Tier 5	PA
BAXDELA ORAL TABLET 450 MG	Tier 5	PA; QL (28 EA per 14 days)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML	Tier 4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 2	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	Tier 4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
moxifloxacin oral tablet 400 mg	Tier 3	
ofloxacin oral tablet 400 mg	Tier 2	
Glycopeptide Antibiotics		
vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg	Tier 2	
vancomycin intravenous recon soln 10 gram	Tier 4	
vancomycin oral capsule 125 mg, 250 mg	Tier 3	QL (40 EA per 10 days)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
entecavir oral tablet 0.5 mg, 1 mg	Tier 3	SP
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 4	QL (1800 ML per 30 days)
lamivudine oral tablet 100 mg	Tier 3	QL (90 EA per 30 days)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
adefovir oral tablet 10 mg	Tier 5	PA; SP
VEMLIDY ORAL TABLET 25 MG	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	QL (30 EA per 30 days)
Hepatitis C - Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA; SP
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA; SP
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 5	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 5	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 5	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 5	PA; SP
Hepatitis C - Nucleoside Analogs		
ribavirin oral tablet 200 mg	Tier 4	
Herpes Antiviral Agent - Purine Analogs		
acyclovir oral capsule 200 mg	Tier 2	
acyclovir oral suspension 200 mg/5 ml	Tier 2	
acyclovir oral tablet 400 mg, 800 mg	Tier 2	
valacyclovir oral tablet 1 gram, 500 mg	Tier 2	
Herpes Antiviral Agent - Thymidine Analogs		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 2	
Influenza Antiviral Agents - Neuraminidase Inhibitors		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	Tier 2	QL (10 EA per 5 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 2	QL (120 ML per 5 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (20 EA per 5 days)
Influenza-A Antiviral Agents		

Nombre Del Medicamento	Nivel	Requisitos/Limites
rimantadine oral tablet 100 mg	Tier 2	
Lincosamide Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 2	
clindamycin pediatric oral recon soln 75 mg/5 ml	Tier 2	
Macrolide Antibiotics		
azithromycin intravenous recon soln 500 mg	Tier 2	
azithromycin oral packet 1 gram	Tier 2	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
clarithromycin oral tablet 250 mg, 500 mg	Tier 2	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 5	PA
DIFICID ORAL TABLET 200 MG	Tier 5	PA
e.e.s. 400 oral tablet 400 mg	Tier 4	
erythrocin (as stearate) oral tablet 250 mg	Tier 4	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 4	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 4	
erythromycin oral tablet 250 mg, 500 mg	Tier 4	
erythromycin oral tablet,delayed release (dr/ec) 333 mg	Tier 4	
Misc Anti-Infective		
methenamine hippurate oral tablet 1 gram	Tier 2	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	
PENTAM INJECTION RECON SOLN 300 MG	Tier 4	
pentamidine inhalation recon soln 300 mg	Tier 2	
pentamidine injection recon soln 300 mg	Tier 4	
Oxazolidinone Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 5	
linezolid oral tablet 600 mg	Tier 3	QL (60 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
SIVEXTRO ORAL TABLET 200 MG	Tier 5	PA
Penicillin Antibiotic - Natural		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 2	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 2	
Penicillin Antibiotic - Penicillinase-resistant		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 2	
Polymyxins and Derivatives - Single Agents		
bacitracin intramuscular recon soln 50,000 unit	Tier 3	
polymyxin b sulfate injection recon soln 500,000 unit	Tier 2	
Protease Inhibitors (Non-Peptidic) Antiretroviral		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	QL (120 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5	QL (480 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	Tier 5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	Tier 5	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	Tier 5	QL (30 EA per 30 days)
Protease Inhibitors (Peptidic) Antiretroviral		
atazanavir oral capsule 150 mg, 200 mg	Tier 5	QL (60 EA per 30 days)
atazanavir oral capsule 300 mg	Tier 5	QL (30 EA per 30 days)
fosamprenavir oral tablet 700 mg	Tier 5	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	Tier 5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 5	QL (1575 ML per 28 days)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 5	QL (450 ML per 30 days)
ritonavir oral tablet 100 mg	Tier 5	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	Tier 5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	Tier 5	QL (120 EA per 30 days)
Rifamycins and Related Derivative Antibiotics		
XIFAXAN ORAL TABLET 200 MG	Tier 5	PA; QL (27 EA per 90 days)
XIFAXAN ORAL TABLET 550 MG	Tier 5	PA; QL (180 EA per 90 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors		
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	Tier 4	QL (20 EA per 1 FILL); Age (Min 12 Years)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 4	QL (30 EA per 1 FILL); Age (Min 12 Years)
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors		
lagevrio (eua) oral capsule 200 mg	Tier 4	QL (40 EA per 1 FILL); Age (Min 18 Years)
Sulfonamide Antibiotic		
sulfadiazine oral tablet 500 mg	Tier 4	
Tetracycline Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 3	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline hyclate oral tablet 100 mg	Tier 2	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	Tier 3	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	Tier 3	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 2	
mondoxyne nl oral capsule 100 mg	Tier 3	
tetracycline oral capsule 250 mg, 500 mg	Tier 3	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 5	PA
Variola (Smallpox) Virus Antiviral Agents		
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 4	
Antineoplastics		
Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib		
lapatinib oral tablet 250 mg	Tier 5	PA; SP
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor		
erlotinib oral tablet 100 mg, 150 mg	Tier 5	PA; SP; QL (30 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
erlotinib oral tablet 25 mg	Tier 5	PA; SP; QL (60 EA per 30 days)
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA; SP
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
busulfan intravenous solution 60 mg/10 ml	Tier 5	PA; SP
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE ORAL CAPSULE 50 MG	Tier 5	PA; SP
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 5	SP
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 2	SP
ifosfamide intravenous recon soln 1 gram	Tier 2	SP
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	Tier 2	SP
LEUKERAN ORAL TABLET 2 MG	Tier 5	PA; SP
melphalan hcl intravenous recon soln 50 mg	Tier 4	PA; SP
melphalan oral tablet 2 mg	Tier 4	PA
Antineoplastic - Alkylating Agent - Nitrosoureas		
carmustine intravenous recon soln 100 mg	Tier 2	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5	PA; SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 3	SP
Antineoplastic - Alkylating Agent - Triazenes		
dacarbazine intravenous recon soln 100 mg, 200 mg	Tier 4	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors		
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA; SP
Antineoplastic - Antiadrenals		
LYSODREN ORAL TABLET 500 MG	Tier 5	PA; SP
Antineoplastic - Antiandrogens		
abiraterone oral tablet 250 mg	Tier 5	PA; SP; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	Tier 5	PA; SP; QL (60 EA per 30 days)
bicalutamide oral tablet 50 mg	Tier 2	
flutamide oral capsule 125 mg	Tier 3	
nilutamide oral tablet 150 mg	Tier 5	PA; SP
NUBEQA ORAL TABLET 300 MG	Tier 5	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 5	PA; SP; QL (120 EA per 30 days)
Antineoplastic - Antimetabolite - Folic Acid Analogs		
methotrexate sodium (pf) injection recon soln 1 gram	Tier 2	
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	Tier 5	PA; SP
Antineoplastic - Antimetabolite - Purine Analogs		
mercaptopurine oral tablet 50 mg	Tier 2	
TABLOID ORAL TABLET 40 MG	Tier 5	PA; SP
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
adrucil intravenous solution 2.5 gram/50 ml	Tier 2	
capecitabine oral tablet 150 mg	Tier 5	PA; SP; QL (120 EA per 30 days)
capecitabine oral tablet 500 mg	Tier 5	PA; SP; QL (300 EA per 30 days)
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 2	SP
cytarabine injection solution 20 mg/ml	Tier 2	SP
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml	Tier 2	
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	Tier 4	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	Tier 4	PA; SP
Antineoplastic - Antimetabolite - Urea Derivatives		
hydroxyurea oral capsule 500 mg	Tier 2	
Antineoplastic - Aromatase Inhibitors		
anastrozole oral tablet 1 mg	Tier 2	$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day)
exemestane oral tablet 25 mg	Tier 3	$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day)
letrozole oral tablet 2.5 mg	Tier 2	QL (30 EA per 30 days)
Antineoplastic - BRAF Kinase Inhibitors		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA; SP; QL (120 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA; SP; QL (240 EA per 30 days)
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor		
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; SP; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; QL (21 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 5	PA; SP; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	Tier 5	PA; SP; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	Tier 5	PA; SP; QL (63 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; SP; QL (56 EA per 28 days)
Antineoplastic - Epipodophyllotoxins		
etoposide intravenous solution 20 mg/ml	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
teniposide intravenous solution 50 mg/5 ml	Tier 3	SP
toposar intravenous solution 20 mg/ml	Tier 2	
Antineoplastic - Estrogen Receptor Antagonist		
fulvestrant intramuscular syringe 250 mg/5 ml	Tier 5	PA; SP
Antineoplastic - Estrogens		
EMCYT ORAL CAPSULE 140 MG	Tier 5	PA; SP
Antineoplastic - Histone deacetylase (HDAC) inhibitors		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 5	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	PA; SP
Antineoplastic - Janus Kinase (JAK) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; SP; QL (60 EA per 30 days)
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Tier 5	PA; SP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 5	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 5	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 5	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 5	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 5	PA; SP
Antineoplastic - Mast Cell Stabilizers		
cromolyn oral concentrate 100 mg/5 ml	Tier 4	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors		
MEKINIST ORAL TABLET 0.5 MG	Tier 5	PA; SP; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
Antineoplastic - mTOR Kinase Inhibitors		
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA; SP; QL (30 EA per 30 days)
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	Tier 5	PA; SP
Antineoplastic - Multikinase Inhibitors		
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
sorafenib oral tablet 200 mg	Tier 5	PA; SP; QL (120 EA per 30 days)
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors		
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
Antineoplastic - PI3K-delta Inhibitors		
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
Antineoplastic - Platinum Complexes		
carboplatin intravenous solution 10 mg/ml	Tier 2	SP
cisplatin intravenous solution 1 mg/ml	Tier 2	SP
oxaliplatin intravenous recon soln 100 mg, 50 mg	Tier 2	SP
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	Tier 2	SP
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP; QL (120 EA per 30 days)
Antineoplastic - Progestins		

Nombre Del Medicamento	Nivel	Requisitos/Limites
megestrol oral tablet 20 mg, 40 mg	Tier 2	
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
BOSULIF ORAL TABLET 100 MG	Tier 5	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
imatinib oral tablet 100 mg	Tier 5	PA; SP; QL (90 EA per 30 days)
imatinib oral tablet 400 mg	Tier 5	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; SP; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	Tier 5	PA; SP; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	Tier 5	PA; SP; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA; SP
sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 5	PA; SP; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5	PA; SP
VOTRIENT ORAL TABLET 200 MG	Tier 5	PA; SP; QL (120 EA per 30 days)
Antineoplastic - Retinoids		
tretinoin (antineoplastic) oral capsule 10 mg	Tier 5	PA; SP
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs)		
tamoxifen oral tablet 10 mg, 20 mg	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA
toremifene oral tablet 60 mg	Tier 5	PA; SP
Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE)		

Nombre Del Medicamento	Nivel	Requisitos/Limites
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 5	PA; SP
Antineoplastic - Selective Retinoid X Receptor Agonists		
bexarotene oral capsule 75 mg	Tier 5	PA; SP
Antineoplastic - Taxanes		
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), 80 mg/8 ml (10 mg/ml)	Tier 5	PA; SP
Antineoplastic - Thalidomide Analogs		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	Tier 5	PA; SP; QL (28 EA per 28 days)
lenalidomide oral capsule 20 mg, 25 mg	Tier 5	PA; SP; QL (21 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; SP; QL (21 EA per 21 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 5 MG	Tier 5	PA; SP; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 25 MG	Tier 5	PA; SP; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 5	PA; SP
Antineoplastic Antibiotic - Anthracyclines		
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	Tier 2	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Tier 2	SP
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	Tier 2	SP
idarubicin intravenous solution 1 mg/ml	Tier 2	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 3	
Urinary Tract Protective Agents used in conjunction with Chemotherapy		
MESNEX ORAL TABLET 400 MG	Tier 3	PA
Antiseptics and Disinfectants		
Antiseptic - Alcohols		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 3	OTC
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Tier 3	OTC
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 3	OTC
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	Tier 3	OTC
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 3	OTC
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	Tier 3	OTC
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
IV PREP WIPES TOPICAL PADS, MEDICATED	Tier 3	OTC
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 3	OTC
WEBCOL TOPICAL PADS, MEDICATED	Tier 3	OTC
Biologicals		
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV)		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
Hepatitis A and Hepatitis B Vaccine Combinations		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 1	ACA; QL (4 ML per 365 days); Age (Min 18 Years)
Hepatitis A Vaccine - Single Agents		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 1	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 1	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	Tier 1	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
Hepatitis B Vaccines - Single Agents		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 1	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 1	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 1	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 18 Years)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 1	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 1	ACA
Immune Globulin - gamma globulin (IgG), human		
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
Live Vaccine and Live Virus Formulations		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 1	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 1	ACA
Toxoid Vaccine Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 1	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 1	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 1	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 1	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	Tier 1	ACA
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)

Nombre Del Medicamento	Nivel	Requisitos/Limites
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	Tier 1	ACA
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 1	ACA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1	ACA
Vaccine Bacterial - Gram Negative Cocci		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 1	ACA; QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 11 Years and Max 23 Years)
Vaccine Bacterial - Gram Positive Cocci		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 1	$0 COPAY IF 65 YEARS OF AGE OR OLDER; ACA; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 1	$0 COPAY IF 65 YEARS OF AGE OR OLDER; ACA; QL (0.5 ML per 365 days); Age (Min 2 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days)
Vaccine Bacterial - Meningococcal Group B Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 1	ACA; QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Vaccine Viral - COVID-19 (SARS-CoV-2)		

Nombre Del Medicamento	Nivel	Requisitos/Limites
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Tier 1	ACA; QL (0.3 ML per 17 days); Age (Min 12 Years)
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 18 Years)
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 6 Years)
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Tier 1	AGE: 6 MONTHS TO 5 YEARS; ACA; QL (0.25 ML per 24 days)
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 24 days); Age (Min 6 Years and Max 11 Years)
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 24 days); Age (Min 12 Years)
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 17 days); Age (Min 12 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Tier 1	ACA; QL (0.3 ML per 17 days); Age (Min 12 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	Tier 1	ACA; QL (0.2 ML per 17 days); Age (Min 5 Years and Max 11 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	Tier 1	AGE: 6 MONTHS TO 4 YEARS; ACA; QL (0.2 ML per 17 days)
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	Tier 1	ACA; QL (0.3 ML per 17 days); Age (Min 12 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 24 days); Age (Min 12 Years)
Vaccine Viral - Human Papillomavirus (HPV) Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1	$0 COPAY IF AGE 9-26 YEARS; ACA; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1	$0 COPAY IF AGE 9-26 YEARS; ACA; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
Vaccine Viral - Influenza A and B		

Nombre Del Medicamento	Nivel	Requisitos/Limites
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 1	ACA; QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Tier 1	ACA; QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
Vaccine Viral - Poliomyelitis		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 1	ACA
Vaccine Viral - Varicella		

Nombre Del Medicamento	Nivel	Requisitos/Limites
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 18 Years)
Vaccine Viral Combinations		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 18 Years)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 1	ACA
Cardiovascular Therapy Agents		
ACE Inhibitor and Calcium Channel Blocker Combinations		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 2	
ACE Inhibitor and Diuretic Combinations		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 6	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 2	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 6	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	
ACE Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 6	
captopril oral tablet 100 mg, 12.5 mg	Tier 2	
captopril oral tablet 25 mg, 50 mg	Tier 6	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 6	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 6	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 6	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 2	
Aldosterone Receptor Antagonists		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
Alpha-Beta Blockers		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 6	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb.		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 3	ST
amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg	Tier 6	
amlodipine-valsartan oral tablet 10-320 mg	Tier 2	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 3	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 3	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 3	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 6	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 6	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2	QL (30 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 3	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 2	
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	QL (60 EA per 30 days)
Angiotensin II Receptor Blockers (ARBs)		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 3	QL (30 EA per 30 days)
eprosartan oral tablet 600 mg	Tier 3	QL (30 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 2	QL (30 EA per 30 days)
losartan oral tablet 100 mg	Tier 2	QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	Tier 2	QL (60 EA per 30 days)
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 3	QL (30 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 2	QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	Tier 2	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	Tier 2	QL (30 EA per 30 days)
Antianginal - Coronary Vasodilators (Nitrates)		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 4	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)	Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 2	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 2	
nitro-time oral capsule, extended release 9 mg	Tier 2	
Antianginal and Anti-ischemic Agents, Non-hemodynamic		
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	Tier 3	PA; QL (60 EA per 30 days)
Antiarrhythmic - Class Ia		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 4	
procainamide injection solution 100 mg/ml	Tier 2	
procainamide intravenous syringe 100 mg/ml	Tier 2	
quinidine gluconate oral tablet extended release 324 mg	Tier 4	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 2	
Antiarrhythmic - Class Ib		
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	Tier 2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 2	
phenytoin sodium intravenous solution 50 mg/ml	Tier 2	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 2	
Antiarrhythmic - Class Ic		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 4	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 2	
Antiarrhythmic - Class II		
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
sotalol af oral tablet 120 mg, 160 mg, 80 mg	Tier 2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	
Antiarrhythmic - Class III		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 4	
pacerone oral tablet 100 mg, 200 mg, 400 mg	Tier 2	
Antiarrhythmic - Class IV		
verapamil intravenous solution 2.5 mg/ml	Tier 2	
verapamil intravenous syringe 2.5 mg/ml	Tier 2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 6	
Antihyperlipidemic - Bile Acid Sequestrants		
cholestyramine (with sugar) oral powder 4 gram	Tier 2	QL (378 GM per 30 days)
cholestyramine light oral powder 4 gram	Tier 2	
colesevelam oral tablet 625 mg	Tier 3	
colestipol oral granules 5 gram	Tier 3	
colestipol oral tablet 1 gram	Tier 3	
prevalite oral powder 4 gram	Tier 2	
Antihyperlipidemic - Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 2	
fenofibrate oral tablet 160 mg, 54 mg	Tier 2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg	Tier 2	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 2	
gemfibrozil oral tablet 600 mg	Tier 2	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)		

Nombre Del Medicamento	Nivel	Requisitos/Limites
atorvastatin oral tablet 10 mg, 20 mg	Tier 6	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
atorvastatin oral tablet 40 mg	Tier 6	
atorvastatin oral tablet 80 mg	Tier 6	QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 6	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 6	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
rosuvastatin oral tablet 10 mg, 5 mg	Tier 2	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
rosuvastatin oral tablet 20 mg, 40 mg	Tier 2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 6	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
simvastatin oral tablet 80 mg	Tier 6	
Antihyperlipidemic - Nicotinic Acid Derivatives		
niacin oral tablet 500 mg	Tier 2	
Antihyperlipidemic - Omega-3 Fatty Acid Type		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 3	QL (120 EA per 30 days)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb)		
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 4	PA; QL (2 ML per 28 days)
Antihyperlipidemic - PCSK9 Inhibitors		

Nombre Del Medicamento	Nivel	Requisitos/Limites
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 4	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 4	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 4	PA; QL (2 ML per 28 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
ezetimibe oral tablet 10 mg	Tier 2	QL (30 EA per 30 days)
Antihyperlipidemic Agents - Dietary Source Combinations		
RESTORA ORAL CAPSULE 120 MG-400 MG -4 BILLION CELL	Tier 3	
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 3	
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 3	ST
Beta Blockers Cardiac Selective		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 6	
betaxolol oral tablet 10 mg, 20 mg	Tier 2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
metoprolol tartrate intravenous solution 5 mg/5 ml	Tier 2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 6	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 4	ST
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		

Nombre Del Medicamento	Nivel	Requisitos/Limites
acebutolol oral capsule 200 mg, 400 mg	Tier 2	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
pindolol oral tablet 10 mg, 5 mg	Tier 2	
Beta Blockers Non-Cardiac Selective		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 6	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
Bradykinin B2 Receptor Antagonists		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 5	PA; SP
sajazir subcutaneous syringe 30 mg/3 ml	Tier 5	PA; SP
Calcium Channel Blocker - NSAID, COX-2 Selective Inhibitor Combination		
CONSENSI ORAL TABLET 10-200 MG, 5-200 MG	Tier 5	PA
Calcium Channel Blockers - Benzothiazepines		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	Tier 2	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 2	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 6	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 2	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 2	
Calcium Channel Blockers - Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 6	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 2	
isradipine oral capsule 2.5 mg, 5 mg	Tier 2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 2	
nifedipine oral tablet extended release 60 mg, 90 mg	Tier 2	
Calcium Channel Blockers - Phenylakylamines		
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	Tier 2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	Tier 2	QL (30 EA per 30 days)
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 2	
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb.		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 2	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 3	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		

Nombre Del Medicamento	Nivel	Requisitos/Limites
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
Central Alpha-2 Receptor Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 6	
clonidine hcl oral tablet 0.3 mg	Tier 2	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 3	
guanfacine oral tablet 1 mg, 2 mg	Tier 2	
methyldopa oral tablet 250 mg, 500 mg	Tier 2	
Digitalis Glycosides		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 2	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 2	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 2	
Direct Acting Vasodilators		
hydralazine injection solution 20 mg/ml	Tier 2	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 2	
Diuretic - Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	Tier 2	QL (60 EA per 30 days)
acetazolamide oral tablet 125 mg, 250 mg	Tier 2	
methazolamide oral tablet 25 mg, 50 mg	Tier 4	
Diuretic - Loop		
bumetanide injection solution 0.25 mg/ml	Tier 2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
ethacrynic acid oral tablet 25 mg	Tier 5	PA
furosemide injection solution 10 mg/ml	Tier 2	
furosemide injection syringe 10 mg/ml	Tier 2	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 6	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 2	
Diuretic - Osmotic		
mannitol 20 % intravenous parenteral solution 20 %	Tier 3	
Diuretic - Potassium Sparing		
amiloride oral tablet 5 mg	Tier 2	
Diuretic - Potassium Sparing-Thiazide and Related Combinations		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 2	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 2	
Diuretic - Thiazides and Related		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	
hydrochlorothiazide oral capsule 12.5 mg	Tier 6	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 6	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 6	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 3	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 3	PA; QL (60 EA per 30 days)
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 5	PA; SP
Peripheral Alpha-1 Receptor Blockers		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 2	
phenoxybenzamine oral capsule 10 mg	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	Tier 5	PA; SP
Pulmonary Antihypertensive Agents - Prostacyclin-type		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 5	PA; SP
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA; SP
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists		
ambrisentan oral tablet 10 mg, 5 mg	Tier 5	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	Tier 5	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; SP
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors		
alyq oral tablet 20 mg	Tier 5	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 3	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 5	PA; SP
Renin Inhibitor, Direct		
aliskiren oral tablet 150 mg, 300 mg	Tier 3	QL (30 EA per 30 days)
Central Nervous System Agents		
Agents to Treat Episodic Cluster Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
Antianxiety Agent - Antihistamine Type		
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Tier 2	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 6	
Antianxiety Agent - Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 2	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 3	
diazepam injection solution 5 mg/ml	Tier 2	
diazepam injection syringe 5 mg/ml	Tier 2	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 2	
lorazepam intensol oral concentrate 2 mg/ml	Tier 2	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	Tier 2	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 2	
Antianxiety Agent - Dicarbamate Type		
meprobamate oral tablet 200 mg, 400 mg	Tier 4	
Antianxiety Agent - Non-Benzodiazepine		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 2	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA
Anticonvulsant - Barbiturates and Derivatives		
primidone oral tablet 250 mg, 50 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Anticonvulsant - Benzodiazepines		
clobazam oral suspension 2.5 mg/ml	Tier 4	PA
clobazam oral tablet 10 mg, 20 mg	Tier 4	PA
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 5	PA; QL (10 EA per 30 days)
Anticonvulsant - Carbamates		
felbamate oral suspension 600 mg/5 ml	Tier 5	
felbamate oral tablet 400 mg, 600 mg	Tier 2	
Anticonvulsant - Carboxylic Acid Derivatives		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 500 MG	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 2	
valproic acid oral capsule 250 mg	Tier 2	
Anticonvulsant - Functionalized Amino Acid		
lacosamide oral solution 10 mg/ml	Tier 4	PA
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 4	PA
Anticonvulsant - GABA Analogs		
gabapentin oral capsule 100 mg, 300 mg	Tier 2	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	Tier 2	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 2	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	Tier 2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	Tier 2	QL (120 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 3	
pregabalin oral solution 20 mg/ml	Tier 3	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives		

Nombre Del Medicamento	Nivel	Requisitos/Limites
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 4	
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor		
vigabatrin oral powder in packet 500 mg	Tier 5	PA; SP
vigadrone oral powder in packet 500 mg	Tier 5	PA; SP
Anticonvulsant - Hydantoins		
DILANTIN ORAL CAPSULE 30 MG	Tier 4	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	Tier 2	
phenytoin oral tablet,chewable 50 mg	Tier 2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 2	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 2	
Anticonvulsant - Iminostilbene Derivatives		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 5	PA
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 3	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	Tier 2	
carbamazepine oral tablet 200 mg	Tier 2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 3	
carbamazepine oral tablet,chewable 100 mg	Tier 2	
epitol oral tablet 200 mg	Tier 2	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 2	
Anticonvulsant - Monosaccharide Derivatives		
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
Anticonvulsant - Phenyltriazine Derivatives		

Nombre Del Medicamento	Nivel	Requisitos/Limites
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 6	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)	Tier 2	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	Tier 3	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 3	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 2	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 6	
Anticonvulsant - Pyrrolidine Derivatives		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	Tier 5	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 5	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA
levetiracetam intravenous solution 500 mg/5 ml	Tier 2	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	Tier 2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 2	
Anticonvulsant - Succinimides		
CELONTIN ORAL CAPSULE 300 MG	Tier 4	
ethosuximide oral capsule 250 mg	Tier 2	
ethosuximide oral solution 250 mg/5 ml	Tier 2	
Anticonvulsant - Sulfonamide Derivatives		
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
Anticonvulsant - Triazole Derivatives		
rufinamide oral suspension 40 mg/ml	Tier 4	
rufinamide oral tablet 200 mg, 400 mg	Tier 4	
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA)		

Nombre Del Medicamento	Nivel	Requisitos/Limites
mirtazapine oral tablet 15 mg	Tier 6	
mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg	Tier 2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 2	
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	QL (30 EA per 30 days)
phenelzine oral tablet 15 mg	Tier 2	
tranylcypromine oral tablet 10 mg	Tier 4	
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram oral solution 10 mg/5 ml	Tier 2	
citalopram oral tablet 10 mg, 20 mg	Tier 6	
citalopram oral tablet 40 mg	Tier 6	QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	Tier 2	QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg, 5 mg	Tier 2	QL (45 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	Tier 2	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 6	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 3	QL (4 EA per 28 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 3	PA
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 6	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 3	
sertraline oral concentrate 20 mg/ml	Tier 2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs)		

Nombre Del Medicamento	Nivel	Requisitos/Limites
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 4	
trazodone oral tablet 100 mg, 150 mg, 50 mg	Tier 2	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 2	QL (30 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 2	QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 4	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 4	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4	PA
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 4	PA
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 2	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2	
Antidepressant - SSRI and 5HT1A Partial Agonist		
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 4	PA
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 4	PA
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	PA
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg	Tier 2	
Antidepressant - Tricyclic-Benzodiazepine Combinations		

Nombre Del Medicamento	Nivel	Requisitos/Limites
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 3	
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)		
bupropion hcl oral tablet 100 mg, 75 mg	Tier 2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 2	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors)		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 2	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 4	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 3	QL (60 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
doxepin oral concentrate 10 mg/ml	Tier 2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 2	
nortriptyline oral solution 10 mg/5 ml	Tier 2	
protriptyline oral tablet 10 mg, 5 mg	Tier 2	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 4	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb		
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	Tier 4	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb		

Nombre Del Medicamento	Nivel	Requisitos/Limites
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors		
tolcapone oral tablet 100 mg	Tier 5	PA
Antiparkinson Adjuvant - Peripheral COMT Inhibitors		
entacapone oral tablet 200 mg	Tier 3	
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	Tier 5	
Antiparkinson Therapy - Anticholinergic Agents		
benztropine injection solution 1 mg/ml	Tier 2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 2	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 2	
Antiparkinson Therapy - Ergot Alkaloids and Derivatives		
bromocriptine oral capsule 5 mg	Tier 2	
bromocriptine oral tablet 2.5 mg	Tier 2	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B)		
rasagiline oral tablet 0.5 mg, 1 mg	Tier 3	
selegiline hcl oral capsule 5 mg	Tier 3	
selegiline hcl oral tablet 5 mg	Tier 3	
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents		
amantadine hcl oral capsule 100 mg	Tier 2	
amantadine hcl oral solution 50 mg/5 ml	Tier 2	
amantadine hcl oral tablet 100 mg	Tier 2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 5	PA; SP
apomorphine subcutaneous cartridge 10 mg/ml	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 5	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 2	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 4	ST; QL (30 EA per 30 days)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 2	ST; QL (30 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 5	PA
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv		
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 5	PA
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 4	PA
risperidone oral solution 1 mg/ml	Tier 2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 6	
risperidone oral tablet,disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 2	
Antipsychotic - Butyrophenone Derivatives		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
haloperidol lactate injection solution 5 mg/ml	Tier 2	
haloperidol lactate intramuscular syringe 5 mg/ml	Tier 2	
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	
Antipsychotic - Dibenzoxazepine Derivatives		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	
Antipsychotic - Diphenylbutylpiperidine Derivatives		
pimozide oral tablet 1 mg, 2 mg	Tier 3	
Antipsychotic - Phenothiazines, Aliphatic		
chlorpromazine oral tablet 10 mg, 25 mg	Tier 3	
chlorpromazine oral tablet 100 mg, 200 mg, 50 mg	Tier 4	
Antipsychotic - Phenothiazines, Piperazine		
fluphenazine decanoate injection solution 25 mg/ml	Tier 3	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 3	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 3	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 3	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 3	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
Antipsychotic - Phenothiazines, Piperidine		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	
Antipsychotic - Thioxanthenes		

Nombre Del Medicamento	Nivel	Requisitos/Limites
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 5	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 5	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed		
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	Tier 5	PA
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 5	PA
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 4	PA
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 4	
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 2	QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Tier 2	QL (30 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 30 mg, 40 mg	Tier 3	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
metadate er oral tablet extended release 20 mg	Tier 3	QL (30 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 3	QL (30 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg	Tier 3	QL (30 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 2	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	Tier 3	QL (30 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 4	QL (180 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 3	
zenzedi oral tablet 10 mg, 5 mg	Tier 2	
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 3	QL (30 EA per 30 days)
Benzodiazepines		
flurazepam oral capsule 15 mg, 30 mg	Tier 2	QL (30 EA per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	Tier 2	QL (150 ML per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 500 MG	Tier 2	
epitol oral tablet 200 mg	Tier 2	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)	Tier 2	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	Tier 3	
Bipolar Therapy Agents - Atypical Antipsychotics		
aripiprazole oral solution 1 mg/ml	Tier 4	PA
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	Tier 5	ST
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 4	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
olanzapine intramuscular recon soln 10 mg	Tier 2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 6	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 2	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5	PA
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 5	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	
Bipolar Therapy Agents - Lithium		
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 6	
lithium carbonate oral tablet 300 mg	Tier 6	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 2	
CNS Stimulant - Amphetamine Combinations		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 2	QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	
CNS Stimulant - Amphetamines		
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	Tier 2	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 2	
methamphetamine oral tablet 5 mg	Tier 5	
zenzedi oral tablet 10 mg, 5 mg	Tier 2	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs)		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 4	PA
Hypnotics - Melatonin M1/M2 Receptor Agonists		
HETLIOZ ORAL CAPSULE 20 MG	Tier 5	PA; SP
ramelteon oral tablet 8 mg	Tier 3	ST; QL (30 EA per 30 days)
Migraine Therapy - Carboxylic Acid Derivatives		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody		
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb)		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 3	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA
Migraine Therapy - Ergot Alkaloids and Derivatives		
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 5	PA; QL (8 ML per 30 days)
Migraine Therapy - Ergot Combinations		
ergotamine-caffeine oral tablet 1-100 mg	Tier 4	QL (40 EA per 28 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1)		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 4	ST; QL (9 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 3	ST
frovatriptan oral tablet 2.5 mg	Tier 4	ST; QL (9 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 2	QL (9 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	Tier 2	QL (12 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 2	QL (12 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
sumatriptan nasal spray,non-aerosol 20 mg/actuation	Tier 2	PA; QL (12 EA per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	Tier 2	PA; QL (24 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (9 EA per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Tier 3	PA; QL (12 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 3	PA; QL (12 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 2	QL (6 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 4	QL (6 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F)		
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 3	PA
Movement Disorder Drug Therapy		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 5	PA; SP
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI)		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 5	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 2	PA
modafinil oral tablet 100 mg, 200 mg	Tier 2	PA
Narcolepsy Therapy Agents-Stimulant-Type,Sympathomimetic,Amphetamines		
zenzedi oral tablet 10 mg, 5 mg	Tier 2	
Sedative-Hypnotic - Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 2	
Sedative-Hypnotic - Benzodiazepines		
estazolam oral tablet 1 mg, 2 mg	Tier 2	
flurazepam oral capsule 15 mg, 30 mg	Tier 2	QL (30 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 2	QL (30 EA per 30 days)
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 2	QL (30 EA per 30 days)
Sedative-Hypnotic - GABA-Receptor Modulators		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 2	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	Tier 2	QL (30 EA per 30 days)
zolpidem oral tablet 10 mg, 5 mg	Tier 2	QL (30 EA per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 2	QL (30 EA per 30 days)
Sedative-Hypnotic - Tricyclic Antidepressant Type		
doxepin oral tablet 3 mg, 6 mg	Tier 4	ST; QL (30 EA per 30 days)
Chemical Dependency, Agents to Treat		
Agents for Opioid Withdrawal, Opioid-Type		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 2	
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	Tier 2	QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	Tier 2	QL (90 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	ACA; QL (90 EA per 30 days)
Alcohol Abstinence Therapy - Glutamate and GABA System Type		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 2	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type		
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	Tier 5	PA; SP
Alcohol Deterrents		
disulfiram oral tablet 250 mg, 500 mg	Tier 2	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	Tier 1	ACA; QL (2 EA per 1 day); Age (Min 18 Years)

Nombre Del Medicamento	Nivel	Requisitos/Limites
Smoking Deterrents - Nicotine-Type		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	Tier 1	OTC; ACA; QL (1 EA per 1 day); Age (Min 18 Years)
NICOTINE TRANSDERMAL PATCH, TD DAILY, SEQUENTIAL 21-14-7 MG/24 HR	Tier 1	OTC; ACA; QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	Tier 1	ST; ACA; Age (Min 18 Years)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	Tier 1	ST; ACA; Age (Min 18 Years)
quit 2 buccal gum 2 mg	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
quit 2 buccal lozenge 2 mg	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
quit 4 buccal gum 4 mg	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
quit 4 buccal lozenge 4 mg	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
stop smoking aid buccal lozenge 2 mg, 4 mg	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2		
varenicline oral tablet 0.5 mg, 1 mg	Tier 1	ACA; QL (60 EA per 30 days); Age (Min 18 Years)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	Tier 1	ACA; QL (60 EA per 30 days); Age (Min 18 Years)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
nebusal inhalation solution for nebulization 3 %	Tier 2	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 2	
Pharmaceutical Adjuvant - Vaccine Adjuvants		

Nombre Del Medicamento	Nivel	Requisitos/Limites
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 50 Years)
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 23 mg, 5 mg	Tier 2	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 2	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 3	QL (30 EA per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 3	
Alzheimer's Disease Therapy - NMDA Receptor Antagonists		
memantine oral solution 2 mg/ml	Tier 4	PA; QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 2	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	Tier 2	QL (49 EA per 365 days)
Cognitive Disorder Therapy - Cerebral Vasodilators		
ergoloid oral tablet 1 mg	Tier 4	PA
Contraceptives		
Contraceptive Implant - Progestin		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 1	ACA; QL (1 EA per 365 days)
Contraceptive Injectable - Progestin		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 1	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	Tier 1	ACA; QL (1 ML per 68 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	Tier 1	ACA; QL (1 ML per 68 days)
Contraceptive Intrauterine - Copper IUD		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 1	ACA; QL (1 EA per 300 days)
Contraceptive Intrauterine - Progesterone IUD		

Nombre Del Medicamento	Nivel	Requisitos/Limites
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	Tier 1	ACA; QL (1 EA per 300 days)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	Tier 1	ACA; QL (1 EA per 300 days)
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG	Tier 1	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	Tier 1	ACA; QL (1 EA per 300 days)
Contraceptive Oral - Biphasic		
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	ACA
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	ACA
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	ACA
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	Tier 1	ACA
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	ACA
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	ACA
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	ACA
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	ACA
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 1	ACA
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	Tier 1	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	ACA
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	ACA
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 1	ACA
Contraceptive Oral - Monophasic		
afirmelle oral tablet 0.1-20 mg-mcg	Tier 1	ACA
altavera (28) oral tablet 0.15-0.03 mg	Tier 1	ACA
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	ACA
amethyst (28) oral tablet 90-20 mcg (28)	Tier 1	ACA
apri oral tablet 0.15-0.03 mg	Tier 1	ACA
aubra eq oral tablet 0.1-20 mg-mcg	Tier 1	ACA
aubra oral tablet 0.1-20 mg-mcg	Tier 1	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 1	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	Tier 1	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	ACA
aviane oral tablet 0.1-20 mg-mcg	Tier 1	ACA
ayuna oral tablet 0.15-0.03 mg	Tier 1	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	Tier 1	ACA
balziva (28) oral tablet 0.4-35 mg-mcg	Tier 1	ACA
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	ACA
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	ACA
briellyn oral tablet 0.4-35 mg-mcg	Tier 1	ACA
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1	ACA
chateal (28) oral tablet 0.15-0.03 mg	Tier 1	ACA
chateal eq (28) oral tablet 0.15-0.03 mg	Tier 1	ACA
cryselle (28) oral tablet 0.3-30 mg-mcg	Tier 1	ACA
cyred eq oral tablet 0.15-0.03 mg	Tier 1	ACA
cyred oral tablet 0.15-0.03 mg	Tier 1	ACA
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	ACA
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
dolishale oral tablet 90-20 mcg (28)	Tier 1	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	Tier 1	ACA
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 1	ACA
elinest oral tablet 0.3-30 mg-mcg	Tier 1	ACA
enskyce oral tablet 0.15-0.03 mg	Tier 1	ACA
estarylla oral tablet 0.25-35 mg-mcg	Tier 1	ACA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 1	ACA
falmina (28) oral tablet 0.1-20 mg-mcg	Tier 1	ACA
femynor oral tablet 0.25-35 mg-mcg	Tier 1	ACA
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1	ACA
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	ACA
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	ACA
hailey oral tablet 1.5-30 mg-mcg	Tier 1	ACA
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	ACA
isibloom oral tablet 0.15-0.03 mg	Tier 1	ACA
jasmiel (28) oral tablet 3-0.02 mg	Tier 1	ACA
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	ACA
juleber oral tablet 0.15-0.03 mg	Tier 1	ACA
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 1	ACA
junel 1/20 (21) oral tablet 1-20 mg-mcg	Tier 1	ACA
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	ACA
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	ACA
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	Tier 1	ACA
kalliga oral tablet 0.15-0.03 mg	Tier 1	ACA
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	Tier 1	ACA
kurvelo (28) oral tablet 0.15-0.03 mg	Tier 1	ACA
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 1	ACA
larin 1/20 (21) oral tablet 1-20 mg-mcg	Tier 1	ACA
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	ACA
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	ACA
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	Tier 1	ACA
lessina oral tablet 0.1-20 mg-mcg	Tier 1	ACA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	Tier 1	ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	ACA
levora-28 oral tablet 0.15-0.03 mg	Tier 1	ACA
loryna (28) oral tablet 3-0.02 mg	Tier 1	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	Tier 1	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	Tier 1	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	Tier 1	ACA
marlissa (28) oral tablet 0.15-0.03 mg	Tier 1	ACA
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 1	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	Tier 1	ACA
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	ACA
mili oral tablet 0.25-35 mg-mcg	Tier 1	ACA
mono-linyah oral tablet 0.25-35 mg-mcg	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	Tier 1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Tier 1	ACA; QL (1 EA per 1 day)
nikki (28) oral tablet 3-0.02 mg	Tier 1	ACA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	Tier 1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	ACA
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	ACA
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 1	ACA
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	Tier 1	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	Tier 1	ACA
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	Tier 1	ACA
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	Tier 1	ACA
nymyo oral tablet 0.25-35 mg-mcg	Tier 1	ACA
ocella oral tablet 3-0.03 mg	Tier 1	ACA
philith oral tablet 0.4-35 mg-mcg	Tier 1	ACA
pirmella oral tablet 1-35 mg-mcg	Tier 1	ACA
portia 28 oral tablet 0.15-0.03 mg	Tier 1	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	Tier 1	ACA
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	ACA
sprintec (28) oral tablet 0.25-35 mg-mcg	Tier 1	ACA
sronyx oral tablet 0.1-20 mg-mcg	Tier 1	ACA
syeda oral tablet 3-0.03 mg	Tier 1	ACA
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	ACA
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	Tier 1	ACA
tyblume oral tablet,chewable 0.1 mg- 20 mcg	Tier 1	ACA
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	Tier 1	ACA
vestura (28) oral tablet 3-0.02 mg	Tier 1	ACA
vienva oral tablet 0.1-20 mg-mcg	Tier 1	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	Tier 1	ACA
vylibra oral tablet 0.25-35 mg-mcg	Tier 1	ACA
wera (28) oral tablet 0.5-35 mg-mcg	Tier 1	ACA
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	Tier 1	ACA
zarah oral tablet 3-0.03 mg	Tier 1	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	Tier 1	ACA
zumandimine (28) oral tablet 3-0.03 mg	Tier 1	ACA
Contraceptive Oral - Progestin		
camila oral tablet 0.35 mg	Tier 1	ACA
deblitane oral tablet 0.35 mg	Tier 1	ACA
errin oral tablet 0.35 mg	Tier 1	ACA
heather oral tablet 0.35 mg	Tier 1	ACA
incassia oral tablet 0.35 mg	Tier 1	ACA
jencycla oral tablet 0.35 mg	Tier 1	ACA
lyleq oral tablet 0.35 mg	Tier 1	ACA
lyza oral tablet 0.35 mg	Tier 1	ACA
nora-be oral tablet 0.35 mg	Tier 1	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	Tier 1	ACA
sharobel oral tablet 0.35 mg	Tier 1	ACA
SLYND ORAL TABLET 4 MG (28)	Tier 1	ACA
tulana oral tablet 0.35 mg	Tier 1	ACA
Contraceptive Oral - Quadraphasic		
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 1	ACA
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 1	ACA
Contraceptive Oral - Triphasic		
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	Tier 1	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	Tier 1	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	Tier 1	ACA
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	ACA
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	Tier 1	ACA
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	ACA
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 1	ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	Tier 1	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	Tier 1	ACA
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 1	ACA
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 1	ACA
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	ACA
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	ACA
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 1	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	Tier 1	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	Tier 1	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	Tier 1	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	Tier 1	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	ACA
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	Tier 1	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	Tier 1	ACA
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb.		
xulane transdermal patch weekly 150-35 mcg/24 hr	Tier 1	ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	Tier 1	ACA
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb.		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 1	ACA
eluryng vaginal ring 0.12-0.015 mg/24 hr	Tier 1	ACA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	Tier 1	ACA
Emergency Contraceptives		
after pill oral tablet 1.5 mg	Tier 1	OTC; ACA
aftera oral tablet 1.5 mg	Tier 1	OTC; ACA
econtra ez oral tablet 1.5 mg	Tier 1	OTC; ACA
econtra one-step oral tablet 1.5 mg	Tier 1	OTC; ACA
ELLA ORAL TABLET 30 MG	Tier 1	ACA
levonorgestrel oral tablet 1.5 mg	Tier 1	OTC; ACA
my choice oral tablet 1.5 mg	Tier 1	OTC; ACA
my way oral tablet 1.5 mg	Tier 1	OTC; ACA
new day oral tablet 1.5 mg	Tier 1	OTC; ACA
opcicon one-step oral tablet 1.5 mg	Tier 1	OTC; ACA
option-2 oral tablet 1.5 mg	Tier 1	OTC; ACA
take action oral tablet 1.5 mg	Tier 1	OTC; ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
ELLA ORAL TABLET 30 MG	Tier 1	ACA
Emergency Contraceptives - Progestin Type		
after pill oral tablet 1.5 mg	Tier 1	OTC; ACA
aftera oral tablet 1.5 mg	Tier 1	OTC; ACA
my choice oral tablet 1.5 mg	Tier 1	OTC; ACA
my way oral tablet 1.5 mg	Tier 1	OTC; ACA
new day oral tablet 1.5 mg	Tier 1	OTC; ACA
opcicon one-step oral tablet 1.5 mg	Tier 1	OTC; ACA
option-2 oral tablet 1.5 mg	Tier 1	OTC; ACA
take action oral tablet 1.5 mg	Tier 1	OTC; ACA
Spermicides		
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	Tier 1	OTC; ACA
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 1	OTC; ACA
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 1	OTC; ACA
vcf contraceptive gel vaginal gel 4 %	Tier 1	OTC; ACA
Dermatological		
Acne Therapy Systemic - Retinoids and Derivatives		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA
amnesteem oral capsule 10 mg, 20 mg, 40 mg	Tier 4	PA
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA
Acne Therapy Topical - Anti-infective		
azelaic acid topical gel 15 %	Tier 3	
clindamycin phosphate topical foam 1 %	Tier 4	
clindamycin phosphate topical gel 1 %	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
clindamycin phosphate topical gel, once daily 1 %	Tier 2	
clindamycin phosphate topical lotion 1 %	Tier 2	
clindamycin phosphate topical solution 1 %	Tier 2	
clindamycin phosphate topical swab 1 %	Tier 2	
ery pads topical swab 2 %	Tier 3	
erythromycin with ethanol topical gel 2 %	Tier 2	
erythromycin with ethanol topical solution 2 %	Tier 2	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations		
clindamycin-benzoyl peroxide topical gel 1-5 %	Tier 3	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	Tier 3	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 3	
Acne Therapy Topical - Retinoid Combinations Other		
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	Tier 3	
Acne Therapy Topical - Retinoids and Derivatives		
adapalene topical cream 0.1 %	Tier 3	
adapalene topical gel 0.1 %, 0.3 %	Tier 3	
adapalene topical gel with pump 0.3 %	Tier 3	
adapalene topical lotion 0.1 %	Tier 2	
avita topical gel 0.025 %	Tier 3	QL (135 GM per 90 days)
DIFFERIN TOPICAL LOTION 0.1 %	Tier 2	
effaclar adapalene topical gel 0.1 %	Tier 3	OTC
tretinoin topical cream 0.05 %, 0.1 %	Tier 3	QL (135 GM per 90 days)
tretinoin topical gel 0.01 %, 0.025 %	Tier 3	QL (135 GM per 90 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 5	ST; QL (360 GM per 90 days)
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA; SP
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA; SP
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA; SP
Dermatitis - Janus Kinase (JAK) Inhibitors		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG	Tier 5	PA; SP
Dermatitis Agents,Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; SP
Dermatological - Antibacterial Aminoglycosides		
gentamicin topical cream 0.1 %	Tier 2	
gentamicin topical ointment 0.1 %	Tier 2	
Dermatological - Antibacterial Other		

Nombre Del Medicamento	Nivel	Requisitos/Limites
mupirocin topical ointment 2 %	Tier 2	
Dermatological - Antibacterial Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 5	PA
Dermatological - Antifungal Amphoteric Polyene Macrolides		
nyamyc topical powder 100,000 unit/gram	Tier 2	
nystatin topical cream 100,000 unit/gram	Tier 2	
nystatin topical ointment 100,000 unit/gram	Tier 2	
nystatin topical powder 100,000 unit/gram	Tier 2	
nystop topical powder 100,000 unit/gram	Tier 2	
Dermatological - Antifungal Benzylamines		
butenafine topical cream 1 %	Tier 3	OTC
MENTAX TOPICAL CREAM 1 %	Tier 3	
Dermatological - Antifungal Hydroxypyridinone		
ciclopirox topical gel 0.77 %	Tier 2	
ciclopirox topical shampoo 1 %	Tier 3	
ciclopirox topical suspension 0.77 %	Tier 2	
Dermatological - Antifungal Imidazole and Related Agents		
antifungal (clotrimazole) topical cream 1 %	Tier 2	OTC
antifungal ringworm topical cream 1 %	Tier 2	OTC
athlete's foot (clotrimazole) topical cream 1 %	Tier 2	OTC
athletic foot cream topical cream 1 %	Tier 2	OTC
clotrimazole af topical cream 1 %	Tier 2	OTC
clotrimazole topical cream 1 %	Tier 2	OTC
clotrimazole topical solution 1 %	Tier 2	OTC
econazole topical cream 1 %	Tier 2	QL (255 GM per 90 days)
ERTACZO TOPICAL CREAM 2 %	Tier 5	PA
EXELDERM TOPICAL CREAM 1 %	Tier 4	PA; QL (180 GM per 90 days)
EXELDERM TOPICAL SOLUTION 1 %	Tier 4	PA; QL (90 ML per 90 days)
itch relief (clotrimazole) topical cream 1 %	Tier 2	OTC
jock itch (clotrimazole) topical cream 1 %	Tier 2	OTC
ketoconazole topical cream 2 %	Tier 2	QL (180 GM per 84 days)
ketoconazole topical shampoo 2 %	Tier 2	QL (360 ML per 90 days)
luliconazole topical cream 1 %	Tier 4	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
micotrin ac topical cream 1 %	Tier 2	OTC
mycozyl ac topical cream 1 %	Tier 2	OTC
oxiconazole topical cream 1 %	Tier 4	PA
ringworm topical cream 1 %	Tier 2	OTC
sulconazole topical cream 1 %	Tier 4	PA; QL (180 GM per 90 days)
sulconazole topical solution 1 %	Tier 4	PA; QL (90 ML per 90 days)
Dermatological - Antifungal-Glucocorticoid Combinations		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 2	QL (270 GM per 90 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 3	QL (180 ML per 90 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 2	
Dermatological - Antineoplastic Antimetabolites		
fluorouracil topical cream 5 %	Tier 3	
fluorouracil topical solution 2 %, 5 %	Tier 3	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 4	PA
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 5	PA; SP
Dermatological - Antipsoriatic Agents Topical		
calcipotriene scalp solution 0.005 %	Tier 3	
calcipotriene topical cream 0.005 %	Tier 4	
calcipotriene topical ointment 0.005 %	Tier 3	
calcitriol topical ointment 3 mcg/gram	Tier 5	PA
tazarotene topical cream 0.1 %	Tier 5	PA
tazarotene topical gel 0.05 %, 0.1 %	Tier 5	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 5	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.		

Nombre Del Medicamento	Nivel	Requisitos/Limites
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 5	PA; SP
Dermatological - Antiseborrheic		
selenium sulfide topical lotion 2.5 %	Tier 2	
selenium sulfide topical shampoo 2.25 %	Tier 2	
Dermatological - Antiviral, Herpes		
acyclovir topical ointment 5 %	Tier 3	PA
Dermatological - Burn Products Anti-infective		
silver sulfadiazine topical cream 1 %	Tier 2	
ssd topical cream 1 %	Tier 2	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	QL (170.1 GM per 90 days)
Dermatological - Calcineurin Inhibitors		
pimecrolimus topical cream 1 %	Tier 4	PA; QL (300 GM per 90 days)
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 4	
Dermatological - Emollients		
ammonium lactate topical cream 12 %	Tier 2	OTC
ammonium lactate topical lotion 12 %	Tier 2	OTC
skin treatment topical lotion 12 %	Tier 2	OTC
Dermatological - Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	
Dermatological - Glucocorticoid		
ala-cort topical cream 1 %	Tier 2	QL (360 GM per 90 days)
alclometasone topical cream 0.05 %	Tier 2	
alclometasone topical ointment 0.05 %	Tier 2	
anti-itch (hc) topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
betamethasone dipropionate topical cream 0.05 %	Tier 2	QL (270 GM per 90 days)
betamethasone dipropionate topical lotion 0.05 %	Tier 2	QL (360 ML per 90 days)
betamethasone dipropionate topical ointment 0.05 %	Tier 2	QL (270 GM per 90 days)
betamethasone valerate topical cream 0.1 %	Tier 2	QL (270 GM per 90 days)
betamethasone valerate topical foam 0.12 %	Tier 3	
betamethasone valerate topical lotion 0.1 %	Tier 2	QL (360 ML per 90 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
betamethasone valerate topical ointment 0.1 %	Tier 2	QL (270 GM per 90 days)
betamethasone, augmented topical cream 0.05 %	Tier 2	QL (300 GM per 90 days)
betamethasone, augmented topical lotion 0.05 %	Tier 2	QL (360 ML per 90 days)
betamethasone, augmented topical ointment 0.05 %	Tier 2	QL (300 GM per 90 days)
clobetasol scalp solution 0.05 %	Tier 3	QL (300 ML per 90 days)
clobetasol topical ointment 0.05 %	Tier 3	QL (360 GM per 90 days)
cortaid topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
cortisone (hydrocortisone) topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
cortizone-10 plus topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
cortizone-10 topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
desonide topical cream 0.05 %	Tier 3	QL (360 GM per 90 days)
desonide topical lotion 0.05 %	Tier 3	
desonide topical ointment 0.05 %	Tier 3	QL (360 GM per 90 days)
desoximetasone topical cream 0.25 %	Tier 3	QL (600 GM per 90 days)
diflorasone topical cream 0.05 %	Tier 4	QL (360 GM per 90 days)
diflorasone topical ointment 0.05 %	Tier 4	QL (360 GM per 90 days)
fluocinolone and shower cap scalp oil 0.01 %	Tier 2	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 2	QL (360 GM per 90 days)
fluocinolone topical ointment 0.025 %	Tier 2	QL (360 GM per 90 days)
fluocinolone topical solution 0.01 %	Tier 2	
fluocinonide topical gel 0.05 %	Tier 2	QL (360 GM per 90 days)
fluocinonide topical ointment 0.05 %	Tier 2	QL (360 GM per 90 days)
fluocinonide topical solution 0.05 %	Tier 2	QL (360 ML per 90 days)
flurandrenolide topical cream 0.05 %	Tier 4	PA
flurandrenolide topical lotion 0.05 %	Tier 5	PA
fluticasone propionate topical cream 0.05 %	Tier 2	QL (360 GM per 90 days)
fluticasone propionate topical ointment 0.005 %	Tier 2	QL (360 GM per 90 days)
hydrocortisone acetate topical cream 1 %	Tier 2	OTC
hydrocortisone butyrate topical ointment 0.1 %	Tier 2	
hydrocortisone butyrate topical solution 0.1 %	Tier 2	
hydrocortisone butyr-emollient topical cream 0.1 %	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
hydrocortisone plus topical cream 1 %	Tier 2	OTC
hydrocortisone topical cream 1 %	Tier 2	QL (360 GM per 90 days)
hydrocortisone topical cream 2.5 %	Tier 2	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 2	
hydrocortisone topical lotion 2.5 %	Tier 2	QL (360 ML per 90 days)
hydrocortisone topical ointment 2.5 %	Tier 2	QL (270 GM per 90 days)
hydrocortisone valerate topical cream 0.2 %	Tier 2	QL (360 GM per 90 days)
hydrocortisone valerate topical ointment 0.2 %	Tier 2	QL (360 GM per 90 days)
hydrocream topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
mometasone topical cream 0.1 %	Tier 2	
mometasone topical ointment 0.1 %	Tier 2	
mometasone topical solution 0.1 %	Tier 2	
monistat care (hydrocortisone) topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
noble formula hc topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
prednicarbate topical cream 0.1 %	Tier 2	QL (360 GM per 90 days)
prednicarbate topical ointment 0.1 %	Tier 2	QL (360 GM per 90 days)
preparation h hydrocortisone topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
procto-med hc topical cream with perineal applicator 2.5 %	Tier 2	
procto-pak topical cream with perineal applicator 1 %	Tier 2	
proctosol hc topical cream with perineal applicator 2.5 %	Tier 2	
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 3	PA
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	Tier 2	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 2	
triderm topical cream 0.1 %, 0.5 %	Tier 2	
vanicream hc topical cream 1 %	Tier 2	OTC
Dermatological - Glucocorticoid-Emollient Combinations		
anti-itch(hydrocortisone)-aloe topical cream 1 %	Tier 2	OTC
cortisone with aloe topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
cortizone-10 with aloe topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
hydrocortisone-aloe vera topical cream 1 %	Tier 2	OTC; QL (360 GM per 90 days)
Dermatological - Immunomodulator - Imidazoquinolinamines		
imiquimod topical cream in packet 5 %	Tier 2	QL (36 EA per 84 days)
Dermatological - Keratolytic-Antimitotic Single Agents		
podofilox topical solution 0.5 %	Tier 2	
Dermatological - Local Anesthetic Combinations		
anodyne lpt topical kit 2.5-2.5 %	Tier 2	QL (90 EA per 90 days)
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 2	QL (90 GM per 90 days)
lidocaine-prilocaine topical kit 2.5-2.5 %	Tier 2	QL (90 EA per 90 days)
Dermatological - NSAID Single Agents		
arthritis pain (diclofenac) topical gel 1 %	Tier 2	OTC
diclofenac sodium topical gel 1 %	Tier 2	OTC
Dermatological - Rosacea Therapy, Topical		
metronidazole topical cream 0.75 %	Tier 2	
metronidazole topical gel 0.75 %	Tier 2	
metronidazole topical lotion 0.75 %	Tier 3	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 5	PA
rosadan topical cream 0.75 %	Tier 2	
Dermatological - Topical Local Anesthetic Amides		
glydo mucous membrane jelly in applicator 2 %	Tier 2	QL (270 ML per 90 days)
lidocaine hcl mucous membrane jelly 2 %	Tier 2	QL (270 ML per 90 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 2	QL (270 ML per 90 days)
lidocaine hcl topical cream 3 %	Tier 2	QL (255 GM per 90 days)
lidocaine hcl topical lotion 3 %	Tier 2	QL (300 ML per 90 days)
lidocaine topical adhesive patch,medicated 5 %	Tier 2	PA
Dermatological Antipruritics - Antihistamines		
doxepin topical cream 5 %	Tier 5	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
Scabicide and Pediculicide Single Agents		
CROTAN TOPICAL LOTION 10 %	Tier 5	ST
EURAX TOPICAL LOTION 10 %	Tier 5	ST
ivermectin topical lotion 0.5 %	Tier 4	PA; OTC
lindane topical shampoo 1 %	Tier 3	
malathion topical lotion 0.5 %	Tier 3	
permethrin topical cream 5 %	Tier 2	
spinosad topical suspension 0.9 %	Tier 4	ST; QL (360 ML per 90 days)
ULESFIA TOPICAL LOTION 5 %	Tier 4	ST; QL (1362 GM per 90 days)
Wound Care - Growth Factor Agents		
REGRANEX TOPICAL GEL 0.01 %	Tier 5	PA
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP	Tier 3	OTC
Diagnostic - Multiple Urine Tests		
CHEMSTRIP 9 STRIP	Tier 3	OTC
Drugs to treat Erectile Dysfunction		
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib		
sildenafil oral tablet 100 mg, 25 mg, 50 mg	Tier 2	PA; QL (6 EA per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	Tier 4	PA; QL (30 EA per 30 days)
Eating Disorder Therapy		
Appetite Stimulants - Progestin Hormone Type		
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	Tier 2	
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Ion Exchange Resin		
sps (with sorbitol) oral suspension 15-20 gram/60 ml	Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 2	
Minerals and Electrolytes - Bicarbonate Producing or Containing Agents		

Nombre Del Medicamento	Nivel	Requisitos/Limites
sodium bicarbonate intravenous solution 4.2 %	Tier 5	
sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml)	Tier 5	
Minerals and Electrolytes - Calcium Replacement		
calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml	Tier 5	
Minerals and Electrolytes - Iron		
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	Tier 1	ACA; Age (Max 1 Years)
pedia iron oral drops 15 mg iron (75 mg)/ml	Tier 1	ACA; Age (Max 1 Years)
pediatric fe-vite oral drops 15 mg iron (75 mg)/ml	Tier 1	ACA; Age (Max 1 Years)
Minerals and Electrolytes - Magnesium		
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	Tier 2	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)	Tier 2	
Minerals and Electrolytes - Potassium for Injection		
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	Tier 2	
potassium chloride intravenous solution 2 meq/ml	Tier 2	
Minerals and Electrolytes - Potassium, Oral		
klor-con m10 oral tablet,er particles/crystals 10 meq	Tier 2	
klor-con m15 oral tablet,er particles/crystals 15 meq	Tier 2	
klor-con m20 oral tablet,er particles/crystals 20 meq	Tier 2	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 2	
potassium chloride oral packet 20 meq	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 2	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 2	
Minerals and Electrolytes - Zinc		
zinc sulfate intravenous solution 1 mg/ml	Tier 3	
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation		
ga powder oral powder 15.1-500 g-kcal/100 g	Tier 3	PA
Nutritional Product - Isovaleric Acidemia Specific Formulation		
lmd powder oral powder 16.2 gram-500 kcal/100 gram	Tier 3	PA
Nutritional Product - MSUD Specific Formulation		
MSUD EXPRESS15 ORAL POWDER IN PACKET 60 GRAM-297 KCAL/100 GRAM	Tier 3	PA
Nutritional Product - Phenylketonuria (PKU) Specific Formulation		
PHENYLADE 40 ORAL POWDER IN PACKET 10 GRAM-84 KCAL/25 GRAM	Tier 3	PA
PHENYLADE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G	Tier 3	PA
PHENYLADE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM	Tier 3	PA
PHENYLADE MTE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G	Tier 3	PA
PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM	Tier 3	PA
PKU AIR20 ORAL LIQUID IN PACKET 20 GRAM-100 KCAL/174 ML	Tier 3	PA
PKU COOLER 10 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 3	PA
PKU COOLER 15 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 3	PA
PKU COOLER 20 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 3	PA
PKU EXPRESS15 ORAL POWDER IN PACKET 60 GRAM-279 KCAL/100 GRAM, 60 GRAM-297 KCAL/100 GRAM	Tier 3	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
PKU EXPRESS20 ORAL POWDER IN PACKET 60 GRAM-279 KCAL/100 GRAM, 60 GRAM-297 KCAL/100 GRAM	Tier 3	PA
PKU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-317 KCAL/100 GRAM, 41.7 GRAM-338 KCAL/100 GRAM	Tier 3	PA
PKU GO ORAL POWDER IN PACKET 50 GRAM-325 KCAL/100 GRAM	Tier 3	PA
PKU SPHERE15 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM	Tier 3	PA
PKU SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM	Tier 3	PA
Pediatric Vitamins with Fluoride Combinations		
multi-vitamin with fluoride oral drops 0.5 mg/ml	Tier 2	
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	Tier 2	
multivitamin with fluoride oral tablet,chewable 0.5 mg	Tier 2	
multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg	Tier 2	
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	Tier 2	
quflora pediatric drops oral drops 0.5 mg fluoride (1.1 mg)/ml	Tier 2	
quflora pediatric oral tablet,chewable 0.25mg fluoride (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)	Tier 2	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	Tier 2	
tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	Tier 2	
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	Tier 2	
Sodium Chloride, Parenteral		
sodium chloride 0.9 % intravenous parenteral solution	Tier 2	
sodium chloride 0.9 % intravenous piggyback	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Vitamins - B-12, Cyanocobalamin and derivatives		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 2	
dodex injection solution 1,000 mcg/ml	Tier 2	
Vitamins - B-3, Niacin and Derivatives		
niacin (inositol niacinate) oral tablet 500 mg	Tier 2	
Vitamins - B-6, Pyridoxine and Derivatives		
pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg	Tier 2	
vitamin b-6 oral tablet 25 mg, 50 mg	Tier 2	
Vitamins - D Derivatives		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 2	
calcitriol oral solution 1 mcg/ml	Tier 2	
cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)	Tier 2	
decara oral capsule 1,250 mcg (50,000 unit)	Tier 2	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 2	
optimal d3 oral capsule 1,250 mcg (50,000 unit)	Tier 2	
vitamin d2 oral capsule 1,250 mcg (50,000 unit)	Tier 2	
weekly-d oral capsule 1,250 mcg (50,000 unit)	Tier 2	
Vitamins - Folic Acid and Derivatives		
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	Tier 1	ACA; QL (30 EA per 30 days)
Vitamins - K, Phytonadione and Derivatives		
phytonadione (vitamin k1) oral tablet 5 mg	Tier 2	
Endocrine		
Agents to treat Hypoglycemia (Hyperglycemics)		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 1	ACA

Nombre Del Medicamento	Nivel	Requisitos/Limites
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 3	
Anabolic Steroid - Single Agents		
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 5	PA; QL (60 EA per 30 days)
Androgen - Single Agents		
KYZATREX ORAL CAPSULE 100 MG	Tier 3	PA; QL (60 EA per 30 days)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 3	PA; QL (120 EA per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 2	
testosterone enanthate intramuscular oil 200 mg/ml	Tier 2	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 3	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	Tier 3	PA
Antidiuretic and Vasopressor Hormones		
desmopressin injection solution 4 mcg/ml	Tier 5	PA
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 3	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 3	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 2	
vasopressin intravenous solution 20 unit/ml	Tier 5	

Nombre Del Medicamento	Nivel	Requisitos/Limites
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	Tier 5	
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
miglitol oral tablet 25 mg, 50 mg	Tier 2	
Antihyperglycemic - Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 5	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 5	PA
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	QL (30 EA per 30 days)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 3	QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 3	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 3	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 3	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 3	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	QL (9 ML per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	QL (9 ML per 30 days)
Antihyperglycemic - Meglitinide Analogs		
nateglinide oral tablet 120 mg, 60 mg	Tier 2	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	Tier 3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (30 EA per 30 days)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (30 EA per 30 days)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 2	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 6	
Antihyperglycemic - Sulfonylurea Derivatives		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 6	
glipizide oral tablet 10 mg, 5 mg	Tier 2	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 2	QL (60 EA per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 6	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 6	
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 2	
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	Tier 3	QL (30 EA per 30 days)
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3	QL (15 ML per 28 days)
Antithyroid Agents, Thionamides - Imidazole Derivatives		
methimazole oral tablet 10 mg, 5 mg	Tier 2	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
propylthiouracil oral tablet 50 mg	Tier 2	
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5	PA; SP
Bone Formation Stimulating Agents - Parathyroid Hormone-Type		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 5	PA; SP
Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	Tier 4	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
Bone Resorption Inhibitors - Bisphosphonates		
alendronate oral tablet 10 mg	Tier 6	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	Tier 6	QL (4 EA per 28 days)
alendronate oral tablet 5 mg	Tier 2	QL (30 EA per 30 days)
ibandronate oral tablet 150 mg	Tier 2	QL (1 EA per 28 days)
pamidronate intravenous recon soln 30 mg, 90 mg	Tier 2	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)	Tier 2	
risedronate oral tablet 150 mg	Tier 2	QL (1 EA per 28 days)
risedronate oral tablet 30 mg, 5 mg	Tier 2	QL (30 EA per 30 days)
risedronate oral tablet 35 mg	Tier 2	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	Tier 4	SP
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	Tier 5	PA; SP
Calcitonins		
calcitonin (salmon) injection solution 200 unit/ml	Tier 5	PA
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 2	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 4	QL (30 EA per 30 days)
Estrogen-Progestin		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 2	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	ACA; QL (28 EA per 28 days)
jinteli oral tablet 1-5 mg-mcg	Tier 1	ACA; QL (28 EA per 28 days)
mimvey oral tablet 1-0.5 mg	Tier 2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	ACA; QL (28 EA per 28 days)
Estrogens		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 4	

Nombre Del Medicamento	Nivel	Requisitos/Limites
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 2	QL (8 EA per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
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	Tier 2	QL (8 EA per 28 days)
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	Tier 2	QL (4 EA per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	Tier 2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 4	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 2	QL (8 EA per 28 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 4	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type		
CRINONE VAGINAL GEL 8 %	Tier 5	PA
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH)		
clomiphene citrate oral tablet 50 mg	Tier 2	QL (8 EA per 30 days)
Follicle-Stimulating and Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	PA
Follicle-Stimulating Hormone (FSH)		
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 5	PA
Glucocorticoids		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 4	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 6	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	Tier 2	
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier 2	
dexamethasone sodium phosphate injection solution 4 mg/ml	Tier 3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 2	
methylprednisolone oral tablets,dose pack 4 mg	Tier 2	
prednisolone oral solution 15 mg/5 ml	Tier 2	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 4	
prednisone oral solution 5 mg/5 ml	Tier 2	
prednisone oral tablet 1 mg, 50 mg	Tier 2	
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 6	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 2	
Gonadotropin Inhibitor Pituitary Suppressants		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	PA; SP
Growth Hormones		

Nombre Del Medicamento	Nivel	Requisitos/Limites
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA; SP
Human Chorionic Gonadotropin (hCG)		
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 4	PA
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 4	PA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 4	PA
Human Insulins - Fixed Combinations		
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	OTC
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	OTC
Human Insulins - Intermediate Acting		
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	OTC
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	OTC
Human Insulins - Short Acting		
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	OTC
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 3	OTC
Insulin Analogs - Long Acting		
insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)	Tier 3	
insulin degludec subcutaneous solution 100 unit/ml	Tier 3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
Insulin Analogs - Rapid Acting		
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	PA
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
Insulin Response Enhancers - Biguanides		
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 6	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 6	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists)		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 6	QL (30 EA per 30 days)
Insulin-like Growth Factor-1 (IGF-1)		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA; SP
LHRH (GnRH) Agonist Analog Pituitary Supp. and Progestin Comb.		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 5	PA; SP
LHRH (GnRH) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 5	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 5	PA; SP
LHRH (GnRH) Antagonists		
fyremadel subcutaneous syringe 250 mcg/0.5 ml	Tier 5	PA
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 5	PA
Menopausal Symptoms Suppressant - Hormonal Agents		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 4	PA
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators		
OSPHENA ORAL TABLET 60 MG	Tier 4	PA
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 2	
Oxytocic - Ergot Alkaloids		
methylergonovine oral tablet 0.2 mg	Tier 2	
Oxytocic - Oxytocin and Analogs		
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML	Tier 5	

Nombre Del Medicamento	Nivel	Requisitos/Limites
PITOCIN INJECTION SOLUTION 10 UNIT/ML	Tier 5	
Progestins		
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
norethindrone acetate oral tablet 5 mg	Tier 2	
progesterone micronized oral capsule 100 mg, 200 mg	Tier 2	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
cabergoline oral tablet 0.5 mg	Tier 2	
RANK ligand (RANKL) inhibitor, MC Antibody		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 5	PA; SP
Selective Estrogen Receptor Modulators (SERMs)		
raloxifene oral tablet 60 mg	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA
Somatostatic Agents		
lanreotide subcutaneous syringe 120 mg/0.5 ml	Tier 5	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 3	PA; SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 3	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	Tier 5	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 5	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 5	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 5	PA; SP
Thyroid Hormone Combinations - Synthetic T3 and T4		

Nombre Del Medicamento	Nivel	Requisitos/Limites
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 3	
np thyroid oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 3	
np thyroid oral tablet 15 mg	Tier 2	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 3	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 2	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
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	Tier 2	
LEVO-T 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	Tier 3	
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	Tier 2	
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	Tier 3	
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	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
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	Tier 3	
Gastrointestinal Therapy Agents		
Antidiarrheal - Antiperistaltic Agents		
loperamide oral capsule 2 mg	Tier 2	
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 4	PA
Antidiarrheal GI Adsorbent-Intestinal Flora Modifiers Combinations		
risaquad-2 oral capsule 16 billion cell	Tier 3	
Antiemetic - Anticholinergics		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 2	QL (10 EA per 30 days)
Antiemetic - Antihistamines		
dramamine (meclizine) oral tablet 25 mg	Tier 2	OTC
dramamine less drowsy oral tablet 25 mg	Tier 2	OTC
meclizine oral tablet 12.5 mg	Tier 2	OTC
meclizine oral tablet 25 mg	Tier 2	
medi-meclizine oral tablet 25 mg	Tier 2	OTC
motion sickness (meclizine) oral tablet 25 mg	Tier 2	OTC
motion sickness relief(mecliz) oral tablet 25 mg	Tier 2	OTC
travel-ease (meclizine) oral tablet 25 mg	Tier 2	OTC
verticalm oral tablet 25 mg	Tier 2	OTC
wal-dram 2 oral tablet 25 mg	Tier 2	OTC
Antiemetic - Cannabinoid Type		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 3	QL (60 EA per 30 days)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists		
trimethobenzamide oral capsule 300 mg	Tier 2	
Antiemetic - Phenothiazines		
compro rectal suppository 25 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	Tier 2	
prochlorperazine rectal suppository 25 mg	Tier 2	
promethazine rectal suppository 50 mg	Tier 2	QL (12 EA per 30 days)
promethegan rectal suppository 25 mg	Tier 2	QL (12 EA per 30 days)
Antiemetic - Selective Serotonin 5-HT3 Antagonists		
granisetron hcl oral tablet 1 mg	Tier 4	QL (60 EA per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	Tier 2	QL (800 ML per 84 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 2	QL (72 EA per 84 days)
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 2	QL (72 EA per 84 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	Tier 4	ST
VARUBI ORAL TABLET 90 MG	Tier 5	PA; QL (4 EA per 28 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 5	PA; QL (2 EA per 28 days)
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists		
TRULANCE ORAL TABLET 3 MG	Tier 4	PA
Colonic Acidifier (Ammonia Inhibitor)		
enulose oral solution 10 gram/15 ml	Tier 2	
generlac oral solution 10 gram/15 ml	Tier 2	
lactulose oral solution 10 gram/15 ml (15 ml)	Tier 2	
Digestive Enzyme Mixtures		
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	Tier 3	
Gallstone Solubilizing (Litholysis) Agents		

Nombre Del Medicamento	Nivel	Requisitos/Limites
ursodiol oral capsule 300 mg	Tier 4	
ursodiol oral tablet 250 mg, 500 mg	Tier 3	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists		
acid controller oral tablet 20 mg	Tier 2	OTC
acid reducer (cimetidine) oral tablet 200 mg	Tier 2	OTC
acid reducer (famotidine) oral tablet 20 mg	Tier 2	OTC
acid-pep oral tablet 20 mg	Tier 2	OTC
cimetidine hcl oral solution 300 mg/5 ml	Tier 2	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 2	
famotidine (pf) intravenous solution 20 mg/2 ml	Tier 2	
famotidine intravenous solution 10 mg/ml	Tier 2	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	Tier 2	
famotidine oral tablet 20 mg, 40 mg	Tier 2	
heartburn prevention oral tablet 20 mg	Tier 2	OTC
heartburn relief (cimetidine) oral tablet 200 mg	Tier 2	OTC
heartburn relief (famotidine) oral tablet 20 mg	Tier 2	OTC
nizatidine oral capsule 150 mg, 300 mg	Tier 3	
zantac-360 (famotidine) oral tablet 20 mg	Tier 2	OTC
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs)		
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	Tier 4	ST; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 2	QL (30 EA per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	Tier 2	QL (30 EA per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 6	QL (60 EA per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 2	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 2	QL (30 EA per 30 days)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		

Nombre Del Medicamento	Nivel	Requisitos/Limites
misoprostol oral tablet 100 mcg, 200 mcg	Tier 2	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists		
metoclopramide hcl oral solution 5 mg/5 ml	Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 2	
GI Antispasmodic - Belladonna Alkaloids		
ed-spaz oral tablet,disintegrating 0.125 mg	Tier 2	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 2	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 2	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 2	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 3	
oscimin oral tablet 0.125 mg	Tier 2	
oscimin sl sublingual tablet 0.125 mg	Tier 2	
GI Antispasmodic - Quaternary Ammonium Compounds		
glycopyrrolate oral tablet 2 mg	Tier 2	
GI Antispasmodic - Synthetic Tertiary Amines		
dicyclomine oral capsule 10 mg	Tier 2	
dicyclomine oral solution 10 mg/5 ml	Tier 2	
dicyclomine oral tablet 20 mg	Tier 2	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 5	
IBS Agent - Gastrointestinal Chloride Channel Activator Agents		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 4	QL (60 EA per 30 days)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	QL (30 EA per 30 days)
TRULANCE ORAL TABLET 3 MG	Tier 4	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 5	PA; SP
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA; SP
Inflammatory Bowel Agent - Aminosalicylates and Related Agents		
balsalazide oral capsule 750 mg	Tier 2	
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	PA
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 4	QL (120 EA per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	Tier 4	QL (120 EA per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 800 mg	Tier 4	QL (180 EA per 30 days)
mesalamine rectal enema 4 gram/60 ml	Tier 3	QL (1680 ML per 28 days)
mesalamine rectal suppository 1,000 mg	Tier 5	PA
sulfasalazine oral tablet 500 mg	Tier 2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 2	
Inflammatory Bowel Agent - Glucocorticoids		
budesonide oral capsule,delayed,extend.release 3 mg	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	Tier 2	
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	Tier 5	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	Tier 5	PA; SP
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA; SP
Intestinal Flora Modifiers		

Nombre Del Medicamento	Nivel	Requisitos/Limites
ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG	Tier 3	
adult 50 plus probiotic oral capsule 4 billion cell	Tier 3	
BACICAP ORAL CAPSULE 20 BILLION CELL	Tier 3	
DERMACINRX LACTEROL ORAL CAPSULE 31 BILLION CELL	Tier 3	
DERMACINRX PROBINATE ORAL CAPSULE 31 BILLION CELL	Tier 3	
DERMACINRX PROBISOL ORAL CAPSULE 31 BILLION CELL	Tier 3	
DERMACINRX PROBITRAN ORAL CAPSULE 31 BILLION CELL	Tier 3	
DERMACINRX PROBITROL ORAL CAPSULE 31 BILLION CELL	Tier 3	
DERMACINRX PROMEROL ORAL CAPSULE 31 BILLION CELL	Tier 3	
DIGESTIVE ADVANTAGE LACTOS DEF ORAL CAPSULE 500 MILLION CELL-3,000 UNIT	Tier 3	
DIGESTIVE ADVANTAGE LACTOS SUP ORAL CAPSULE 500 MILLION CELL-3,000 UNIT	Tier 3	
digestive probiotic oral capsule 3 billion cell	Tier 3	
digestive probiotic oral capsule, sprinkle 2 billion cell	Tier 3	
FLORAVANCE ORAL CAPSULE 15 BILLION CELL	Tier 3	
high potency probiotic oral capsule 112.5 billion cell	Tier 3	
L.ACIDOPH,SALIVA-B.BIF-S.THERM ORAL CAPSULE 175 MG	Tier 3	
l.acidophilus-bifido.longum oral capsule,delayed release(dr/ec) 15 mg (1 billion cell)	Tier 3	
LACTO-PECTIN ORAL CAPSULE 20 BILLION CELL	Tier 3	
MEGA PROBIOTIC ORAL CAPSULE 14 BILLION CELL	Tier 3	
mood support probiotic oral capsule 3 billion cell- 57 mg	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
PHILLIPS' COLON HEALTH ORAL CAPSULE 1.5 BILLION CELL	Tier 3	
PRIMIDAR ORAL CAPSULE 31 BILLION CELL	Tier 3	
probiotic (b. coagulans) oral capsule,delayed release(dr/ec) 10 billion cell	Tier 3	
PROBIOTIC BLEND ORAL CAPSULE 2 BILLION CELL-50 MG	Tier 3	
probiotic colon care oral capsule 1.5 billion cell	Tier 3	
probiotic colon support oral capsule 1.5 billion cell	Tier 3	
probiotic complex oral capsule 25 billion cell -100 mg	Tier 3	
probiotic oral capsule 100 billion cell, 20 billion cell, 3 billion cell	Tier 3	
probiotic pearls oral capsule,delayed release(dr/ec) 15 mg (1 billion cell)	Tier 3	
PRODIGEN ORAL CAPSULE 31 BILLION CELL	Tier 3	
PROMELLA ORAL CAPSULE 32 BILLION CELL	Tier 3	
PROVAD ORAL CAPSULE 30 BILLION CELL	Tier 3	
QUAD-PROBIOTIC ORAL CAPSULE 8 BILLION CELL	Tier 3	
risaquad oral capsule 8 billion cell	Tier 3	
senior probiotic oral capsule 15 billion cell	Tier 3	
visbiome oral capsule 112.5 billion cell	Tier 3	
ZELAC ORAL CAPSULE 15.5 BILLION CELL	Tier 3	
Irritable Bowel Syndrome (IBS) Agents		
alosetron oral tablet 0.5 mg, 1 mg	Tier 5	PA
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 4	QL (60 EA per 30 days)
Laxative - Saline and Osmotic		
constulose oral solution 10 gram/15 ml	Tier 2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	Tier 4	PA
lactulose oral packet 10 gram	Tier 4	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	Tier 2	
Laxative - Saline/Osmotic Mixtures		
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	Tier 1	$0 COPAY IF AGE 45-75 YEARS; ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	Tier 1	$0 COPAY IF AGE 45-75 YEARS; ACA
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	Tier 1	$0 COPAY IF AGE 45-75 YEARS; ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	Tier 3	$0 COPAY IF AGE 45-75 YEARS; ACA
peg-electrolyte soln oral recon soln 420 gram	Tier 2	$0 COPAY IF AGE 45-75 YEARS; ACA
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	Tier 3	$0 COPAY IF AGE 45-75 YEARS; ACA
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Tier 3	$0 COPAY IF AGE 45-75 YEARS; ACA
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
sucralfate oral suspension 100 mg/ml	Tier 4	PA
sucralfate oral tablet 1 gram	Tier 2	
Genitourinary Therapy		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 3	
Cystinosis Therapy (Cystine Depleting Agents)		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	PA; SP
G.U. Irrigants		
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 4	
G.U. Irrigants - Anti-infective		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	Tier 2	
Interstitial Cystitis Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 5	PA
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist		

Nombre Del Medicamento	Nivel	Requisitos/Limites
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 5	PA
Phosphate Binders		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 2	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 2	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 5	PA
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	PA
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 5	PA
sevelamer carbonate oral tablet 800 mg	Tier 3	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 4	PA
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 5	PA
Phosphate Binders - Calcium-based		
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	PA
Phosphate Binders - Iron-based		
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 5	PA
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 2	
silodosin oral capsule 4 mg, 8 mg	Tier 3	PA
tamsulosin oral capsule 0.4 mg	Tier 2	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
finasteride oral tablet 5 mg	Tier 2	
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors		
dutasteride oral capsule 0.5 mg	Tier 2	
Urinary Alkalinizer - Citrates		
cytra-2 oral solution 500-334 mg/5 ml	Tier 2	
cytra-3 oral solution 550-500-334 mg/5 ml	Tier 2	
cytra-k oral solution 1,100-334 mg/5 ml	Tier 3	
pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 3	
potassium citrate-citric acid oral solution 1,100-334 mg/5 ml	Tier 3	
sodium citrate-citric acid oral solution 500-334 mg/5 ml	Tier 2	
virtrate-2 oral solution 500-334 mg/5 ml	Tier 2	
virtrate-3 oral solution 550-500-334 mg/5 ml	Tier 2	
virtrate-k oral solution 1,100-334 mg/5 ml	Tier 3	
Urinary Analgesics		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 2	
Urinary Antibacterial - Nitrofuran Derivatives		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 2	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 2	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 3	ST
solifenacin oral tablet 10 mg, 5 mg	Tier 3	ST
Urinary Antispasmodic - Anticholinergics, Non-Selective		
ed-spaz oral tablet,disintegrating 0.125 mg	Tier 2	
oscimin oral tablet 0.125 mg	Tier 2	
oscimin sl sublingual tablet 0.125 mg	Tier 2	
Urinary Antispasmodic - Smooth Muscle Relaxants		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 4	ST
flavoxate oral tablet 100 mg	Tier 3	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 2	
oxybutynin chloride oral tablet 5 mg	Tier 2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 3	ST
tolterodine oral tablet 1 mg, 2 mg	Tier 3	ST
trospium oral capsule,extended release 24hr 60 mg	Tier 3	ST
trospium oral tablet 20 mg	Tier 3	ST
Urinary Retention Therapy - Parasympathomimetic Agents		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	
Gout and Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
colchicine oral capsule 0.6 mg	Tier 3	
colchicine oral tablet 0.6 mg	Tier 3	
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 2	
Hyperuricemia Therapy - Uricosurics		
probenecid oral tablet 500 mg	Tier 2	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
allopurinol oral tablet 100 mg, 300 mg	Tier 6	
febuxostat oral tablet 40 mg, 80 mg	Tier 3	ST
Hematological Agents		
Anticoagulants - Coumarin		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 6	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 6	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	QL (222 EA per 90 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	QL (60 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	Tier 3	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 3	QL (60 EA per 30 days)
Erythropoietins		

Nombre Del Medicamento	Nivel	Requisitos/Limites
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA; SP
Granulocyte Colony-Stimulating Factor (G-CSF)		
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF)		
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5	PA; SP
Hematorheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 2	QL (90 EA per 30 days)
Hemostatic Systemic - Antifibrinolytic Agents		
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 5	PA
tranexamic acid oral tablet 650 mg	Tier 4	
Heparins		
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 2	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 2	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 2	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	Tier 2	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	Tier 2	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 2	
Indirect Factor Xa Inhibitors		

Nombre Del Medicamento	Nivel	Requisitos/Limites
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	Tier 5	PA
Low Molecular Weight Heparins		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 4	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 5	PA
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	Tier 5	PA
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs)		
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	QL (60 EA per 30 days)
Platelet Aggregation Inhibitor Combinations		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 2	QL (60 EA per 30 days)
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib		
eptifibatide intravenous solution 2 mg/ml	Tier 3	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors		
cilostazol oral tablet 100 mg, 50 mg	Tier 2	
Platelet Aggregation Inhibitors - Quinazoline Agents		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 2	
Platelet Aggregation Inhibitors - Salicylates		
adult low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)
aspirin childrens oral tablet,chewable 81 mg	Tier 1	OTC; ACA; QL (100 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	Tier 1	OTC; ACA; QL (30 EA per 30 days)
Platelet Aggregation Inhibitors - Thienopyridine Agents		
clopidogrel oral tablet 300 mg	Tier 2	
clopidogrel oral tablet 75 mg	Tier 6	QL (30 EA per 30 days)
prasugrel oral tablet 10 mg, 5 mg	Tier 3	QL (30 EA per 30 days)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 2	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist		
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	QL (30 EA per 30 days)
Thrombopoietin Receptor Agonists		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; SP
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
cyclosporine modified oral capsule 100 mg, 25 mg	Tier 2	
cyclosporine modified oral solution 100 mg/ml	Tier 3	
cyclosporine oral capsule 100 mg, 25 mg	Tier 2	
gengraf oral capsule 100 mg, 25 mg	Tier 2	
gengraf oral solution 100 mg/ml	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 5	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 2	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
mycophenolate mofetil oral capsule 250 mg	Tier 2	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 5	
mycophenolate mofetil oral tablet 500 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 4	
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Tier 5	PA
sirolimus oral solution 1 mg/ml	Tier 5	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 5	PA
Immunosuppressive - Purine Analogs		
azathioprine oral tablet 100 mg, 75 mg	Tier 5	PA
azathioprine oral tablet 50 mg	Tier 2	
Locomotor System		
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles		
riluzole oral tablet 50 mg	Tier 4	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 2	PA
pyridostigmine bromide oral tablet 60 mg	Tier 2	
pyridostigmine bromide oral tablet extended release 180 mg	Tier 4	
REGONOL INJECTION SOLUTION 5 MG/ML	Tier 5	
Neuromuscular Blocker - Neurotoxins		
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 5	PA; SP
Neuromuscular Blocker - Nondepolarizing Agents		
atracurium intravenous solution 10 mg/ml	Tier 3	
Skeletal Muscle Relaxant - Central Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg	Tier 2	
carisoprodol oral tablet 350 mg	Tier 2	
chlorzoxazone oral tablet 500 mg	Tier 2	PA
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 2	
metaxalone oral tablet 400 mg	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
metaxalone oral tablet 800 mg	Tier 3	PA
methocarbamol oral tablet 500 mg, 750 mg	Tier 2	
orphenadrine citrate oral tablet extended release 100 mg	Tier 2	
tizanidine oral tablet 2 mg, 4 mg	Tier 2	QL (90 EA per 30 days)
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 3	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 3	
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb.		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 3	
Medical Supplies and Durable Medical Equipment (DME)		
Medical Supplies and DME - Blood Glucose Tests		
FREESTYLE INSULINX STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN|100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN|100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE LITE STRIPS STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN|100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN|100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE TEST STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN|100 IN 30 DAYS IF NOT ON INSULIN
PRECISION XTRA TEST STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN|100 IN 30 DAYS IF NOT ON INSULIN
Medical Supplies and DME - Cervical Caps		

Nombre Del Medicamento	Nivel	Requisitos/Limites
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 1	ACA
Medical Supplies and DME - Diaphragms		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 1	ACA
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 1	ACA
Medical Supplies and DME - Female Condoms		
FC2 FEMALE CONDOM	Tier 1	OTC; ACA; QL (30 EA per 30 days)
Medical Supplies and DME - Glucose Monitoring Test Supplies		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 3	OTC
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 3	OTC
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 3	OTC
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	OTC
ACCU-CHEK SOFTCLIX LANCETS	Tier 3	OTC
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	OTC
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 3	OTC
ALTERNATE SITE LANCET 26 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	OTC
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 3	OTC
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 3	OTC
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 3	OTC
BD ULTRA FINE LANCETS 33 GAUGE	Tier 3	OTC
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 3	OTC
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	OTC
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 3	OTC
CAREONE THIN LANCET	Tier 3	OTC
CAREONE ULTRA THIN LANCET	Tier 3	OTC
CARESENS LANCETS 30 GAUGE	Tier 3	OTC
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
CLEVER CHEK LANCETS 30 GAUGE	Tier 3	OTC
COAGUCHEK LANCETS	Tier 3	OTC
COLOR LANCETS 21 GAUGE	Tier 3	OTC
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	OTC
COMFORT LANCETS	Tier 3	OTC
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 3	OTC
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	OTC
DEXCOM G6 RECEIVER	Tier 3	QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 3	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	QL (1 EA per 90 days)
DROPLET LANCETS 30 GAUGE	Tier 3	OTC
EASY COMFORT LANCETS 30 GAUGE	Tier 3	OTC
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	OTC
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 3	OTC
EMBRACE LANCETS 30 GAUGE	Tier 3	OTC
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Tier 3	OTC
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 3	OTC
E-Z JECT THIN LANCETS 28 GAUGE	Tier 3	OTC
EZ SMART LANCETS 28 GAUGE	Tier 3	OTC
EZ-LETS 26 GAUGE	Tier 3	OTC
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 3	OTC
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 3	OTC
FINGERSTIX LANCETS	Tier 3	OTC
FORACARE LANCETS 30 GAUGE	Tier 3	OTC
FREESTYLE LANCETS 28 GAUGE	Tier 3	OTC
FREESTYLE LIBRE 14 DAY READER	Tier 3	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	QL (2 EA per 28 days)
FREESTYLE UNISTIK 2	Tier 3	OTC
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
GOJJI LANCETS 30 GAUGE	Tier 3	OTC
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 3	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 3	OTC
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 3	OTC
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
INVACARE LANCETS 30 GAUGE	Tier 3	OTC
LANCETS , 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
LANCETS, SUPER THIN	Tier 3	OTC
LANCETS,THIN , 23 GAUGE, 28 GAUGE	Tier 3	OTC
LANCETS,ULTRA THIN , 26 GAUGE	Tier 3	OTC
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
MEDISENSE THIN LANCETS 28 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 3	OTC
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 3	OTC
MICRO THIN LANCETS 33 GAUGE	Tier 3	OTC
MICROLET LANCET	Tier 3	OTC
MONOLET LANCETS 21 GAUGE	Tier 3	OTC
MONOLET THIN LANCETS 28 GAUGE	Tier 3	OTC
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 3	OTC
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 3	OTC
NOVA SUREFLEX LANCETS	Tier 3	OTC
ON CALL LANCET 30 GAUGE	Tier 3	OTC
ON CALL PLUS LANCET 30 GAUGE	Tier 3	OTC
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 3	OTC
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 3	OTC
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 3	OTC
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE	Tier 3	OTC
ONETOUCH ULTRASOFT LANCETS	Tier 3	OTC
ON-THE-GO LANCETS 30 GAUGE	Tier 3	OTC
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 3	OTC
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 3	OTC
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 3	OTC
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 3	OTC
PURE COMFORT LANCETS 30 GAUGE	Tier 3	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 3	OTC
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 3	OTC
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 3	OTC
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 3	OTC
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 3	OTC
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
SAFETY-LET LANCETS 30 GAUGE	Tier 3	OTC
SINGLE-LET	Tier 3	OTC
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 3	OTC
SMARTEST LANCET	Tier 3	OTC
SOFT TOUCH LANCETS	Tier 3	OTC
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 3	OTC
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 3	OTC
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 3	OTC
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 3	OTC
SURE-TOUCH LANCET	Tier 3	OTC
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
TELCARE LANCETS 30 GAUGE	Tier 3	OTC
THIN LANCETS 26 GAUGE	Tier 3	OTC
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 3	OTC
TRUE COMFORT LANCET 30 GAUGE	Tier 3	OTC
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 3	OTC
ULTILET BASIC LANCETS 30 GAUGE	Tier 3	OTC
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	OTC
ULTRA FINE LANCETS 30 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
ULTRA THIN II LANCETS 30 GAUGE	Tier 3	OTC
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 3	OTC
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 3	OTC
ULTRA TLC LANCETS	Tier 3	OTC
ULTRA-CARE LANCETS 30 GAUGE	Tier 3	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
ULTRA-THIN II LANCETS 28 GAUGE	Tier 3	OTC
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 3	OTC
UNILET EXCELITE II LANCET	Tier 3	OTC
UNILET EXCELITE LANCET	Tier 3	OTC
UNILET GP LANCET	Tier 3	OTC
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 3	OTC
UNILET LANCETS 30 GAUGE	Tier 3	OTC
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 3	OTC
UNISTIK 3 COMFORT LANCET	Tier 3	OTC
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 3	OTC
UNISTIK 3 GENTLE 30 GAUGE	Tier 3	OTC
UNISTIK 3 LANCETS 21 GAUGE	Tier 3	OTC
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 3	OTC
UNISTIK COMFORT LANCETS 28 GAUGE	Tier 3	OTC
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 3	OTC
UNISTIK EXTRA LANCETS 21 GAUGE	Tier 3	OTC
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 3	OTC
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	OTC
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 3	OTC
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
VIVAGUARD LANCET 30 GAUGE	Tier 3	OTC
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	OTC
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	OTC
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 2	OTC
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	OTC
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	OTC
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	OTC
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	OTC
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	OTC
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	OTC
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	OTC
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	OTC
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	OTC
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	OTC
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	OTC
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	OTC
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	OTC
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	OTC
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	OTC
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	OTC
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	OTC
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	OTC
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	OTC
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	OTC
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Tier 2	OTC
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	OTC
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 3/8", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64"	Tier 2	OTC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	
INSUPEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	OTC
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 2	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 2	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 2	OTC
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	Tier 2	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Tier 2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	OTC
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	OTC
OMNIPOD CLASSIC PDM KIT(GEN 3)	Tier 3	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 15/64", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	OTC
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32"	Tier 2	OTC
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	OTC
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 2	OTC
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	OTC
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	OTC
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	OTC
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	OTC
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 2	OTC
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 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", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	OTC
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	OTC
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	Tier 2	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	OTC
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	OTC
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	OTC
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	OTC
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	OTC
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	OTC
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 2	OTC
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	OTC
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	OTC
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	OTC
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	OTC
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	OTC
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
Medical Supplies and DME - Miscellaneous Other		
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
Medical Supplies and DME - Respiratory Therapy Supplies		

Nombre Del Medicamento	Nivel	Requisitos/Limites
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PEDIATRIC PANDA MASK DEVICE	Tier 3	OTC
Medical Supplies and DME - Urine Glucose Tests		
DIASTIX STRIP	Tier 3	OTC
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 3	OTC
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	OTC
ADVANCED TRAVEL LANCETS 30 GAUGE	Tier 3	OTC
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	OTC
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ALTERNATE SITE LANCET 26 GAUGE	Tier 3	OTC
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	OTC
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	OTC
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 3	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	OTC
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	OTC
BD ULTRA FINE LANCETS 33 GAUGE	Tier 3	OTC
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 3	OTC
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
CAREONE THIN LANCET	Tier 3	OTC
CARESENS LANCETS 30 GAUGE	Tier 3	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
CARETOUCH TWIST LANCET 33 GAUGE	Tier 3	OTC
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 1	ACA
CHEMSTRIP 9 STRIP	Tier 3	OTC
COAGUCHEK LANCETS	Tier 3	OTC
COLOR LANCETS 21 GAUGE	Tier 3	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 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, 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16"	Tier 2	OTC
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	OTC
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 3	OTC
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	OTC
DEXCOM G6 RECEIVER	Tier 3	QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 3	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	QL (1 EA per 90 days)
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16	Tier 2	OTC
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	OTC
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16"	Tier 2	OTC
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	OTC
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	OTC
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	OTC
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	OTC
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	OTC
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	OTC
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	OTC
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	OTC
EASY TOUCH SAFETY LANCETS 30 GAUGE, 32 GAUGE	Tier 3	OTC
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	OTC
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 3	OTC
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 3	OTC
EMBRACE LANCETS 30 GAUGE	Tier 3	OTC
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Tier 3	OTC
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE	Tier 3	OTC
EZ SMART LANCETS 28 GAUGE	Tier 3	OTC
EZ-LETS 26 GAUGE	Tier 3	OTC
FC2 FEMALE CONDOM	Tier 1	OTC; ACA; QL (30 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 1	ACA
FINGERSTIX LANCETS	Tier 3	OTC
FORACARE LANCETS 30 GAUGE	Tier 3	OTC
FREESTYLE INSULINX STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN|100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN|100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE LANCETS 28 GAUGE	Tier 3	OTC
FREESTYLE LIBRE 14 DAY READER	Tier 3	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	QL (2 EA per 28 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
FREESTYLE UNISTIK 2	Tier 3	OTC
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
GOJJI LANCETS 30 GAUGE	Tier 3	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 3	OTC
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 3	OTC
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	OTC
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 28 GAUGE, 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 3/8", 1 ML 31 GAUGE X 1/4", 1/2 ML 28 GAUGE, 1/2 ML 31 GAUGE X 1/4"	Tier 2	OTC
INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	OTC
INVACARE LANCETS 30 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
LANCETS, SUPER THIN	Tier 3	OTC
LANCETS,THIN 28 GAUGE	Tier 3	OTC
LANCETS,ULTRA THIN	Tier 3	OTC
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	OTC
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 2	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 2	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	Tier 2	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	OTC
MONOLET THIN LANCETS 28 GAUGE	Tier 3	OTC
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 3	OTC
NOVA SUREFLEX LANCETS	Tier 3	OTC
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	OTC
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	Tier 1	ACA
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	Tier 3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
ON CALL LANCET 30 GAUGE	Tier 3	OTC
ON CALL PLUS LANCET 30 GAUGE	Tier 3	OTC
ONETOUCH DELICA LANCETS 30 GAUGE	Tier 3	OTC
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 3	OTC
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 3	OTC
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE	Tier 3	OTC
ONETOUCH ULTRASOFT LANCETS	Tier 3	OTC
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PEDIATRIC PANDA MASK DEVICE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
PEN NEEDLE, DIABETIC NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 15/64", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16"	Tier 2	OTC
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32"	Tier 2	OTC
PENTIPS NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
PIP LANCET 28 GAUGE	Tier 3	OTC
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
PRECISION XTRA B-KETONE STRIP	Tier 3	OTC
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 3	OTC
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	OTC
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 3	OTC
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 2	OTC
PRODIGY LANCETS 28 GAUGE	Tier 3	OTC
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 3	OTC
PUSH BUTTON SAFETY LANCETS 21 GAUGE	Tier 3	OTC
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED LANCET 23 GAUGE, 30 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 3	OTC
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 3	OTC
SAFETY LANCETS 26 GAUGE	Tier 3	OTC
SAFETY-LET LANCETS 30 GAUGE	Tier 3	OTC
SINGLE-LET	Tier 3	OTC
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE	Tier 3	OTC
SMARTEST LANCET	Tier 3	OTC
SOFT TOUCH LANCETS	Tier 3	OTC
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 3	OTC
SUPER THIN LANCETS	Tier 3	OTC
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	OTC
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	OTC
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	OTC
SURE-LANCE 26 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
SURE-TOUCH LANCET	Tier 3	OTC
TELCARE LANCETS 30 GAUGE	Tier 3	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	OTC
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 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", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	OTC
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	OTC
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	Tier 2	OTC
TOPCARE UNIVERSAL1 LANCET 33 GAUGE	Tier 3	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	OTC
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	OTC
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	OTC
TRUEPLUS LANCETS 33 GAUGE	Tier 3	OTC
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 2	OTC
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
ULTILET BASIC LANCETS 30 GAUGE	Tier 3	OTC
ULTILET CLASSIC LANCETS 33 GAUGE	Tier 3	OTC
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	OTC
ULTILET LANCETS 30 GAUGE, 33 GAUGE	Tier 3	OTC
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	OTC
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	OTC
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	OTC
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRA FINE LANCETS 30 GAUGE	Tier 3	OTC
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	OTC
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
ULTRA THIN II LANCETS 30 GAUGE	Tier 3	OTC
ULTRA THIN LANCETS 33 GAUGE	Tier 3	OTC
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRA-CARE LANCETS 30 GAUGE	Tier 3	OTC
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	OTC
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
ULTRA-THIN II LANCETS 28 GAUGE	Tier 3	OTC
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
UNIFINE PENTIPS NEEDLE 29 GAUGE	Tier 2	OTC
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
UNISTIK 3 COMFORT LANCET	Tier 3	OTC
UNISTIK 3 LANCETS 21 GAUGE	Tier 3	OTC
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 3	OTC
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 3	OTC
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	OTC
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 3	OTC
UNISTIK TOUCH LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	OTC
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
VIVAGUARD LANCET 30 GAUGE	Tier 3	OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 1	ACA
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 5	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 4	PA
Metabolic Modifier - Homocystinuria Treatment Agents		
betaine oral powder 1 gram/scoop	Tier 5	PA; SP
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	Tier 5	PA; SP
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	Tier 1	ACA; Age (Max 6 Years)
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	Tier 1	ACA; Age (Max 6 Years)

Nombre Del Medicamento	Nivel	Requisitos/Limites
Mouth and Throat - Antifungals		
clotrimazole mucous membrane troche 10 mg	Tier 2	
nystatin oral suspension 100,000 unit/ml	Tier 2	
Mouth and Throat - Antiseptics		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 2	
paroex oral rinse mucous membrane mouthwash 0.12 %	Tier 2	
periogard mucous membrane mouthwash 0.12 %	Tier 2	
Mouth and Throat - Glucocorticoids		
oralone dental paste 0.1 %	Tier 2	
triamcinolone acetonide dental paste 0.1 %	Tier 2	
Mouth and Throat - Local Anesthetic Amides		
lidocaine hcl mucous membrane solution 2 %	Tier 2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 2	QL (300 ML per 90 days)
lidocaine viscous mucous membrane solution 2 %	Tier 2	
Mouth and Throat - Saliva Stimulants		
cevimeline oral capsule 30 mg	Tier 3	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 3	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
doxycycline hyclate oral tablet 20 mg	Tier 2	
Multiple Sclerosis Agents		
Multiple Sclerosis Agent - Interferons		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 5	PA; SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; SP
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 5	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA; SP
Multiple Sclerosis Agent - Others		
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	Tier 5	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 5	PA; SP
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 5	PA; SP
Multiple Sclerosis Agent - Potassium Channel Blocker		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 5	PA; SP
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 5	PA; SP
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator		
fingolimod oral capsule 0.5 mg	Tier 5	PA; SP
Ophthalmic Agents		
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 4	
Miotics - Direct Acting		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 2	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations		

Nombre Del Medicamento	Nivel	Requisitos/Limites
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 4	QL (8 ML per 30 days)
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 3	PA
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	PA
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 4	QL (3.5 GM per 30 days)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 5	PA
Ophthalmic - Anticholinergics		
atropine ophthalmic (eye) drops 1 %	Tier 2	
homatropaire ophthalmic (eye) drops 5 %	Tier 2	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 2	
Ophthalmic - Antihistamines		
azelastine ophthalmic (eye) drops 0.05 %	Tier 2	QL (6 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	Tier 4	PA
epinastine ophthalmic (eye) drops 0.05 %	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
LASTACAFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA; OTC
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 4	PA
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 2	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 4	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 4	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 2	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 2	
Ophthalmic - Anti-Inflammatory, Immunomodulators		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, LFA-1 antagonists		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs		
bromfenac ophthalmic (eye) drops 0.09 %	Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 2	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	Tier 2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	
Ophthalmic - Beta blockers-Adrenergic Combinations		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 4	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 2	
Ophthalmic - Carbonic Anhydrase Inhibitors		
brinzolamide ophthalmic (eye) drops,suspension 1 %	Tier 4	QL (15 ML per 30 days)
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 2	
dorzolamide ophthalmic (eye) drops 2 %	Tier 2	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
carteolol ophthalmic (eye) drops 1 %	Tier 2	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 2	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 2	
timolol maleate ophthalmic (eye) gel forming solution 0.5 %	Tier 4	
Ophthalmic - Local Anesthetic Esters		
alcaine ophthalmic (eye) drops 0.5 %	Tier 2	
altacaine ophthalmic (eye) drops 0.5 %	Tier 2	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 2	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 2	
tetracaine hcl ophthalmic (eye) drops 0.5 %	Tier 2	
Ophthalmic - Mast Cell Stabilizers		

Nombre Del Medicamento	Nivel	Requisitos/Limites
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 4	PA
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	PA
cromolyn ophthalmic (eye) drops 4 %	Tier 2	
Ophthalmic Antibacterial Mixtures		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 2	
Ophthalmic Antibiotic - Aminoglycosides		
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	Tier 2	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 2	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 2	
Ophthalmic Antibiotic - Fluoroquinolones		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	PA
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 4	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 2	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 2	
levofloxacin ophthalmic (eye) drops 0.5 %	Tier 2	PA
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 2	
Ophthalmic Antibiotic - Macrolides		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	PA
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 2	
Ophthalmic Antibiotic - Sulfonamides		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 2	
Ophthalmic Antifungals		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	PA
Ophthalmic Antifungals - Tetraene Polyene-type		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	PA
Ophthalmic Antivirals		
trifluridine ophthalmic (eye) drops 1 %	Tier 3	PA
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	PA
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 2	
brimonidine ophthalmic (eye) drops 0.15 %	Tier 3	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 6	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 3	QL (5 ML per 30 days)
latanoprost (pf) ophthalmic (eye) drops 0.005 %	Tier 6	QL (7.5 ML per 30 days)
latanoprost ophthalmic (eye) drops 0.005 %	Tier 6	QL (5 ML per 30 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 4	ST; QL (7.5 ML per 30 days)
travoprost ophthalmic (eye) drops 0.004 %	Tier 3	QL (5 ML per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 4	ST; QL (30 EA per 30 days)
Otic (Ear)		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 4	PA
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	PA
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 2	
Otic (Ear) - Anti-infectives other		
acetic acid otic (ear) solution 2 %	Tier 2	
Otic (Ear) - Fluoroquinolones		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 3	
ofloxacin otic (ear) drops 0.3 %	Tier 2	
Otic (Ear) - Glucocorticoids		
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 2	
Respiratory Therapy Agents		
1st Generation Antihistamine-Decongestant Combinations		
promethazine vc oral syrup 6.25-5 mg/5 ml	Tier 2	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 2	
Antihistamine - 1st Generation - Ethanolamines		
allergy (diphenhydramine) oral liquid 12.5 mg/5 ml	Tier 2	OTC
allergy oral liquid 12.5 mg/5 ml	Tier 2	OTC
allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml	Tier 2	OTC

Nombre Del Medicamento	Nivel	Requisitos/Limites
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 2	
carbinoxamine maleate oral tablet 4 mg	Tier 2	
children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml	Tier 2	OTC
children's diphenhydramine oral liquid 12.5 mg/5 ml	Tier 2	OTC
children's wal-dryl allergy oral liquid 12.5 mg/5 ml	Tier 2	OTC
clemastine oral tablet 2.68 mg	Tier 2	
diphedryl allergy oral liquid 12.5 mg/5 ml	Tier 2	OTC
diphedryl oral liquid 12.5 mg/5 ml	Tier 2	OTC
diphen oral elixir 12.5 mg/5 ml	Tier 2	
diphenhydramine hcl injection solution 50 mg/ml	Tier 2	
diphenhydramine hcl injection syringe 50 mg/ml	Tier 2	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	Tier 2	OTC
diphenhydramine hcl oral liquid 12.5 mg/5 ml	Tier 2	OTC
geri-dryl oral liquid 12.5 mg/5 ml	Tier 2	OTC
m-dryl oral liquid 12.5 mg/5 ml	Tier 2	OTC
siladryl sa oral liquid 12.5 mg/5 ml	Tier 2	OTC
wal-dryl allergy oral liquid 12.5 mg/5 ml	Tier 2	OTC
Antihistamine - 1st Generation - Phenothiazines		
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 2	
promethazine oral syrup 6.25 mg/5 ml	Tier 2	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 2	QL (12 EA per 30 days)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 2	QL (12 EA per 30 days)
Antihistamine - 1st Generation - Piperidines		
cyproheptadine oral syrup 2 mg/5 ml	Tier 2	
cyproheptadine oral tablet 4 mg	Tier 2	
Antihistamines - 1st Generation		

Nombre Del Medicamento	Nivel	Requisitos/Limites
allergy (diphenhydramine) oral liquid 12.5 mg/5 ml	Tier 2	OTC
allergy oral liquid 12.5 mg/5 ml	Tier 2	OTC
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 2	
clemastine oral tablet 2.68 mg	Tier 2	
diphedryl allergy oral liquid 12.5 mg/5 ml	Tier 2	OTC
diphenhydramine hcl injection syringe 50 mg/ml	Tier 2	
promethazine rectal suppository 50 mg	Tier 2	QL (12 EA per 30 days)
promethegan rectal suppository 25 mg	Tier 2	QL (12 EA per 30 days)
Antihistamines - 2nd Generation		
24hour allergy oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
24hr allergy relief oral tablet 5 mg	Tier 2	OTC
all day allergy (cetirizine) oral solution 1 mg/ml	Tier 2	OTC; QL (300 ML per 30 days)
all day allergy (cetirizine) oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
allerclear oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
aller-ease oral tablet 180 mg	Tier 2	OTC; QL (30 EA per 30 days)
aller-ease oral tablet 60 mg	Tier 2	OTC; QL (60 EA per 30 days)
aller-fex oral tablet 180 mg	Tier 2	OTC; QL (30 EA per 30 days)
allergy relief (cetirizine) oral solution 1 mg/ml	Tier 2	OTC; QL (300 ML per 30 days)
allergy relief (cetirizine) oral tablet 10 mg, 5 mg	Tier 2	OTC; QL (30 EA per 30 days)
allergy relief (fexofenadine) oral tablet 180 mg	Tier 2	OTC; QL (30 EA per 30 days)
allergy relief (fexofenadine) oral tablet 60 mg	Tier 2	OTC; QL (60 EA per 30 days)
allergy relief (levocetirizin) oral tablet 5 mg	Tier 2	OTC; QL (30 EA per 30 days)
allergy relief (loratadine) oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
aller-tec oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
cetirizine oral solution 1 mg/ml	Tier 2	QL (300 ML per 30 days)
cetirizine oral solution 5 mg/5 ml	Tier 2	OTC; QL (300 ML per 30 days)
cetirizine oral tablet 10 mg, 5 mg	Tier 2	OTC; QL (30 EA per 30 days)
child allergy relf(cetirizine) oral solution 1 mg/ml	Tier 2	OTC; QL (300 ML per 30 days)
children's allergy(cetirizine) oral solution 1 mg/ml	Tier 2	OTC; QL (300 ML per 30 days)
children's cetirizine oral solution 1 mg/ml	Tier 2	OTC; QL (300 ML per 30 days)
children's wal-zyr oral solution 1 mg/ml	Tier 2	OTC; QL (300 ML per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
child's all day allergy(cetir) oral solution 1 mg/ml	Tier 2	OTC; QL (300 ML per 30 days)
desloratadine oral tablet 5 mg	Tier 2	
fexofenadine oral tablet 180 mg	Tier 2	OTC; QL (30 EA per 30 days)
fexofenadine oral tablet 60 mg	Tier 2	OTC; QL (60 EA per 30 days)
levocetirizine oral tablet 5 mg	Tier 2	
loradamed oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
loratadine oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
wal-fex allergy oral tablet 180 mg	Tier 2	OTC; QL (30 EA per 30 days)
wal-fex allergy oral tablet 60 mg	Tier 2	OTC; QL (60 EA per 30 days)
wal-itin oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
wal-zyr (cetirizine) oral solution 1 mg/ml	Tier 2	OTC; QL (300 ML per 30 days)
wal-zyr (cetirizine) oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
Antihistamines - 2nd Generation - Piperazines		
allergy relief (cetirizine) oral tablet 5 mg	Tier 2	OTC; QL (30 EA per 30 days)
Antihistamines - 2nd Generation - Piperidines		
allerclear oral tablet 10 mg	Tier 2	OTC; QL (30 EA per 30 days)
Antitussives - Non-Opioid		
benzonatate oral capsule 100 mg	Tier 2	
Asthma Therapy - 5-Lipoxygenase Inhibitors		
zileuton oral tablet, er multiphase 12 hr 600 mg	Tier 5	PA
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 5	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA; SP
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 4	ST; QL (13 GM per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 4	ST; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	Tier 3	QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	Tier 3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 3	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 4	ST; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	ST; QL (10.6 GM per 30 days)
Asthma Therapy - Leukotriene Receptor Antagonists		
montelukast oral granules in packet 4 mg	Tier 2	
montelukast oral tablet 10 mg	Tier 2	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 2	
zafirlukast oral tablet 10 mg, 20 mg	Tier 2	
Asthma Therapy - Xanthines		
theophylline oral elixir 80 mg/15 ml	Tier 3	
theophylline oral solution 80 mg/15 ml	Tier 3	
theophylline oral tablet extended release 12 hr 450 mg	Tier 3	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 3	
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors		
roflumilast oral tablet 500 mcg	Tier 4	QL (30 EA per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting		

Nombre Del Medicamento	Nivel	Requisitos/Limites
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 3	QL (30 EA per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 3	QL (12.9 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 2	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	Tier 5	PA; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 2	QL: 2 INHALERS IN 30 DAYS
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	Tier 2	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 2	ST
Asthma/COPD Therapy - Beta Adrenergic Agents		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 2	
metaproterenol oral syrup 10 mg/5 ml	Tier 2	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
terbutaline subcutaneous solution 1 mg/ml	Tier 2	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 3	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 3	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 3	QL (10.2 GM per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb,		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 3	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	Tier 3	QL (60 EA per 30 days)
Cystic Fibrosis - Inhaled Aminoglycosides		
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 5	PA; SP
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; SP; QL (112 EA per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 5	PA; SP
Mucolytics		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA; SP
Nasal Anticholinergics		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	Tier 2	QL (30 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	Tier 2	QL (15 ML per 30 days)
Nasal Antihistamine and Anti-inflammatory Steroid Combinations		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	Tier 3	PA
Nasal Antihistamines		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	Tier 2	
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	Tier 2	
olopatadine nasal spray,non-aerosol 0.6 %	Tier 2	QL (31 GM per 30 days)
Nasal Corticosteroids		
24 hour allergy relief nasal spray,suspension 50 mcg/actuation	Tier 2	OTC
24 hour nasal allergy nasal aerosol,spray 55 mcg	Tier 2	OTC
aller-cort nasal aerosol,spray 55 mcg	Tier 2	OTC
aller-flo nasal spray,suspension 50 mcg/actuation	Tier 2	OTC
allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation	Tier 2	OTC
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	Tier 4	ST

Nombre Del Medicamento	Nivel	Requisitos/Limites
budesonide nasal spray,non-aerosol 32 mcg/actuation	Tier 2	OTC; QL (8.43 ML per 30 days)
clarispray nasal spray,suspension 50 mcg/actuation	Tier 2	OTC
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 2	QL (50 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 2	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 3	ST
nasal allergy nasal aerosol,spray 55 mcg	Tier 2	OTC
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	Tier 4	ST
triamcinolone acetonide nasal aerosol,spray 55 mcg	Tier 2	OTC
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations		
bromfed dm oral syrup 2-30-10 mg/5 ml	Tier 2	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 2	
Non-Opioid Antitussive-Antihistamine Combinations		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 2	
Non-Opioid Antitussive-Expectorant Combinations		
adult wal-tussin dm max oral liquid 10-200 mg/5 ml	Tier 4	OTC
diabetic siltussin-dm max str oral liquid 10-200 mg/5 ml	Tier 4	OTC
diabetic tussin dm oral liquid 10-200 mg/5 ml	Tier 4	OTC
maxi-tuss gmx oral liquid 10-200 mg/5 ml	Tier 4	OTC
tussin dm max oral liquid 10-200 mg/5 ml	Tier 4	OTC
Opioid Antitussive-1st Generation Antihistamine Combinations		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 4	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 4	
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb.		
promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml	Tier 2	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	Tier 2	
Opioid Antitussive-Anticholinergic Combinations		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Tier 2	
hydromet oral syrup 5-1.5 mg/5 ml	Tier 2	
Opioid Antitussive-Expectorant Combinations		
codeine-guaifenesin oral liquid 10-100 mg/5 ml	Tier 2	OTC
g tussin ac oral liquid 10-100 mg/5 ml	Tier 2	OTC
guaiatussin ac oral liquid 10-100 mg/5 ml	Tier 2	OTC
guaifenesin ac oral liquid 10-100 mg/5 ml	Tier 2	OTC
maxi-tuss ac oral liquid 10-100 mg/5 ml	Tier 2	OTC
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
ESBRIET ORAL CAPSULE 267 MG	Tier 5	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	Tier 5	PA; SP
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	
clindamycin phosphate vaginal cream 2 %	Tier 2	
Vaginal Antifungal - Imidazoles		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
Vaginal Antifungal - Triazoles		
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2	
terconazole vaginal suppository 80 mg	Tier 2	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	Tier 2	
Vaginal Estrogens		

Nombre Del Medicamento	Nivel	Requisitos/Limites
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 4	
Vaginal Progestins		
CRINONE VAGINAL GEL 4 %	Tier 5	PA

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