



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 familiares 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 familiares 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 familiares . 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 consulta con 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 final del 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 de marca.

¿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 25 días 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 para esa 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 HealthCare cubrirá 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 le recete 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 provocar 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 decisión 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 en mis 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 debe hablar 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 planes individuales y familiares Bright. Si tiene dificultades para encontrar 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 familiares, 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 determinar si su 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

Analgesic, Anti-inflammatory or Antipyretic	3
Anesthetics	12
Anorectal Preparations	12
Antidotes and other Reversal Agents.....	13
Anti-Infective Agents.....	13
Antineoplastics	25
Antiseptics and Disinfectants	32
Biologicals.....	33
Cardiovascular Therapy Agents.....	39
Central Nervous System Agents	50
Chemical Dependency, Agents to Treat.....	66
Chemicals-Pharmaceutical Adjuvants.....	67
Cognitive Disorder Therapy	68
Contraceptives	68
Dermatological	77
Diagnostic Agents.....	86
Drugs to treat Erectile Dysfunction	86
Eating Disorder Therapy	86
Electrolyte Balance-Nutritional Products	86
Endocrine	90
Gastrointestinal Therapy Agents	103
Genitourinary Therapy	111
Gout and Hyperuricemia Therapy	114
Hematological Agents.....	114
Immunosuppressive Agents	117
Locomotor System.....	118
Medical Supplies and Durable Medical Equipment (DME)	119

Medical Supply, FDB Superset	140
Metabolic Modifiers.....	153
Mouth-Throat-Dental - Preparations.....	153
Multiple Sclerosis Agents	154
Ophthalmic Agents	155
Otic (Ear).....	161
Respiratory Therapy Agents	161
Vaginal Products	170

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>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)</i>	Tier 2	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 2	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	
<i>morphine injection solution 4 mg/ml</i>	Tier 2	
<i>morphine injection syringe 4 mg/ml</i>	Tier 2	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 2	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	Tier 2	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 2	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
MORPHINE ORAL TABLET 15 MG, 30 MG	Tier 2	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 2	ST; QL (90 EA per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	Tier 4	
<i>morphine rectal suppository 30 mg</i>	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
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i>	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)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; ST

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	Tier 2	
Analgesic Opioid Oxycodone Combinations		
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	Tier 2	
<i>endocet oral tablet 5-325 mg</i>	Tier 2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 2	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 2	QL (360 EA per 30 days)
Analgesic Opioid Partial-Mixed Agonists		
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 2	PA; ST
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 2	PA; ST
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 2	PA; ST
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 3	PA; ST; QL (4 EA per 28 days)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 3	
Analgesic Opioid Tramadol Combinations		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 3	PA
Analgesic or Antipyretic Non-Opioid/Sedative Combinations		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 3	QL (48 EA per 25 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 3	QL (180 EA per 30 days)
<i>fioricet oral capsule 50-300-40 mg</i>	Tier 3	QL (48 EA per 25 days)
<i>zebutal oral capsule 50-325-40 mg</i>	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		
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	
DMARD - Immunosuppressives		
<i>cyclosporine oral capsule 100 mg</i>	Tier 2	
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>gengraf oral solution 100 mg/ml</i>	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
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 3	
NSAID Analgesic and Histamine H2 Receptor Antagonist Combinations		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Tier 5	PA
NSAID Analgesic and Prostaglandin Analog Combinations		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 3	
NSAID Analgesic and Proton Pump Inhibitor Combinations		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	Tier 5	PA
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	Tier 3	QL (30 EA per 30 days)
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 3	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 3	
NSAID Analgesics (COX Non-Specific) - Other		
<i>ketorolac oral tablet 10 mg</i>	Tier 2	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>nabumetone oral tablet 750 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
<i>tolmetin oral tablet 200 mg</i>	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 2	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>adult low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspirin childrens oral tablet,chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspirin oral tablet 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>aspirin oral tablet,chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspir-trin oral tablet,delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>bayer aspirin oral tablet 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>bayer aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>children's aspirin oral tablet,chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>diflunisal oral tablet 500 mg</i>	Tier 2	
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>salsalate oral tablet 500 mg</i>	Tier 2	
<i>st joseph aspirin oral tablet,chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
Anesthetics		
Local Anesthetic - Amides		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)</i>	Tier 3	
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml)</i>	Tier 3	
<i>lidocaine (pf) injection solution 20 mg/ml (2 %)</i>	Tier 2	
<i>lidocaine topical ointment 5 %</i>	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		
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	Tier 2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
Antidotes and other Reversal Agents		
Chelating Agents - Copper		
<i>penicillamine oral tablet 250 mg</i>	Tier 5	PA; SP; QL (180 EA per 30 days)
Chelating Agents - Iron		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 5	PA; SP
<i>deferiprone oral tablet 500 mg</i>	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		
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 2	
<i>naloxone injection syringe 0.4 mg/ml</i>	Tier 2	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 3	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 3	QL (4 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	Tier 2	
Anti-Infective Agents		
Aminoglycoside Antibiotic		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	Tier 2	

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

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	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		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 3	
Antimalarial Combinations		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 2	QL (30 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
Antimalarials		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 3	
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 2	
<i>mefloquine oral tablet 250 mg</i>	Tier 2	
PRIMAQUINE ORAL TABLET 26.3 MG	Tier 4	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 5	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 4	
Antiprotozoal Agents - Other		
<i>atovaquone oral suspension 750 mg/5 ml</i>	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
<i>nitazoxanide oral tablet 500 mg</i>	Tier 5	PA
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole		
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Antiretroviral - CCR5 Co-Receptor Antagonist		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	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)
<i>efavirenz oral capsule 200 mg</i>	Tier 5	QL (90 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	Tier 5	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Tier 5	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	Tier 5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	Tier 5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	Tier 5	QL (480 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 2	
<i>nevirapine oral tablet 200 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 3	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	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
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 5	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	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)		
<i>abacavir oral solution 20 mg/ml</i>	Tier 5	QL (900 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 4	QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 2	
<i>emtricitabine oral capsule 200 mg</i>	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	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 2	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 2	QL (60 EA per 30 days)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	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)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 5	QL (450 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 5	QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	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		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 5	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	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)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	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		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 4	PA
Antitubercular - Rifamycin and Derivatives		
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	PA
<i>rifampin intravenous recon soln 600 mg</i>	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
Antitubercular Agents Other		

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 4	
CMV Antiviral Agent - Nucleoside Analogs		
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 5	PA
<i>valganciclovir oral tablet 450 mg</i>	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	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	Tier 4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 3	
<i>ofloxacin oral tablet 400 mg</i>	Tier 2	
Glycopeptide Antibiotics		
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	Tier 2	
<i>vancomycin intravenous recon soln 10 gram</i>	Tier 4	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 3	QL (40 EA per 10 days)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 3	SP
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 4	QL (1800 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 3	QL (90 EA per 30 days)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
<i>adefovir oral tablet 10 mg</i>	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		
<i>ribavirin oral tablet 200 mg</i>	Tier 4	
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 2	
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	
Influenza Antiviral Agents - Neuraminidase Inhibitors		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 2	QL (10 EA per 5 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	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
<i>rimantadine oral tablet 100 mg</i>	Tier 2	
Lincosamide Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	Tier 2	
Macrolide Antibiotics		
<i>azithromycin intravenous recon soln 500 mg</i>	Tier 2	
<i>azithromycin oral packet 1 gram</i>	Tier 2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 5	PA
DIFICID ORAL TABLET 200 MG	Tier 5	PA
<i>e.e.s. 400 oral tablet 400 mg</i>	Tier 4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier 4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 4	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 4	
<i>erythromycin oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 4	
Misc Anti-Infective		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	
PENTAM INJECTION RECON SOLN 300 MG	Tier 4	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 2	
<i>pentamidine injection recon soln 300 mg</i>	Tier 4	
Oxazolidinone Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 5	
<i>linezolid oral tablet 600 mg</i>	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		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
Penicillin Antibiotic - Penicillinase-resistant		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 2	
Polymyxins and Derivatives - Single Agents		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	Tier 3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	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		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 5	QL (60 EA per 30 days)
<i>atazanavir oral capsule 300 mg</i>	Tier 5	QL (30 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	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)
<i>ritonavir oral tablet 100 mg</i>	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		
<i>lagevrio (eua) oral capsule 200 mg</i>	Tier 4	QL (40 EA per 1 FILL); Age (Min 18 Years)
Sulfonamide Antibiotic		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 4	
Tetracycline Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 3	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 3	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>mondoxyne nl oral capsule 100 mg</i>	Tier 3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 3	
XERAIVA 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		
Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib		
<i>lapatinib oral tablet 250 mg</i>	Tier 5	PA; SP
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor		
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 5	PA; SP; QL (30 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>erlotinib oral tablet 25 mg</i>	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		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 5	PA; SP
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE ORAL CAPSULE 50 MG	Tier 5	PA; SP
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 5	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	SP
<i>ifosfamide intravenous recon soln 1 gram</i>	Tier 2	SP
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 2	SP
LEUKERAN ORAL TABLET 2 MG	Tier 5	PA; SP
<i>melphalan hcl intravenous recon soln 50 mg</i>	Tier 4	PA; SP
<i>melphalan oral tablet 2 mg</i>	Tier 4	PA
Antineoplastic - Alkylating Agent - Nitrosoureas		
<i>carmustine intravenous recon soln 100 mg</i>	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 - Triazines		
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 4	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	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		
<i>abiraterone oral tablet 250 mg</i>	Tier 5	PA; SP; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	
<i>flutamide oral capsule 125 mg</i>	Tier 3	
<i>nilutamide oral tablet 150 mg</i>	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		
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 2	
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	Tier 5	PA; SP
Antineoplastic - Antimetabolite - Purine Analogs		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
TABLOID ORAL TABLET 40 MG	Tier 5	PA; SP
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	Tier 2	
<i>capecitabine oral tablet 150 mg</i>	Tier 5	PA; SP; QL (120 EA per 30 days)
<i>capecitabine oral tablet 500 mg</i>	Tier 5	PA; SP; QL (300 EA per 30 days)
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 2	SP
<i>cytarabine injection solution 20 mg/ml</i>	Tier 2	SP
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i>	Tier 2	
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	Tier 4	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>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)</i>	Tier 4	PA; SP
Antineoplastic - Antimetabolite - Urea Derivatives		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i>	Tier 2	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>	Tier 3	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	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		
<i>etoposide intravenous solution 20 mg/ml</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 3	SP
<i>toposar intravenous solution 20 mg/ml</i>	Tier 2	
Antineoplastic - Estrogen Receptor Antagonist		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	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
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	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		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	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		
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA; SP; QL (30 EA per 30 days)
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	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)
<i>sorafenib oral tablet 200 mg</i>	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		
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 2	SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 2	SP
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 2	SP
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	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
<i>megestrol oral tablet 20 mg, 40 mg</i>	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)
<i>imatinib oral tablet 100 mg</i>	Tier 5	PA; SP; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	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
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	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		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 5	PA; SP
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs)		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA
<i>toremifene oral tablet 60 mg</i>	Tier 5	PA; SP
Antineoplastic - Selective Inhibitors 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		
<i>bexarotene oral capsule 75 mg</i>	Tier 5	PA; SP
Antineoplastic - Taxanes		
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 5	PA; SP
Antineoplastic - Thalidomide Analogs		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	Tier 5	PA; SP; QL (28 EA per 28 days)
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	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		
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 2	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 2	SP
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	Tier 2	SP
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 2	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	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		
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 1	ACA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 1	ACA
ENGRIX-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		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 2	
ACE Inhibitor and Diuretic Combinations		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 2	
ACE Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 6	
<i>captopril oral tablet 100 mg, 12.5 mg</i>	Tier 2	
<i>captopril oral tablet 25 mg, 50 mg</i>	Tier 6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	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)		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>eprosartan oral tablet 600 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	Tier 2	QL (30 EA per 30 days)
Antianginal - Coronary Vasodilators (Nitrates)		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 4	
<i>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)</i>	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	

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

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 6	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>atorvastatin oral tablet 40 mg</i>	Tier 6	
<i>atorvastatin oral tablet 80 mg</i>	Tier 6	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 6	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 6	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 2	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 6	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>simvastatin oral tablet 80 mg</i>	Tier 6	
Antihyperlipidemic - Nicotinic Acid Derivatives		
<i>niacin oral tablet 500 mg</i>	Tier 2	
Antihyperlipidemic - Omega-3 Fatty Acid Type		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	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		
<i>ezetimibe oral tablet 10 mg</i>	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		
<i>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</i>	Tier 3	
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 3	ST
Beta Blockers Cardiac Selective		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 6	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	Tier 2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 6	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 4	ST
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	
Calcium Channel Blockers - Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 6	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 2	
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	Tier 2	
Calcium Channel Blockers - Phenylalkylamines		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb.		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	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)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
Central Alpha-2 Receptor Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 6	
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 3	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
Digitalis Glycosides		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
Direct Acting Vasodilators		
<i>hydralazine injection solution 20 mg/ml</i>	Tier 2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 4	
Diuretic - Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 5	PA
<i>furosemide injection solution 10 mg/ml</i>	Tier 2	
<i>furosemide injection syringe 10 mg/ml</i>	Tier 2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 6	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	
Diuretic - Osmotic		
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	Tier 3	
Diuretic - Potassium Sparing		
<i>amiloride oral tablet 5 mg</i>	Tier 2	
Diuretic - Potassium Sparing-Thiazide and Related Combinations		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	
Diuretic - Thiazides and Related		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 6	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 6	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 6	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	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		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	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		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 5	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 5	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; SP
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors		
<i>alyq oral tablet 20 mg</i>	Tier 5	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 3	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 5	PA; SP
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	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		
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 6	
Antianxiety Agent - Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 3	
<i>diazepam injection solution 5 mg/ml</i>	Tier 2	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2	
Antianxiety Agent - Dicarbamate Type		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 4	
Antianxiety Agent - Non-Benzodiazepine		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	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		
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Anticonvulsant - Benzodiazepines		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 4	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	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		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	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	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	
<i>valproic acid oral capsule 250 mg</i>	Tier 2	
Anticonvulsant - Functionalized Amino Acid		
<i>lacosamide oral solution 10 mg/ml</i>	Tier 4	PA
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 4	PA
Anticonvulsant - GABA Analogs		
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Tier 2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 3	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 3	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives		

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

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>mirtazapine oral tablet 15 mg</i>	Tier 6	
<i>mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg</i>	Tier 2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	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)
<i>phenelzine oral tablet 15 mg</i>	Tier 2	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 4	
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	
<i>citalopram oral tablet 10 mg, 20 mg</i>	Tier 6	
<i>citalopram oral tablet 40 mg</i>	Tier 6	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 2	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 6	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	Tier 3	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 3	PA
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 6	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 3	
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs)		

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	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
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	
Antidepressant - SSRI and 5HT1A Partial Agonist		
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 4	PA
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	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		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>	Tier 2	
Antidepressant - Tricyclic-Benzodiazepine Combinations		

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 3	
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 2	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors)		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 4	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 4	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 4	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb		

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors		
<i>tolcapone oral tablet 100 mg</i>	Tier 5	PA
Antiparkinson Adjuvant - Peripheral COMT Inhibitors		
<i>entacapone oral tablet 200 mg</i>	Tier 3	
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	Tier 5	
Antiparkinson Therapy - Anticholinergic Agents		
<i>benztropine injection solution 1 mg/ml</i>	Tier 2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
Antiparkinson Therapy - Ergot Alkaloids and Derivatives		
<i>bromocriptine oral capsule 5 mg</i>	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B)		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 3	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 3	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 3	
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 5	PA; SP
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	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
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 4	ST; QL (30 EA per 30 days)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	ST; 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
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 4	PA
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 6	
<i>risperidone oral tablet,disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	
Antipsychotic - Butyrophenone Derivatives		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 2	

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	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		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 4	PA
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	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)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 30 mg, 40 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>metadate er oral tablet extended release 20 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	Tier 3	QL (30 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	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	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 2	
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 3	QL (30 EA per 30 days)
Benzodiazepines		
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	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	
<i>epitol oral tablet 200 mg</i>	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	Tier 3	
Bipolar Therapy Agents - Atypical Antipsychotics		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 4	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	Tier 5	ST
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 4	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 6	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	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
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
Bipolar Therapy Agents - Lithium		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 6	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 6	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	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)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	
CNS Stimulant - Amphetamines		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>methamphetamine oral tablet 5 mg</i>	Tier 5	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	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
<i>ramelteon oral tablet 8 mg</i>	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		
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 5	PA; QL (8 ML per 30 days)
Migraine Therapy - Ergot Combinations		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 4	QL (40 EA per 28 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1)		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 4	ST; QL (9 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 3	ST
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 4	ST; QL (9 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL (9 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	QL (12 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	Tier 2	PA; QL (12 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 2	PA; QL (24 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 3	PA; QL (12 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 3	PA; QL (12 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 2	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	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		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	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		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 2	PA
Narcolepsy Therapy Agents-Stimulant-Type,Sympathomimetic,Amphetamines		
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 2	
Sedative-Hypnotic - Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	
Sedative-Hypnotic - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2	QL (30 EA per 30 days)

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
Smoking Deterrents - Nicotine-Type		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	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)
<i>quit 2 buccal gum 2 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>quit 2 buccal lozenge 2 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>quit 4 buccal gum 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>quit 4 buccal lozenge 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2		
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	Tier 1	ACA; QL (60 EA per 30 days); Age (Min 18 Years)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	Tier 1	ACA; QL (60 EA per 30 days); Age (Min 18 Years)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
<i>nebulal inhalation solution for nebulization 3 %</i>	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	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		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 3	
Alzheimer's Disease Therapy - NMDA Receptor Antagonists		
<i>memantine oral solution 2 mg/ml</i>	Tier 4	PA; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 2	QL (49 EA per 365 days)
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid oral tablet 1 mg</i>	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
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 1	ACA; QL (1 ML per 68 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	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		
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>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)</i>	Tier 1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 1	ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA

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

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	Tier 1	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	Tier 1	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	Tier 1	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	Tier 1	ACA
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	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
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>tyblume oral tablet,chewable 0.1 mg- 20 mcg</i>	Tier 1	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	Tier 1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	Tier 1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	Tier 1	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1	ACA
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	Tier 1	ACA
<i>zarah oral tablet 3-0.03 mg</i>	Tier 1	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	Tier 1	ACA
Contraceptive Oral - Progestin		
<i>camila oral tablet 0.35 mg</i>	Tier 1	ACA
<i>deblitane oral tablet 0.35 mg</i>	Tier 1	ACA
<i>errin oral tablet 0.35 mg</i>	Tier 1	ACA
<i>heather oral tablet 0.35 mg</i>	Tier 1	ACA
<i>incassia oral tablet 0.35 mg</i>	Tier 1	ACA
<i>jencycla oral tablet 0.35 mg</i>	Tier 1	ACA
<i>lyleq oral tablet 0.35 mg</i>	Tier 1	ACA
<i>lyza oral tablet 0.35 mg</i>	Tier 1	ACA
<i>nora-be oral tablet 0.35 mg</i>	Tier 1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	ACA
<i>sharobel oral tablet 0.35 mg</i>	Tier 1	ACA
SLYND ORAL TABLET 4 MG (28)	Tier 1	ACA
<i>tulana oral tablet 0.35 mg</i>	Tier 1	ACA
Contraceptive Oral - Quadruphasic		
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 1	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 1	ACA
Contraceptive Oral - Triphasic		
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	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
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	Tier 1	ACA
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb.		
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 1	ACA
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb.		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 1	ACA
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	ACA
Emergency Contraceptives		
<i>after pill oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>aftera oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>econtra ez oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>econtra one-step oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
ELLA ORAL TABLET 30 MG	Tier 1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>my choice oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>my way oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>new day oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>option-2 oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>take action oral tablet 1.5 mg</i>	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		
<i>after pill oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>aftera oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>my choice oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>my way oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>new day oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>option-2 oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>take action oral tablet 1.5 mg</i>	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
<i>vcf contraceptive gel vaginal gel 4 %</i>	Tier 1	OTC; ACA
Dermatological		
Acne Therapy Systemic - Retinoids and Derivatives		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 4	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
Acne Therapy Topical - Anti-infective		
<i>azelaic acid topical gel 15 %</i>	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 4	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 2	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 2	
<i>ery pads topical swab 2 %</i>	Tier 3	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations		
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 3	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 3	
Acne Therapy Topical - Retinoid Combinations Other		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 3	
Acne Therapy Topical - Retinoids and Derivatives		
<i>adapalene topical cream 0.1 %</i>	Tier 3	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	Tier 3	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 3	
<i>adapalene topical lotion 0.1 %</i>	Tier 2	
<i>avita topical gel 0.025 %</i>	Tier 3	QL (135 GM per 90 days)
DIFFERIN TOPICAL LOTION 0.1 %	Tier 2	
<i>effaclar adapalene topical gel 0.1 %</i>	Tier 3	OTC
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	Tier 3	QL (135 GM per 90 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 3	QL (135 GM per 90 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	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) MAbs		
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		
<i>gentamicin topical cream 0.1 %</i>	Tier 2	
<i>gentamicin topical ointment 0.1 %</i>	Tier 2	
Dermatological - Antibacterial Other		

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>micotrin ac topical cream 1 %</i>	Tier 2	OTC
<i>mycozyl ac topical cream 1 %</i>	Tier 2	OTC
<i>oxiconazole topical cream 1 %</i>	Tier 4	PA
<i>ringworm topical cream 1 %</i>	Tier 2	OTC
<i>sulconazole topical cream 1 %</i>	Tier 4	PA; QL (180 GM per 90 days)
<i>sulconazole topical solution 1 %</i>	Tier 4	PA; QL (90 ML per 90 days)
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	QL (270 GM per 90 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 3	QL (180 ML per 90 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	
Dermatological - Antineoplastic Antimetabolites		
<i>fluorouracil topical cream 5 %</i>	Tier 3	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 3	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 4	PA
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 5	PA; SP
Dermatological - Antipsoriatic Agents Topical		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 3	
<i>calcipotriene topical cream 0.005 %</i>	Tier 4	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 3	
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 5	PA
<i>tazarotene topical cream 0.1 %</i>	Tier 5	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	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		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 2	
Dermatological - Antiviral, Herpes		
<i>acyclovir topical ointment 5 %</i>	Tier 3	PA
Dermatological - Burn Products Anti-infective		
<i>silver sulfadiazine topical cream 1 %</i>	Tier 2	
<i>ssd topical cream 1 %</i>	Tier 2	
SULFAMYLLON TOPICAL CREAM 85 MG/G	Tier 3	QL (170.1 GM per 90 days)
Dermatological - Calcineurin Inhibitors		
<i>pimecrolimus topical cream 1 %</i>	Tier 4	PA; QL (300 GM per 90 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 4	
Dermatological - Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 2	OTC
<i>ammonium lactate topical lotion 12 %</i>	Tier 2	OTC
<i>skin treatment topical lotion 12 %</i>	Tier 2	OTC
Dermatological - Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	
Dermatological - Glucocorticoid		
<i>ala-cort topical cream 1 %</i>	Tier 2	QL (360 GM per 90 days)
<i>alclometasone topical cream 0.05 %</i>	Tier 2	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	
<i>anti-itch (hc) topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	QL (270 GM per 90 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	QL (360 ML per 90 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	QL (270 GM per 90 days)
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	QL (270 GM per 90 days)
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 3	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	QL (360 ML per 90 days)

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

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>cortizone-10 with aloe topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
Dermatological - Immunomodulator - Imidazoquinolinamines		
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	QL (36 EA per 84 days)
Dermatological - Keratolytic-Antimitotic Single Agents		
<i>podofilox topical solution 0.5 %</i>	Tier 2	
Dermatological - Local Anesthetic Combinations		
<i>anodyne lpt topical kit 2.5-2.5 %</i>	Tier 2	QL (90 EA per 90 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	QL (90 GM per 90 days)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Tier 2	QL (90 EA per 90 days)
Dermatological - NSAID Single Agents		
<i>arthritis pain (diclofenac) topical gel 1 %</i>	Tier 2	OTC
<i>diclofenac sodium topical gel 1 %</i>	Tier 2	OTC
Dermatological - Rosacea Therapy, Topical		
<i>metronidazole topical cream 0.75 %</i>	Tier 2	
<i>metronidazole topical gel 0.75 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i>	Tier 3	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 5	PA
<i>rosadan topical cream 0.75 %</i>	Tier 2	
Dermatological - Topical Local Anesthetic Amides		
<i>glydo mucous membrane jelly in applicator 2 %</i>	Tier 2	QL (270 ML per 90 days)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 2	QL (270 ML per 90 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 2	QL (270 ML per 90 days)
<i>lidocaine hcl topical cream 3 %</i>	Tier 2	QL (255 GM per 90 days)
<i>lidocaine hcl topical lotion 3 %</i>	Tier 2	QL (300 ML per 90 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 2	PA
Dermatological Antipruritics - Antihistamines		
<i>doxepin topical cream 5 %</i>	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
<i>ivermectin topical lotion 0.5 %</i>	Tier 4	PA; OTC
<i>lindane topical shampoo 1 %</i>	Tier 3	
<i>malathion topical lotion 0.5 %</i>	Tier 3	
<i>permethrin topical cream 5 %</i>	Tier 2	
<i>spinosad topical suspension 0.9 %</i>	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		
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	PA; QL (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
Eating Disorder Therapy		
Appetite Stimulants - Progestin Hormone Type		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Ion Exchange Resin		
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	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
<i>sodium bicarbonate intravenous solution 4.2 %</i>	Tier 5	
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml)</i>	Tier 5	
Minerals and Electrolytes - Calcium Replacement		
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml</i>	Tier 5	
Minerals and Electrolytes - Iron		
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	ACA; Age (Max 1 Years)
<i>pedia iron oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	ACA; Age (Max 1 Years)
<i>pediatric fe-vite oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	ACA; Age (Max 1 Years)
Minerals and Electrolytes - Magnesium		
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	Tier 2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)</i>	Tier 2	
Minerals and Electrolytes - Potassium for Injection		
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	Tier 2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 2	
Minerals and Electrolytes - Potassium, Oral		
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	Tier 2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	Tier 2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	Tier 2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2	
<i>potassium chloride oral packet 20 meq</i>	Tier 3	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 2	
Minerals and Electrolytes - Zinc		
<i>zinc sulfate intravenous solution 1 mg/ml</i>	Tier 3	
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation		
<i>ga powder oral powder 15.1-500 g-kcal/100 g</i>	Tier 3	PA
Nutritional Product - Isovaleric Acidemia Specific Formulation		
<i>lmd powder oral powder 16.2 gram-500 kcal/100 gram</i>	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		
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	Tier 2	
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	
<i>multivitamin with fluoride oral tablet,chewable 0.5 mg</i>	Tier 2	
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg</i>	Tier 2	
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	
<i>quflora pediatric drops oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 2	
<i>quflora pediatric oral tablet,chewable 0.25mg fluoride (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i>	Tier 2	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 2	
<i>tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 2	
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 2	
Sodium Chloride, Parenteral		
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Vitamins - B-12, Cyanocobalamin and derivatives		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 2	
<i>dodex injection solution 1,000 mcg/ml</i>	Tier 2	
Vitamins - B-3, Niacin and Derivatives		
<i>niacin (inositol niacinate) oral tablet 500 mg</i>	Tier 2	
Vitamins - B-6, Pyridoxine and Derivatives		
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	Tier 2	
<i>vitamin b-6 oral tablet 25 mg, 50 mg</i>	Tier 2	
Vitamins - D Derivatives		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>optimal d3 oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>weekly-d oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
Vitamins - Folic Acid and Derivatives		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Tier 1	ACA; QL (30 EA per 30 days)
Vitamins - K, Phytonadione and Derivatives		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	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		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	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)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	PA
<i>testosterone transdermal gel in metered- dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 3	PA
<i>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)</i>	Tier 3	PA
Antidiuretic and Vasopressor Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 5	PA
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 3	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	
<i>vasopressin intravenous solution 20 unit/ml</i>	Tier 5	

Nombre Del Medicamento	Nivel	Requisitos/Limites
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	Tier 5	
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>miglitol oral tablet 25 mg, 50 mg</i>	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		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	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		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 6	
Antihyperglycemic - Sulfonylurea Derivatives		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 6	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 6	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 6	
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	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		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil oral tablet 50 mg</i>	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		
<i>alendronate oral tablet 10 mg</i>	Tier 6	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 6	QL (4 EA per 28 days)
<i>alendronate oral tablet 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>ibandronate oral tablet 150 mg</i>	Tier 2	QL (1 EA per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	Tier 2	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	Tier 2	
<i>risedronate oral tablet 150 mg</i>	Tier 2	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	Tier 4	SP
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 5	PA; SP
Calcitonins		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 5	PA
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	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		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	ACA; QL (28 EA per 28 days)
<i>jinteli oral tablet 1-5 mg-mcg</i>	Tier 1	ACA; QL (28 EA per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	Tier 2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	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
<i>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</i>	Tier 2	QL (8 EA per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	QL (4 EA per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 4	
<i>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</i>	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)		
<i>clomiphene citrate oral tablet 50 mg</i>	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	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 6	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<i>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)</i>	Tier 2	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 4	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 6	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2	
Gonadotropin Inhibitor Pituitary Suppressants		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	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 FLEXP 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 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	OTC
Insulin Analogs - Long Acting		
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Tier 3	
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	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 INSULIN 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		
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 6	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 6	

Nombre Del Medicamento	Nivel	Requisitos/Limites
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	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		
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 5	PA
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	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		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
Oxytocic - Ergot Alkaloids		
<i>methylergonovine oral tablet 0.2 mg</i>	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		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 2	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	
RANK ligand (RANKL) inhibitor, MC Antibody		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 5	PA; SP
Selective Estrogen Receptor Modulators (SERMs)		
<i>raloxifene oral tablet 60 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA
Somatostatic Agents		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	Tier 5	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 3	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	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	
<i>np thyroid oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 3	
<i>np thyroid oral tablet 15 mg</i>	Tier 2	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 2	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	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	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	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		
<i>loperamide oral capsule 2 mg</i>	Tier 2	
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 4	PA
Antidiarrheal GI Adsorbent-Intestinal Flora Modifiers Combinations		
<i>risaquad-2 oral capsule 16 billion cell</i>	Tier 3	
Antiemetic - Anticholinergics		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 2	QL (10 EA per 30 days)
Antiemetic - Antihistamines		
<i>dramamine (meclizine) oral tablet 25 mg</i>	Tier 2	OTC
<i>dramamine less drowsy oral tablet 25 mg</i>	Tier 2	OTC
<i>meclizine oral tablet 12.5 mg</i>	Tier 2	OTC
<i>meclizine oral tablet 25 mg</i>	Tier 2	
<i>medi-meclizine oral tablet 25 mg</i>	Tier 2	OTC
<i>motion sickness (meclizine) oral tablet 25 mg</i>	Tier 2	OTC
<i>motion sickness relief(mecliz) oral tablet 25 mg</i>	Tier 2	OTC
<i>travel-ease (meclizine) oral tablet 25 mg</i>	Tier 2	OTC
<i>verticalm oral tablet 25 mg</i>	Tier 2	OTC
<i>wal-dram 2 oral tablet 25 mg</i>	Tier 2	OTC
Antiemetic - Cannabinoid Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 3	QL (60 EA per 30 days)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 2	
Antiemetic - Phenothiazines		
<i>compro rectal suppository 25 mg</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 2	
<i>promethazine rectal suppository 50 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>promethegan rectal suppository 25 mg</i>	Tier 2	QL (12 EA per 30 days)
Antiemetic - Selective Serotonin 5-HT3 Antagonists		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 4	QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2	QL (800 ML per 84 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	QL (72 EA per 84 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 2	QL (72 EA per 84 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	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)		
<i>enulose oral solution 10 gram/15 ml</i>	Tier 2	
<i>generlac oral solution 10 gram/15 ml</i>	Tier 2	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	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
<i>ursodiol oral capsule 300 mg</i>	Tier 4	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 3	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists		
<i>acid controller oral tablet 20 mg</i>	Tier 2	OTC
<i>acid reducer (cimetidine) oral tablet 200 mg</i>	Tier 2	OTC
<i>acid reducer (famotidine) oral tablet 20 mg</i>	Tier 2	OTC
<i>acid-pep oral tablet 20 mg</i>	Tier 2	OTC
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 2	
<i>famotidine intravenous solution 10 mg/ml</i>	Tier 2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>heartburn prevention oral tablet 20 mg</i>	Tier 2	OTC
<i>heartburn relief (cimetidine) oral tablet 200 mg</i>	Tier 2	OTC
<i>heartburn relief (famotidine) oral tablet 20 mg</i>	Tier 2	OTC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 3	
<i>zantac-360 (famotidine) oral tablet 20 mg</i>	Tier 2	OTC
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs)		
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Tier 4	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 6	QL (60 EA per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Tier 2	QL (30 EA per 30 days)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 2	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 2	
GI Antispasmodic - Belladonna Alkaloids		
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 3	
<i>oscimin oral tablet 0.125 mg</i>	Tier 2	
<i>oscimin sl sublingual tablet 0.125 mg</i>	Tier 2	
GI Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate oral tablet 2 mg</i>	Tier 2	
GI Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 5	
IBS Agent - Gastrointestinal Chloride Channel Activator Agents		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	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		
<i>balsalazide oral capsule 750 mg</i>	Tier 2	
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	PA
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 4	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	Tier 4	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 3	QL (1680 ML per 28 days)
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 5	PA
<i>sulfasalazine oral tablet 500 mg</i>	Tier 2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	Tier 2	
Inflammatory Bowel Agent - Glucocorticoids		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	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	
<i>L.acidophilus-bifido.longum oral capsule,delayed release(dr/ec) 15 mg (1 billion cell)</i>	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	
<i>probiotic (b. coagulans) oral capsule, delayed release(dr/ec) 10 billion cell</i>	Tier 3	
PROBIOTIC BLEND ORAL CAPSULE 2 BILLION CELL-50 MG	Tier 3	
<i>probiotic colon care oral capsule 1.5 billion cell</i>	Tier 3	
<i>probiotic colon support oral capsule 1.5 billion cell</i>	Tier 3	
<i>probiotic complex oral capsule 25 billion cell -100 mg</i>	Tier 3	
<i>probiotic oral capsule 100 billion cell, 20 billion cell, 3 billion cell</i>	Tier 3	
<i>probiotic pearls oral capsule, delayed release(dr/ec) 15 mg (1 billion cell)</i>	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	
<i>risaquad oral capsule 8 billion cell</i>	Tier 3	
<i>senior probiotic oral capsule 15 billion cell</i>	Tier 3	
<i>visbiome oral capsule 112.5 billion cell</i>	Tier 3	
ZELAC ORAL CAPSULE 15.5 BILLION CELL	Tier 3	
Irritable Bowel Syndrome (IBS)		
Agents		
<i>alosectron oral tablet 0.5 mg, 1 mg</i>	Tier 5	PA
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 4	QL (60 EA per 30 days)
Laxative - Saline and Osmotic		
<i>constulose oral solution 10 gram/15 ml</i>	Tier 2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	Tier 4	PA
<i>lactulose oral packet 10 gram</i>	Tier 4	PA

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	Tier 2	
Laxative - Saline/Osmotic Mixtures		
<i>gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram</i>	Tier 1	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram</i>	Tier 1	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 3	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 2	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	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		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 4	PA
<i>sucralfate oral tablet 1 gram</i>	Tier 2	
Genitourinary Therapy		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	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		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	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		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 5	PA
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 5	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 3	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	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		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 3	PA
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 2	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride oral tablet 5 mg</i>	Tier 2	
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 2	
Urinary Alkalinizer - Citrates		
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	Tier 2	
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	Tier 2	
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	Tier 3	
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	Tier 2	

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 3	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 3	ST
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 3	ST
<i>tropium oral tablet 20 mg</i>	Tier 3	ST
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
Gout and Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
<i>colchicine oral capsule 0.6 mg</i>	Tier 3	
<i>colchicine oral tablet 0.6 mg</i>	Tier 3	
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	
Hyperuricemia Therapy - Uricosurics		
<i>probenecid oral tablet 500 mg</i>	Tier 2	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 6	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 3	ST
Hematological Agents		
Anticoagulants - Coumarin		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 6	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	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		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	QL (90 EA per 30 days)
Hemostatic Systemic - Antifibrinolytic Agents		
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 5	PA
<i>tranexamic acid oral tablet 650 mg</i>	Tier 4	
Heparins		
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 2	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 2	
Indirect Factor Xa Inhibitors		

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>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</i>	Tier 5	PA
Low Molecular Weight Heparins		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	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		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	QL (60 EA per 30 days)
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib		
<i>eptifibatide intravenous solution 2 mg/ml</i>	Tier 3	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	
Platelet Aggregation Inhibitors - Quinazoline Agents		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 2	
Platelet Aggregation Inhibitors - Salicylates		
<i>adult low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspirin childrens oral tablet, chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
Platelet Aggregation Inhibitors - Thienopyridine Agents		
<i>clopidogrel oral tablet 300 mg</i>	Tier 2	
<i>clopidogrel oral tablet 75 mg</i>	Tier 6	QL (30 EA per 30 days)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 3	QL (30 EA per 30 days)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	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		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>engraf oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>engraf oral solution 100 mg/ml</i>	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 5	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>metaxalone oral tablet 800 mg</i>	Tier 3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 2	QL (90 EA per 30 days)
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 3	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 3	
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb.		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	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
READYLANCCE 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 INSULIN 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 SAFEPAK-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 SAFEPAK-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
READYLANC 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
RIGHTTEST 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 SAFEPAK-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 SAFEPAK-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		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 5	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 4	PA
Metabolic Modifier - Homocystinuria Treatment Agents		
<i>betaine oral powder 1 gram/scoop</i>	Tier 5	PA; SP
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	Tier 5	PA; SP
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 1	ACA; Age (Max 6 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	ACA; Age (Max 6 Years)

Nombre Del Medicamento	Nivel	Requisitos/Limites
Mouth and Throat - Antifungals		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
Mouth and Throat - Antiseptics		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	Tier 2	
<i>periogard mucous membrane mouthwash 0.12 %</i>	Tier 2	
Mouth and Throat - Glucocorticoids		
<i>oralone dental paste 0.1 %</i>	Tier 2	
<i>triamcinolone acetanide dental paste 0.1 %</i>	Tier 2	
Mouth and Throat - Local Anesthetic Amides		
<i>lidocaine hcl mucous membrane solution 2 %</i>	Tier 2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 2	QL (300 ML per 90 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	Tier 2	
Mouth and Throat - Saliva Stimulants		
<i>cevimeline oral capsule 30 mg</i>	Tier 3	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 3	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	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		
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 5	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 5	PA; SP
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 5	PA; SP
Multiple Sclerosis Agent - Potassium Channel Blocker		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	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		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 5	PA; SP
Ophthalmic Agents		
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 4	
Miotics - Direct Acting		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	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	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	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
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 4	QL (3.5 GM per 30 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 5	PA
Ophthalmic - Anticholinergics		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 2	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	
Ophthalmic - Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (6 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	

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

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

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
Ophthalmic Antibiotic - Macrolides		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	PA
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
Ophthalmic Antibiotic - Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	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		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 3	PA
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	PA
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	Tier 3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 6	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 3	QL (5 ML per 30 days)
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 6	QL (7.5 ML per 30 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 6	QL (5 ML per 30 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 4	ST; QL (7.5 ML per 30 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	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
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	PA
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
Otic (Ear) - Anti-infectives other		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
Otic (Ear) - Fluoroquinolones		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 3	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
Otic (Ear) - Glucocorticoids		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 2	
Respiratory Therapy Agents		
1st Generation Antihistamine-Decongestant Combinations		
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	Tier 2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 2	
Antihistamine - 1st Generation - Ethanolamines		
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	Tier 2	OTC
<i>allergy oral liquid 12.5 mg/5 ml</i>	Tier 2	OTC
<i>allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml</i>	Tier 2	OTC

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

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

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i>	Tier 2	OTC; QL (300 ML per 30 days)
<i>desloratadine oral tablet 5 mg</i>	Tier 2	
<i>fexofenadine oral tablet 180 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>fexofenadine oral tablet 60 mg</i>	Tier 2	OTC; QL (60 EA per 30 days)
<i>levocetirizine oral tablet 5 mg</i>	Tier 2	
<i>loradamed oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>loratadine oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>wal-fex allergy oral tablet 180 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>wal-fex allergy oral tablet 60 mg</i>	Tier 2	OTC; QL (60 EA per 30 days)
<i>wal-itin oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>	Tier 2	OTC; QL (300 ML per 30 days)
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
Antihistamines - 2nd Generation - Piperazines		
<i>allergy relief (cetirizine) oral tablet 5 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
Antihistamines - 2nd Generation - Piperidines		
<i>allerclear oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
Antitussives - Non-Opioid		
<i>benzonatate oral capsule 100 mg</i>	Tier 2	
Asthma Therapy - 5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	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 REDHALER 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		
<i>montelukast oral granules in packet 4 mg</i>	Tier 2	
<i>montelukast oral tablet 10 mg</i>	Tier 2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 2	
Asthma Therapy - Xanthines		
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 3	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 3	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	Tier 3	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 3	
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors		
<i>roflumilast oral tablet 500 mcg</i>	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)
<i>ipratropium bromide inhalation solution 0.02 %</i>	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		
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	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		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 2	QL: 2 INHALERS IN 30 DAYS
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 2	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 2	ST
Asthma/COPD Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>terbutaline subcutaneous solution 1 mg/ml</i>	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)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	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		
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 5	PA; SP

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	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		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA; SP
Nasal Anticholinergics		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	Tier 2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Tier 2	QL (15 ML per 30 days)
Nasal Antihistamine and Anti-inflammatory Steroid Combinations		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 3	PA
Nasal Antihistamines		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 2	
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 2	QL (31 GM per 30 days)
Nasal Corticosteroids		
<i>24 hour allergy relief nasal spray,suspension 50 mcg/actuation</i>	Tier 2	OTC
<i>24 hour nasal allergy nasal aerosol,spray 55 mcg</i>	Tier 2	OTC
<i>aller-cort nasal aerosol,spray 55 mcg</i>	Tier 2	OTC
<i>aller-flo nasal spray,suspension 50 mcg/actuation</i>	Tier 2	OTC
<i>allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation</i>	Tier 2	OTC
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	Tier 4	ST

Nombre Del Medicamento	Nivel	Requisitos/Limites
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	Tier 2	OTC; QL (8.43 ML per 30 days)
<i>clarispray nasal spray,suspension 50 mcg/actuation</i>	Tier 2	OTC
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 2	QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 2	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 3	ST
<i>nasal allergy nasal aerosol,spray 55 mcg</i>	Tier 2	OTC
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 4	ST
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	Tier 2	OTC
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations		
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i>	Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 2	
Non-Opioid Antitussive-Antihistamine Combinations		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 2	
Non-Opioid Antitussive-Expectorant Combinations		
<i>adult wal-tussin dm max oral liquid 10-200 mg/5 ml</i>	Tier 4	OTC
<i>diabetic siltussin-dm max str oral liquid 10-200 mg/5 ml</i>	Tier 4	OTC
<i>diabetic tussin dm oral liquid 10-200 mg/5 ml</i>	Tier 4	OTC
<i>maxi-tuss gmx oral liquid 10-200 mg/5 ml</i>	Tier 4	OTC
<i>tussin dm max oral liquid 10-200 mg/5 ml</i>	Tier 4	OTC
Opioid Antitussive-1st Generation Antihistamine Combinations		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 4	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	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.		
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 2	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 2	
Opioid Antitussive-Anticholinergic Combinations		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 2	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	Tier 2	
Opioid Antitussive-Expectorant Combinations		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<i>guaiaatussin ac oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
ESBRIET ORAL CAPSULE 267 MG	Tier 5	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 5	PA; SP
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	
Vaginal Antifungal - Imidazoles		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
Vaginal Antifungal - Triazoles		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 2	
Vaginal Estrogens		

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

Index of Drugs

1		
1ST TIER UNIFINE		
PENTIPS	125	
1ST TIER UNIFINE		
PENTIPS PLUS	126	
1ST TIER UNILET		
COMFORTOUCH	120	
2		
24 hour allergy relief	168	
24 hour nasal allergy	168	
24hour allergy	163	
24hr allergy relief	163	
A		
abacavir	18	
abacavir-lamivudine	19	
ABILIFY MAINTENA	61	
abiraterone	27	
ABOUTTIME PEN NEEDLE		
.....	126, 140	
acamprosate	66	
acarbose	92	
ACCU-CHEK FASTCLIX		
LANCET DRUM... 120, 140		
ACCU-CHEK SAFE-T-PRO		
.....	120	
ACCU-CHEK SAFE-T-PRO		
PLUS	120, 140	
ACCU-CHEK SOFTCLIX		
LANCETS	120	
accutane	77	
acebutolol	46	
acetaminophen-codeine	5	
acetazolamide	48	
acetic acid	161	
acetylcysteine	168	
acid controller	105	
acid reducer (cimetidine). 105		
acid reducer (famotidine). 105		
ACIDOPHILUS PROBIOTIC		
BLEND	109	
acid-pep	105	
acitretin	81	
ACTEMRA	9	
ACTEMRA ACTPEN	9	
ACTHIB (PF)	36	
ACTI-LANCE LANCETS . 120		
ACTIMMUNE	16	
acyclovir	22, 82	
ADACEL(TDAP		
ADOLESN/ADULT)(PF). 35		
adapalene	78	
adapalene-benzoyl peroxide		
.....	78	
ADDERALL XR	61, 63	
adefovir	21	
ADEMPAS	50	
adrucil	27	
adult 50 plus probiotic 109		
adult aspirin regimen	11	
adult low dose aspirin 12, 116		
adult wal-tussin dm max.. 169		
ADVAIR DISKUS	167	
ADVAIR HFA	167	
ADVANCED TRAVEL		
LANCETS	120, 140	
ADVOCATE LANCET 120		
ADVOCATE PEN NEEDLE		
.....	126, 140	
ADVOCATE SYRINGES 126,		
140		
AEROCHAMBER PLUS		
FLOW-VU	140	
AEROCHAMBER PLUS		
FLOW-VU,L MSK	140	
AEROCHAMBER PLUS		
FLOW-VU,M MSK	140	
AEROCHAMBER PLUS		
FLOW-VU,S MSK	140	
afirmelle	70	
AFLURIA QD 2022-23(3YR		
UP)(PF)	38	
AFLURIA QUAD 2022-		
2023(6MO UP)	38	
after pill	76, 77	
aftera	76, 77	
AIMOVIG AUTOINJECTOR		
.....	64	
ak-poly-bac	159	
AKYNZEO (NETUPITANT)		
.....	104	
ala-cort	82	
albendazole	14	
albuterol sulfate	166	
alcaine	158	
alclometasone	82	
ALCOHOL PADS	32	
ALCOHOL PREP PADS 33		
ALCOHOL SWABS	33	
ALCOHOL WIPES	33	
alendronate	95	
alfuzosin	112	
ALINIA	16	
aliskiren	50	
all day allergy (cetirizine). 163		
allerclear	163, 164	
aller-cort	168	
aller-ease	163	
aller-fex	163	
aller-flo	168	
allergy	161, 163	

allergy (diphenhydramine)	amlodipine-atorvastatin	asenapine maleate
..... 161, 163	amlodipine-benazepril	ashlyna..... 69
allergy relief (cetirizine) .. 163,	amlodipine-olmesartan	ASMANEX HFA..... 164
164	amlodipine-valsartan	ASMANEX TWISTHALER
allergy relief (fexofenadine)	amlodipine-valsartan-	 165
..... 163	hctiazid	aspirin..... 12
allergy relief (fluticasone) 168	ammonium lactate	aspirin childrens
allergy relief (levocetirizin)	 82	 12, 116
..... 163	amnestem	aspirin-dipyridamole
allergy relief (loratadine).. 163	 77	 116
allergy relief(diphenhydramin)	amoxapine..... 57	aspir-trin
..... 161	amoxicil-clarithromy-	 12, 117
aller-tec	lansopraz	ASSURE HAEMOLANCE
..... 163	 106	PLUS
allopurinol..... 114	amoxicillin..... 14	 121
almotriptan malate..... 64	amoxicillin-pot clavulanate 14	ASSURE ID INSULIN
ALOCRIL..... 159	ampicillin	SAFETY..... 126, 140
ALOMIDE..... 159	 14	ASSURE ID PEN NEEDLE
alose tron	anagrelide	 126
..... 110	 116	ASSURE LANCE..... 121
alprazolam..... 51	anastrozole..... 28	ASSURE LANCE PLUS .. 121
ALTABAX..... 80	ANNOVERA	 121
altacaine..... 158	 76	atazanavir..... 24
altavera (28)	anodyne lpt..... 85	atenolol..... 45
..... 70	ANORO ELLIPTA..... 167	atenolol-chlorthalidone
ALTERNATE SITE LANCET	antifungal (clotrimazole) 80	 47
..... 120, 140	antifungal ringworm	athlete's foot (clotrimazole) 80
alyacen 1/35 (28)	 80	athletic foot cream
..... 70	anti-itch (hc)	 80
alyacen 7/7/7 (28)	anti-itch(hydrocortisone)-aloe	atomoxetine..... 62
..... 74	 84	atorvastatin..... 44
alyq	APADAZ..... 5	atovaquone
..... 50	APIDRA SOLOSTAR U-100	 16
amabelz	INSULIN	atovaquone-proguanil..... 16
..... 95	 99	atracurium
amantadine hcl..... 58	APIDRA U-100 INSULIN ... 99	 118
ambrisentan	APOKYN	atropine
..... 50	 58	 156
amethia	apomorphine	ATROVENT HFA..... 166
..... 69	 58	AUBAGIO..... 155
amethyst (28)	apraclonidine	aubra
..... 70	 160	 70
amikacin	aprepitant	aubra eq
..... 13	 104	 70
amiloride..... 49	apri	aurovela 1.5/30 (21)
amiloride-hydrochlorothiazide	APTiom	 70
..... 49	 53	aurovela 1/20 (21)
aminocaproic acid	APTIVUS..... 24	 70
..... 115	aranelle (28)	aurovela 24 fe
amiodarone	 75	 70
..... 43	ARCALYST	aurovela fe 1.5/30 (28)
amitriptyline	 6	 70
..... 57	aripiprazole..... 62	aurovela fe 1-20 (28)
amitriptyline-chlordiazepoxide	armodafinil..... 65	 70
..... 57	ARMOUR THYROID	AUVI-Q..... 48
amlodipine..... 47	 102	aviane..... 70
	ARNUIITY ELLIPTA	avita..... 78
	 164	AVONEX
	arthritis pain (diclofenac) ... 85	 154
		ayuna
		 70

AZASITE 160
azathioprine..... 118
azelaic acid 77
azelastine 156, 168
azelastine-fluticasone..... 168
azithromycin 23
azurette (28)..... 69
B
BACICAP 109
bacitracin..... 24, 159
bacitracin-polymyxin b..... 159
baclofen 118
BALCOLTRA..... 70
balsalazide 107
balziva (28)..... 70
BAQSIMI 90
BAXDELA..... 21
bayer aspirin..... 12
bayer low dose aspirin 12
BD ALCOHOL SWABS 33
BD AUTOSHIELD DUO PEN
NEEDLE 126, 140
BD ECLIPSE LUER-LOK 126,
140
BD INSULIN SYRINGE.. 126,
141
BD INSULIN SYRINGE
(HALF UNIT)..... 126
BD INSULIN SYRINGE
MICRO-FINE 126, 140
BD INSULIN SYRINGE
SAFETY-LOK 126, 141
BD INSULIN SYRINGE SLIP
TIP 126, 141
BD INSULIN SYRINGE U-
500 126, 141
BD INSULIN SYRINGE
ULTRA-FINE 127
BD LO-DOSE MICRO-FINE
IV 127, 141
BD LO-DOSE ULTRA-FINE
..... 127, 141

BD MICROTAINER LANCET
..... 121, 141
BD NANO 2ND GEN PEN
NEEDLE 127
BD SAFETYGLIDE INSULIN
SYRINGE 127, 141
BD SAFETYGLIDE
SYRINGE 127, 141
BD ULTRA FINE LANCETS
..... 121, 141
BD ULTRA-FINE II
LANCETS 121
BD ULTRA-FINE MICRO
PEN NEEDLE..... 127, 141
BD ULTRA-FINE MINI PEN
NEEDLE 127
BD ULTRA-FINE NANO PEN
NEEDLE 127
BD ULTRA-FINE ORIG PEN
NEEDLE 127
BD ULTRA-FINE SHORT
PEN NEEDLE..... 127
BD VEO INSULIN SYR
(HALF UNIT)..... 127
BD VEO INSULIN SYRINGE
UF..... 127
BECONASE AQ 168
benazepril..... 39
benazepril-
hydrochlorothiazide 39
benzhydrocodone-
acetaminophen 5
benzonatate 164
benztropine 58
bepotastine besilate 156
BESIVANCE..... 159
betaine 153
betamethasone dipropionate
..... 82
betamethasone valerate... 82,
83

betamethasone, augmented
..... 83
BETASERON 154, 155
betaxolol..... 45, 158
bethanechol chloride 114
BETOPTIC S 158
bexarotene 32
BEXSERO 36
bicalutamide 27
BIKTARVY 19
bimatoprost 160
bisoprolol fumarate..... 45
bisoprolol-
hydrochlorothiazide..... 47
BLEPHAMIDE S.O.P..... 156
blisovi 24 fe 70
blisovi fe 1.5/30 (28) 70
blisovi fe 1/20 (28) 70
BOOSTRIX TDAP 35
bosentan 50
BOSULIF 31
BREO ELLIPTA..... 167
BREZTRI AEROSPHERE 167
briellyn..... 70
BRILINTA 116
brimonidine..... 160
brimonidine-timolol 158
brinzolamide 158
BRIVIACT 54
bromfed dm 169
bromfenac 157
bromocriptine 58
brompheniramine-
pseudoeph-dm..... 169
budesonide..... 107, 165, 169
BULLSEYE MINI SAFETY
LANCETS 121
bumetanide 48
bupivacaine (pf)..... 12
bupivacaine hcl..... 12
BUPRENEX 6
buprenorphine 6

buprenorphine hcl 6, 66
 buprenorphine-naloxone ... 66
 bupropion hcl..... 57
 bupropion hcl (smoking
 deter) 66
 buspirone 51
 busulfan 26
 butalbital-acetaminop-caf-cod
 5
 butalbital-acetaminophen-caff
 6
 butalbital-aspirin-caffeine .. 11
 butenafine 80
 BUTTERFLY TOUCH
 LANCET 121, 141
 BYDUREON BCISE 92
 BYETTA 92
C
 cabergoline..... 101
 calcipotriene 81
 calcipotriene-betamethasone
 78
 calcitonin (salmon) 95
 calcitriol 81, 90
 calcium acetate(phosphat
 bind) 112
 calcium gluc in nacl, iso-osm
 87
 CAMCEVI (6 MONTH) 29
 camila..... 74
 camrese 69
 camrese lo..... 69
 candesartan 41
 candesartan-
 hydrochlorothiazid 40
 capecitabine 27
 CAPRELSA 31
 captopril 39
 carbamazepine..... 53
 carbidopa 58
 carbidopa-levodopa..... 58

carbidopa-levodopa-
 entacapone 57
 carbinoxamine maleate .. 162,
 163
 carboplatin..... 30
 CAREFINE PEN NEEDLE
 127, 141
 CAREONE THIN LANCET
 121, 141
 CAREONE ULTRA THIN
 LANCET 121
 CARESENS LANCETS .. 121,
 141
 CARETOUCH ALCOHOL
 PREP PAD 33
 CARETOUCH INSULIN
 SYRINGE 128, 141
 CARETOUCH PEN NEEDLE
 128, 142
 CARETOUCH SAFETY
 LANCETS 121, 142
 CARETOUCH TWIST
 LANCET 121, 142
 carisoprodol..... 118
 carisoprodol-aspirin-codeine
 119
 carmustine..... 26
 carteolol..... 158
 cartia xt..... 46
 carvedilol 40
 CAYA CONTOURED 120,
 142
 caziant (28) 75
 cefaclor..... 20
 cefadroxil..... 20
 cefdinir..... 20
 cefixime 20
 cefpodoxime 20
 cefprozil..... 20
 ceftriaxone..... 20
 cefuroxime axetil 20
 celecoxib 10

CELONTIN 54
 cephalixin 20
 cetirizine 163
 cevimeline 154
 charlotte 24 fe 70
 chateal (28) 70
 chateal eq (28) 70
 CHEMET 13
 CHEMSTRIP 9 86, 142
 child allergy relf(cetirizine)
 163
 children's allergy (diphenhyd)
 162
 children's allergy(cetirizine)
 163
 children's aspirin..... 12
 children's cetirizine 163
 children's diphenhydramine
 162
 children's ibuprofen 11
 children's profen ib 11
 children's wal-dryl allergy 162
 children's wal-zyr..... 163
 child's all day allergy(cetir)
 164
 chlordiazepoxide hcl..... 51
 chlorhexidine gluconate... 154
 chloroquine phosphate 16
 chlorpromazine..... 60
 chlorthalidone 49
 chlorzoxazone 118
 cholecalciferol (vitamin d3) 90
 cholestyramine (with sugar)
 43
 cholestyramine light..... 43
 CHORIONIC
 GONADOTROPIN,
 HUMAN 98
 ciclopirox 80
 cilostazol 116
 CILOXAN 159
 cimetidine 105

cimetidine hcl	105	clotrimazole-betamethasone	81	COSENTYX (2 SYRINGES)	79
CIMZIA	7, 8, 108	clozapine	59	COSENTYX PEN	79
CIMZIA POWDER FOR RECONST	7, 8, 108	COAGUCHEK LANCETS	121, 142	COSENTYX PEN (2 PENS)	79
CIMZIA STARTER KIT ...	7, 8, 108	COARTEM	16	CRESEMBA	15
cinacalcet	95	codeine sulfate	3	CRINONE	96, 171
CIPRO	21	codeine-guaifenesin	170	cromolyn	30, 159
CIPRO HC	161	colchicine	114	CROTAN	86
ciprofloxacin	21	colesevelam	43	cryselle (28)	70
ciprofloxacin hcl. 21, 159, 161		colestipol	43	CURITY ALCOHOL SWABS	33
ciprofloxacin-dexamethasone	161	COLOR LANCETS..	121, 142	cyanocobalamin (vitamin b-12)	90
cisplatin	30	COMBIVENT RESPIMAT	167	cyclobenzaprine	118
citalopram	55	COMFORT EZ INSULIN SYRINGE	128, 142	cyclophosphamide	26
claravis	77	COMFORT EZ LANCETS	121	CYCLOSET	92
clarispray	169	COMFORT EZ PEN NEEDLES	128, 142	cyclosporine	9, 117
clarithromycin	23	COMFORT LANCETS....	121	cyclosporine modified.....	117
clemastine	162, 163	COMFORT TOUCH PEN NEEDLE	128, 142	cyproheptadine	162
CLEOCIN	170	COMFORT TOUCH PLUS SAFETY LANC ...	121, 142	cyred	70
CLEVER CHEK LANCETS	121	COMFORT TOUCH ULT THIN LANCETS...	121, 142	cyred eq	70
CLICKFINE PEN NEEDLE	128	COMIRNATY TRIS VACCINE(PF).....	37	CYSTADANE	153
clindamycin hcl	23	COMPLERA	19	CYSTAGON	111
clindamycin pediatric	23	compro	103	cytarabine	27
clindamycin phosphate.....	77, 78, 170	CONCERTA	61	cytarabine (pf)	27
clindamycin-benzoyl peroxide	78	CONSENSI	46	CYTOMEL	102
clobazam	52	constulose	110	cytra-2	112
clobetasol	83	CORLANOR	49	cytra-3	112
clomiphene citrate	96	cortaid	83	cytra-k	112
clomipramine	57	cortisone (hydrocortisone). 83		D	
clonazepam	51	cortisone with aloe	84	dacarbazine	26
clonidine	48	CORTISPORIN-TC	161	dalfampridine	155
clonidine hcl	48, 61	cortizone-10	83	danazol	97
clopidogrel	117	cortizone-10 plus	83	dantrolene	119
clorazepate dipotassium ...	51	cortizone-10 with aloe	85	dapsone	16
clotrimazole	80, 154	COSENTYX	79	DAPTACEL (DTAP PEDIATRIC) (PF)	35
clotrimazole af	80			darifenacin	113
				dasetta 1/35 (28)	70
				dasetta 7/7/7 (28)	75
				daysee	69

deblitane	74	DEXCOM G6 SENSOR..	121, 142	diphen	162
decara	90	DEXCOM G6		diphenhydramine hcl	162, 163
deferasirox	13	TRANSMITTER ...	121, 142	diphenoxylate-atropine ...	103
deferiprone	13	dexlansoprazole	105	dipyridamole	117
demeclocycline.....	25	dexmethylphenidate	61	disopyramide phosphate ...	42
DEPAKOTE.....	52, 62	dextroamphetamine sulfate	63	disulfiram.....	66
DEPAKOTE ER.....	52, 62, 64	dextroamphetamine-		divalproex.....	52
DEPO-ESTRADIOL	95	amphetamine	63	docetaxel	32
DEPO-MEDROL	96	diabetic siltussin-dm max str		dodex	90
DEPO-SUBQ PROVERA	104	.....	169	dofetilide.....	43
.....	68	diabetic tussin dm	169	dolishale	71
DERMACINRX LACTEROL		DIASTIX	140	donepezil	68
.....	109	diazepam.....	51	dorzolamide.....	158
DERMACINRX PROBINATE		diclofenac potassium.....	10	dorzolamide (pf)	158
.....	109	diclofenac sodium 11, 85, 157		dorzolamide-timolol	158
DERMACINRX PROBISOL		diclofenac-misoprostol.....	10	dotti	96
.....	109	dicloxacillin	24	doxazosin	49
DERMACINRX PROBITRAN		dicyclomine	106	doxepin.....	57, 66, 85
.....	109	didanosine.....	18	doxercalciferol	153
DERMACINRX PROBITROL		DIFFERIN.....	78	doxorubicin.....	32
.....	109	DIFICID	23	doxorubicin, peg-liposomal	32
DERMACINRX PROMEROL		diflorasone.....	83	doxycycline hyclate ...	25, 154
.....	109	diflunisal	12	doxycycline monohydrate..	25
desipramine.....	57	difluprednate	157	dramamine (meclizine) ...	103
desloratadine.....	164	DIGESTIVE ADVANTAGE		dramamine less drowsy...	103
desmopressin.....	91	LACTOS DEF	109	dronabinol	103
desog-e.estradiol/e.estradiol		DIGESTIVE ADVANTAGE		DROPLET INSULIN	
.....	69	LACTOS SUP	109	SYR(HALF UNIT) 128, 142	
desogestrel-ethinyl estradiol		digestive probiotic	109	DROPLET INSULIN	
.....	70	digitek.....	48	SYRINGE	129, 143
desonide	83	digox.....	48	DROPLET LANCETS.....	121
desoximetasone	83	digoxin.....	48	DROPLET MICRON PEN	
desvenlafaxine succinate ..	56	DIGOXIN	48	NEEDLE	129, 143
dexamethasone.....	96, 97	dihydroergotamine	64	DROPLET PEN NEEDLE	
DEXAMETHASONE		DILANTIN.....	53	.....	129, 143
INTENSOL.....	96	diltiazem hcl	46	DROPSAFE ALCOHOL	
dexamethasone sodium phos		dilt-xr	47	PREP PADS	33
(pf)	97	dimethyl fumarate.....	155	DROPSAFE PEN NEEDLE	
dexamethasone sodium		DIPENTUM	107	.....	129, 143
phosphate.....	97, 157	diphedryl.....	162	drospirenone-e.estradiol-	
DEXCOM G6 RECEIVER		diphedryl allergy	162, 163	lm.fa.....	71
.....	121, 142				

drospirenone-ethinyl estradiol	71	EASY TOUCH SAFETY PEN NEEDLE	130, 144	emtricitabine-tenofovir (tdf) 18	
DUAVEE	95	EASY TOUCH SHEATHLOCK INSULIN	130, 144	EMTRIVA	18
duloxetine.....	56	EASY TOUCH TWIST LANCETS	121, 144	EMVERM	14
DUPIXENT PEN.....	79	EASY TOUCH UNI-SLIP .	130	enalapril maleate	39
DUPIXENT SYRINGE.....	79	EASY TWIST AND CAP LANCETS	122, 144	enalapril-hydrochlorothiazide	39
DURAMORPH (PF).....	3	ec-naproxen	11	ENBREL	8
dutasteride	112	econazole.....	80	ENBREL MINI	8
dutasteride-tamsulosin	111	econtra ez	76	ENBREL SURECLICK	8
DYSPORT	118	econtra one-step	76	endocet	6
E		ecotrin	12	ENERGIX-B (PF).....	34
e.e.s. 400	23	ed-spaz	106, 113	ENERGIX-B PEDIATRIC (PF).....	34
EASY COMFORT ALCOHOL PAD	33	EDURANT	17	enoxaparin	116
EASY COMFORT INSULIN SYRINGE	129, 143	efavirenz.....	17	enpresse	75
EASY COMFORT LANCETS	121	efavirenz-emtricitabin-tenofov	19	enskyce	71
EASY COMFORT PEN NEEDLES.....	129, 143	effaclar adapalene.....	78	entacapone	58
EASY GLIDE INSULIN SYRINGE	129, 143	eletriptan	64	entecavir.....	21
EASY GLIDE PEN NEEDLE	129, 143	ELIGARD	29	ENTRESTO.....	41
EASY TOUCH.....	130	ELIGARD (3 MONTH).....	29	enulose.....	104
EASY TOUCH ALCOHOL PREP PADS	33	ELIGARD (4 MONTH).....	29	EPCLUSA	22
EASY TOUCH FLIPLOCK INSULIN	129, 143	ELIGARD (6 MONTH).....	29	epinastine	156
EASY TOUCH INSULIN SAFETY SYR	130, 143	elinest.....	71	epinephrine	48
EASY TOUCH INSULIN SYRINGE	130, 143	ELIQUIS	114	epirubicin	32
EASY TOUCH LANCETS	121, 143	ELIQUIS DVT-PE TREAT 30D START	114	epitol.....	53, 62
EASY TOUCH LUER LOCK INSULIN	130, 144	ELLA	76, 77	EPIVIR HBV	21
EASY TOUCH PEN NEEDLE	130, 144	ELMIRON.....	111	eprosartan	41
EASY TOUCH SAFETY LANCETS	121, 144	eluryng	76	eptifibatide	116
		EMBRACE LANCETS	122, 144	ergocalciferol (vitamin d2) .	90
		EMBRACE SAFETY LANCET	122, 144	ergoloid	68
		EMCYT.....	29	ergotamine-caffeine.....	64
		EMGALITY PEN.....	64	erlotinib.....	25, 26
		EMGALITY SYRINGE .	50, 64	errin	74
		EMSAM	55	ERTACZO	80
		emtricitabine	18	ery pads	78
				erythrocin (as stearate)	23
				erythromycin.....	23, 160
				erythromycin ethylsuccinate	23
				erythromycin with ethanol..	78
				erythromycin-benzoyl peroxide	78

ESBRIET	170	famciclovir	22	flavoxate	113
escitalopram oxalate	55	famotidine.....	105	flecainide	42
esomeprazole magnesium	105	famotidine (pf)	105	FLORAVANCE.....	109
estarylla.....	71	FARXIGA	93	FLOVENT DISKUS	165
estazolam.....	65	FARYDAK	29	FLOVENT HFA.....	165
estradiol	96, 171	FC2 FEMALE CONDOM 120, 144		FLUAD QUAD 2022-23(65Y UP)(PF)	38
estradiol valerate.....	96	febuxostat.....	114	FLUARIX QUAD 2022-2023 (PF).....	38
estradiol-norethindrone acet	95	felbamate	52	FLUBLOK QUAD 2022-2023 (PF).....	38
ESTRING	171	felodipine.....	47	FLUCELVAX QUAD 2022-2023.....	38
ESTROGEL.....	96	FEMCAP	120, 144	FLUCELVAX QUAD 2022-2023 (PF).....	38
eszopiclone	66	femynor	71	fluconazole	15
ethacrynic acid	48	fenofibrate	43	flucytosine	15
ethambutol	20	fenofibrate micronized.....	43	fludrocortisone.....	100
ethosuximide	54	fenofibrate nanocrystallized	43	FLULAVAL QUAD 2022-2023 (PF).....	38
ethynodiol diac-eth estradiol	71	fenofibric acid	43	FLUMIST QUAD 2022-2023	38
etodolac	11	fenofibric acid (choline)	43	flunisolide	169
etonogestrel-ethinyl estradiol	76	fenoprofen.....	11	fluocinolone	83
etoposide.....	28	fentanyl.....	3	fluocinolone acetonide oil	161
etravirine	17	fentanyl citrate	3	fluocinolone and shower cap	83
EURAX.....	86	FENTORA.....	3	fluocinonide	83
euthyrox	102	FERRIPROX	13	fluoride (sodium).....	153
everolimus (antineoplastic) 30		ferrous sulfate	87	fluorometholone.....	157
everolimus (immunosuppressive) ..	118	fesoterodine	113	fluorouracil.....	27, 81
EXEL INSULIN.....	130	FETZIMA.....	56	fluoxetine	55
EXELDERM	80	fexofenadine.....	164	fluphenazine decanoate	60
exemestane.....	28	FIASP FLEXTOUCH U-100 INSULIN	99	fluphenazine hcl	60
EXTAVIA.....	155	FIASP PENFILL U-100 INSULIN	99	flurandrenolide	83
E-Z JECT LANCETS122, 144		FIASP U-100 INSULIN.....	99	flurazepam	62, 65
E-Z JECT THIN LANCETS	122	FIFTY50 SAFETY SEAL LANCETS	122	flurbiprofen	11
EZ SMART LANCETS ... 122, 144		finasteride.....	112	flurbiprofen sodium.....	158
ezetimibe.....	45	FINE 30 UNIVERSAL LANCETS	122	flutamide.....	27
ezetimibe-simvastatin.....	45	FINGERSTIX LANCETS 122, 144		fluticasone propionate83, 169	
EZ-LETS	122, 144	fingolimod	155	fluvoxamine	55
F		finzala.....	71		
falmina (28)	71	fioricet.....	6		

FLUZONE HIGHDOSE
 QUAD 22-23 PF 38
 FLUZONE QUAD 2022-2023
 38
 FLUZONE QUAD 2022-2023
 (PF) 38
 FML S.O.P. 157
 folic acid 90
 fondaparinux 116
 FORACARE LANCETS.. 122,
 144
 formoterol fumarate 166
 FORTEO 94
 FOSAMAX PLUS D..... 94
 fosamprenavir 24
 fosfomycin tromethamine .. 15
 fosinopril..... 39
 fosinopril-hydrochlorothiazide
 39
 FRAGMIN..... 116
 FREESTYLE INSULINX. 119,
 144
 FREESTYLE INSULINX
 TEST STRIPS 119, 144
 FREESTYLE LANCETS. 122,
 144
 FREESTYLE LIBRE 14 DAY
 READER..... 122, 144
 FREESTYLE LIBRE 14 DAY
 SENSOR 122, 144
 FREESTYLE LIBRE 2
 READER..... 122, 144
 FREESTYLE LIBRE 2
 SENSOR 122, 144
 FREESTYLE LIBRE 3
 SENSOR 122, 144
 FREESTYLE LITE STRIPS
 119
 FREESTYLE PRECISION
 130, 145
 FREESTYLE PRECISION
 NEO STRIPS..... 119

FREESTYLE TEST 119
 FREESTYLE UNISTIK 2 122,
 145
 frovatriptan 64
 fulvestrant..... 29
 furosemide 48, 49
 FUZEON 17
 fyavolv 95
 FYCOMPA 51
 fyremadel 100
G
 g tussin ac..... 170
 ga powder 88
 gabapentin 52
 galantamine..... 68
 ganirelix..... 100
 GARDASIL 9 (PF) 37
 gatifloxacin 159
 gavilyte-c 111
 gavilyte-g..... 111
 gemcitabine..... 27, 28
 gemfibrozil..... 43
 gemmily..... 71
 generlac 104
 gengraf 9, 117
 gentak 159
 gentamicin..... 14, 79, 159
 gentamicin in nacl (iso-osm)
 13
 gentamicin sulfate (ped) (pf)
 14
 geri-dryl 162
 GILOTRIF..... 26
 glatiramer 155
 glatopa 155
 GLEOSTINE..... 26
 GLIADEL WAFER 26
 glimepiride..... 93
 glipizide 93
 glipizide-metformin 93
 GLUCAGON EMERGENCY
 KIT (HUMAN) 90

GLUCOCOM LANCETS. 122,
 145
 glyburide..... 93
 glyburide micronized 93
 glyburide-metformin..... 93
 glycopyrrolate 106
 glydo..... 85
 GOJJI LANCETS..... 122, 145
 GONAL-F RFF REDI-JECT
 96
 granisetron hcl..... 104
 griseofulvin microsize 15
 griseofulvin ultramicrosize . 16
 guaiaatussin ac 170
 guaifenesin ac 170
 guanfacine..... 48, 61
 GVOKE HYPOPEN 1-PACK
 91
 GVOKE HYPOPEN 2-PACK
 91
 GVOKE PFS 1-PACK
 SYRINGE 91
 GVOKE PFS 2-PACK
 SYRINGE 91
 GYNAZOLE-1 170
H
 hailey..... 71
 hailey 24 fe..... 71
 hailey fe 1.5/30 (28)..... 71
 hailey fe 1/20 (28)..... 71
 haloperidol..... 60
 haloperidol decanoate 59
 haloperidol lactate 60
 HARVONI..... 22
 HAVRIX (PF) 34
 HEALTHWISE INSULIN
 SYRINGE 130, 145
 HEALTHWISE PEN NEEDLE
 131, 145
 HEALTHY ACCENTS
 UNIFINE PENTIP 131, 145

HEALTHY ACCENTS	hydrocortisone..... 13, 84, 97, 107	INCONTROL PEN NEEDLE
UNILET LANCET..... 122	hydrocortisone acetate 13, 83	 131, 145
heartburn prevention 105	hydrocortisone butyrate..... 83	INCONTROL SUPER THIN
heartburn relief (cimetidine)	hydrocortisone butyr-	LANCETS 122, 145
..... 105	emollient 83	INCONTROL ULTRA THIN
heartburn relief (famotidine)	hydrocortisone plus 84	LANCETS 122, 145
..... 105	hydrocortisone valerate 84	INCRELEX 100
heather 74	hydrocortisone-acetic acid	indapamide..... 49
heparin (porcine) 115	 161	indomethacin..... 11
heparin, porcine (pf) 115	hydrocortisone-aloe vera... 85	INFANRIX (DTAP) (PF)..... 35
HEPLISAV-B (PF) 34	hydrocream 84	INJECT EASE LANCETS
HETLIOZ 64	hydromet 170	 122, 145
HIBERIX (PF) 36	hydromorphone 3	INLYTA..... 31
high potency probiotic 109	hydroxychloroquine 16	insulin degludec 98
homatropaire 156	hydroxyurea 28	INSULIN SYR/NDL U100
HUMIRA 7, 8, 108	hydroxyzine hcl 51	HALF MARK 131, 145
HUMIRA PEN..... 108	hydroxyzine pamoate 51	INSULIN SYRINGE. 131, 145
HUMIRA PEN CROHNS-UC-	hyoscyamine sulfate..... 106	INSULIN SYRINGE
HS START..... 7, 8, 108	HYQVIA..... 34	MICROFINE..... 131, 145
HUMIRA PEN PSOR-	I	INSULIN SYRINGE-NEEDLE
UVEITS-ADOL HS..... 7, 8, 108	ibandronate 95	U-100..... 131, 145
HUMIRA(CF)..... 7, 8, 108	IBRANCE 28	INSUPEN 131, 145
HUMIRA(CF) PEDI CROHNS	ibu 11	INTELENCE 17
STARTER..... 7, 8, 108	ibuprofen 11	INTRAROSA 100
HUMIRA(CF) PEN 108	ibuprofen-famotidine 10	INVACARE LANCETS ... 122, 145
HUMIRA(CF) PEN	icatibant..... 46	INVEGA SUSTENNA 59
CROHNS-UC-HS 7, 8, 108	iclevia 71	INVIRASE 24
HUMIRA(CF) PEN	ICLUSIG..... 30	IOPIDINE 160
PEDIATRIC UC ... 7, 8, 108	idarubicin..... 32	IPOL 38
HUMIRA(CF) PEN PSOR-	IDHIFA 30	ipratropium bromide 166, 168
UV-ADOL HS..... 7, 8, 108	ifosfamide..... 26	ipratropium-albuterol 167
hydralazine..... 48	imatinib..... 31	irbesartan 41
hydrochlorothiazide 49	IMBRUVICA 28, 31	irbesartan-
hydrocodone bitartrate 3	imipenem-cilastatin 20	hydrochlorothiazide..... 40
hydrocodone-acetaminophen	imipramine hcl 57	ISENTRESS..... 17
..... 5	imiquimod..... 85	isibloom 71
hydrocodone-	IMPAVIDO..... 16	isoniazid 19
chlorpheniramine 169	incassia 74	isosorbide dinitrate 41
hydrocodone-homatropine	INCONTROL ALCOHOL	isosorbide mononitrate 41
..... 170	PADS..... 33	isotretinoin 77
hydrocodone-ibuprofen 5		isradipine 47

itch relief (clotrimazole)	80	KRISTALOSE.....	110	LATUDA	59
itraconazole	15	kurvelo (28)	72	layolis fe	72
IV PREP WIPES	33	KYLEENA.....	69	leena 28	75
ivermectin.....	14, 86	KYZATREX	91	leflunomide	10
J		L		lenalidomide	32
jaimiess	69	l norgest/e.estradiol-e.estrad		LENVIMA	31
JAKAFI	29	.....	69, 74	lessina	72
JANSSEN COVID-19		L.ACIDOPH,SALIVA-B.BIF-		letrozole	28
VACCINE (EUA)	37	S.THERM	109	leucovorin calcium.....	32
jantoven	114	l.acidophilus-bifido.longum		LEUKERAN	26
JANUMET	94	.....	109	LEUKINE	115
JANUMET XR	94	labetalol.....	40	leuprolide.....	29
JANUVIA.....	92	lacosamide	52	levabuterol hcl	166
JARDIANCE	93	LACTO-PECTIN.....	109	LEVEMIR FLEXTOUCH U-	
jasmiel (28).....	71	lactulose	104, 110, 111	100 INSULN.....	99
jencycla	74	lagevrio (eua)	25	LEVEMIR U-100 INSULIN.	99
jinteli	95	lamivudine	18, 21	levetiracetam	54
jock itch (clotrimazole).....	80	lamivudine-zidovudine.....	19	levobunolol	158
jolessa	71	lamotrigine.....	54, 62	levocetirizine	164
juleber	71	LANCETS.....	122	levofloxacin	21, 159
JULUCA	17	LANCETS, SUPER THIN122,		levonest (28)	75
junel 1.5/30 (21)	71	146		levonorgestrel.....	76
junel 1/20 (21)	71	LANCETS,THIN	122, 146	levonorgestrel-ethinyl estrad	
junel fe 1.5/30 (28)	71	LANCETS,ULTRA THIN. 122,		.....	72
junel fe 1/20 (28)	71	146		levonorg-eth estrad triphasic	
junel fe 24.....	71	lanreotide	101	.....	75
K		lansoprazole	105	levora-28	72
kaitlib fe	71	lanthanum	112	levorphanol tartrate	3
KALETRA.....	18	LANTUS SOLOSTAR U-100		LEVO-T	102
kalliga	71	INSULIN	98	levothyroxine	102
kariva (28)	69	LANTUS U-100 INSULIN ..	98	LEVOXYL	102
kelnor 1/35 (28)	71	lapatinib.....	25	LEXIVA.....	24
kelnor 1-50 (28).....	72	larin 1.5/30 (21)	72	lidocaine	12, 85
KENALOG-80.....	97	larin 1/20 (21)	72	lidocaine (pf).....	12, 42
ketoconazole	15, 80	larin 24 fe	72	lidocaine hcl	85, 154
ketoprofen	11	larin fe 1.5/30 (28)	72	lidocaine viscous	154
ketorolac.....	10, 158	larin fe 1/20 (28)	72	lidocaine-prilocaine.....	85
KINRIX (PF)	35	LASTACRAFT	157	LILETTA	69
KISQALI	28	LASTACRAFT ONCE DAILY		lindane.....	86
klor-con m10	87	RELIEF	157	linezolid	23
klor-con m15	87	latanoprost	160	LINZESS	106
klor-con m20	87	latanoprost (pf)	160	liothyronine	102

lisinopril	40	lyleq	74	mefloquine	16
lisinopril-hydrochlorothiazide	39	lyllana	96	MEGA PROBIOTIC	109
LITE TOUCH INSULIN PEN NEEDLES	132, 146	LYNPARZA	30	megestrol	31, 86
LITE TOUCH INSULIN SYRINGE	132, 146	LYSODREN	27	MEKINIST	30
LITE TOUCH LANCETS 122, 146		lyza	74	meloxicam	10
lithium carbonate	63	M		melphalan	26
lmd powder	88	MAGELLAN INSULIN SAFETY SYRNG .	132, 146	melphalan hcl	26
LO LOESTRIN FE	69	MAGELLAN SYRINGE... 132, 146		memantine	68
lojaimiess	69	magnesium sulfate in water	87	MENACTRA (PF)	36
loperamide	103	malathion	86	MENEST	96
lopinavir-ritonavir	18	mannitol 20 %	49	MENOPUR	96
loradamed	164	maraviroc	17	MENQUADFI (PF)	36
loratadine	164	marlissa (28)	72	MENTAX	80
lorazepam	51	MATULANE	26	MENVEO A-C-Y-W-135-DIP (PF)	36
lorazepam intensol	51, 62	matzim la	47	meprobamate	51
loryna (28)	72	MAXICOMFORT II PEN NEEDLE	132, 146	mercaptopurine	27
losartan	41	MAXICOMFORT INSULIN SYRINGE	132, 146	merzee	72
losartan-hydrochlorothiazide	40	MAXI-COMFORT INSULIN SYRINGE	132	mesalamine	107
LOTEMAX	157	MAXI-COMFORT INSULIN SYRINGE	146	MESNEX	32
loteprednol etabonate	157	MAXI-COMFORT SAFETY PEN NEEDLE	132	metadate er	61
lovastatin	44	maxi-tuss ac	170	metaproterenol	166
low-ogestrel (28)	72	maxi-tuss gmx	169	metaxalone	118, 119
loxapine succinate	60	m-dryl	162	metformin	99
lo-zumandimine (28)	72	meclizine	103	methadone	3
lubiprostone	106, 110	meclofenamate	10	methadone intensol	3
luliconazole	80	medi-meclizine	103	methadose	3
LUMIGAN	160	MEDISENSE THIN LANCETS	122	methamphetamine	63
LUPANETA PACK (1 MONTH)	100	MEDLANCE PLUS LANCETS	123	methazolamide	48
LUPRON DEPOT	29, 100	MEDLANCE PLUS SPECIAL BLADE	123	methenamine hippurate	23
LUPRON DEPOT (3 MONTH)	29, 100	medroxyprogesterone	68, 101	methimazole	94
LUPRON DEPOT (4 MONTH)	29	mefenamic acid	10	methocarbamol	119
LUPRON DEPOT (6 MONTH)	29			methotrexate sodium	9
lutra (28)	72			methotrexate sodium (pf) ...	9, 27
				methoxsalen	81
				methscopolamine	106
				methylropa	48
				methylergonovine	100
				methylphenidate hcl	61, 62
				methylprednisolone	97
				metoclopramide hcl	106

metolazone.....	49	mondoxyne nl.....	25	MYDAYIS	62, 63
metoprolol succinate	45	monistat care		MYGLUCOHEALTH	
metoprolol ta-		(hydrocortisone).....	84	LANCETS	123, 147
hydrochlorothiaz	47	MONOJECT INSULIN		myorisan.....	77
metoprolol tartrate	45	SAFETY SYRING 132, 146		MYRBETRIQ	112
metronidazole.....	16, 85, 170	MONOJECT INSULIN		N	
metronidazole in nacl (iso-os)		SYRINGE	133, 147	nabumetone	10
.....	16	MONOJECT SYRINGE ..	133,	nadolol.....	46
mexiletine	42	147		nalbuphine.....	6
mibelas 24 fe.....	72	MONOJECT ULTRA		naloxone.....	13
micotrin ac.....	81	COMFORT INSULIN ..	133,	naltrexone	13
MICRO THIN LANCETS .	123	147		naproxen	11
MICRODOT INSULIN PEN		MONOLET LANCETS.....	123	naproxen sodium.....	11
NEEDLE	132, 146	MONOLET THIN LANCETS		naproxen-esomeprazole....	10
microgestin 1.5/30 (21)	72	.....	123, 147	naratriptan	64
microgestin 1/20 (21)	72	mono-lynyah.....	72	nasal allergy	169
microgestin 24 fe.....	72	montelukast.....	165	NATACYN	160
microgestin fe 1.5/30 (28) .	72	mood support probiotic....	109	NATAZIA	74
microgestin fe 1/20 (28) ...	72	morphine	4	nateglinide	93
MICROLET LANCET	123	MORPHINE.....	4	NAYZILAM	52
midodrine	48	morphine (pf).....	4	nebivolol	45
miglitol	92	morphine (pf) in 0.9 % sod		NEBUPENT.....	23
mili.....	72	chl.....	3, 4	nebusal.....	67
mimvey.....	95	morphine concentrate.....	4	necon 0.5/35 (28)	73
MINI ULTRA-THIN II	132, 146	motion sickness (meclizine)		nefazodone	56
minocycline	25	.....	103	neomycin.....	14
minoxidil	48	motion sickness relief(mecliz)		neomycin-bacitracin-poly-hc	
MIRENA	69	.....	103	.....	156
mirtazapine.....	55	MOTOFEN	103	neomycin-bacitracin-	
MIRVASO.....	85	MOVANTIK	13	polymyxin.....	159
misoprostol.....	106	moxifloxacin	21, 159	neomycin-polymyxin b gu	111
M-M-R II (PF)	39	MSUD EXPRESS15.....	88	neomycin-polymyxin b-	
modafinil.....	65	multivitamin with fluoride ...	89	dexameth	156
MODERNA COVID		multi-vitamin with fluoride ..	89	neomycin-polymyxin-	
BIVAL(6Y UP)(PF).....	37	multivitamins with fluoride .	89	gramicidin	159
MODERNA COVID(6M-5Y)		mupirocin.....	80	neomycin-polymyxin-hc..	156,
VACC(EUA).....	37	mvc-fluoride.....	89	161	
MODERNA COVID-19 (6-		my choice	76, 77	neo-polycin.....	159
11YR)(EUA).....	37	my way	76, 77	neo-polycin hc	156
MODERNA COVID-19		mycophenolate mofetil	117	NEUPRO	59
VACCINE (EUA).....	37	mycophenolate sodium ...	118	NEVANAC	158
mometasone	84, 169	mycozyl ac	81	nevirapine.....	17

new day 76, 77
 NEXPLANON 68
 NEXTSTELLIS 73
 niacin 44
 niacin (inositol niacinate) ... 90
 nicotine 67
 NICOTINE 67
 nicotine (polacrilex) 67
 NICOTROL 67
 NICOTROL NS 67
 nifedipine 47
 nikki (28) 73
 nilutamide 27
 nitazoxanide 16
 NITRO-BID 41
 NITRO-DUR 41
 nitrofurantoin 113
 nitrofurantoin macrocrystal
 113
 nitrofurantoin monohyd/m-
 cryst 113
 nitroglycerin 41, 42
 nitroglycerin in 5 % dextrose
 41
 nitro-time 42
 NIVESTYM 115
 nizatidine 105
 noble formula hc 84
 nora-be 74
 NORDITROPIN FLEXPEN 98
 noreth-ethinyl estradiol-iron
 73
 norethindrone (contraceptive)
 74
 norethindrone acetate 101
 norethindrone ac-eth
 estradiol 73, 95
 norethindrone-e.estradiol-iron
 73, 75
 norgestimate-ethinyl estradiol
 73, 75
 NORPACE CR 42

nortrel 0.5/35 (28) 73
 nortrel 1/35 (21) 73
 nortrel 1/35 (28) 73
 nortrel 7/7/7 (28) 75
 nortriptyline 57
 NORVIR 24
 NOVA SAFETY LANCETS
 123
 NOVA SUREFLEX
 LANCETS 123, 147
 NOVAREL 98
 NOVAVAX COVID-19
 VACC,ADJ(EUA) 37
 NOVOFINE 32 133, 147
 NOVOFINE AUTOCOVER
 133, 147
 NOVOFINE PLUS ... 133, 147
 NOVOLIN 70/30 U-100
 INSULIN 98
 NOVOLIN 70-30 FLEXPEN
 U-100 98
 NOVOLIN N FLEXPEN 98
 NOVOLIN N NPH U-100
 INSULIN 98
 NOVOLIN R FLEXPEN 98
 NOVOLIN R REGULAR U-
 100 INSULN 98
 NOVOLOG PENFILL U-100
 INSULIN 99
 NOVOLOG U-100 INSULIN
 ASPART 99
 np thyroid 102
 NUBEQA 27
 NURTEC ODT 64
 nyamyc 80
 nylia 1/35 (28) 73
 nylia 7/7/7 (28) 75
 nymyo 73
 nystatin 15, 80, 154
 nystatin-triamcinolone 81
 nystop 80
 NYVEPRIA 115

O
 ocella 73
 octreotide acetate 101
 ofloxacin 21, 160, 161
 olanzapine 63
 OLINVYK 4
 olmesartan 41
 olmesartan-amlodipin-
 hcthiacid 40
 olmesartan-
 hydrochlorothiazide 40
 olopatadine 168
 omega-3 acid ethyl esters . 44
 omeprazole 105
 OMNARIS 169
 OMNIFLEX DIAPHRAGM
 120, 147
 OMNIPOD 5 G6 INTRO KIT
 (GEN 5) 139, 147
 OMNIPOD 5 G6 PODS (GEN
 5) 139, 147
 OMNIPOD CLASSIC PDM
 KIT(GEN 3) 133, 147
 OMNIPOD CLASSIC PODS
 (GEN 3) 139, 147
 OMNIPOD DASH INTRO KIT
 (GEN 4) 139, 147
 OMNIPOD DASH PODS
 (GEN 4) 139, 147
 ON CALL LANCET .. 123, 147
 ON CALL PLUS LANCET
 123, 147
 ondansetron 104
 ondansetron hcl 104
 ONETOUCH DELICA
 LANCETS 123, 147
 ONETOUCH DELICA PLUS
 LANCET 123, 147
 ONETOUCH DELICA
 SAFETY LANCET 123, 147
 ONETOUCH SURESOFT
 LANCING DEV ... 123, 147

ONETOUCH ULTRASOFT
 LANCETS 123, 147
 ON-THE-GO LANCETS .. 123
 opcicon one-step 76, 77
 OPSUMIT 50
 OPTICHAMBER DIAMOND-
 SML MASK 140, 147
 optimal d3 90
 option-2 76, 77
 oralone 154
 ORENITRAM 50
 ORKAMBI 168
 orphenadrine citrate 119
 oscimin 106, 113
 oscimin sl 106, 113
 oseltamivir 22
 OSPHENA 100
 OTEZLA 9
 OTEZLA STARTER 9, 82
 oxaliplatin 30
 oxandrolone 91
 oxaprozin 11
 oxazepam 51
 oxcarbazepine 53
 oxiconazole 81
 oxybutynin chloride 113
 oxycodone 4
 oxycodone-acetaminophen . 6
 OXYCONTIN 4
 oxymorphone 4
 OXYTOCIN 100
 OZEMPIC 92
P
 pacerone 43
 paliperidone 59
 pamidronate 95
 pantoprazole 105
 PARAGARD T 380A 68
 paricalcitol 153
 paroex oral rinse 154
 paroxetine hcl 55
 PASER 19

PAXLOVID (EUA) 25
 pedia iron 87
 PEDIARIX (PF) 35
 pediatric fe-vite 87
 PEDIATRIC PANDA MASK
 140, 147
 PEDVAX HIB (PF) 36
 peg 3350-electrolytes 111
 peg3350-sod sul-nacl-kcl-
 asb-c 111
 PEGASYS 22
 peg-electrolyte soln 111
 pemetrexed disodium 27
 PEN NEEDLE 133
 PEN NEEDLE, DIABETIC
 133, 148
 PEN NEEDLE, DIABETIC,
 SAFETY 133, 148
 penicillamine 13
 penicillin v potassium 24
 PENTACEL (PF) 35
 PENTACEL ACTHIB
 COMPONENT (PF) 36
 PENTACEL DTAP-IPV
 COMPNT (PF) 35
 PENTAM 23
 pentamidine 23
 PENTIPS 133, 148
 pentoxifylline 115
 periogard 154
 permethrin 86
 perphenazine 60
 perphenazine-amitriptyline 56
 PFIZER COVID-19 TRIS
 VACCN(PF) 37
 PFIZER COVID-19 VACCINE
 (EUA) 37
 phenazopyridine 113
 phenelzine 55
 phenobarbital 65
 phenoxybenzamine 49
 PHENYLADE 40 88

PHENYLADE AMINO ACIDS
 88
 PHENYLADE MTE AMINO
 ACIDS 88
 phenytoin 53
 phenytoin sodium 42, 53
 phenytoin sodium extended
 53
 philith 73
 PHILLIPS' COLON HEALTH
 110
 PHOSLYRA 112
 PHOSPHOLINE IODIDE . 155
 phytonadione (vitamin k1) . 90
 pilocarpine hcl 154, 155
 pimecrolimus 82
 pimozone 60
 pimtree (28) 69
 pindolol 46
 pioglitazone 100
 pioglitazone-glimepiride 94
 pioglitazone-metformin 93
 PIP LANCET 123, 148
 PIP PEN NEEDLE ... 133, 148
 pirfenidone 170
 pirmella 73, 75
 piroxicam 10
 PITOCIN 101
 PKU AIR20 88
 PKU COOLER 10 88
 PKU COOLER 15 88
 PKU COOLER 20 88
 PKU EXPRESS15 88
 PKU EXPRESS20 89
 PKU GEL POWDER 89
 PKU GO 89
 PKU SPHERE15 89
 PKU SPHERE20 89
 PLEGRIDY 155
 PNEUMOVAX-23 36
 podofilox 85
 polycin 159

polymyxin b sulfate.....	24	PREVENT DROPSAFE PEN		progesterone micronized..	101
polymyxin b sulf-trimethoprim		NEEDLE	134, 148	PROLIA	101
.....	159	PREVNAR 13 (PF)	36	PROMACTA	117
POMALYST.....	32	PREZCOBIX	18, 24	PROMELLA.....	110
portia 28	73	PREZISTA.....	24	promethazine ..	104, 162, 163
posaconazole	15	PRIFTIN	19	promethazine vc	161
pot,sodium citrate-citric acid		PRIMAQUINE	16	promethazine vc-codeine	170
.....	112	PRIMIDAR.....	110	promethazine-codeine	169
potassium chloride	87, 88	primidone	51	promethazine-dm	169
potassium chloride in water		PRO COMFORT ALCOHOL		promethazine-phenyleph-	
.....	87	PADS.....	33	codeine	170
potassium citrate	113	PRO COMFORT INSULIN		promethazine-phenylephrine	
potassium citrate-citric acid		SYRINGE	134, 148	.....	161
.....	113	PRO COMFORT LANCET		promethegan ...	104, 162, 163
PRALUENT PEN.....	45	.....	123, 148	propafenone	42
pramipexole.....	59	PRO COMFORT PEN		proparacaine	158
prasugrel	117	NEEDLE	134, 148	propranolol	46
pravastatin.....	44	probenecid	114	propylthiouracil	94
praziquantel.....	14	probenecid-colchicine	114	PROQUAD (PF)	39
prazosin	50	probiotic.....	110	protriptyline.....	57
PRECISION XTRA B-		probiotic (b. coagulans) ...	110	PROVAD	110
KETONE.....	86, 148	PROBIOTIC BLEND	110	PULMICORT FLEXHALER	
PRECISION XTRA TEST	119	probiotic colon care	110	.....	165
PRED MILD.....	157	probiotic colon support	110	PULMOZYME	168
PRED-G	156	probiotic complex	110	PURE COMFORT ALCOHOL	
PRED-G S.O.P.....	156	probiotic pearls.....	110	PADS.....	33
prednicarbate	84	procainamide.....	42	PURE COMFORT LANCETS	
prednisolone.....	97	prochlorperazine	104	.....	123
prednisolone acetate	157	prochlorperazine edisylate		PURE COMFORT PEN	
prednisolone acetate (pf)	157	.....	104	NEEDLE	134, 148
prednisolone sodium		prochlorperazine maleate..	60	PURE COMFORT SAFETY	
phosphate.....	97, 157	procto-med hc	13, 84	LANCETS	123, 148
prednisone	97	procto-pak	13, 84	PUSH BUTTON SAFETY	
PREDNISON INTENSOL	97	proctosol hc.....	13, 84	LANCETS	123, 148
pregabalin	52	proctozone-hc	13	pyrazinamide	19
PREGNYL.....	98	PRODIGEN	110	pyridostigmine bromide ...	118
PREHEVBRIO (PF).....	34	PRODIGY INSULIN		pyridoxine (vitamin b6)	90
preparation h hydrocortisone		SYRINGE	134, 148	pyrimethamine.....	16
.....	84	PRODIGY LANCETS	123,	Q	
PRESSURE ACTIVATED		148		QUAD-PROBIOTIC	110
LANCETS	123, 148	PRODIGY TWIST TOP		QUADRACEL (PF)	35
prevalite	43	LANCET	123	quetiapine.....	63

quflora pediatric.....	89	REXULTI	61	SAVELLA	56, 63, 64
quflora pediatric drops.....	89	REYVOW	65	scopolamine base	103
quinapril	40	ribavirin.....	22	SECURESAFE PEN	
quinapril-hydrochlorothiazide		rifabutin	19	NEEDLE	134
.....	39	rifampin	19	selegiline hcl.....	58
quinidine gluconate	42	RIGHTEST GL300		selenium sulfide.....	82
quinidine sulfate	42	LANCETS	124, 149	SELZENTRY	17
quinine sulfate	16	riluzole.....	118	senior probiotic	110
quit 2	67	rimantadine	23	SENSORCAINE-MPF	12
quit 4	67	ringworm	81	SEREVENT DISKUS.....	166
QVAR REDHALER	165	RINVOQ	9, 79, 107	sertraline	55
R		risaquad	110	setlakin	73
rabeprazole	105	risaquad-2	103	sevelamer carbonate.....	112
raloxifene.....	101	risedronate	95	sevelamer hcl	112
ramelteon	64	risperidone	59	sharobel	74
ramipril	40	ritonavir	24	SHINGRIX (PF).....	39
ranolazine.....	42	rivastigmine tartrate.....	68	SHINGRIX ADJUVANT	
rasagiline	58	rivelsa.....	74	COMPONENT-PF.....	68
READYLANCE SAFETY		rizatriptan	64	SHINGRIX GE ANTIGEN	
LANCETS	123, 148	roflumilast.....	165	COMPONENT	39
reclipsen (28)	73	ropinirole	59	SIGNIFOR.....	101
RECOMBIVAX HB (PF)	34	rosadan	85	SIGNIFOR LAR	101
RECTIV	12	rosuvastatin.....	44	siladryl sa	162
REGONOL	118	ROTARIX	35	sildenafil	86
REGRANEX	86	ROTATEQ VACCINE	35	sildenafil (pulm.hypertension)	
RELENZA DISKHALER	22	rufinamide	54	.....	50
RELIAMED LANCET	123,	RYBELSUS	92	silodosin	112
148		S		silver sulfadiazine	82
RELIAMED SAFETY SEAL		SAFESNAP INSULIN		SIMBRINZA.....	156
LANCETS	124, 149	SYRINGE	134	simliya (28).....	69
RELIAMED TWIST AND		SAFETY LANCETS. 124, 149		simpesse	69
CAP LANCET	124, 149	SAFETY PEN NEEDLE... 134		SIMPONI	7, 9, 108
RENACIDIN	111	SAFETY SEAL LANCETS		SIMPONI ARIA.....	7, 8
repaglinide.....	93	.....	124	simvastatin	44
REPATHA PUSHTRONEX 45		SAFETY-LET LANCETS 124,		SINGLE-LET	124, 149
REPATHA SURECLICK....	45	149		sirolimus	118
REPATHA SYRINGE .. 44, 45		sajazir.....	46	SIRTURO	19
RESTASIS	157	salsalate	12	SIVEXTRO	24
RESTASIS MULTIDOSE 157		SANDIMMUNE.....	9, 117	skin treatment.....	82
RESTORA.....	45	SANDOSTATIN LAR DEPOT		SKY SAFETY PEN NEEDLE	
RETACRIT	115	.....	101	.....	134, 149
REVLIMID	32	SANTYL	82	SKYLA.....	69

SKYRIZI	79, 107	STERILANCE TL	124, 149	SURE-LANCE	124, 149
SLYND	74	STIOLTO RESPIMAT.....	167	SURE-LANCE ULTRA THIN	
SMART SENSE LANCETS		stop smoking aid	67	.....	124
.....	124, 149	streptomycin.....	14	SURE-PREP ALCOHOL	
SMARTEST LANCET	124,	STRIBILD	19	PREP PADS	33
149		STRIVERDI RESPIMAT..	166	SURE-TOUCH LANCET	124,
sodium bicarbonate	87	subvenite.....	54	150	
sodium chloride	67	sucalfate.....	111	SUSTIVA.....	17
sodium chloride 0.9 %.....	89	sulconazole	81	SUTAB	111
sodium citrate-citric acid..	113	sulfacetamide sodium.....	160	syeda.....	73
sodium,potassium,mag		sulfacetamide-prednisolone		SYMBICORT	167
sulfates	111	.....	156	SYMDEKO	168
SOFT TOUCH LANCETS		sulfadiazine	25	SYMLINPEN 120.....	92
.....	124, 149	sulfamethoxazole-		SYMLINPEN 60.....	92
solifenacin	113	trimethoprim.....	15	SYMPROIC	13
SOLQUA 100/33	94	SULFAMYLON.....	82	SYNAGIS	33
SOLUS V2 LANCETS	124,	sulfasalazine	107	SYNAREL	100
149		sulfatrim.....	15	SYNJARDY	93
SOMATULINE DEPOT ...	101	sulindac	10	SYNJARDY XR	93
SOMAVERT	97	sumatriptan	65	SYNTHROID	102
sorafenib	30	sumatriptan succinate	65	T	
sorine	42	sunitinib	31	TABLOID	27
sotalol.....	43	SUNOSI	65	tacrolimus.....	82, 117
sotalol af.....	43	SUPER THIN LANCETS	124,	tadalafil.....	86
SPIKEVAX (PF)	37	149		tadalafil (pulm. hypertension)	
spinosad.....	86	SUPRAX	21	.....	50
SPIRIVA RESPIMAT.....	166	SURE COMFORT ALCOHOL		TAFINLAR.....	28
SPIRIVA WITH		PREP PADS	33	take action.....	76, 77
HANDIHALER	166	SURE COMFORT INS. SYR.		TAKHZYRO.....	50
spironolactone.....	40	U-100.....	134, 149	tamoxifen.....	31
spironolacton-		SURE COMFORT INSULIN		tamsulosin	112
hydrochlorothiaz	49	SYRINGE	134, 149	tarina 24 fe	73
sprintec (28)	73	SURE COMFORT LANCETS		tarina fe 1/20 (28).....	73
SPRYCEL	31	.....	124, 149	tarina fe 1-20 eq (28).....	73
sps (with sorbitol)	86	SURE COMFORT PEN		TASIGNA	31
SPS (WITH SORBITOL) ...	86	NEEDLE	135, 149	taysofy.....	74
sronyx	73	SURE COMFORT SAFETY		tazarotene	81
ssd	82	PEN NEEDLE.....	135, 149	TAZORAC	81
st joseph aspirin	12	SURE-FINE PEN NEEDLES		taztia xt.....	47
st. joseph aspirin	12	.....	135	TDVAX	35
stavudine	18	SURE-JECT INSULIN		TECHLITE INSULIN	
STELARA.....	78, 79, 107	SYRINGE	135, 149	SYRINGE	135

TECHLITE INSULN		
SYR(HALF UNIT)	135	
TECHLITE LANCETS	124	
TECHLITE PEN NEEDLE	135	
TELCARE LANCETS	124,	
150		
telmisartan.....	41	
telmisartan-		
hydrochlorothiazid	41	
temazepam	66	
TEMODAR	26	
temozolomide	26	
temsirolimus	30	
teniposide.....	29	
TENIVAC (PF).....	35	
tenofovir disoproxil fumarate		
.....	18	
terazosin.....	50	
terbinafine hcl.....	15	
terbutaline	166, 167	
terconazole.....	170	
TERUMO INSULIN		
SYRINGE	135, 150	
testosterone	91	
testosterone cypionate	91	
testosterone enanthate	91	
TETANUS,DIPHThERIA		
TOX PED(PF).....	36	
tetrabenazine	65	
tetracaine hcl.....	158	
tetracaine hcl (pf)	158	
tetracycline	25	
THALOMID.....	16, 32	
theophylline	165	
THIN LANCETS	124	
THINPRO INSULIN		
SYRINGE	136, 150	
thioridazine.....	60	
thiothixene.....	61	
THYROLAR-1	102	
THYROLAR-1/2	102	
THYROLAR-1/4	102	
THYROLAR-2	102	
THYROLAR-3	102	
tiadylt er.....	47	
tiagabine.....	53	
tilia fe.....	75	
timolol maleate	46, 158	
tinidazole	16	
TIVICAY	17	
tizanidine	119	
TOBRADEX	156	
tobramycin.....	159	
tobramycin in 0.225 % nacl		
.....	167	
tobramycin sulfate	14	
tobramycin with nebulizer	168	
tobramycin-dexamethasone		
.....	156	
TODAY CONTRACEPTIVE		
SPONGE	77	
tolcapone.....	58	
tolmetin.....	10	
tolterodine	114	
TOPCARE CLICKFINE ..	136,	
150		
TOPCARE ULTRA		
COMFORT	136, 150	
TOPCARE UNIVERSAL1		
LANCET	124, 150	
topiramate	53	
toposar	29	
toremifene	31	
torsemide	49	
TOUJEO MAX U-300		
SOLOSTAR	99	
TOUJEO SOLOSTAR U-300		
INSULIN	99	
TPOXX (NATIONAL		
STOCKPILE)	25	
tramadol	5	
tramadol-acetaminophen.....	6	
trandolapril	40	
tranexamic acid	115	
tranylcypromine	55	
travel-ease (meclizine)	103	
travoprost	160	
trazodone	56	
TRECATOR	20	
TRELEGY ELLIPTA	167	
TRELSTAR	30	
TREMFYA.....	79	
TRESIBA FLEXTOUCH U-		
100.....	99	
TRESIBA FLEXTOUCH U-		
200.....	99	
TRESIBA U-100 INSULIN .	99	
tretinoin	78	
tretinoin (antineoplastic)	31	
tri femynor	75	
triamcinolone acetonide ...	84,	
154, 169		
triamterene-		
hydrochlorothiazid.....	49	
triazolam.....	66	
triderm	84	
tri-estarylla.....	75	
trifluoperazine	60	
trifluridine.....	160	
trihexyphenidyl	58	
tri-legest fe	75	
tri-linyah.....	75	
tri-lo-estarylla.....	75	
tri-lo-marzia	75	
tri-lo-mili.....	75	
tri-lo-sprintec	75	
trimethobenzamide.....	103	
trimethoprim	15	
tri-mili.....	75	
trimipramine	57	
TRINTELLIX.....	56	
tri-nymyo	76	
tri-sprintec (28)	76	
tri-vitamin with fluoride.....	89	
tri-vite with fluoride	89	
trivora (28).....	76	

tri-vylibra..... 76
 tri-vylibra lo..... 76
 TRIZIVIR 19
 tropicamide..... 156
 trospium 114
 TRUE COMFORT ALCOHOL
 PADS..... 33
 TRUE COMFORT INSULIN
 SYRINGE 136, 150
 TRUE COMFORT LANCET
 124
 TRUE COMFORT PEN
 NEEDLE 136, 150
 TRUE COMFORT PRO
 ALCOHOL PADS..... 33
 TRUE COMFORT PRO INS
 SYRINGE 136, 150
 TRUEPLUS INSULIN..... 136
 TRUEPLUS LANCETS .. 124,
 150
 TRUEPLUS PEN NEEDLE
 136
 TRULANCE..... 104, 106
 TRULICITY..... 92
 TRUMENBA 36
 tulana 74
 tussin dm max 169
 TUZISTRA XR..... 170
 TWINRIX (PF) 34
 TWIST LANCETS 124
 tyblume 74
 tydemy 74
 TYMLOS 94

U

UBRELVY 64
 ULESFIA 86
 ULTICARE 137
 ULTICARE INSULIN
 SYRINGE 137
 ULTICARE INSULN
 SYR(HALF UNIT) 137

ULTICARE PEN NEEDLE
 137
 ULTICARE SAFETY PEN
 NEEDLE 137, 150
 ULTIGUARD SAFEPAK-
 INSULIN SYR..... 137, 151
 ULTIGUARD SAFEPAK-
 PEN NEEDLE..... 137, 151
 ULTILET ALCOHOL SWAB
 33
 ULTILET BASIC LANCETS
 124, 151
 ULTILET CLASSIC
 LANCETS 124, 151
 ULTILET INSULIN SYRINGE
 137, 151
 ULTILET LANCETS 124, 151
 ULTILET PEN NEEDLE . 137,
 151
 ULTILET SAFETY LANCETS
 124, 151
 ULTRA CMFT INS SYR
 (HALF UNIT)..... 137, 151
 ULTRA COMFORT INSULIN
 SYRINGE 138, 151
 ULTRA FINE LANCETS. 124,
 151
 ULTRA FLO INSUL
 SYR(HALF UNIT) 138, 151
 ULTRA FLO INSULIN
 SYRINGE 138, 151
 ULTRA FLO PEN NEEDLE
 138, 151
 ULTRA THIN II LANCETS
 125, 151
 ULTRA THIN LANCETS. 125,
 151
 ULTRA THIN PEN NEEDLE
 138, 151
 ULTRA THIN PLUS
 LANCETS 125, 151
 ULTRA TLC LANCETS ... 125

ULTRACARE INSULIN
 SYRINGE 138, 152
 ULTRA-CARE LANCETS
 125, 152
 ULTRACARE PEN NEEDLE
 138, 152
 ULTRALANCE LANCETS
 125, 152
 ULTRA-THIN II (SHORT) INS
 SYR 138, 152
 ULTRA-THIN II (SHORT)
 PEN NDL 138, 152
 ULTRA-THIN II INS PEN
 NEEDLES 139, 152
 ULTRA-THIN II INSULIN
 SYRINGE 139, 152
 ULTRA-THIN II LANCETS
 125, 152
 UNIFINE PEN NEEDLE . 139,
 152
 UNIFINE PENTIPS.. 139, 152
 UNIFINE PENTIPS
 MAXFLOW 139
 UNIFINE PENTIPS PLUS 139
 UNIFINE PENTIPS PLUS
 MAXFLOW 139
 UNIFINE ULTRA PEN
 NEEDLE 139, 152
 UNILET COMFORTOUCH
 LANCET 125
 UNILET EXCELITE II
 LANCET 125
 UNILET EXCELITE LANCET
 125
 UNILET GP LANCET 125
 UNILET LANCET 125
 UNILET LANCETS 125
 UNILET SUPER THIN
 LANCETS 125
 UNISTIK 3 COMFORT
 LANCET 125, 152

UNISTIK 3 EXTRA LANCET	125	VAQTA (PF)	34	voriconazole	15
UNISTIK 3 GENTLE.....	125	varenicline	67	VOSEVI	22
UNISTIK 3 LANCETS	125, 152	VARIVAX (PF).....	39	VOTRIENT	31
UNISTIK 3 NORMAL LANCET	125, 152	VARUBI.....	104	VRAYLAR	61, 63
UNISTIK COMFORT LANCETS	125	vasopressin	91	vyfemla (28)	74
UNISTIK CZT LANCET ..	125, 152	VASOSTRICT	92	vylibra.....	74
UNISTIK EXTRA LANCETS	125	VCF CONTRACEPTIVE FILM	77	VYVANSE	62
UNISTIK NORMAL LANCETS	125	vcf contraceptive gel	77	W	
UNISTIK PRO LANCET .	125, 152	velivet triphasic regimen (28)	76	wal-dram 2	103
UNISTIK SAFETY ...	125, 152	VELPHORO	112	wal-dryl allergy	162
UNISTIK TOUCH LANCETS	125, 152	VEMLIDY	21	wal-fex allergy	164
UNITHROID	103	venlafaxine	56	wal-itin	164
UNIVERSAL 1 LANCETS	125	VENTAVIS	50	wal-zyr (cetirizine)	164
UPTRAVI.....	49	verapamil.....	43, 47	warfarin	114
ursodiol	105	VERIFINE PEN NEEDLE	139, 153	WEBCOL.....	33
V		verticalm	103	weekly-d	90
VABOMERE.....	20	VERZENIO	28	wera (28)	74
VAGINAL CONTRACEPTIVE FILM	77	vestura (28)	74	WIDE-SEAL DIAPHRAGM 60.....	120, 153
valacyclovir.....	22	VICTOZA 2-PAK	92	WIDE-SEAL DIAPHRAGM 65.....	120, 153
valganciclovir.....	21	VICTOZA 3-PAK	93	WIDE-SEAL DIAPHRAGM 70.....	120, 153
valproic acid	52	vienna.....	74	WIDE-SEAL DIAPHRAGM 75.....	120, 153
valproic acid (as sodium salt)	52	vigabatrin.....	53	WIDE-SEAL DIAPHRAGM 80.....	120, 153
valsartan.....	41	vigadrone	53	WIDE-SEAL DIAPHRAGM 85.....	120, 153
valsartan-hydrochlorothiazide	41	VIIBRYD.....	56	WIDE-SEAL DIAPHRAGM 90.....	120, 153
vancomycin	21	vilazodone	56	WIDE-SEAL DIAPHRAGM 95.....	120, 153
vanicream hc.....	84	viorele (28)	70	wymzya fe	74
VANISHPOINT INSULIN SYRINGE	139, 153	VIRACEPT	24	X	
VANISHPOINT SYRINGE	139	VIREAD	18, 22	XALKORI.....	27
		virtrate-2	113	XARELTO	114
		virtrate-3	113	XARELTO DVT-PE TREAT 30D START	114
		virtrate-k	113	XELJANZ	9, 107
		visbiome	110	XELJANZ XR	9, 108
		vitamin b-6.....	90	XERAVA.....	25
		vitamin d2.....	90		
		vitamins a,c,d and fluoride.	89		
		VIVAGUARD LANCET ...	125, 153		
		VIVITROL	66		
		volnea (28)	70		

XIFAXAN.....	24	zebutal.....	6	ziprasidone hcl	63
XIGDUO XR	93	ZEGALOGUE		ZIRGAN.....	160
XIIDRA	157	AUTOINJECTOR.....	91	zoledronic acid-mannitol-	
XOLAIR	164	ZEGALOGUE SYRINGE...	91	water	95
XPOVIO	32	ZELAC.....	110	ZOLINZA	29
XTANDI	27	ZELBORAF	28	zolmitriptan	65
xulane	76	zenatane	77	zolpidem	66
XULTOPHY 100/3.6.....	94	ZENPEP	104	zonisamide	54
xylon 10.....	5	zenzedi.....	62, 63, 65	ZONTIVITY	117
Z		ZERVIAE.....	157	zovia 1-35 (28)	74
zafemy	76	zidovudine	18	zumandimine (28).....	74
zafirlukast.....	165	ZIEXTENZO	115	ZYDELIG	30
zaleplon.....	66	zileuton.....	164	ZYKADIA.....	27
zantac-360 (famotidine) ..	105	zinc sulfate	88	ZYLET	156
zarah	74	ZIOPTAN (PF).....	161		