2024

Formulario

(Lista de medicamentos cubiertos)

Este vademécum se actualizó el 1 de septiembre de 2024. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con Servicios para Miembros de ArchCare Senior Life (PACE) llamando al 1-866-412-5435 o, para usuarios de TTY, 711, 24 horas al día, 7 días a la semana, o visite www.ArchCareSeniorLife.org.

archcare
Senior Life

H4393_2024 FormularySP_C

ArchCare Senior Life (PACE)

2024 Formulario

(Lista de medicamentos cubiertos)

FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE ABOUT DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Formulary ID: 00024103, Version Number: 15

Nota a los miembros existentes: Este formulario ha cambiado desde el año pasado. Examine este documento para asegurarse de que aún contiene lo medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros," "nos," o "nuestro," quiere decir Catholic Managed Long Term Care, Inc. Cuando se refiere a "plan" o "nuestro plan," quiere decir ArchCare Senior Life (PACE).

ArchCare Senior Life es un Programa de Cuidado Todo Incluido para Personas Mayores (PACE). PACE es un programa de salud basado en la comunidad creado para personas de 55 años o más que requieren cuidados en el hogar, pero prefiere recibirlo en su propio entorno familiar.

Este documento incluye lista de medicamentos (formulario) para nuestro plan que está al día el 1 de septiembre de 2024. Para an el formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última vez que actualizamos el formulario, aparece en las cubiertas delantera y trasera.

Generalmente, debe utilizar farmacias de red para utilizar su beneficio de medicamentos de receta. Los beneficios, el formulario, y/o la red de farmacias pueden cambiar el 1 de enero de 2024, y de vez en cuando durante el año.

¿Qué es el Formulario del ArchCare Senior Life (PACE)?

Un formulario es una lista de medicamentos cubiertos seleccionados por ArchCare Senior Life (PACE) consultando con un equipo de proveedores de atención médica, que representa las terapias de receta que se cree son parte necesaria de un programa de tratamiento de calidad. Generalmente, ArchCare Senior Life (PACE) cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea necesario por motivos médicos, la receta se surta en una farmacia de la red de ArchCare Senior Life (PACE) y se sigan otras reglas del plan.

¿Puede cambiar el Formulario (lista de medicamentos)?

Generalmente, si está tomando un medicamento de nuestro formulario de 2024 que estaba cubierto al principio del año, no eliminaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024 excepto cuando un medicamento genérico nuevo y menos caro esté disponible o cuando se divulgue nueva información adversa acerca de la seguridad o eficacia de un medicamento. Otros tipos de cambios al formulario, tales como quitar un medicamento del mismo,

no afectarán a los miembros que estén tomando el medicamento actualmente. Seguirá estando disponible al mismo costo compartido para los miembros que lo tomen durante el resto del año de cobertura. Creemos que es importante que 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 que pueda ahorrar más dinero o podamos garantizar su seguridad.

Si quitamos medicamentos de nuestro formulario o añadimos, después de obtener autorización, límites de cantidades y/o restricciones de terapia en pasos que afecten a un medicamento, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que entre en vigor, o en el momento en que el miembro solicite que se le repita la receta del medicamento, cuando el miembro recibirá un suministro de 30 días del medicamento. Si la Administración de Alimentos y Medicamentos considera que uno de los medicamentos de nuestro formulario no es seguro o el fabricante del medicamento lo retira del mercado, retiraremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento. El formulario adjunto está al día el 1 de septiembre de 2024. Para obtener información actualizada acerca de los medicamentos cubiertos por ArchCare Senior Life (PACE), póngase en contacto con nosotros. Nuestra información de contacto aparece en las cubiertas delantera y trasera. Por favor visite nuestro sitio web en www.ArchCareSeniorLife.org o llame a Servicios para Miembros al 1-866-412-5435, 24 horas al día, 7 días a la semana. Los usuarios de TTY / TDD deben llamar al 711. Le notificaremos por correo en el caso de cambios en el formulario de no mantenimiento de mediados de año.

¿Cómo se utiliza el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Condición Médica

El formulario empieza en la página 10. Los medicamentos de este formulario están agrupados en categorías según el tipo de condición médica para el tratamiento de la cual se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición cardiaca se enumeran bajo la categoría, “Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza abajo. Después, busque su medicamento bajo el nombre de la categoría.

Lista Alfabética

Si no está seguro de la categoría bajo la cual buscar, debe buscar su medicamento en el Índice que empieza en la página 233. El Índice da una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Mire en el Índice para encontrar su medicamento. Al lado de su medicamento verá el número de la página donde puede encontrar información de cobertura. Vaya a la página indicada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son medicamentos genéricos?

ArchCare Senior Life (PACE) cubre tanto medicamentos de marca como los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA) indicando que tiene el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

Autorización Previa: ArchCare Senior Life (PACE) requiere que usted o su médico obtenga autorización previa para ciertos medicamentos. Esto quiere decir que necesitará obtener la aprobación de ArchCare Senior Life (PACE) antes de surtir sus recetas. Si no obtiene aprobación, es posible que ArchCare Senior Life (PACE) no cubra el medicamento.

Límites de Cantidad: Para ciertos medicamentos, ArchCare Senior Life (PACE) limita la cantidad de medicamento que cubrirá ArchCare Senior Life (PACE). Por ejemplo, ArchCare Senior Life (PACE) proporciona 30 por receta para Kerendia. Esto puede ser además de un suministro estándar de un mes o tres meses.

Terapia en Pasos: En algunos casos, ArchCare Senior Life (PACE) requiere que pruebe primero ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que ArchCare Senior Life (PACE) no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no le va bien, ArchCare Senior Life (PACE) cubrirá entonces el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales mirando en el formulario que empieza en la página 10. También puede obtener más información acerca de las restricciones aplicadas a medicamentos específicos cubiertos visitando nuestro sitio Web. Hemos publicado en línea un documento que explica nuestras restricciones de autorización previa y terapia escalonada.También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del vademécum, aparece en las cubiertas delantera y trasera.

Puede pedirle a ArchCare Senior Life (PACE) que haga una excepción a estas restricciones a límites, o pedirle una lista de otros medicamentos parecidos que puedan tratar su condición médica. Vea la sección, "¿Qué tengo que hacer para solicitar una excepción al formulario de ArchCare Senior Life (PACE)?" en la página 5 para ver información acerca de la manera de solicitar una excepción.

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

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), lo primero que debe hacer es ponerse en contacto con Servicios de Miembros y preguntar si está cubierto su medicamento.

Si averigua que ArchCare Senior Life (PACE) no cubre su medicamento, tiene dos opciones:

Puede pedirle a Servicios de Miembros una lista de medicamentos parecidos que estén cubiertos por ArchCare Senior Life (PACE). Cuando reciba la lista, enséñesela a su médico y pídale que le recete un medicamento parecido que esté cubierto por ArchCare Senior Life (PACE).

Le puede pedir a ArchCare Senior Life (PACE) que haga una excepción y cubra su medicamento. Vea la información que aparece a continuación para ver cómo solicitar una excepción.

¿Qué tengo que hacer para solicitar una excepción al formulario de ArchCare Senior Life (PACE)?

Le puede pedir a ArchCare Senior Life (PACE) que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.
Puede pedirnos que cubramos un medicamento aún si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá.

Puede pedirnos que demos una exención para las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, ArchCare Senior Life (PACE) limita la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite de cantidad, pude pedirnos que otorguemos una exención para el límite y que cubramos una cantidad mayor.

Generalmente, ArchCare Senior Life (PACE) solamente aprobará su solicitud de excepción si los medicamentos de alternativa incluidos en el formulario del plan, o las restricciones de utilización adicionales no serían tan efectivas en el tratamiento de su condición y/o harían que usted tuviera efectos médicos adversos.

Debe ponerse en contacto con nosotros para pedirnos una decisión de cobertura inicial para una excepción al formulario, o de las restricciones de utilización. **Cuando solicite una excepción al formulario, o de restricciones de utilización, debe presentar una declaración de su recetador o médico apoyando su solicitud.** Generalmente, tenemos que tomar una decisión dentro de las 72 horas siguientes a recibir la declaración de apoyo de su recetador. Puede solicitar una excepción acelerada (rápida) si usted o su médico cree que su salud podría verse severamente dañada si espera 72 horas para recibir una decisión. Si su solicitud de acelerar se concede, debemos darle una decisión no más de 24 horas después de recibir una declaración de apoyo de su médico u otro recetador.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo de o si continua en nuestro plan, puede que esté tomando medicamentos que no estén en nuestro formulario. O puede que esté tomando un medicamento que esté en el formulario pero su habilidad de obtenerlo sea limitada. Por ejemplo, puede que necesite autorización previa nuestra antes de poder surtir su receta. Debe hablar con su médico para decidir si debería cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el rumbo correcto que seguir, puede que cubramos su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su habilidad de obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días (a menos que tenga una receta que indique un número de días menor) cuando vaya a una farmacia de la red. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, aún si ha sido miembro del plan menos de 90 días.

Si es residente de una clínica de cuidado de largo plazo, permitiremos que repita su receta hasta que le hayamos provisto un suministro de transición de 31 días, consistente con el incremento de suministro (a menos que tenga una receta que indique un número menor de días). Si necesita un medicamento que no esté en nuestro formulario o si su habilidad de obtener sus medicamentos es limitada, pero ya han pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento (a menos que tenga una receta que indique un número menor de días) mientras tramita una excepción al formulario.

Si experimenta un cambio en el nivel de atención, cubriremos el suministro de transición de sus medicamentos. Un nivel de cambio en el cuidado se produce cuando se le da de alta de un hospital o se traslada a un centro de cuidados a largo plazo. En estos casos, proveeremos un suministro de emergencia de medicamentos no incluidos en el formulario (incluyendo los medicamentos de la Parte D que están en nuestro formulario pero requieren autorización previa o terapia escalonada bajo nuestras reglas de administración de uso). Este suministro de emergencia será para un suministro de 31 días, o menos si su receta está escrita por menos días. El suministro de emergencia es para asegurarse de que usted recibe medicamentos mientras se solicita una excepción.

Para mayor información

Para obtener información más detallada acerca de su cobertura de medicamentos de receta de ArchCare Senior Life (PACE), examine su materiales del plan.

Si tiene preguntas acerca de ArchCare Senior Life (PACE), póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del vademécum, aparece en las cubiertas delantera y trasera.
Si tiene preguntas generales acerca de la cobertura de medicamentos de receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) 24 horas al día / 7 días a la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite http://www.medicare.gov.

Formulario de ArchCare Senior Life (PACE)

El formulario abajo proporciona información de cobertura acerca de los medicamentos cubiertos por ArchCare Senior Life (PACE). Si tiene dificultades para encontrar su medicamento en la lista, vaya al Índice que empieza en la página 233.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca están en letras mayúsculas (por ejemplo, COUMADIN) y los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *warfarin*).

La información de la columna de Requisitos/Límites le dice si ArchCare Senior Life (PACE) tiene algún requisito especial para la cobertura de su medicamento.

GUÍA DE ABREVIATURAS

PA – Se requiere autorización previa. Esto significa que usted o su médico deben obtener la aprobación de nosotros antes de que usted llene sus recetas para ciertos medicamentos. Si no obtiene la aprobación, es posible que no cubramos los medicamentos.

QL – Se aplican límites de cantidad. Para ciertos medicamentos limitamos la cantidad que cubrirá el plan.

B/D – El plan determinará si este medicamento estará cubierto bajo Medicare Parte B o Parte D basado en la razón por la cual este medicamento ha sido recetado por su médico.

LA – Acceso limitado. El medicamento sólo está disponible en un número limitado de farmacias especializadas.

NM – No está disponible en nuestras farmacias de pedidos por correo. No todas las drogas están disponibles en la orden por correo, por favor consulte con el servicio al cliente si tiene alguna pregunta.

ST – Terapia escalonada. Esto significa que podemos requerirle que primero pruebe ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa condición.

ArchCare Senior Life es un Programa de Cuidado Todo Incluido para Personas Mayores (PACE).

Puede solicitar esta información de forma gratuita en otros formatos, como Braille, letra grande, CD de datos, CD de audio o lector cualificado. Puede solicitar esta información de forma gratuita en otros formatos, cuentos como Braille, letra grande, en CD, CD de audio o un lector cualificado.

El formulario, la red de farmacias y la red de proveedores pueden cambiar en cualquier momento. Usted recibirá un aviso cuando sea necesario.

Discrimination is Against the Law

ArchCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ArchCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ArchCare

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

  If you need these services, contact **Sarah Strum @ (646) 633-4401, TTY 711**

If you believe that ArchCare has failed to provide these services listed above or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Sarah Strum, (646) 633-4401, TTY 711**, or email PACE1557grievances@archcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Sarah Strum (646) 633-4401, TTY 711** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available on-line at http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-380-2589 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-380-2589 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-380-2589 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-380-2589 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-380-2589 (청각 장애인용 서비스: 711)으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-380-2589 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-380-2589 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1- 855-380-2589 رقم هاتف الصم والبكم(711:YTT)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-380-2589 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-380-2589 (ATS: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-380-2589 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-380-2589 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-380-2589 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-380-2589 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。（1-855-380-2589 (TTY: 711).まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما .بگیرید تماس 1-855-380-2589 (TTY: 711).با. باشد می ف

ArchCare Senior Life (PACE) Formulario

Efectivo 1 de septiembre de 2024

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	1	
MITIGARE CAPS .6mg	2	QL (60 caps / 30 days)
probenecid TABS 500mg	1	
MISCELLANEOUS		
a/f pain relief TABS 500mg	3	
acephen SUPP 120mg	3	
acetaminophen CAPS 500mg; CHEW 80mg, 160mg; LIQD 160mg/5ml, 166.67mg/5ml; SOLN 160mg/5ml; SUPP 325mg, 650mg; SUSP 80mg/0.8ml; TABS 325mg	3	
acetaminophen junior stre TBDP 160mg	3	
added strength pain relie	3	
adprin b	3	
adult aspirin regimen TBEC 81mg	3	
af-aspirin childrens CHEW 81mg	3	
ALKA-SELTZER TAB 325MG	3	
ALKA-SELTZER TAB 500MG	3	
anacin TBEC 81mg	3	
ANACIN TAB 400-30MG	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ANACIN TAB MAX STR	3	
APACET CHW 80MG CHEW 80mg	3	
arthritis pain reliever GEL 1%	3	
ASCRIPTIN TAB	3	
aspercreme arthritis pain GEL 1%	3	
aspir-low TBEC 81mg	3	
aspirin SUPP 300mg, 600mg; TABS 325mg, 500mg; TBEC 81mg, 325mg, 650mg	3	
ASPIRIN SUPP 300mg, 600mg; TBEC 650mg	3	
aspirin 81 TBEC 81mg	3	
aspirin adult low dose TBEC 81mg	3	
aspirin adult low strengt TBEC 81mg	3	
aspirin buffered tab 500 mg	3	
aspirin ec adult low dose TBEC 81mg	3	
aspirin ec low dose TBEC 81mg	3	
aspirin enteric coated ad TBEC 81mg	3	
aspirin low dose TBEC 81mg	3	
aspirin powder	3	
aspirin regimen TBEC 81mg	3	
aspirin-caffeine tab 400-32 mg	3	
BACK PAINOFF TAB	3	
bayer aspirin ec low dose TBEC 81mg	3	
bayer chewable low dose CHEW 81mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
bayer low dose TBEC 81mg	3	
BAYER PLUS TAB 500MG	3	
BAYER WOMENS TAB 81-300MG	3	
BC FAST PAIN POW RELIEF	3	
BC FAST PAIN POW RLF ARTH	3	
bufferin extra strength	3	
BUFFERIN TAB 325MG	3	
BUFFERIN TAB 500MG	3	
childrens acetaminophen SUSP 160mg/5ml	3	
CHLD NON-ASA TAB 80MG	3	
CRAMP TAB	3	
cvs aspirin adult low str TBEC 81mg	3	
cvs aspirin ec TBEC 81mg	3	
cvs aspirin low dose TBEC 81mg	3	
cvs aspirin low strength TBEC 81mg	3	
cvs diclofenac sodiium GEL 1%	3	
cvs diclofenac sodium GEL 1%	3	
diclofenac sodium (topical) GEL 1%	3	
DOANS EXTRA STRENGH TABS 500mg	3	
ecotrin low strength TBEC 81mg	3	
ECOTRIN LOW TAB 81MG EC	3	
ECOTRIN MAXIMUM STRENGTH TBEC 500mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ECOTRIN REGULAR STRENGTH TBEC 325mg	3	
eq arthritis pain GEL 1%	3	
eq arthritis pain relieve GEL 1%	3	
eq aspirin adult low dose TBEC 81mg	3	
eql aspirin low dose TBEC 81mg	3	
EXCEDRIN TAB	3	
extra strength bayer arth TBEC 500mg	3	
FEVERALL JUNIOR STRENGTH SUPP 325mg	3	
FEVERALL SUP 80MG SUPP 80mg	3	
ft arthritis pain GEL 1%	3	
gnp arthritis pain GEL 1%	3	
gnp aspirin TBEC 81mg	3	
gnp aspirin low dose TBEC 81mg	3	
gnp diclofenac sodium GEL 1%	3	
goodsense arthritis pain GEL 1%	3	
goodsense aspirin TBEC 81mg	3	
goodsense aspirin low dos TBEC 81mg	3	
GOODYS POW EX ST	3	
h-e-b aspirin TBEC 81mg	3	
HISTAFLEX TAB 325-25MG	3	
hm aspirin ec low dose TBEC 81mg	3	
HM PAIN REL DRO 80/0.8ML	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
JR NON-ASA TAB 160MG QM	3	
kls arthritis pain relief GEL 1%	3	
kls aspirin low dose TBEC 81mg	3	
kls diclofenac sodium GEL 1%	3	
kp aspirin TBEC 81mg	3	
magnesium salicylate TABS 500mg	3	
MEDI-TABS TAB 500MG	3	
miniprin low dose TBEC 81mg	3	
mm aspirin TBEC 81mg	3	
motrin arthritis pain GEL 1%	3	
nicotine polacrilex LOZG 2mg	3	
PAIN RELIEF TAB	3	
painaid	3	
px enteric aspirin TBEC 81mg	3	
qc aspirin low dose TBEC 81mg	3	
qc diclofenac sodiium GEL 1%	3	
ra antacid pain relief	3	
ra aspirin ec TBEC 81mg	3	
ra aspirin ec adult low s TBEC 81mg	3	
sb aspirin TBEC 81mg	3	
sb aspirin adult low stre TBEC 81mg	3	
sb low dose asa ec TBEC 81mg	3	
sm 8 hour pain relief TBCR 650mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
sm arthritis pain GEL 1%	3	
sm aspirin adult low stre TBEC 81mg	3	
sm aspirin ec low strengt TBEC 81mg	3	
sm aspirin low dose TBEC 81mg	3	
st joseph aspirin TBEC 81mg	3	
st joseph low dose aspiri TBEC 81mg	3	
TEMPRA 3 CHW 160MG CHEW 160mg	3	
tgt acetaminophen melts c TBDP 80mg	3	
TYLENOL CAP 500MG CAPS 500mg	3	
TYLENOL CAPLETS TABS 325mg	3	
TYLENOL CHILDRENS SUSP 160mg/5ml	3	
TYLENOL ER TAB 650MG TBCR 650mg	3	
TYLENOL EXTRA STRENGTH LIQD 1000mg/30ml	3	
VOLTAREN ARTHRITIS PAIN GEL 1%	3	
NSAIDS		
addaprin TABS 200mg	3	
advil junior strength CHEW 100mg; TABS 100mg	3	
ALEVE CAPS 220mg; TABS 220mg	3	
all day pain relief TABS 220mg	3	
celecoxib CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
celecoxib CAPS 400mg	1	QL (30 caps / 30 days)
CHILDRENS ADVIL SUSP 40mg/ml	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
childrens ibuprofen SUSP 40mg/ml	3	
CHILDRENS MOTRIN JUNIOR S CHEW 100mg	3	
diclofenac potassium TABS 50mg	1	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diflunisal TABS 500mg	1	
ec-naproxen TBEC 375mg	1	QL (120 tabs / 30 days)
ec-naproxen TBEC 500mg	1	QL (90 tabs / 30 days)
eq ibuprofen CAPS 200mg	3	
eql naproxen sodium CAPS 220mg	3	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
flurbiprofen TABS 100mg	1	
HCA IBUPROFE CAP SOFTGEL	3	
HM IBUPROFEN SUS 100/5ML	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
MOTRIN MIGRA TAB 200MG	3	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	1	QL (120 tabs / 30 days)
naproxen TBEC 500mg	1	QL (90 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
naproxen sodium TABS 275mg, 550mg	1	
piroxicam CAPS 10mg, 20mg	1	
sb childrens ibuprofen SUSP 100mg/5ml	3	
sulindac TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg	1	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg	2	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	2	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	1	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	2	
endocet tab 2.5-325mg	1	QL (360 tabs / 30 days)
endocet tab 5-325mg	1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	1	QL (240 tabs / 30 days)
endocet tab 10-325mg	1	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	2	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	1	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	2	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	2	B/D

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	1	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	2	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	2	
oxycodone hcl CAPS 5mg	1	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	1	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	1	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	1	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	QL (240 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	2	QL (672 tabs / year), PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ANTIMINTH SUS 250/5ML SUSP 250mg/5ml	3	
ascarel SUSP 250mg/5ml	3	
atovaquone SUSP 750mg/5ml	1	
aztreonam SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	2	NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	1	
clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	2	
CLINDMYC/NAC INJ 600/50ML	2	
CLINDMYC/NAC INJ 900/50ML	2	
colistimethate sodium SOLR 150mg	1	
dapsone TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	2	
daptomycin SOLR 350mg, 500mg	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
EMVERM CHEW 100mg	2	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
ivermectin TABS 3mg	1	QL (12 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml	2	QL (1800 mL / 30 days)
linezolid TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
meropenem SOLR 1gm, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	2	QL (6 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
nitrofurantoin macrocrystal CAPS 50mg, 100mg	2	
nitrofurantoin monohyd macro CAPS 100mg	2	
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
praziquantel TABS 600mg	1	
REESES PINWORM MEDICINE TABS 180mg	3	
SIVEXTRO SOLR 200mg; TABS 200mg	2	
streptomycin sulfate SOLR 1gm	2	
sulfadiazine TABS 500mg	2	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	1	
tobramycin NEBU 300mg/5ml	2	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	1	
VANCOMYCIN INJ 1 GM	2	
VANCOMYCIN INJ 500MG	2	
VANCOMYCIN INJ 750MG	2	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	2	B/D
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome SUSR 50mg	2	B/D
caspofungin acetate SOLR 50mg, 70mg	1	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine CAPS 250mg, 500mg	2	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
itraconazole CAPS 100mg	1	PA
ketoconazole TABS 200mg	1	PA
micafungin sodium SOLR 50mg, 100mg	2	
nystatin TABS 500000unit	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
posaconazole SUSP 40mg/ml	2	QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	2	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	QL (90 tabs / year)
voriconazole SOLR 200mg	1	PA
voriconazole SUSR 40mg/ml	2	PA
voriconazole TABS 50mg	1	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	1	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	2	
mefloquine hcl TABS 250mg	1	
primaquine phosphate TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	2	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	1	NM

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
darunavir TABS 600mg	2	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	2	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	2	NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	1	NM
emtricitabine CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	2	NM
etravirine TABS 100mg, 200mg	2	NM
fosamprenavir calcium TABS 700mg	2	NM
FUZEON SOLR 90mg	2	NM, LA
INTELENCE TABS 25mg	2	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	2	NM
ISENTRESS HD TABS 600mg	2	NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	2	NM
maraviroc TABS 150mg, 300mg	2	NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	2	NM
PIFELTRO TABS 100mg	2	NM
PREZISTA SUSP 100mg/ml	2	QL (400 mL / 30 days), NM

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
PREZISTA TABS 75mg	2	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	2	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	2	NM
ritonavir TABS 100mg	1	NM
RUKOBIA TB12 600mg	2	NM
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	2	NM
SUNLENCA TBPK 300mg	2	NM, LA
tenofovir disoproxil fumarate TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	2	NM
TIVICAY PD TBSO 5mg	2	NM
TROGARZO SOLN 200mg/1.33ml	2	NM, LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	2	NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	2	NM
BIKTARVY TAB 50-200-25 MG	2	NM
CIMDUO TAB 300-300	2	NM

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
COMPLERA TAB	2	NM
DELSTRIGO TAB	2	NM
DESCOVY TAB 120-15MG	2	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	2	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	2	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	2	NM
GENVOYA TAB	2	NM
JULUCA TAB 50-25MG	2	NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	NM
lopinavir-ritonavir tab 100-25 mg	1	NM

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
lopinavir-ritonavir tab 200-50 mg	1	NM
ODEFSEY TAB	2	NM
PREZCOBIX TAB 800-150	2	NM
STRIBILD TAB	2	NM
SYMTUZA TAB	2	NM
TRIUMEQ PD TAB	2	NM
TRIUMEQ TAB	2	NM
TRIZIVIR TAB	2	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	2	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	2	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	2	NM, LA, PA
TRECATOR TABS 250mg	2	
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
BARACLUDE SOLN .05mg/ml	2	NM
entecavir TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	2	NM, PA
EPCLUSA PAK 200-50MG	2	NM, PA
EPCLUSA TAB 200-50MG	2	NM, PA
EPCLUSA TAB 400-100	2	NM, PA
famciclovir TABS 125mg, 250mg, 500mg	1	
ganciclovir sodium SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	2	NM, PA
HARVONI PAK 45-200MG	2	NM, PA
HARVONI TAB 45-200MG	2	NM, PA
HARVONI TAB 90-400MG	2	NM, PA
lamivudine (hbv) TABS 100mg	1	NM
MAVYRET PAK 50-20MG	2	NM, PA
MAVYRET TAB 100-40MG	2	NM, PA
oseltamivir phosphate CAPS 30mg	1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	2	QL (40 tabs / 30 days); $0 Cost Share
PAXLOVID TAB 300-100	2	QL (60 tabs / 30 days); $0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	2	NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
PREVYMIS TABS 240mg, 480mg	2	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
valacyclovir hcl TABS 1gm, 500mg	1	
valganciclovir hcl SOLR 50mg/ml	2	
valganciclovir hcl TABS 450mg	1	
VEMLIDY TABS 25mg	2	NM
VOSEVI TAB	2	NM, PA
XOFLUZA TBPK 40mg, 80mg	2	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	2	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	2	
CEFAZOLIN INJ 1GM/50ML	2	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	2	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
cefepime hcl SOLR 1gm, 2gm	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	2	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	2	
e.e.s. 400 TABS 400mg	1	
ery-tab TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	2	
erythrocin stearate TABS 250mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate TABS 400mg	1	
erythromycin lactobionate SOLR 500mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	2	
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	2	
dicloxacillin sodium CAPS 250mg, 500mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
nafcillin sodium SOLR 1gm, 2gm	1	
nafcillin sodium SOLR 10gm	2	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	2	
PEN GK/DEXTR INJ 60000/ML	2	
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
minocycline hcl CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	2	NM, LA
tetracycline hcl CAPS 250mg, 500mg	1	PA
tigecycline SOLR 50mg	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	2	B/D, NM, LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	2	B/D
cyclophosphamide SOLR 2gm	2	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	2	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	2	NM
LEUKERAN TABS 2mg	2	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
oxaliplatin SOLR 100mg	2	B/D
paraplatin SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	1	B/D

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
doxorubicin hcl liposomal INJ 2mg/ml	2	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	2	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	2	B/D, NM
cytarabine SOLN 20mg/ml	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	2	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	2	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	2	QL (80 tabs / 28 days), NM, LA, PA
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	2	QL (14 tabs / 28 days), NM, LA, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	2	B/D
PURIXAN SUSP 2000mg/100ml	2	NM, LA
TABLOID TABS 40mg	2	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	2	QL (120 tabs / 30 days), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
abiraterone acetate TABS 500mg	2	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	2	QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	2	QL (60 tabs / 30 days), NM, LA, PA
anastrozole TABS 1mg	1	
bicalutamide TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM, PA
ERLEADA TABS 60mg	2	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	2	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	2	
exemestane TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	2	NM, PA
fulvestrant SOSY 250mg/5ml	2	B/D
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	2	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	2	NM, PA
LYSODREN TABS 500mg	2	NM, LA
megestrol acetate TABS 20mg, 40mg	2	
nilutamide TABS 150mg	2	
NUBEQA TABS 300mg	2	QL (120 tabs / 30 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ORGOVYX TABS 120mg	2	NM, LA, PA
ORSERDU TABS 86mg	2	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	2	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	2	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate TABS 60mg	1	
XTANDI CAPS 40mg	2	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	2	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	2	QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	2	QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	2	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	2	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	2	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	2	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	2	QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	2	QL (112 caps / 28 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
THALOMID CAPS 150mg, 200mg	2	QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	2	QL (2 syringes / 28 days), NM, LA, PA
bexarotene CAPS 75mg	2	QL (300 caps / 30 days), NM, PA
hydroxyurea CAPS 500mg	1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	2	QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	2	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	2	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	2	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	2	NM, LA
tretinoin (chemotherapy) CAPS 10mg	2	
WELIREG TABS 40mg	2	QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	1	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	2	B/D

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
paclitaxel protein-bound particles for iv susp 100 mg	2	B/D, NM
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	2	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	2	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	2	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	2	QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	2	QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	2	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	2	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	2	QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	2	NM, PA
bortezomib SOLR 3.5mg	2	NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
BOSULIF CAPS 50mg	2	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	2	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	2	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	2	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	2	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	2	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	2	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	2	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	2	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	2	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	2	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	2	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	2	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	2	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	2	QL (56 caps / 28 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
COTELLIC TABS 20mg	2	QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	2	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	2	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	2	QL (30 caps / 30 days), NM, LA, PA
erlotinib hcl TABS 25mg	2	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	2	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	2	QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	2	QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	2	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	2	QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	2	QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	2	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	2	QL (120 caps / 30 days), NM, LA, PA
gefitinib TABS 250mg	2	QL (30 tabs / 30 days), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
GILOTRIF TABS 20mg, 30mg, 40mg	2	QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	2	NM, LA, PA
HERCEPTIN SOLR 150mg	2	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	2	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	2	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	2	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	2	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	2	QL (30 tabs / 30 days), NM, LA, PA
imatinib mesylate TABS 100mg	2	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	2	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	2	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	2	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	2	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	2	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	2	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	2	QL (120 tabs / 30 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
INREBIC CAPS 100mg	2	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	2	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	2	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	2	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	2	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	2	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	2	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	2	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	2	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	2	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	2	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	2	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	2	QL (180 tabs / 30 days), NM, LA, PA
lapatinib ditosylate TABS 250mg	2	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	2	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	2	QL (60 caps / 30 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
LENVIMA 10 MG DAILY DOSE CPPK 10mg	2	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	2	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	2	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	2	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	2	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	2	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	2	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	2	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	2	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	2	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	2	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	2	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	2	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	2	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	2	QL (1260 mL / 30 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
MEKINIST TABS 2mg	2	QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	2	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	2	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	2	NM, LA, PA
NERLYNX TABS 40mg	2	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	2	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	2	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	2	QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	2	NM, LA, PA
OGSIVEO TABS 50mg	2	QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	2	QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	2	QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	2	QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	2	QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	2	NM, LA, PA
pazopanib hcl TABS 200mg	2	QL (120 tabs / 30 days), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	2	QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	2	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	2	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	2	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	2	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	2	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	2	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	2	QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	2	QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	2	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	2	QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	2	QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	2	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	2	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	2	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	2	QL (300 tabs / 30 days), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
SCEMBLIX TABS 100mg	2	QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	2	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	2	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	2	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	2	QL (84 tabs / 28 days), NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	2	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	2	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	2	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	2	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	2	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	2	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	2	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	2	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	2	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	2	QL (240 tabs / 30 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	2	NM, LA, PA
TEPMETKO TABS 225mg	2	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	2	QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	2	NM, PA
TRUQAP TABS 160mg, 200mg	2	QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	2	NM, PA
TUKYSA TABS 50mg, 150mg	2	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	2	QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	2	QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg, 50mg	2	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	2	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	2	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	2	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	2	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	2	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	2	QL (300 mL / 30 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
VIZIMPRO TABS 15mg, 30mg, 45mg	2	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	2	QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	2	QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	2	QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	2	QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	2	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	2	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	2	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	2	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	2	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	2	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	2	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	2	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	2	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	2	NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ZOLINZA CAPS 100mg	2	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	2	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	2	QL (84 tabs / 28 days), NM, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	2	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	2	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate CAPS 100mg, 150mg	2	
dofetilide CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
NORPACE CR CP12 100mg, 150mg	2	
pacerone TABS 100mg, 200mg, 400mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sorine TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	1	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cholestyramine light PACK 4gm; POWD 4gm/dose	1	
colesevelam hcl PACK 3.75gm; TABS 625mg	1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	1	
ezetimibe TABS 10mg	1	
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	2	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	2	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	1	PA
prevalite PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	2	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM, PA
VASCEPA CAPS .5gm, 1gm	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	1	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
nifedipine TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	2	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
chlorthalidone TABS 25mg, 50mg	1	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	2	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	1	
digoxin TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	2	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	2	QL (180 caps / 30 days), NM, PA
epinephrine (anaphylaxis) SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg	2	PA; PA if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
metyrosine CAPS 250mg	2	NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
ranolazine TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	2	QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	2	QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 125mg	2	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	2	QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	2	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	2	NM, LA, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml	1	QL (150 mL / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
lorazepam SOLN 2mg/ml, 4mg/ml	1	
lorazepam TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	1	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
NAMZARIC CAP PACK	2	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	2	
AUVELITY TAB 45-105MG	2	QL (60 tabs / 30 days), PA
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	1	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	2	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	2	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	2	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	2	QL (60 caps / 30 days), PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
FETZIMA CP24 80mg, 120mg	2	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	2	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
imipramine hcl TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	2	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	2	
paroxetine hcl SUSP 10mg/5ml	2	QL (900 mL / 30 days), PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	
phenelzine sulfate TABS 15mg	1	
protriptyline hcl TABS 5mg, 10mg	2	
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	2	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	2	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	2	QL (30 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
vilazodone hcl TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	2	QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	2	QL (14 caps / 14 days), NM, LA, PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	1	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg	2	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	1	
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone TABS 200mg	1	
INBRIJA CAPS 42mg	2	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
rasagiline mesylate TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl CAPS 5mg; TABS 5mg	1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	2	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	2	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	2	QL (1 injection / 28 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
aripiprazole SOLN 1mg/ml	1	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	2	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	2	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	2	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	2	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine TABS 25mg, 50mg	1	
clozapine TABS 100mg	1	QL (270 tabs / 30 days)
clozapine TABS 200mg	1	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	1	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	2	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (60 tabs / 30 days), PA
FANAPT PAK	2	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	2	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	2	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	2	QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	1	QL (60 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	2	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	2	QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
paliperidone TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
paliperidone TB24 6mg	1	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	2	QL (1 syringe / 30 days)
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate TABS 25mg	1	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	2	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	2	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	1	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
risperidone TBDP 4mg	1	QL (120 tabs / 30 days)
risperidone TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
risperidone microspheres SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
risperidone microspheres SRER 37.5mg, 50mg	2	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	2	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	2	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	2	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	2	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	2	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	2	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	2	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	2	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	2	QL (60 tabs / 30 days), PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	2	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	2	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	2	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	2	QL (180 packets / 30 days), NM, LA, PA
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
diazepam inj SOLN 5mg/ml	1	
diazepam intensol CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	2	
DILANTIN INFATABS CHEW 50mg	2	
DILANTIN-125 SUSP 125mg/5ml	2	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	2	QL (600 mL / 30 days), NM, LA, PA
epitol TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	2	QL (480 mL / 30 days), PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	1	
felbamate SUSP 600mg/5ml	2	
felbamate TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	2	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	2	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	2	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
gabapentin SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	1	
lacosamide TABS 50mg	1	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	1	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	2	
methsuximide CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	2	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
phenobarbital ELIX 20mg/5ml	2	QL (1500 mL / 30 days), PA; PA if 70 years and older

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	2	PA; PA if 70 years and older
phenytek CAPS 200mg, 300mg	1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	1	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
primidone TABS 50mg, 125mg, 250mg	1	
roweepra TABS 500mg	1	
rufinamide SUSP 40mg/ml	2	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	1	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	2	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	2	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	2	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	2	QL (120 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
SPRITAM TB3D 1000mg	2	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	2	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	2	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	2	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	2	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	2	
vigabatrin PACK 500mg	2	QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	2	QL (180 tabs / 30 days), NM, LA, PA
vigadrone PACK 500mg	2	QL (180 packets / 30 days), NM, LA, PA
vigadrone TABS 500mg	2	QL (180 tabs / 30 days), NM, LA, PA
vigpoder PACK 500mg	2	QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	2	QL (60 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
XCOPRI PAK 12.5-25	2	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	2	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	2	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	2	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	2	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	2	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	2	QL (1100 mL / 30 days), NM, LA, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days), PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), PA; PA if 70 years and older
guanfacine hcl (adhd) TB24 3mg	2	QL (60 tabs / 30 days), PA; PA if 70 years and older
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
tasimelteon CAPS 20mg	2	QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
temazepam CAPS 15mg	1	QL (60 caps / 30 days), PA; PA if 65 years and older
zaleplon CAPS 5mg	2	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
dihydroergotamine mesylate SOLN 1mg/ml	2	
dihydroergotamine mesylate SOLN 4mg/ml	2	QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	1	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	2	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	1	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	1	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	2	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	2	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	2	QL (90 tabs / 30 days), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
AUSTEDO XR TB24 12mg	2	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	2	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	2	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	2	QL (2 packs / year), NM, PA
lithium SOLN 8meq/5ml	1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	2	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	1	
riluzole TABS 50mg	1	
tetrabenazine TABS 12.5mg	2	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	2	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	2	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	2	QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	2	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	2	QL (30 syringes / 30 days), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
glatiramer acetate SOSY 40mg/ml	2	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	2	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	2	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	2	QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	1	
carisoprodol TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
methocarbamol TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
methocarbamol TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
tizanidine hcl TABS 2mg, 4mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	1	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	2	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
acetadryl	3	
ADVIL PM TAB 200-38MG	3	
BAYER PM TAB 38.3-500	3	
bl headache pm	3	
BUFFERIN AF TAB NITETIME	3	
buprenorphine hcl SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 films / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	1	QL (60 tabs / 30 days)
COMMIT LOZG 2mg, 4mg	3	
compoz CAPS 50mg	3	
cvs nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	3	
cvs nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	3	
diphenhydramine hcl (sleep) TABS 25mg	3	
disulfiram TABS 250mg, 500mg	1	
doxylamine succinate (sleep) TABS 25mg	3	
eq sleep-aid nighttime CAPS 25mg	3	
eql ibuprofen pm	3	
eql sleep aid nighttime LIQD 50mg/30ml	3	
HCA NON-ASA TAB PM	3	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTINE SYS KIT TRANSDER	3	
NICOTROL INHALER INHA 10mg	2	
NICOTROL NS SOLN 10mg/ml	2	
UNISOM TABS 25mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
UNISOM SLEEPGELS CAPS 50mg	3	
varenicline tartrate TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	2	NM
ZZZQUIL CAPS 25mg; LIQD 50mg/30ml	3	
ENDOCRINE AND METABOLIC		
ANDROGENS		
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
methyltestosterone CAPS 10mg	2	QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	1	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	2	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	2	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	2	QL (30 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	2	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	2	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
BASAGLAR KWIKPEN SOPN 100unit/ml	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
BD ALCOHOL SWABS	2	
FIASP SOLN 100unit/ml	2	
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2" X 2"	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
INSULIN PEN NEEDLES: BD/NOVO	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES: BD	2	
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	2	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	2	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	2	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
NOVOLOG SOLN 100unit/ml	2	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	2	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	2	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	2	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	2	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	2	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	2	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	2	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	2	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	2	QL (15 pods / 30 days), PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
OMNIPOD GO KIT 35UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	2	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	2	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	2	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT	2	QL (30 devices / 30 days), PA
V-GO 30 KIT	2	QL (30 devices / 30 days), PA
V-GO 40 KIT	2	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
ibandronate sodium TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	2	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	2	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	2	NM, PA
XGEVA SOLN 120mg/1.7ml	2	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	2	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	2	NM, PA
deferasirox TABS 90mg	1	NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
penicillamine TABS 250mg	2	NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	2	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	2	PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ESTROGENS		
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
fyavolv tab 0.5mg-2.5mcg	2	
fyavolv tab 1mg-5mcg	2	
jinteli	2	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
mimvey	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
yuvafem TABS 10mcg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	2	B/D
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	1	B/D
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	2	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	2	
GLUCOSE ELEVATING AGENTS		
BD GLUCOSE CHEW 5gm	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
BL GLUCOSE CHEW 4gm	3	
cvs glucose GEL 40%	3	
CVS GLUCOSE CHW FRUIT	3	
DEX4 CHEW 1gm	3	
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	3	
dextrose (diabetic use) CHEW 4gm, 5gm; LIQD 15gm/59ml	3	
diazoxide SUSP 50mg/ml	2	
GLUCOSE LIQD 15gm/60ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
INSTA-GLUCOSE GEL 77.4%	3	
RA TRUEPLUS GLUCOSE GEL 15gm/32ml	3	
WALGREENS GLUCOSE CHEW 4gm	3	
MISCELLANEOUS		
A1C NOW KIT	3	
ACCU-CHECK TES COMFORT	3	
ACCU-CHEK KIT FASTCLIX	3	
actidose/sorbitol	3	
ADJ LANCING MIS DEVICE	3	
ALDURAZYME SOLN 2.9mg/5ml	2	NM, LA, PA
ASCENSIA MIS AUTODISC	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ASSURE ID MIS 30GX3/16	3	
ASSURE ID MIS 30GX5/16	3	
AUTOLET PLAT MIS 1.8MM	3	
BD PEN NEEDL MIS 29GX12.7	3	
BD PEN NEEDL MIS 32GX6MM	3	
betaine powder for oral solution	2	NM, LA
BILI-LABSTIX TES STRIPS	3	
cabergoline TABS .5mg	1	
CAREFINE MIS 32GX5MM	3	
carglumic acid TBSO 200mg	2	NM, LA, PA
CERDELGA CAPS 84mg	2	NM, LA, PA
CEREZYME SOLR 400unit	2	NM, LA, PA
charcoal activated powder	3	
CHARCOAL POW	3	
CHEMSTRIP TES UGK	3	
CHEMSTRIP-UG TES	3	
1ST CHOICE MIS LANCETS	3	
cinacalcet hcl TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	2	B/D, QL (120 tabs / 30 days), NM
CLINI-TEK MIS	3	
COMFORT EZ MIS 33GX4MM	3	
CYSTAGON CAPS 50mg, 150mg	2	NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
desmopressin acetate SOLN 4mcg/ml	2	
desmopressin acetate TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	2	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	2	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	2	NM, PA
INCRELEX SOLN 40mg/4ml	2	NM, LA, PA
IOSAT TABS 130mg	3	
javygtor PACK 100mg, 500mg; TABS 100mg	2	NM, LA, PA
KORLYM TABS 300mg	2	NM, LA, PA
lancets misc.*	3	
lancets*	3	
lanreotide acetate SOLN 120mg/0.5ml	2	NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	2	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	2	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	2	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	2	NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
mifepristone (hyperglycemia) TABS 300mg	2	NM, PA
miglustat CAPS 100mg	2	QL (90 caps / 30 days), NM, PA
multiple urine test strips*	3	
NAGLAZYME SOLN 1mg/ml	2	NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	2	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	2	NM, PA
POTASSIUM IODIDE SOLN 65mg/ml	3	
raloxifene hcl TABS 60mg	1	
RELION ALL- MIS IN-ONE	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	2	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	2	NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	2	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	2	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	2	NM, LA, PA
THYROSAFE TABS 65mg	3	
1ST TIER UNI MIS 31GX5MM	3	
1ST TIER UNI MIS 31GX6MM	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
1ST TIER UNI MIS 31GX8MM	3	
1ST TIER UNI MIS 32GX4MM	3	
yargesa CAPS 100mg	2	QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	1	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	1	QL (360 tabs / 30 days)
lanthanum carbonate CHEW 500mg, 1000mg	1	QL (90 tabs / 30 days)
lanthanum carbonate CHEW 750mg	1	QL (180 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	1	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	1	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	2	QL (180 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	
megestrol acetate (appetite) SUSP 625mg/5ml	2	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites

GASTROINTESTINAL

ANTACIDS

acid gone	3	
acid relief	3	
alamag-plus	3	
aldroxicon i	3	
ALKA SELTZER TAB HEARTBRN	3	
ALKA-SELTZER CHW 750-80MG	3	
ALKA-SELTZER TAB GOLD	3	
alkets CHEW 500mg	3	
ALUMINUM HYDROXIDE SUSP 320mg/5ml, 600mg/5ml	3	
aluminum hydroxide gel SUSP 320mg/5ml	3	
aluminum hydroxide gel su SUSP 600mg/5ml	3	
antacid	3	
ANTACID CHEW 1177mg	3	
antacid double strength	3	
antacid extra strength	3	
antacid ultra strength CHEW 1000mg	3	
BELL-ANS TAB 650MG TABS 650mg	3	
CALCIUM CARBONATE TABS 648mg, 650mg	3	
calcium carbonate (antacid) TABS 648mg, 650mg	3	
cvs antacid multi-symptom	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
DEWEES CARMINATIVE SUSP 250mg/5ml	3	
eq antacid & anti-gas max	3	
FP FOMICON SUS	3	
GAVISCON CHW	3	
GAVISCON CHW EX-STR	3	
GAVISCON SUS	3	
GELUSIL CHW	3	
gnp calcium antacid child CHEW 400mg	3	
hm advanced antacid maxim	3	
hm magnesium TABS 250mg	3	
HYVEE ADVCD SUS ANTACID	3	
longs acid relief extra s CHEW 750mg	3	
MAALOX MAX CHW 1000-60	3	
MAALOX QUICK DISSOLVE MAX CHEW 1000mg	3	
MAG-AL LIQ	3	
mag-caps CAPS 140mg	3	
MAG-OX 400 TAB 400MG TABS 400mg	3	
magaldrate SUSP 540mg/5ml	3	
magaldrate w/ simethicone susp 1080-30 mg/5ml	3	
MAGNESIUM CAPS 500mg	3	
MAGNESIUM OXIDE CAPS 400mg	3	
magnesium oxide TABS 400mg, 420mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
maox TABS 420mg	3	
MI-ACID CHW	3	
MYLANTA CHW 400MG CHEW 400mg	3	
MYLANTA SUS	3	
MYLANTA SUS SUPREME	3	
RI-MAG SUSP 540mg/5ml	3	
RI-MAG PLUS SUS	3	
ROLAIDS CHW	3	
ROLAIDS CHW EX ST	3	
ROLAIDS MULT CHW SYMPTOM	3	
sodium bicarbonate (antacid) TABS 325mg, 650mg	3	
sodium bicarbonate powder*	3	
SODIUM POW BICARBON	3	
tgt antacid extra strengt	3	
TUMS CHEW 500mg	3	
TUMS CALCIUM FOR LIFE BON CHEW 750mg	3	
tums gas relief chewy bit	3	
URO MAG CAPS 140mg	3	
ANTI-DIARRHEAL		
abatinex CAPS 680mg	3	
ACIDOPHILUS WAFR 1mg	3	
ACIDOPHILUS CAP	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ACIDOPHILUS/ TAB CIT PECT	3	
anti-diarrheal CAPS 2mg; LIQD 1mg/5ml; SOLN 1mg/7.5ml; TABS 2mg	3	
bismuth subsalicylate CHEW 262mg; SUSP 525mg/15ml	3	
CULTURELLE CAPS 10bcell	3	
CULTURELLE CAP	3	
CULTURELLE CHW DIGESTIV	3	
CULTURELLE CHW KIDS	3	
CULTURELLE KIDS PACK 5bcell	3	
cvs acidophilus probiotic	3	
cvs anti-diarrheal SUSP 262mg/15ml	3	
cvs bismuth TABS 262mg	3	
cvs digestive probiotic CAPS 250mg	3	
flora assist	3	
FLORAJEN CAP ACIDOPHI	3	
FLORASTOR CAPS 250mg; PACK 250mg	3	
hm probiotic digestive he CAPS 20bcell	3	
IMODIUM A-D SOLN 1mg/7.5ml; TABS 2mg	3	
IMODIUM A-D LIQ 1MG/5ML LIQD 1mg/5ml	3	
IMODIUM ADV TAB	3	
KAOLIN POW	3	
kaolin powder	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
KAOPECTATE SUS 262/15ML	3	
KAOPECTATE SUS EX ST	3	
KAOPECTATE TAB	3	
LACTINEX CHW	3	
LACTINEX GRA	3	
LACTINEX TAB	3	
lactobacillus acidophilus-pectin cap*	3	
lactobacillus chew tab*	3	
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	3	
PEPTO-BISMOL TO-GO CHEW 262mg	3	
qc anti-diarrheal advance	3	
RESTORE PAK	3	
4X PROBIOTIC TAB	3	
ANTIEMETICS		
ambizine TABS 25mg	3	
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BL MOTION SI TAB 25MG	3	
bonine CHEW 25mg	3	
compro SUPP 25mg	1	
dimenhydrinate TABS 50mg	3	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
HCA MOT SICK TAB 50MG	3	
meclizine hcl TABS 12.5mg	3	
meclizine hcl TABS 12.5mg, 25mg	2	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
scopolamine PT72 1mg/3days	2	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	2	
glycopyrrolate TABS 1mg	1	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	1	QL (120 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
DIGESTIVE AGENTS		
CVS DAIRY RELIEF EXTRA ST TABS 4500unit	3	
cvs lactase TABS 3000unit	3	
dairy digestive ultra TABS 9000unit	3	
fast acting dairy aid TABS 9000unit	3	
FP DAIRY-REL TAB 3000UNIT	3	
GAS-X CAP PREVENT	3	
LACTAID FAST ACT CHEW 9000unit; TABS 9000unit	3	
sb lactase TABS 3000unit	3	
H2-RECEPTOR ANTAGONISTS		
acid controller TABS 10mg	3	
cimetidine tab 200 mg TABS 200mg	3	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
famotidine SUSR 40mg/5ml	1	QL (300 mL / 30 days)
famotidine TABS 20mg	1	QL (120 tabs / 30 days)
famotidine TABS 40mg	1	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
gnp acid control 75 TABS 75mg	3	
gnp acid control 150 maxi TABS 150mg	3	
kls acid controller maxim TABS 20mg	3	
nizatidine CAPS 150mg, 300mg	1	
PEPCID AC TABS 10mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ZANTAC TAB 75MG	3	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	1	
budesonide CPEP 3mg	1	QL (90 caps / 30 days), PA
budesonide TB24 9mg	2	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	1	
mesalamine CP24 .375gm	1	QL (120 caps / 30 days)
mesalamine CPDR 400mg	1	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	1	
mesalamine TBEC 1.2gm	1	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	1	
sulfasalazine TABS 500mg; TBEC 500mg	1	
LAXATIVES		
alophen TBEC 5mg	3	
benefiber on the go	3	
BENEFIBER POW	3	
bisac-evac SUPP 10mg	3	
bl epsom salt	3	
bl laxative pills TABS 15mg, 25mg	3	
bl magnesium citrate	3	
bl mineral oil	3	
bl natural fiber POWD 48.57%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
calcium polycarbophil TABS 625mg	3	
CASTOR OIL OIL 100%	3	
castor oil stimulant laxa OIL 100%	3	
CELLOTHYL TAB 500MG TABS 500mg	3	
CEO-TWO SUP	3	
chocolated laxative CHEW 15mg	3	
CITRUCEL POW ORANGE	3	
clearlax	3	
COLACE CAPS 50mg	3	
colace 2-in-1	3	
colace adult SUPP 2.1gm	3	
COLACE CAP 100MG CAPS 100mg	3	
COLACE LIQ 150/15ML LIQD 150mg/15ml	3	
colace pediatric SUPP 1.2gm	3	
COLACE SYP 60/15ML SYRP 60mg/15ml	3	
constulose SOLN 10gm/15ml	1	
cvs enema disposable	3	
CVS EPSOM GRA SALT	3	
cvs fiber CAPS .52gm	3	
cvs fiber laxative POWD 30.9%	3	
cvs laxative dietary supp TABS 500mg	3	
cvs mineral oil	3	
cvs mini enema kids ENEM 100mg/5ml	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cvs nat fiber laxative POWD 100%	3	
cvs natural daily fiber POWD 51.7%	3	
cvs natural fiber supplem PACK 58.6%	3	
cvs senna TABS 8.6mg	3	
dietary fiber laxative POWD 28.3%	3	
diocto LIQD 150mg/15ml	3	
doculase	3	
docusate calcium CAPS 240mg	3	
docusate sodium CAPS 100mg, 250mg; SYRP 60mg/15ml; TABS 100mg	3	
DOCUSOL KIDS ENE 100MG/5M	3	
docusol mini ENEM 283mg/5ml	3	
docusol plus mini-enema	3	
DULCOLAX TBEC 5mg	3	
dulcolax milk of magnesia SUSP 400mg/5ml	3	
eck soluble fiber POWD 2gm/19gm	3	
enulose SOLN 10gm/15ml	1	
EPSOM SALT GRA	3	
EPSOM SALT POW	3	
EQUALACTIN CHEW 625mg	3	
EVAC POW	3	
EX-LAX CHEW 15mg	3	
EX-LAX MILK SUS OF MAGNE	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
FIBER LAX POW 95%	3	
fiber therapy POWD 25%	3	
FIBERCON TAB 625MG TABS 625mg	3	
FLEET BISACODYL ENEM 10mg/30ml	3	
FLEET ENE PED	3	
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	3	
FLEET SALINE ENE ENEMA	3	
fp fiber laxative POWD 95%	3	
FV MINERAL OIL HEAVY	3	
gavilyte-c	1	
gavilyte-g	1	
generlac SOLN 10gm/15ml	1	
glycerin (laxative) SUPP 1gm, 2gm	3	
GLYCERIN ADULT SUPP 2gm	3	
glycerin adult SUPP 80.7%	3	
goodsense clearlax POWD 17gm/scoop	3	
goodsense fiber TABS 500mg	3	
HCA BISACODY SUP 10MG	3	
HCA LAX-X TAB 25MG	3	
hm fiber POWD 51.7%	3	
HYDROCIL INS POW 95% PACK 95%	3	
KAOPECTATE STOOL SOFTENER CAPS 240mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
KONSYL PACK 60.3%; POWD 60.3%, 71.67%	3	
KONSYL DAILY FIBER PACK 28.3%	3	
KONSYL POW 100%	3	
KONSYL-D POWD 52.3%	3	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
laxmar POWD 33%	3	
magnesium sulfate granules	3	
METAMUCIL CAPS .36gm	3	
metamucil 3-in-1 daily fi	3	
METAMUCIL 4-IN-1 FIBER PACK 51.7%	3	
METAMUCIL POW 28% CIT PACK 28%	3	
METAMUCIL POW 48.57%	3	
METAMUCIL POW 58.6 CIT PACK 58.6%	3	
METAMUCIL POW 58.6%	3	
METAMUCIL POW 63%	3	
METAMUCIL POW ORANGE POWD 33%	3	
METAMUCIL WAF	3	
milk of magnesia concentr SUSP 2400mg/10ml	3	
MINERAL OIL	3	
mineral oil (bulk)	3	
MINERAL OIL ENE	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
MINERAL OIL LIGHT	3	
mineral oil light (bulk)	3	
MIRALAX PACK 17gm; POWD 17gm/scoop	3	
natural vegetable fiber POWD 63%	3	
osco natural fiber laxati PACK 28%	3	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 1gm, 2.8gm	3	
pediatric enema	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PHILLIPS TABS 500mg	3	
PLENVU SOL	2	
psyllium POWD 68%	3	
ra laxative extra strengt TABS 17.2mg	3	
senexon LIQD 8.8mg/5ml	3	
SENNA SYRP 176mg/5ml	3	
SENNA LEAVES MIS	3	
SENOKOT SYRP 8.8mg/5ml; TABS 8.6mg	3	
SENOKOT S TAB 8.6-50MG	3	
SENOKOT XTRA TABS 17.2mg	3	
sm fiber POWD 51.7%	3	
SM LAXATIVE TAB REGULAR	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	
SORBITOL SOLN 70%	3	
vacuant mini-enema ENEM 283mg	3	
vacuant plus mini-enema	3	
MISCELLANEOUS		
alka-seltzer anti-gas CAPS 125mg	3	
alosetron hcl TABS .5mg, 1mg	2	QL (60 tabs / 30 days), PA
anti gas CAPS 166mg	3	
BICARSIM TABS 80mg	3	
BICARSIM FORTE TABS 125mg	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	1	
cvs gas relief drops extr LIQD 40mg/0.6ml	3	
cvs gas relief extra stre CHEW 125mg	3	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
EMETROL SOL	3	
GAS RELIEF CAP 125MG	3	
GAS-X CHEW 80mg	3	
GAS-X EXTRA STRENGTH CHEW 125mg; STRP 62.5mg	3	
GATTEX KIT 5mg	2	NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
hm anti-nausea	3	
kls acid controller compl	3	
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (30 caps / 30 days)
LITTLE TUMMY DRO 20/0.3ML	3	
loperamide hcl CAPS 2mg	1	
misoprostol TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
PEPCID CHW COMPLETE	3	
PHAZYME CAPS 180mg	3	
PHAZYME MAXIMUM STRENGTH CAPS 250mg	3	
PHAZYME MS CAP 166MG CAPS 166mg	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	2	QL (28 syringes / 28 days), PA
sb anti-gas CAPS 180mg	3	
simethicone CHEW 80mg; TABS 80mg	3	
simethicone susp 40 mg/0. SUSP 40mg/0.6ml	3	
sucralfate TABS 1gm	1	
ursodiol CAPS 300mg; TABS 250mg, 500mg	1	
XERMELO TABS 250mg	2	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	2	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
acid reducer CPDR 20.6mg	3	
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
heartburn treatment 24 ho CPDR 15mg	3	
lansoprazole CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole TBEC 20mg	3	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	1	
PRILOSEC OTC TBEC 20mg	3	
rabeprazole sodium TBEC 20mg	1	QL (30 tabs / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
A + D PERSON MIS CARE WIP	3	
acetic acid SOLN .25%	1	
azo dine TABS 95mg	3	
azo dine maximum strength TABS 97.5mg	3	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
cvs disposable douche med SOLN .3%	3	
fq breathable adult brief	3	
GLYCINE POW	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	
SUMMERS EVE SOL 0.3%	3	
URO-TRIN TAB 95MG TABS 95mg	3	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	2	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	2	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	2	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	1	QL (600 mL / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
oxybutynin chloride TABS 5mg	1	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
af-miconazole 7 CREA 2%	3	
bl miconazole 3	3	
clindamycin phosphate vaginal CREA 2%	1	
CLOTRIMAZOLE CRE 2%	3	
clotrimazole vaginal CREA 1%	3	
cvs miconazole 3	3	
GYNE-LOTRIMIN CREA 1%	3	
metronidazole vaginal GEL .75%	1	
miconazole 3 combination	3	
MICONAZOLE KIT 200MG/2%	3	
miconazole nitrate vaginal SUPP 100mg	3	
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	3	
monistat 1-day OINT 6.5%	3	
MONISTAT 3 CREA 4%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
MONISTAT 3 KIT COMBINAT	3	
MONISTAT 7 CREA 2%; SUPP 100mg	3	
qc 3 day vaginal cream CREA 4%	3	
sm 3-day vaginal CREA 2%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
TIOCONAZOLE OIN -1	3	

HEMATOLOGIC

ANTICOAGULANTS

ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	2	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium SOLN 2.5mg/0.5ml	1	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
HEP SOD/D5W INJ 20000UNT	2	
HEP SOD/D5W INJ 25000UNT	2	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	2	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	2	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	2	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	2	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	2	QL (2 syringes / 28 days), NM, PA
IRON		
abatron af	3	
ABATRON LIQ	3	
altorex CAPS 150mg	3	
BIFERA TAB 28MG	3	
bl iron	3	
cvs iron TABS 27mg	3	
eql carbonyl iron TABS 45mg	3	
EZFE 200 CAPS 200mg	3	
fe c	3	
fe c tab plus	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
FE SULFATE POW	3	
fe tabs TBEC 325mg	3	
FEOSOL TABS 45mg, 200mg	3	
FER-IN-SOL SOLN 15mg/ml	3	
fer-iron SOLN 15mg/ml	3	
FERGON TABS 240mg	3	
FERGON TAB 320MG TABS 320mg	3	
FERRETTS TABS 325mg	3	
FERRETTS IPS SOLN 40mg/15ml	3	
FERRIMIN 150 TABS 150mg	3	
FERRO-SEQUEL TAB 65-25MG	3	
ferrocite TABS 324mg	3	
FERROUS FUMARATE TABS 29mg	3	
ferrous fumarate TABS 325mg	3	
ferrous gluconate TABS 320mg	3	
FERROUS GLUCONATE TABS 324mg	3	
FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg	3	
ferrous sulfate SOLN 300mg/5ml; SYRP 300mg/5ml; TABS 27mg; TBCR 50mg	3	
ferrous sulfate dried TBCR 160mg	3	
ferrous sulfate elixir 22 ELIX 220mg/5ml	3	
FERROUS SULFATE ELIXIR 22 ELIX 220mg/5ml	3	
ferrous sulfate iron TABS 200mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
FOLITAB 500 TAB	3	
FUSION CAP	3	
gnp iron TBCR 45mg	3	
hematron	3	
HEMOCYTE TABS 324mg	3	
ICAR PEDIATRIC SUSP 15mg/1.25ml	3	
ICAR-C TAB	3	
INTEGRA CAP	3	
IRO-PLEX LIQ	3	
IRO-PLEX TAB 165-2MG	3	
IRON TABS 28mg, 90mg, 256mg	3	
IRON 21/7 MIS	3	
IRON CHEWS PEDIATRIC CHEW 15mg	3	
iron combination elixir	3	
iron slow release TBCR 45mg	3	
IRON UP LIQD 15mg/0.5ml	3	
kp ferrous gluconate TABS 324mg	3	
NOVAFERRUM 50 CAPS 50mg	3	
NOVAFERRUM LIQ 125	3	
NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml	3	
PERFECT IRON TABS 25mg	3	
PROFE CAPS 180mg	3	
PROFERRIN ES TAB 12 MG	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
RA HIGH POTENCY IRON TABS 27mg	3	
ra slow release iron TBCR 47.5mg	3	
SLOW FE TBCR 45mg, 160mg	3	
SM SLOW RELEASE IRON TBCR 143mg	3	
TANDEM CAP	3	
VITRON-C TAB 65-125MG	3	
wee care SUSP 15mg/1.25ml	3	
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	2	QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	2	QL (90 tabs / 30 days), NM, LA, PA
anagrelide hcl CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	2	QL (24 boxes / 30 days), NM, LA, PA
cilostazol TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	2	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
ENDARI PACK 5gm	2	NM, LA, PA
HAEGARDA SOLR 2000unit	2	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	2	QL (20 vials / 30 days), NM, LA, PA
icatibant acetate SOSY 30mg/3ml	2	QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	2	NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
pentoxifylline TBCR 400mg	1	
PROMACTA PACK 12.5mg	2	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	2	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	2	QL (60 tabs / 30 days), NM, LA, PA
sajazir SOSY 30mg/3ml	2	QL (9 syringes / 30 days), NM, LA, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	2	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	2	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	2	QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	2	NM, PA
ENBREL SOLN 25mg/0.5ml	2	QL (16 vials / 28 days), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ENBREL SOSY 25mg/0.5ml	2	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	2	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	2	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	2	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	2	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	2	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	2	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	2	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	2	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	2	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	2	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	2	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	2	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	2	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	2	QL (2 packs / year), NM, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	2	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	2	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	2	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	2	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	2	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	2	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	2	NM, LA, PA
RENFLEXIS SOLR 100mg	2	NM, LA, PA
RINVOQ TB24 15mg, 30mg	2	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	2	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	2	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	2	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	2	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	2	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	2	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	2	NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
STELARA SOSY 45mg/0.5ml, 90mg/ml	2	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	2	QL (3 syringes / 28 days), NM, LA, PA
TREMFYA SOPN 100mg/ml	2	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	2	QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	2	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	2	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	2	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	2	B/D
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	2	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	2	PA
BIVIGAM SOLN 5gm/50ml, 10%	2	NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	2	NM, PA
GAMASTAN INJ	2	B/D, NM, LA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	2	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	2	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	2	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	2	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	2	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	2	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	2	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	2	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	2	NM, LA, PA
ARCALYST SOLR 220mg	2	NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	2	B/D, NM
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	2	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	2	NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	2	B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	1	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	2	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	2	B/D, NM
PROGRAF PACK .2mg, 1mg	2	B/D, NM
REZUROCK TABS 200mg	2	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	2	B/D, NM
sirolimus SOLN 1mg/ml	2	B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	1	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	
INJECTABLE		
ANTI-COAGULANT FOR IV		
heparin sodium (porcine) lock flush SOLN 1unit/ml, 10unit/ml, 100unit/ml	3	
STERILE INJECTABLE		
water for injection	3	
water for iv injection	3	
MISCELLANEOUS		
MISCELLANEOUS		
ACACIA POW	3	
acacia powder	3	
ACETAMIN POW	3	
ACETIC ACID SOLN 3%	3	
ALCOHOL SOL DENATURE	3	
ALLANTOIN POW	3	
almond oil (sweet)	3	
alum (ammonium) powder	3	
ALUM AMMONIU POW	3	
AMMONIUM GRA CHLORIDE	3	
ANISE FLAVOR OIL	3	
AQUABASE OIN	3	
ASCORBIC ACD POW	3	
BENZYL ALC LIQ	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
BIOFLAVINOID POW LEMON	3	
BIOFLAVONOID POW CITRUS	3	
BISMUTH POW SUBNITRA	3	
BISMUTH SUBC POW	3	
bismuth subcarbonate powder	3	
bismuth subnitrate powder	3	
BL BORIC ACI POW	3	
BL GLYCERIN LIQ	3	
BL PETROLEUM OIN JELLY	3	
BLENDED SUSP SUS COMPOUND	3	
boric acid powder	3	
BUBBLE GUM SYP	3	
calcium hydroxide powder	3	
CALCIUM POW SACCHARA	3	
CARBOMER POW 1342	3	
castor oil	3	
CASTOR OIL OIL 100%	3	
CETYL ALCOHO GRA	3	
CHERRY CON	3	
cherry syrup	3	
CHLOROFORM SOL	3	
chloroform soln	3	
CITRIC ACID GRA	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
citric acid granules	3	
citric acid powder	3	
clove oil	3	
CLOVE OIL	3	
cocoa butter	3	
COCOA BUTTER LOT	3	
coconut oil	3	
collodion flexible	3	
COLLODION LIQ FLEXIBLE	3	
COTTONSEED OIL	3	
CROTON OIL	3	
CRYSTAL LAKE LIQ WATER	3	
D-VITAMIN E POW SUCCINAT	3	
DELBASE OIN COMPOUND	3	
DL-MENTHOL CRY	3	
FATTYBLEND MIS	3	
FD&C BLUE #2 POW	3	
FD&C RED 40 POW	3	
FDC BLUE 1 POW AL LAKE	3	
FDC RED #40 POW AL LAKE	3	
FDC YELLOW 5 POW AL LAKE	3	
FERRIC POW SUBSULFA	3	
FLAVOR CONC LIQ GRAPE	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
FULLERS POW EARTH	3	
glycerin liquid	3	
glycolic acid crystals	3	
GNP PETROLEU GEL JELLY	3	
GRAPE SEED OIL	3	
GREEN TEA EXTRACT LIQD 90%	3	
GRX WHITE OIN PETROLAT	3	
HYDROPHILIC OIN PETROLAT	3	
hydrophilic ointment	3	
INDOLE-3- POW CARBINOL	3	
INOSITOL POW HEXANICO	3	
IODINE CRY	3	
karaya gum	3	
KARAYA GUM	3	
LACTIC ACID SOL	3	
LACTOSE POW	3	
lactose powder	3	
LIP BALM OIN NATURAL	3	
LIPOIL OIL	3	
LIPOVAN BASE CRE	3	
LOLLIBASE POW	3	
LOZIBASE MIS	3	
MANNITOL POW	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
menthol crystals	3	
METHYLCELLULOSE GEL 2%, 3%	3	
methylcellulose powder	3	
NICE PURE POW BAK SODA	3	
ORA-HESIVE PST BASE	3	
oral vehicles**	3	
OXALIC ACID CRY	3	
oxalic acid crystals	3	
PCCA MBK MIS FAT ACID	3	
PEG 1000 LIQ	3	
PERUVIAN LIQ BALSAM	3	
petrolatum ointment	3	
petrolatum, hydrophilic ointment	3	
PHOSPHATIDYL POW 20%	3	
PLURONIC GEL 20%, 30%	3	
POLYSORBATE SOL 20	3	
POT NITRATE GRA	3	
POT SORBATE CRY	3	
POTASSIUM HYDROXIDE SOLN 10%, 20%	3	
PROPYLENE GL SOL	3	
propylene glycol	3	
raspberry syrup	3	
RED YEAST POW RICE	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
simple - syrup	3	
SOD BENZOATE POW	3	
SOD METABISU GRA	3	
SOD PERBORAT CRY	3	
SOD PROPION POW	3	
SOD SULFITE POW	3	
sodium benzoate powder	3	
SODIUM BORAT POW	3	
SODIUM CITRA GRA	3	
sorbitol SOLN 70%	3	
STEVIA EXTRACT POWD 90%	3	
SULFUR POW	3	
SUSPENDOL-S LIQ	3	
TALC POW	3	
talc powder	3	
THYMOL CRY	3	
TROCHIBASE S MIS	3	
turpentine liq	3	
UNIBASE CRE	3	
UREA BEA	3	
VEEGUM MIS LUMP	3	
white petrolatum gel	3	
white petrolatum ointment	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
WITEPSOL MIS	3	
ZINC CHLORID GRA	3	
ZINC OXIDE POW	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
BABY DARLNG POW PED ELEC	3	
buffered salt	3	
CERALYTE 50 LIQ	3	
CERASPORT SOL	3	
hm potassium TABS 595mg	3	
hydralife	3	
MEDI-LYTE TAB	3	
oral electrolyte for soln**	3	
oral electrolyte solution**	3	
osco potassium gluconate TABS 550mg	3	
POT GLUCONAT TAB 500MG	3	
potassium TABS 99mg	3	
potassium gluconate TABS 2meq	3	
POTASSIUM GLUCONATE TABS 550mg	3	
POTASSIUM GLUCONATE ER TBCR 595mg	3	
POTASSIUM TAB CHELATED	3	
REPLACE TAB SR	3	
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
D5W/LYTES INJ #48	2	
D10W/NACL INJ 0.2%	2	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ISOLYTE-P INJ /D5W	2	
ISOLYTE-S INJ	2	
ISOLYTE-S INJ PH 7.4	2	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
KCL/D5W/NACL INJ 0.3/0.9%	2	
lactated ringer's solution	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	2	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	2	
MG SO4/D5W INJ 10MG/ML	2	
multiple electrolytes ph 5.5	1	
multiple electrolytes ph 7.4	1	
PLASMA-LYTE INJ -148	2	
PLASMA-LYTE INJ -A	2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	2	
POT CHL 40MEQ/L IN NACL 0.9% INJ	2	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	2	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 5%/D15W	2	B/D
CLINIMIX INJ 5%/D20W	2	B/D

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
CLINIMIX INJ 6/5	2	B/D
CLINIMIX INJ 8/10	2	B/D
CLINIMIX INJ 8/14	2	B/D
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	2	B/D
COPPER SULF CRY	3	
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	2	B/D
NUTRILIPID EMUL 20gm/100ml	2	B/D
plenamine	1	B/D
PREMASOL SOL 10%	2	B/D
PROSOL INJ 20%	2	B/D
TRAVASOL INJ 10%	2	B/D
TROPHAMINE INJ 10%	2	B/D
MINERALS		
BEELITH TAB	3	
bl calcium 500/d	3	
bl calcium 600 + d	3	
bl calcium citrate+d	3	
bl calcium/magnesium/zinc	3	
bl magnesium TABS 250mg	3	
BONE MEAL TAB	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
bone meal w/ vitamin d tab**	3	
CA GLUCONATE TAB 50MG	3	
CA HI-CAL/D TAB 500MG	3	
CA PHOS DIHY POW DIBASIC	3	
CA/MG TAB	3	
CA/MG/ZN TAB	3	
CAL CIT MAL/ TAB VITAMIND	3	
CAL-CITRATE TAB PLUS D	3	
CAL-LAC CAPS 500mg	3	
CAL-MAG COMP TAB	3	
CAL-QUICK LIQ 500-400	3	
CAL/MAG TAB CHEW	3	
CAL/MAG/VITD TAB	3	
CALC CHEWABL CHW 600 PLUS	3	
CALC CIT+D3 TAB 250-200	3	
CALC/MAGNES TAB 333-167	3	
CALC/VIT D3 CHW 200-200	3	
CALC/VIT D3 CHW DISNEY	3	
calcarb 600 TABS 1500mg	3	
calcarb 600/vitamin d	3	
CALCET CHW BITES	3	
CALCET PETIT TAB 200-250	3	
calci-chew CHEW 1250mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
CALCI-CHEW CHEW 1250mg	3	
CALCI-MIX CAPS 1250mg	3	
calcio del mar TABS 1250mg	3	
calcitrate TABS 950mg	3	
calcium TABS 600mg	3	
calcium 500+d high potenc	3	
calcium 500/d	3	
calcium 600 + d	3	
calcium 600 mg w/ vitamin d tab	3	
calcium 600 with vitamin	3	
calcium 600-d	3	
CALCIUM 1000 TAB + D	3	
calcium 1200+d3	3	
CALCIUM ACETATE TABS 668mg	3	
CALCIUM CARB POW	3	
CALCIUM CARB TAB 600MG	3	
calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)	3	
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	3	
calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)	3	
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	3	
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit**	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit*	3	
CALCIUM CARBONATE CHEW 260mg; POWD 800mg/2gm	3	
calcium carbonate (antacid) SUSP 1250mg/5ml	3	
calcium carbonate powder	3	
calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)	3	
**calcium carbonate-vit d*	3	
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	3	
calcium carbonate-vitamin d tab 500 mg-3.125 mcg (125 unit)	3	
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)	3	
CALCIUM CIT/ TAB VIT D	3	
CALCIUM CITR TAB + D	3	
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg, 1040mg	3	
calcium citrate + d3	3	
calcium citrate-vitamin d tab 1500 mg-200 unit	3	
calcium gluconate TABS 500mg, 650mg	3	
CALCIUM GLUCONATE TABS 500mg, 650mg	3	
calcium gluconate powder	3	
calcium gummies	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
CALCIUM LACTATE TABS 100mg, 648mg, 750mg	3	
calcium lactate TABS 650mg	3	
calcium liquid caps	3	
calcium phos-cholecalcif chew tab 250 mg-12.5 mcg (500 unit)	3	
CALCIUM PLUS CAP VIT D	3	
CALCIUM SOFT CHW CARAMEL	3	
CALCIUM TAB 600MG	3	
CALCIUM TAB FORMULA	3	
calcium w/ magnesium tab 333-167 mg	3	
calcium w/ magnesium tab 500-250 mg	3	
calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg	3	
calcium-carb 600 + d	3	
calcium-magnesium-zinc tab 333-133-8.3 mg	3	
calcium-magnesium-zinc tab 334-134-5 mg	3	
calcium-vitamin d tab 600 mg-5 mcg (200 unit)	3	
CALCIUM/C/D CHW 500MG	3	
CALCIUM/D3 CAP 600-2500	3	
CALCIUM/D TAB 600/200	3	
CALCIUM/MAGN TAB 250-155	3	
CALCIUM/VITD CAP 600-400	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
CALTRATE 600 CHW 600-800	3	
CALTRATE 600 CHW +D PLUS	3	
CALTRATE + D TAB 300-800	3	
CALTRATE +D3 TAB 600-800	3	
CALTRATE+D TAB 600-800	3	
calvite p&d	3	
CHELATED CALCIUM TABS 200mg	3	
CHELATED MG TAB 100MG TABS 100mg	3	
CHELATED MUL TAB MINERAL	3	
CITRACAL CAL CHW GUMMIES	3	
CITRACAL CAL TAB +D SLOW	3	
CITRACAL TAB MAXIMUM	3	
CITRACAL TAB VIT D	3	
CITRACAL+D3 CHW 250-500	3	
CORAL CALCIU CAP	3	
CORAL CALCIU CAP 1000MG	3	
CORAL CAP CALCIUM	3	
cvs magnesium citrate CAPS 125mg	3	
cvs selenium TABS 200mcg	3	
cvs selenium natural TABS 100mcg	3	
cvs zinc LOZG 10mg	3	
600+d3 plus minerals	3	
DIASENSE MAGNESIUM TABS 241.3mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ECK HI-CAL TAB 500MG	3	
eq calcium 500+d	3	
eq calcium 600+d+minerals	3	
EQL CALCIUM CAP VIT D	3	
eql calcium gummies	3	
eql calcium soft chews	3	
gnp calcium 500 +d3	3	
GUMMY BITES CHW	3	
HCA ELEMENTA CAP MAGNESIU	3	
hca elemental magnesium CAPS 300mg	3	
HCA ZINC GLU TAB 50MG	3	
hm calcium 600 & vitamin	3	
iodine (kelp) TABS .15mg	3	
kp calcium 600+d3	3	
kp mag-oxide magnesium TABS 200mg	3	
LIQUID CALCI CAP WITH D3	3	
LOCALNESIUM TAB	3	
LOCALNESIUM TAB -C	3	
MAG64 TBEC 64mg	3	
MAG CARBONAT POW	3	
MAG GLYCINATE TABS 100mg	3	
MAG-200 TABS 200mg	3	
MAG-G TABS 500mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
MAG-SR PLUS TAB CALCIUM	3	
MAG-TAB SR TBCR 84mg	3	
magbee	3	
magdelay TBEC 64mg	3	
MAGDELAY TBEC 70mg	3	
MAGINEX TBEC 615mg	3	
MAGNEBIND TAB 200	3	
MAGNEBIND TAB 300	3	
magnesium TABS 30mg, 100mg	3	
MAGNESIUM TABS 200mg	3	
magnesium chloride TBEC 64mg	3	
MAGNESIUM CITRATE CAPS 125mg; TABS 100mg	3	
MAGNESIUM ELEMENTAL TABS 30mg	3	
magnesium gluconate TABS 27.5mg	3	
MAGNESIUM GLUCONATE TABS 250mg, 500mg, 550mg	3	
magnesium glycinate CAPS 100mg	3	
MAGNESIUM GLYCINATE CAPS 100mg	3	
magnesium lactate TBCR 7meq	3	
MAGNESIUM OXIDE CAPS 400mg; TABS 250mg	3	
magnesium oxide (mg supplement) CAPS 500mg; TABS 250mg, 400mg, 500mg	3	
MAGNESIUM SULFATE CAPS 70mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
magnesium tab 200 mg	3	
magnesium tab 400 mg	3	
MAGONATE LIQ 1000/5ML	3	
mar-zinc TABS 220mg	3	
MONOCAL TAB 3-250	3	
multiple minerals tab*	3	
NU-MAG TAB 71.5-119	3	
ORAZINC TABS 110mg	3	
os-cal	3	
OS-CAL TABS 1250mg	3	
OS-CAL TAB 500 + D	3	
OS-CAL ULTRA TAB	3	
OSTEO-PORETI TAB	3	
oyster shell TABS 500mg	3	
OYSTER SHELL CALCIUM TABS 250mg	3	
PARVA-CAL TAB 250-100	3	
PARVA-CAL TAB 500MG	3	
PHOS-NAK POW CONCENTR	3	
POSTURE-D TAB 600MG	3	
POSTURE-D TAB CALC/MAG	3	
potassium & sodium phosphates powder pack 280-160-250 mg	3	
RA CA/BORON TAB	3	
ra calcium 600 TABS 600mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
RA OYS SHL/D TAB 500MG	3	
ra potassium/magnesium as	3	
RISACAL-D TAB	3	
SE PLUS PROTEIN TABS 200mcg	3	
selenium TABS 50mcg	3	
SELENIUM TBCR 200mcg	3	
SELENIUM TAB 50MCG	3	
SLOW MAGNESIUM CHLORIDE/	3	
sm calcium plus/vitamin d	3	
SM CORAL CALCIUM TABS 1000mg	3	
SOD CHLORIDE GRA	3	
sodium chloride TABS 1gm	3	
SODIUM CHLORIDE TABS 1gm	3	
TR MAG COMPL CAP 400MG	3	
UPCAL D POW	3	
VIACTIV CHW CARAMEL	3	
ZINC LOZG 10mg	3	
zinc TABS 50mg	3	
ZINC 15 TABS 66mg	3	
zinc gluconate TABS 30mg, 50mg, 100mg	3	
ZINC SULFATE CAPS 50mg	3	
zinc sulfate CAPS 220mg; TABS 66mg	3	
ZINC SULFATE POW	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
zinc sulfate powder	3	
MISCELLANEOUS		
ADULT OMEGA CHW PLUS DHA	3	
ADVERA LIQ CHOCOLAT	3	
ALBA-LYBE NR LIQ	3	
ALP HIGH3 CAP 600MG	3	
alpha betic CAPS 200mg	3	
ALPHA LIPOIC ACID CAPS 50mg, 200mg, 300mg	3	
ALPHA-LIPOIC ACID TABS 100mg	3	
alpha-lipoic acid (thioctic acid) CAPS 100mg, 600mg; TABS 100mg	3	
arginine CAPS 500mg; TABS 500mg	3	
ARGININE PACK 500mg; TABS 500mg	3	
ARGININE2000 PACK 2000mg	3	
ARGININE CAP 500 MG CAPS 500mg	3	
arthx ds	3	
azo d-mannose CAPS 500mg	3	
BIO-FLAX CAPS 1000mg	3	
bioginkgo 24/6 TABS 60mg	3	
bl flax seed oil CAPS 1000mg	3	
CHEW Q CHEW 30mg	3	
CHEW Q CHW 100MG	3	
CHEW Q CHW 600MG	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cidaflex	3	
cidatrine TABS 500mg	3	
CO Q10 TABS 100mg	3	
CO Q-10 CAPS 300mg	3	
CO-ENZYME WAF Q10/E	3	
COENZYME Q10 CHEW 60mg; LIQD 30mg/5ml; TABS 25mg, 50mg, 200mg	3	
coenzyme q10 (ubidecarenone) CAPS 10mg, 30mg, 50mg, 60mg, 75mg, 100mg, 150mg, 200mg, 300mg, 400mg; TABS 25mg, 60mg	3	
COENZYME Q-10 CAPS 75mg	3	
COQ10/VIT E CAP 100-10	3	
COQ10/VIT E CAP 200-200	3	
COQ-10 TR CPCR 100mg	3	
COROMEGA EMU OMEGA 3	3	
COROMEGA MIS	3	
CRANBERRY (VACCINIUM MACR CAPS 400mg	3	
cranberry (vaccinium macrocarpon) CAPS 200mg, 250mg, 425mg	3	
cvs glucose liquid shot	3	
cvs l-lysine TABS 500mg	3	
cvs natural fish oil	3	
cvs quality sleep CAPS 10mg	3	
cyto arg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
CYTO-Q LIQD 80mg/10ml	3	
CYTO-Q MAX LIQD 100mg/ml	3	
D-MANNOSE CAPS 500mg	3	
DEXTROSE GRA ANHYDROU	3	
DIABETISWEET POW	3	
DL-METHIONIN POW	3	
emulsified omega-3	3	
eql lutein CAPS 20mg	3	
EQL OMEGA 3 CAP 1400MG	3	
eql omega 3 fish oil	3	
ESTROVEN TAB ENERGY	3	
FATIGUE REL TAB COMPLEX	3	
fish oil adult gummies	3	
FISH OIL CAP 150MG	3	
FISH OIL CAP 180MG	3	
FISH OIL CAP 183.33MG	3	
FISH OIL CAP 900MG	3	
FISH OIL CAP 1360MG	3	
FISH OIL CHW 875MG	3	
fish oil maximum strength	3	
fish oil pearls	3	
FLAX SEED CAP 1300MG	3	
flaxseed (linseed) cap 1200 mg**	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
flaxseed (linseed) oral oil**	3	
flaxseed (linseed) oral powder**	3	
FLAXSEED OIL CAPS 1030mg	3	
fp glucosamine	3	
GINKGO BILOB TAB PLUS	3	
GINKGO BILOBA CAPS 30mg, 50mg, 100mg, 200mg, 500mg; TABS 230mg	3	
ginkgo biloba CAPS 40mg, 60mg, 120mg; TABS 120mg	3	
GINKGO PHYTOSOME CAPS 80mg	3	
GLUCOSAMINE CAP CHONDROI	3	
**glucosamine-chondroitin-*	3	
GLUCOSE LIQ SHOT	3	
GLUTAMINE POW RAP RLS	3	
glutamine powder	3	
GNP FISH OIL CAP 840MG	3	
GOWEY TIN TINCTURE	3	
HM FISH OIL CAP 554MG	3	
kp glucosamine chondroiti	3	
kp melatonin TABS 3mg	3	
L-ARGININE TABS 1000mg	3	
L-ARGININE POW	3	
L-CARNITINE CAPS 250mg	3	
L-CYSTINE POW	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
L-ISOLEUCINE POW	3	
L-TRYPTOPHAN TAB 500MG TABS 500mg	3	
L-TYROSINE POW	3	
L-VALINE POW	3	
LECITHIN GRA	3	
LIPOIC ACID CAPS 150mg	3	
LIQ-10 SYP	3	
LIQSORB LIQD 100mg/ml	3	
lutein CAPS 6mg	3	
melatonin CAPS 5mg; LIQD 1mg/ml; TABS 1mg, 5mg; TBDP 5mg	3	
MELATONIN LIQD 1mg/4ml; TABS 300mcg	3	
MELATONIN TAB 1-10MG	3	
MELATONIN TAB 3-10MG	3	
melatonin tr TBCR 10mg	3	
melatonin-pyridoxine tab 3-10 mg	3	
melatonin-pyridoxine tab 5-10 mg	3	
NAC CAPS 500mg	3	
nac CAPS 600mg	3	
NEOQ10 CAPS 125mg	3	
nutritional supplement liquid*	3	
odorless coated fish oil/	3	
OMEGA POWER CAP 1050MG	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
OMEGA-3 CAP 350MG	3	
OMEGA-3 CAP FISH OIL	3	
omega-3 fatty acids CAPS 500mg	3	
omega-3 fatty acids cap 435 mg*	3	
OMEGA-3 IQ CHW 240MG	3	
OMEGAPURE CAP 780 EC	3	
prasterone (dhea) CAPS 25mg	3	
PRASTERONE (DHEA) CAP 25 CAPS 25mg	3	
PRO NUTRIENT CAP OMEGA3	3	
PROTO-CHOL CAP 1000MG CAPS 1000mg	3	
PURE L-CITRULLINE CAPS 600mg	3	
px fish oil	3	
Q-GEL CAPS 15mg	3	
q-up LIQD 30mg/5ml	3	
qunol coq10/ubiquinol/meg CAPS 100mg	3	
ra ginkgo biloba TABS 40mg	3	
ra l-arginine TABS 1000mg	3	
SALMON CAP 200MG	3	
saw palmetto (serenoa repens) CAPS 160mg, 450mg	3	
SAW PALMETTO CAP 450MG CAPS 450mg	3	
sm flax seed oil CAPS 1000mg	3	
sm ginkgo biloba TABS 60mg	3	
sodium saccharin powder	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
SUPER TWIN CAP EPA/DHA	3	
sv d-mannose CAPS 500mg	3	
TRUEPLUS GEL GLUCOSE	3	
TRUEPLUS GLUCOSE CHEW 4gm	3	
tryptophan TABS 500mg	3	
ULTRA COQ10 CAPS 75mg	3	
valine powder	3	
VITALINE COQ10 TABS 60mg	3	
VITAMINS		
a thru z advantage	3	
a thru z select	3	
a-10000 CAPS 10000unit	3	
A/BETA CAROT TAB 25000UNT	3	
ABC COMPLETE TAB WOMEN	3	
abc-z -tr	3	
abdek	3	
ABDEK CAP	3	
abdek pediatric	3	
ACEROLA C-500 WAFR 500mg	3	
ACTIFLOVIT TAB EAR HEAL	3	
ACTITROM CAP	3	
ACTIVE 55 LIQ PLUS	3	
ACTIVESSENT PAK	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ADEKS PEDIAT DRO	3	
ADLT ONE DLY CHW GUMMIES	3	
ADRENAL TAB CALM	3	
50+ adult eye health	3	
ADVANCED CA/ TAB D/MAGNES	3	
AIRBORNE LOZ	3	
ALIVE MULTI-VITAMIN CHILD	3	
ALLBEE-T TAB	3	
alph-e-mixed CAPS 200unit	3	
alph-e-mixed 1000 CAPS 1000unit	3	
AMINO-MIN-D CAP	3	
animal chewable multiple	3	
animal chews	3	
ANIMAL SHAPE CHW IRON	3	
animal shapes plus extra	3	
ANTIOXIDANT CAP	3	
ANTIOXIDANT CHW VITAMINS	3	
antioxidant pack	3	
APATATE LIQ	3	
APETEX ELX	3	
APETIGEN TAB PLUS	3	
APETIGEN-PLS SOL	3	
apetonic	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
APPEAREX TABS 2.5mg	3	
AQUA-E LIQD 75unit/ml	3	
AQUASOL E SOLN 15unit/0.3ml	3	
AQUASOL E CAP 100IU CAPS 100iu	3	
AQUASOL E CAP 400IU CAPS 400iu	3	
aquavit-e SOLN 15unit/0.3ml	3	
ASCOCID POW	3	
ASCOCID-1000 TAB	3	
ascorbic acid CHEW 100mg, 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; SYRP 500mg/5ml; TABS 100mg, 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg, 1500mg	3	
ascorbic acid oral crystals	3	
AVAIL TAB	3	
b12 fast dissolve TBDP 5000mcg	3	
b complete	3	
B COMPLEX +C TAB TR	3	
b complex maxi	3	
B COMPLEX TAB FORM #1	3	
B COMPLEX/FO TAB	3	
B-1 TABS 500mg	3	
B-6 TABS 500mg	3	
B-12 CAPS 1000mcg; LOZG 1000mcg; TABS 2000mcg, 2500mcg	3	
B-12 DOTS TBDP 500mcg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
B-12 DUAL SPECTRUM TBCR 5000mcg	3	
B-12 QUICK DISSOLVE TBDP 5000mcg	3	
B-12 SUB 1000MCG	3	
B-12 SUPER STRENGTH LIQD 5000mcg/ml	3	
b-12 tr TBCR 2000mcg	3	
b-100	3	
B-100 COMPLX TAB	3	
b-100 tr	3	
b-complex vitamin cap*	3	
b-complex vitamin elixir*	3	
b-complex vitamin sublingual liquid*	3	
b-complex w/ c & e + zn tab**	3	
b-complex w/ c cap*	3	
b-complex w/ c tab er*	3	
b-complex w/ c tab*	3	
b-complex w/ folic acid tab*	3	
**b-complex w/ minerals ta*	3	
B-NATAL LOZG 25mg; LPOP 25mg	3	
BABY DDROPS LIQD 400ut/0.028ml	3	
baby super daily d3 LIQD 400ut/0.028ml	3	
baby vitamin	3	
baby vitamin/iron	3	
BALANCE B-50 TAB	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
BETA CAROTEN CAP 25000UNT	3	
beta carotene CAPS 25000unit	3	
BIO-D-MULSION LIQD 400unt/0.04ml	3	
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	3	
bioflavonoid products cap*	3	
bioflavonoid products chew tab*	3	
bioflavonoid products tab er*	3	
bioflavonoid products tab*	3	
BIOTIN CAPS 1mg	3	
biotin CAPS 10mg, 2500mcg, 5000mcg; TABS 300mcg, 1000mcg	3	
BIOTIN FORTE TAB	3	
BIOTIN FORTE TAB /ZINC	3	
BIOVOL SYP	3	
bl brewers yeast	3	
bl niacin tr TBCR 250mg	3	
bl prenatal vitamins	3	
BPROTECT PED DRO TRI-VITE	3	
C-BUFF POW	3	
CAL-CITRATE CAPS 150mg	3	
CALCI-MAX CAP	3	
calcidol SOLN 200mcg/ml	3	
calcium ascorbate TABS 500mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
calcium citrate plus	3	
calcium pantothenate TABS 500mg	3	
CARDIOTEK TAB	3	
CATEMINE TAB	3	
centrum kids complete	3	
CENTRUM SPEC PAK PRENATAL	3	
CHILDRENS CHW COMPLETE	3	
CHLORELLA CAP	3	
cholecalciferol CAPS 10000unit; CHEW 2000unit	3	
CHROMIUM PIC TAB 500MCG	3	
CL PRENATAL TAB 28-0.8MG	3	
cobalamin combination sl tab**	3	
cobalamin combination tab**	3	
COD LIVER OIL	3	
cod liver oil cap**	3	
cod liver oil**	3	
complex b-100	3	
CONCEPTIONXR MIS MOTILITY	3	
crush vitamin c drops LOZG 60mg	3	
CVS B12 CHEW 2500mcg	3	
cvs b-12 LIQD 1000mcg/15ml; TBDP 1500mcg	3	
cvs childrens vitamin d f CHEW 400unit	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cvs d3 CAPS 400unit, 1000unit, 2000unit, 5000unit; CHEW 1000unit	3	
cvs e oil	3	
cvs niacin TABS 100mg	3	
cvs niacin flush free	3	
CVS PRENATAL TAB 27-0.8MG	3	
cyanocobalamin LOZG 500mcg; SOLN 1000mcg/ml; SUBL 500mcg, 1000mcg, 2500mcg, 3000mcg, 5000mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg, 2000mcg; TBCR 1000mcg	3	
CYTO B2 POWD 343mg/gm	3	
D3 DOTS TBDP 2000unit	3	
d3 maximum strength LIQD 5000unit/ml	3	
d3 vitamin LIQD 400unit/ml	3	
d3-50 CAPS 50000unit	3	
d 400 TABS 400unit	3	
d 1000 TABS 1000unit	3	
d 2000 TABS 2000unit	3	
D-BIOTIN CAP 10MG CAPS 10mg	3	
D-VI-SOL LIQD 400unit/ml	3	
DAILY MULTI TAB VIT/IRON	3	
DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml	3	
DECARA CAPS 25000unit	3	
DEKAS CAP ESSENTIA	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
DEKAS LIQ ESSENTIA	3	
DEKAS PLUS LIQ	3	
dialyvite 800	3	
DIALYVITE WAF PLUS D	3	
DIALYVITE/ TAB ZINC	3	
DINO-LIFE CHW IRON-ZIN	3	
DRISDOL SOLN 8000unit/ml	3	
dry e-synthetic TABS 400unit	3	
E600 CAPS 600unit	3	
endur-acin TBCR 750mg	3	
endur-amide TBCR 500mg	3	
ENDUR-AMIDE TBCR 750mg	3	
ENDURACIN TAB 500MG SR TBCR 500mg	3	
ENFAMIL MIS EXPECTA	3	
eql air protector	3	
eql b complex	3	
eql gummies childrens	3	
eql niacin flush free CAPS 500mg	3	
ergocalciferol CAPS 50000unit	3	
ESTROFACTORS TAB	3	
EZFE FORTE CAP	3	
fa-8 CAPS .8mg; TABS 800mcg	3	
FLINTSTONES CHW COMPLETE	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
FLINTSTONES CHW TODDLER	3	
FOLGARD TAB	3	
FOLIC + B12 TAB	3	
folic acid CAPS 5mg; TABS 1mg, 400mcg	3	
FOLIC ACID CAPS 20mg	3	
FOLIC ACID TAB 400MCG	3	
FOLTABS 800	3	
FRUIT C CHW 200MG	3	
FV VITAMIN E TAB 200IU TABS 200iu	3	
GERIATRIC LIQ VITAMIN	3	
GERITOL LIQ TONIC	3	
GEVRABON LIQ	3	
GNP DAILY MIS PRENATAL	3	
gnp niacin TABS 250mg	3	
gnp vitamin b1 TABS 100mg	3	
gnp vitamin d super stren TABS 5000unit	3	
HARD NAILS CAPS 2.5mg	3	
HCA NIACIN TAB 250MG TR	3	
HCA VIT B12 TAB 500MCG	3	
HCA VIT C CHW 250MG	3	
HCA VIT C CHW 500MG	3	
HONEY BEARS CHW	3	
hydroxocobalamin acetate SOLN 1000mcg/ml	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ICAPS LUTEIN TAB ZEAXANTH	3	
immune system booster	3	
iron w/ vitamin liq*	3	
k 100 TABS 100mcg	3	
KEY-E CHEW 400unit	3	
kp folic acid TABS 1mg	3	
kp niacin TABS 500mg	3	
kp vitamin e CAPS 100unit	3	
KPN PRENATAL TAB	3	
lexinal TABS 2.5mg	3	
LIQUI C LIQ 500/5ML LIQD 500mg/5ml	3	
liqui-e LIQD 400unit/15ml	3	
LIQUID C LIQ	3	
MEPHYTON TABS 5mg	3	
METHISCOL CAP	3	
methylcobalamin SUBL 1000mcg	3	
MIL-A-MULSIO EMU	3	
MTERYTI TAB	3	
MTERYTI TAB FOLIC 5	3	
multi-delyn	3	
MULTI-DELYN LIQ /IRON	3	
multiple vitamin cap*	3	
multiple vitamin tab*	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
multiple vitamins w/ calcium tab*	3	
**multiple vitamins w/ min*	3	
multiple vitamins w/ minerals tab*	3	
MVW COMPLETE DRO PEDIATRI	3	
NANOVM POW 1-3 YRS	3	
NASCOBAL SOLN 500mcg/0.1ml	3	
nat-rul antioxidants c+e	3	
NEPHRO-VITE TAB RX	3	
NEPHRONEX LIQ 0.9/5ML	3	
nestrex TABS 25mg	3	
niacin CPCR 125mg, 250mg, 500mg; TABS 50mg; TBCR 1000mg	3	
NIACIN FLUSH-FREE EXTRA S CAPS 750mg	3	
niacin tab cr 500 mg TBCR 500mg	3	
NIACIN TR TBCR 1000mg	3	
niacinamide TABS 500mg	3	
NIACINOL CAPS 500mg	3	
NICOBID CAP 125MG CR CPCR 125mg	3	
NICOBID CAP 250MG CR CPCR 250mg	3	
NICOBID CAP 500MG CR CPCR 500mg	3	
ONE A DAY CAP PRENATAL	3	
OPTIMAL D3 M CAPS 14000unit	3	
P D NATAL/FA TAB	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
PALMITATE-A TABS 15000unit	3	
**pediatric multiple vitam*	3	
pediatric multiple vitamin w/ minerals & c chew tab 60 mg*	3	
pediatric multiple vitamins w/ iron chew tab 12 mg*	3	
pediatric multiple vitamins w/ iron chew tab*	3	
phytonadione SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg	3	
poly-c	3	
POLY-VI-SOL SOL 50MG/ML	3	
POLY-VI-SOL SOL IRON	3	
PRENAT MULTI CAP +DHA	3	
PRENATAL CAP FORMULA	3	
PRENATAL DHA PAK MULTI	3	
PRENATAL FRM TAB A-FREE	3	
PRENATAL GUM CHW 0.4-32.5	3	
PRENATAL TAB	3	
pyridoxine hcl TABS 50mg, 100mg, 250mg	3	
qc b-complex + vitamin c	3	
RA VITAMIN B-1 TABS 100mg	3	
RA VITAMIN B-12 LIQD 1000mcg/ml	3	
REPLESTA WAFR 50000unit	3	
REPLESTA CHILDRENS WAFR 14000unit	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
riboflavin TABS 25mg, 50mg, 100mg	3	
RIBOFLAVIN TABS 400mg	3	
SCOOBY-DOO CHW	3	
SESAME ST CHW VITAMINS	3	
SLO-NIACIN TBCR 750mg	3	
SM B-COMPLEX TAB /VIT C	3	
sm biotin TABS 5000mcg	3	
SM VITAMIN D3 MAXIMUM STR CAPS 4000unit	3	
STRESS B CMP TAB /C TR	3	
STRESSCAPS CAP	3	
STUART ONE CAP	3	
SUPER DAILY D3 LIQD 1000unt/0.03ml	3	
SUPERIORSOURCE K1 TBDP 500mcg	3	
th b complex/iron/vitamin	3	
THER B COMPL TAB W/C	3	
THERA MULTI LIQ	3	
THERA-D 4000 TABS 4000unit	3	
THERANATAL CAP ONE	3	
THERANATAL MIS COMPLETE	3	
THERANATAL PAK OVAVITE	3	
thiamine hcl SOLN 100mg/ml; TABS 50mg, 100mg, 250mg, 500mg	3	
TRI-VI-SOL SOL A/C/D	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	3	
VICKS VITAMIN C DROPS LOZG 60mg	3	
VIT C+ZINC TAB 15-60MG	3	
VITA-C CRY	3	
VITACRAVES CHW +OMEGA-3	3	
VITAMAX CHW	3	
vitamin a CAPS 8000iu; TABS 10000iu	3	
VITAMIN A CAP 8000UNIT	3	
VITAMIN B12 LIQD 3000mcg/ml	3	
VITAMIN B 12 LOZG 250mcg	3	
VITAMIN B-12 LOZG 50mcg	3	
VITAMIN B-12 SUB 1000MCG SUBL 1000mcg	3	
VITAMIN C SYRP 500mg/5ml; TABS 100mg	3	
VITAMIN C SOL	3	
VITAMIN D CAPS 400unit, 2000unit	3	
VITAMIN D2 TABS 400unit, 2000unit	3	
VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml; TABS 3000unit, 10000unit; TBDP 5000unit	3	
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	3	
vitamin d3 ultra potency TABS 1250mcg	3	
vitamin e CAPS 400iu; TABS 200iu	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
VITAMIN E TABS 100unit	3	
vitamin e-100 TABS 100unit	3	
VITAMIN K TABS 100mcg	3	
VITAMIN K2 TABS 40mcg	3	
vitamin mixture tab*	3	
vitamins a & d cap**	3	
vitamins a & d tab**	3	
vitamins w/ lipotropics cap*	3	
ZINC & C LOZ 20-120MG	3	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
neo-polycin hc ophth oint 1%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	
NATACYN SUSP 5%	2	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) SOLN .3%	1	
polycin ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	1	
XDEMVY SOLN .25%	2	NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ZIRGAN GEL .15%	2	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	2	
bromfenac sodium (ophth) SOLN .07%, .075%	1	
BROMSITE SOLN .075%	2	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
EYSUVIS SUSP .25%	2	
FLAREX SUSP .1%	2	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX OINT .5%	2	
loteprednol etabonate SUSP .2%	1	
prednisolone acetate (ophth) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	
ANTIALLERGICS		
alaway SOLN .035%	3	
altazine moisture relief SOLN .05%	3	
azelastine hcl (ophth) SOLN .05%	1	
cromolyn sodium (ophth) SOLN 4%	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cvs olopatadine hydrochlo SOLN .2%	3	
eye allergy itch relief SOLN .2%	3	
eye allergy itch/redness SOLN .1%	3	
gnp olopatadine hydrochlo SOLN .1%, .2%	3	
hm eye allergy itch/redne SOLN .1%	3	
NAPHCON-A SOL OP	3	
olopatadine hcl SOLN .1%, .2%	3	
OPCON-A SOL OP	3	
PATADAY SOLN .1%, .2%	3	
PATADAY EXTRA STRENGTH SOLN .7%	3	
tgt eye allergy relief	3	
VISINE SOLN .05%	3	
ZERVIATE SOLN .24%	2	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	1	
BETOPTIC-S SUSP .25%	2	
brimonidine tartrate SOLN .15%, .2%	1	
brinzolamide SUSP 1%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	2	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	2	
MISCELLANEOUS		
adsorbonac SOLN 5%	3	
ak-rinse	3	
AKWA TEARS OIN OP	3	
ALCON SALINE SOL SEN EYES	3	
altalube	3	
20/20 artificial tears	3	
artificial tears SOLN 1.4%	3	
ATROPINE SULFATE SOLN 1%	2	
atropine sulfate (ophthalmic) SOLN 1%	1	
biolle gel tears GEL 1%	3	
biolle tears SOLN .5%	3	
BLINK TEARS LUBRICATING E SOLN .25%	3	
COLLYRIUM SOL OP	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cvs gentle lubricant eye SOLN .3%	3	
cvs lubricant eye drops SOLN .5%	3	
cvs lubricant gel drops GEL 1%	3	
CYSTADROPS SOLN .37%	2	NM, LA, PA
CYSTARAN SOLN .44%	2	NM, LA, PA
DAKRINA SOL 2.7-2%	3	
eq artificial tears	3	
eq lubricant eye drops hi	3	
EYE STREAM SOL OP	3	
GENTEAL GEL	3	
GENTEAL MILD TO MODERATE SOLN .3%	3	
GENTEAL SEVERE GEL .3%	3	
GENTEAL TEAR SOL MOD PF	3	
GONAK SOLN 2.5%	3	
gonioscopic prism SOLN 2.5%	3	
goodsense lubricant eye d	3	
HCA TEARS SOL PLUS	3	
ISOPTO TEARS SOLN .5%	3	
LIQUIFILM TEARS SOLN 1.4%	3	
lubricant eye drops SOLN .6%	3	
lubricant eye drops/dual-	3	
LUBRICNT GEL DRO 0.25-0.3	3	
MIEBO SOLN 1.338gm/ml	2	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
MOISTURE EYE DRO	3	
moisturizing lubricant ey SOLN .25%	3	
MURO 128 OINT 5%; SOLN 2%, 5%	3	
optics mini drops	3	
proparacaine hcl SOLN .5%	1	
ra cleaning/disinfecting SOLN 3%	3	
REFRESH DRO OP	3	
REFRESH GEL OPTIVE	3	
REFRESH LIQUIGEL GEL 1%	3	
REFRESH OPTI DRO 0.5-0.9%	3	
REFRESH PLUS SOLN .5%	3	
REFRESH SOL OPTIVE	3	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
RETAINE HPMC SOLN .3%	3	
RETAINE MGD EMU 0.5-0.5%	3	
sodium chloride hypertonic OINT 5%	3	
STERILE LUBRICANT DROPS LIQD .7%	3	
SYSTANE BALANCE RESTORATI SOLN .6%	3	
SYSTANE FREE GEL	3	
SYSTANE PF SOL	3	
TEARS NATURA OIN PM	3	
THERATEARS GEL 1%; SOLN .25%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
TYRVAYA SOLN .03mg/act	2	
VISINE PURE DRO TEARS	3	
VISINE TIRED EYE RELIEF SOLN 1%	3	
XIIDRA SOLN 5%	2	

OTIC

OTIC AGENTS

acetic acid (otic) SOLN 2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
flac OIL .01%	1	
fluocinolone acetonide (otic) OIL .01%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) SOLN .3%	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	2	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
ANTIHISTAMINES		
AHIST TABS 25mg	3	
ALA-HIST IR TABS 2mg	3	
alavert TABS 10mg; TBDP 10mg	3	
ALAVERT SYP	3	
aler-cap CAPS 25mg; TABS 25mg	3	
all day allergy childrens CHEW 5mg, 10mg	3	
aller-chlor SYRP 2mg/5ml; TABS 4mg	3	
aller-ease TABS 60mg	3	
aller-ease childrens SUSP 30mg/5ml	3	
allergy TBCR 12mg	3	
allergy childrens SOLN 5mg/5ml	3	
allergy rapid melts child CHEW 12.5mg	3	
azelastine hcl SOLN .1%	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
banophen CAPS 50mg	3	
BENADRYL ALLERGY CHEW 12.5mg	3	
BENADRYL CAP 25MG CAPS 25mg	3	
BENADRYL TAB 25MG TABS 25mg	3	
cetirizine hcl SOLN 5mg/5ml	1	QL (300 mL / 30 days)
CHLOR-TRIMETON SYRP 2mg/5ml; TABS 4mg	3	
CHLOR-TRIMETON REPETABS TBCR 12mg	3	
CLARITIN CAPS 10mg	3	
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	2	PA; PA if 70 years and older
diphenhydramine hcl SOLN 50mg/ml	1	
DIPHENHYDRAMINE HYDROCHLO LIQD 6.25mg/ml	3	
ED CHLORPED LIQD 2mg/ml	3	
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	3	
HISTEX CHEW 1.25mg; SYRP 2.5mg/5ml	3	
HISTEX PD LIQD .938mg/ml	3	
HISTEX PDX LIQD 1.25mg/ml	3	
24hr allergy relief TABS 180mg	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	2	PA; PA if 70 years and older
KC ALLERGY LIQ RELIEF	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
kp cetirizine hcl TABS 5mg	3	
levocetirizine dihydrochloride SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
loratadine CAPS 10mg	3	
m-hist pd LIQD .625mg/ml	3	
PEDIAVENT CHEW 1mg; SYRP 2mg/5ml	3	
ra allergy LIQD 12.5mg/5ml	3	
sm allergy relief TABS 1.34mg	3	
TAVIST ALLERGY TABS 1.34mg	3	
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml	3	
VANACLEAR PD LIQD .313mg/ml	3	
VANAHIST PD LIQD .625mg/ml	3	
VANAMINE PD LIQD 6.25mg/ml	3	
ZYRTEC CHILDRENS ALLERGY SOLN 1mg/ml	3	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
levalbuterol tartrate AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	QL (6 inhalers / 30 days)
COUGH AND COLD		
a.r.m.	3	
aceta-gesic	3	
acetadryl	3	
acta-tabs pe	3	
ACTICON SOL 1-30	3	
ACTICON TAB 2-60MG	3	
ACTIDOGESIC TAB 1-500MG	3	
actifed cold/sinus	3	
ACTINEL LIQ	3	
ACTINEL LIQ PEDIATRI	3	
ADULT DISPOS MIS MOUTHPIE	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ADVIL COLD/ TAB SINUS	3	
af-dibromm	3	
af-dibromm dm	3	
af-ibup sinus	3	
af-pseudoephedrine hcl TABS 30mg	3	
af-tussin dm	3	
AFRIN SPR 0.05% SOLN .05%	3	
AIRZONE PEAK MIS FLOW MTR	3	
ALA-HIST PE TAB 2-10MG	3	
ALAHIST CF TAB 10-2-20	3	
ALAHIST DM LIQ 7.5-2-15	3	
alavert allergy/sinus	3	
ALEVE COLD & TAB SINUS	3	
alka-seltzer plus night c	3	
ALKA-SELTZER TAB PLS COLD	3	
all day allergy d-12	3	
all day pain relief sinus	3	
all-nite multi-symptom co	3	
allerest	3	
allergy multi-symptom	3	
allergy multi-symptom nig	3	
ALLERGY/SINU TAB HEADACHE	3	
ALLFEN TABS 400mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
allfen dm	3	
ALOE VESTA LIQ WHIRLBTH	3	
altarussin SYRP 100mg/5ml	3	
altarussin dm	3	
ambi 10peh/400gfn	3	
ambi 10peh/400gfn/20dm	3	
ambi 12.5cpd/1dcpm/30pse	3	
ambi 40pse/400gfn	3	
AMBI 60PSE/ TAB 400GFN	3	
ambitussin ac	3	
ANTIHIST NAS TAB DECONGES	3	
ANTITUSS CG/ SYP CODEINE	3	
AP-HIST DM LIQ 7.5-4-15	3	
AQUANAZ TAB	3	
BENADRYL TAB ALL/COLD	3	
BENYLIN SYP 15MG/5ML SYRP 15mg/5ml	3	
BENYLIN-DME LIQ	3	
BENZEDREX INH	3	
benzonatate CAPS 100mg, 200mg	3	
bidex TABS 400mg	3	
bio t pres	3	
biofed LIQD 30mg/5ml	3	
BROHIST D TAB 4-10MG	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
bromfed dm	3	
broncho saline AERS .9%	3	
BROTAPP DM LIQ 15-1-5/5	3	
camphor-eucalyptus-menthol - oint**	3	
CAPMIST DM TAB	3	
CAPRON DM LIQ	3	
CAPRON DMT TAB 30-30MG	3	
CARBAPHEN CH SUS	3	
chest congestion & pain r	3	
chest congestion relief d	3	
childrens plus multi-symp	3	
childrens pseuphedrin LIQD 15mg/5ml	3	
CHILDRENS SUS PLUS CLD	3	
childs allergy cold/cough	3	
CHLO HIST SOL	3	
CHLO TUSS LIQ	3	
CLEAN START TAB VAPORIZE	3	
CLEAR COUGH LIQ PM	3	
CLOFERA LIQ	3	
CNTC CLD/FLU TAB DAY/NGHT	3	
codar gf	3	
CODITUSSIN LIQ AC	3	
CODITUSSIN LIQ DAC	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
666 cold	3	
cold & flu relief nightti	3	
cold head congestion day/	3	
cold head congestion dayt	3	
666 cold preparation	3	
cold relief plus	3	
COMTREX CLD/ PAK CGH D/NT	3	
COMTREX COLD TAB & COUGH	3	
comtrex severe cold & sin	3	
contac cold+flu maximum s	3	
contac-d TABS 10mg	3	
corfen-dm	3	
CORICIDN HBP TAB 2-325MG	3	
CORICIDN HBP TAB CGH&COLD	3	
cough & chest congestion	3	
cough & cold	3	
cough cold & sore throat	3	
cough suppressant long-ac SYRP 15mg/5ml	3	
coughtab TABS 200mg	3	
cvs allergy relief d	3	
CVS CHEST CONGESTION CHIL PACK 100mg	3	
cvs chest congestion plus	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cvs chest rub medicated	3	
cvs cold & cough children	3	
cvs cold & cough nighttim	3	
cvs cold & flu bp	3	
cvs cold & sinus multi-sy	3	
cvs flu & severe cold nig	3	
cvs nighttime cough	3	
cvs stuffy nose & cold ch	3	
DAY TIME CAP COLD/FLU	3	
daytime multi-symptom col	3	
DECONEX DMX TAB	3	
DECONEX IR TAB 10-385MG	3	
DELSYM SUER 30mg/5ml	3	
despec	3	
dexbrompheniramine-phenylephrine tab 2-10 mg	3	
dextromethorphan hbr SYRP 10mg/5ml	3	
dextromethorphan-guaifene	3	
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	3	
DIABETIC TUS LIQ DM	3	
DIABETIC TUS LIQ EX	3	
DIABETIC TUS LIQ MAX STR	3	
DIMETAPP CLD ELX /ALLERGY	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
DIMETAPP ELX 1-15/5ML	3	
DIMETAPP LIQ CHILD	3	
DOLOGEN TAB	3	
DORCOL LIQ DECONGES LIQD 15mg/5ml	3	
doxylamine-phenylephrine tab 7.5-10 mg	3	
DURAFLU TAB	3	
DURAVENT DM TAB	3	
ED A-HIST DM TAB 10-4-10	3	
ED A-HIST LIQ 4-10/5ML	3	
ED BRON GP LIQ	3	
ED CHLORPED DRO D	3	
eq cold & cough dm child	3	
eq tussin dm cough/chest	3	
eql flu & severe cold mul	3	
eql tussin dm cough/chest	3	
EXCEDRIN SIN TAB HEADACHE	3	
FLOWTUSS SOL 2.5-200	3	
FLU & SORE POW THROAT	3	
geri-tussin dm	3	
GLEN PE LIQ	3	
GLENAX PEB LIQ	3	
GLENTUSS LIQ	3	
GLUCOSSIN-DM LIQD 15mg/5ml	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
gnp allergy & congestion	3	
gnp allergy plus sinus he	3	
gnp allergy sinus pe day	3	
goodsense cold & head con	3	
goodsense cough dm SUER 30mg/5ml	3	
goodsense day time cold &	3	
goodsense nighttime cold	3	
guaicon dms	3	
guaifenesin liquid 100 mg LIQD 100mg/5ml	3	
GUAIFENESIN TAB 200 MG TABS 200mg	3	
HCA SUPHEDRI TAB PLUS	3	
HCA TUSSIN LIQ CF	3	
HISTAGESIC TAB	3	
HISTEX-AC SYP	3	
HISTEX-DM SYP	3	
HISTEX-PE SYP 2.5-10/5	3	
hm severe cold cough & fl	3	
hm severe cold/cough/flu	3	
12 hour cold TB12 120mg	3	
HUMIBID CS TAB 20-400MG	3	
HUMIBID MAXIMUM STRENGTH TB12 1200mg	3	
HYCOFENIX SOL	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
HYDROC/GUAIF SOL 2.5-200	3	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	3	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	3	
hydromet	3	
LODRANE D CAP 4-60MG	3	
LOHIST-DM SYP 5-2-10MG	3	
lohist-peb	3	
LORTUSS DM LIQ	3	
LORTUSS EX LIQ	3	
LORTUSS LQ LIQ	3	
3M AIR WARM MIS MASK	3	
M-CLEAR WC LIQ 100-6.33	3	
M-END DMX LIQ	3	
M-END PE LIQ	3	
m-end wc	3	
MAPAP SINUS TAB PE	3	
MAR-COF BP LIQ 30-2-7.5	3	
MAR-COF CG LIQ 225-7.5	3	
MAXIPHEN DM TAB	3	
medi-tussin dm	3	
MEDICATED OIN RUB	3	
MEDIFIN PE TAB 10-400MG	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
MICROSPACER MIS	3	
MS COLD MIS DAY/NITE	3	
MUCINEX TB12 600mg	3	
MUCINEX CAP DAY/NGHT	3	
MUCINEX CAP FAST-MAX	3	
MUCINEX CGH GRA 5-100MG	3	
MUCINEX CHLD LIQ MULTISYM	3	
MUCINEX COLD LIQ /KIDS	3	
MUCINEX COLD LIQ CHILD	3	
MUCINEX COLD LIQ SINUS	3	
MUCINEX D TAB 60-600MG	3	
MUCINEX D/N PAK FAST/MAX	3	
MUCINEX FAST MIS DAY/NGHT	3	
MUCINEX FAST TAB 5-10-200	3	
mucinex fast-max day time	3	
mucinex sinus-max day/nig	3	
mucus congestion & cough	3	
mucus relief dm	3	
mucus relief dm maximum s	3	
NASAL DECONGESTANT LIQD 30mg/5ml; SYRP 30mg/5ml	3	
NASOPEN PE LIQ	3	
NEO-SYNEPHRINE SOLN 1%	3	
NEXAFED SINS TAB + PAIN	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
NIGHT TIME CAP COLD/FLU	3	
nighttime cold & flu	3	
nighttime sinus & congest	3	
NINJACOF LIQ	3	
NINJACOF-A LIQ	3	
NINJACOF-XG LIQ 200-8/5	3	
NIVANEX DMX TAB	3	
non-asa severe allergy	3	
NYQUIL COUGH LIQ 6.25-15	3	
NYQUIL SINEX CAP NT RELF	3	
OBREDON SOL 2.5-200	3	
oxymetazoline hcl SOLN .05%	3	
PEDIACARE INFANT SOLN 7.5mg/0.8ml	3	
PEDIACARE LIQ CGH/COLD	3	
PEDIATRIC MIS MASK	3	
PERCOGESIC TAB 12.5-325	3	
PHANATUSS SYP	3	
phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml	3	
phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml	3	
phenylephrine w/ dm-gg tab 10-17.5-385 mg	3	
POLY HIST TAB 7.5-10MG	3	
POLY-HIST DM LIQ 5-25-10	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
POLY-HIST PD LIQ	3	
POLY-TUSSIN LIQ 10-4-10	3	
POLY-VENT DM TAB	3	
POLY-VENT IR TAB 60-380MG	3	
PRO-RED AC SYP 5-1-9/5	3	
promethazine vc/codeine	3	
promethazine w/ codeine syrup 6.25-10 mg/5ml	3	
promethazine-dm syrup 6.25-15 mg/5ml	3	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	3	
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	3	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	3	
pseudoephedrine hcl SOLN 7.5mg/0.8ml; SYRP 30mg/5ml; TABS 60mg	3	
PYRILAMIN/PE TAB 25-10MG	3	
q-tussin dm	3	
ra day/night maximum stre	3	
ra severe cold/night time	3	
ra tussin cough dm sugar	3	
REFENESEN TAB CHST CNG	3	
relcof c	3	
RESCON TAB 2-60MG	3	
RESCON-DM SYP	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
RESPAIRE-30 CAP	3	
robafen dm clear	3	
robafen dm cough clear	3	
ROBITUSSIN COUGHGELS CAPS 15mg	3	
ROBITUSSIN LIQ CGH/CLD	3	
ROBITUSSIN SYP 100/5ML SYRP 100mg/5ml	3	
RYDEX LIQ	3	
RYMED TAB 2-10MG	3	
sb cough control CAPS 15mg	3	
sb cough control cf	3	
sb cough relief LIQD 15mg/5ml	3	
siltussin-dm	3	
SINUS RELIEF TAB DAY/NGHT	3	
sm tussin dm	3	
sm tussin dm cough/chest	3	
STAHIST AD LIQ	3	
STAHIST AD TAB 25-60MG	3	
SUDAFED PE MAXIMUM STRENG TABS 10mg	3	
SUDAFED PE PAK COLD	3	
SUDAFED SINUS CONGESTION TABS 30mg	3	
SUDAFED TAB 60MG TABS 60mg	3	
TESSALON PERLES CAPS 100mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
tg 10peh/380gfn/15dm	3	
tgt cough formula dm max	3	
th cold & allergy	3	
THERAFLU PAK SEV COLD	3	
THERAFLU SEV POW COLD/CGH	3	
TRIAMINIC NT LIQ COLD/CGH	3	
TRIAMINIC SOL COLD/CGH	3	
TRIAMINIC SYP CLD/ALRG	3	
TRIAMINIC SYP COLD/CGH	3	
triprolidine & pseudoephedrine tab 2.5-60 mg	3	
trymine cg	3	
TUSNEL C SYP	3	
TUSNEL PED DRO 7.5-50	3	
TUSNEL TAB	3	
TUSNEL-DM DRO PEDIATRC	3	
tussin dm	3	
TYL ALLERGY TAB SINUS	3	
TYLENOL ALLE TAB MULTI-SY	3	
TYLENOL CHLD SUS COLD FLU	3	
TYLENOL COLD LIQ MAX	3	
TYLENOL COLD LIQ MULTI-S	3	
TYLENOL COLD LIQ MULTI-SY	3	
TYLENOL COLD TAB HEAD CON	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
TYLENOL COLD TAB RELIEF	3	
TYLENOL SINU PAK CNG/PAIN	3	
TYLENOL TAB CLD/HD	3	
VANACOF AC LIQ 12.5-25	3	
VANACOF DM LIQ	3	
VANACOF LIQ	3	
VANACOF-8 LIQ 25-50/15	3	
VANATAB AC TAB 12.5-25	3	
VANATAB DM TAB 5-9-198	3	
vazotab	3	
vicks dayquil severe cold	3	
VICKS NYQUIL LIQ COLD/FLU	3	
VICKS OIN VAPORUB	3	
WAL-FLU COLD POW SORE THR	3	
wal-tussin cough & chest	3	
4-way fast acting SOLN 1%	3	
ZUTRIPRO LIQ 60-4-5MG	3	
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
afrin saline nasal mist	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ARALAST NP SOLR 500mg, 1000mg	2	NM, LA, PA
asthmanefrin refill NEBU 2.25%	3	
ayr nasal drops SOLN .65%	3	
AYR NASAL DROPS SOLN .65%	3	
AYR NASAL MIST ALLERGY & SOLN 2.65%	3	
AYR SALINE KIT NETI RNS	3	
ayr saline nasal	3	
bronchial mist AERS .22mg/act	3	
BRONCHITOL CAPS 40mg	2	QL (560 caps / 28 days), NM, LA, PA
cromolyn sodium NEBU 20mg/2ml	1	B/D
cromolyn sodium (nasal) AERS 4%	3	
CVS NASAL MIST AERS .9%, 3%	3	
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPINEPHRINE AER MIST AERS .22mg/act	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	2	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	2	NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	2	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	2	QL (60 tabs / 30 days), NM, LA, PA
NASADROPS SALINE ON THE G SOLN .9%	3	
NASOGEL GEL	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
OCEAN NASAL SPRAY SOLN .65%	3	
OFEV CAPS 100mg, 150mg	2	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	2	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	2	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	2	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	2	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	2	QL (112 tabs / 28 days), NM, LA, PA
pirfenidone CAPS 267mg	2	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	2	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	2	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	2	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	2	NM, PA
RHINARIS SOLN .2%	3	
roflumilast TABS 250mcg	1	QL (56 tabs / year)
roflumilast TABS 500mcg	1	QL (30 tabs / 30 days)
S2 NEBU 2.25%	3	
SINUS WASH CRY SALT	3	
SYMDEKO TAB 50-75MG	2	QL (56 tabs / 28 days), NM, LA, PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
SYMDEKO TAB 100-150	2	QL (56 tabs / 28 days), NM, LA, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	2	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	2	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	2	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	2	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	2	NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	2	NM, LA, PA
NASAL STEROIDS		
FLONASE SENSIMIST SUSP 27.5mcg/spray	3	
flunisolide (nasal) SOLN .025%	1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 bottle / 30 days)
gnp 24 hour nasal allerg AERO 55mcg/act	3	
kls aller-flo SUSP 50mcg/act	3	
NASACORT ALR SPR 55MCG/AC	3	
XHANCE EXHU 93mcg/act	2	QL (32 mL / 30 days), PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	2	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	2	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	2	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	2	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	2	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	1	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
acne 10 GEL 10%	3	
acne foaming wash LIQD 10%	3	
ACNE MEDICATION LOTN 10%	3	
acne medication 5 GEL 5%	3	
ACNE MEDICATION 5 LOTN 5%	3	
ACNEFREE KIT SEVERE	3	
amnesteem CAPS 10mg, 20mg, 40mg	1	PA
benzoyl peroxide GEL 2.5%; LOTN 5%, 10%	3	
benzoyl peroxide cleanser LIQD 6%	3	
BENZOYL PEROXIDE CLEANSER LIQD 6%	3	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
clindamycin phosphate (topical) GEL 1%	1	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
cvs acne cleansing bar BAR 10%	3	
cvs advanced 3-in-1 exfol LIQD 5%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ery PADS 2%	1	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA
sulfacetamide sodium (acne) LOTN 10%	1	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
alba-3	3	
ANTIBIOTIC CRE	3	
BACIGUENT OINT 500unit/gm	3	
bacitracin (topical) OINT 500u/gm	3	
bacitracin zinc OINT 500unit/gm	3	
bacitracin-polymyxin b oint**	3	
eql antibiotic + pain rel	3	
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
mp triple antibiotic plus	3	
mupirocin OINT 2%	1	QL (220 gm / 30 days)
MYCITRACIN OIN	3	
POLYSPORIN OIN	3	
ra antibiotic/pain relief	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
silver sulfadiazine CREA 1%	1	
SPECTROCIN OIN PLUS	3	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	2	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
absorbine jr SOLN 1%	3	
AFTATE ATHLE POW FOOT 1% POWD 1%	3	
aftate athlete's foot AERO 1%	3	
ALEVAZOL OINT 1%	3	
ALOE VESTA 2-N-1 ANTIFUNG OINT 2%	3	
antifungal CREA 1%, 2%	3	
athletes foot powder spra AERP 2%	3	
AZOLEN TINCTURE SOLN 2%	3	
butenafine hcl CREA 1%	3	
castellani paint LIQD 1.5%	3	
ciclopirox olamine CREA .77%	1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (45 gm / 30 days)
CLOVERINE OIN SALVE	3	
critic-aid clear af OINT 2%	3	
CRUEX CRE 1%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cvs af spray powder AERP 1%	3	
DESENEX MAX CREA 1%	3	
eql antifungal CREA 1%	3	
FUNGOID TINCTURE KIT 2%	3	
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
klayesta POWD 100000unit/gm	1	QL (60 gm / 30 days)
LAMISIL ADVANCED GEL 1%	3	
MICATIN AERP 2%	3	
MICATIN CRE 2%	3	
MICATIN POW 2% POWD 2%	3	
NP-27 AERP 1%; CREA 1%	3	
NP-27 SOL 1% SOLN 1%	3	
nyamyc POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	1	QL (60 gm / 30 days)
original ointment	3	
ra antifungal foot care CREA 1%	3	
remedy phytoplex antifung POWD 2%	3	
TINACTIN AERO 1%	3	
tolnaftate POWD 1%	3	
DERMATOLOGY, ANTIHISTAMINES		
allergy cream CREA 2%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
allergy relief maximum st	3	
BENADRYL CRE 2% EX ST	3	
BENADRYL MAXIMUM STRENGTH SOLN 2%	3	
BENADRYL SPR 2-0.1%	3	
diphenhydramine hcl (topical) SOLN 2%	3	
diphenhydramine-zinc acetate cream 2-0.1%	3	
ITCH RELIEF CREA 2%	3	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	1	QL (120 mL / 30 days), PA
calcitrene OINT .005%	1	QL (120 gm / 30 days), PA
tazarotene CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	2	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	QL (60 gm / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	1	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	1	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	1	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	1	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	1	QL (60 gm / 30 days)
CORTIZONE-10 CRE 1%	3	
cortizone-10 eczema LOTN 1%	3	
CORTIZONE-10 OIN 1%	3	
CORTIZONE-10 SOL SCALP 1% SOLN 1%	3	
ENSTILAR AER	2	QL (120 gm / 30 days), PA
eql anti-itch maximum str OINT 1%	3	
fluocinolone acetonide CREA .01%	1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	1	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	1	QL (90 mL / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
fluocinonide CREA .05%	1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	1	
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
HYDROCORT CRE 0.5%	3	
HYDROCORT CRE 1%	3	
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
hydrocortisone (topical) CREA .5%; OINT .5%; SOLN 1%	3	
hydrocortisone-aloe vera cream 0.5%	3	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
tgt anti-itch/aloe maximu	3	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine OINT 5%	1	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	1	QL (3 patches / 1 day), PA

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
lidocaine hcl SOLN 4%	1	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
A + D PERSON LOT	3	
a+d first aid	3	
ABREVA CREA 10%	3	
absorbine jr back patch PTCH 5%	3	
ACNE-AID BAR	3	
ACNO CLEANSE LIQ	3	
ACTIMARIS GEL WOUND	3	
advanced healing ointment OINT 41%	3	
AGREE SHA EX CLEAN	3	
ala seb	3	
ALCOHOL SOL /WG 70%	3	
alcohol, rubbing SOLN 70%	3	
ALLCLENZ LIQ	3	
aloe vesta 2-n-1 body was	3	
ALOE VESTA 2-N-1 SKIN CON LOTN 3%	3	
alphasoft	3	
ALUMINUM CHLORIDE CRYS 25%	3	
ameda triple zero lanolin	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
americerin	3	
AMERIGEL LOT BARRIER	3	
ameriphor	3	
amlactin CREA 12%	3	
AMMENS MEDIC POW	3	
amplify relief mm	3	
analgesia CREA 10%	3	
ANALPRAM-HC LOT 2.5%	3	
anecream CREA 4%	3	
anecream5 CREA 5%	3	
anti-dandruff shampoo SHAM 1%	3	
ANTI-ITCH LOT 1% LOTN 1%	3	
anti-itch medication	3	
ANTIPHLOGIST CRE	3	
antiseptic SOLN 10%	3	
antiseptic skin cleanser SOLN 4%	3	
anusol-hc SUPP 25mg	3	
AQUA CARE CREA 10%	3	
aqua care CREA 10%; LOTN 10%	3	
aqua lube	3	
aqua net conditon norm	3	
AQUAPHILIC OIN	3	
AQUAPHOR 3 IN 1 DIAPER RA CREA 15%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
AQUASITE PAD 4"X4"	3	
arctic relief pain reliev	3	
arctic relief roll-on pai GEL 4%	3	
ARGLAES POW	3	
arthritis pain relieving CREA .075%	3	
ASPERCREME/ALOE CREA 10%	3	
AVEENO ANTI- LOT ITCH	3	
AVEENO BABY SOOTHING RELI CREA 13%	3	
AVEENO SKIN OIL RELIEF	3	
baby ease OINT 30%	3	
BABY EYELID PAD CLEANSER	3	
BABY MONKEY CRE 2-12%	3	
baby vitamin a & d	3	
BALMEX CREA 11.3%; STCK 11.3%	3	
BALMEX ADULT CARE CREA 11.3%	3	
BALMEX COMPLETE PROTECTIO CREA 11.3%	3	
BASIS FACIAL CRE MOIST	3	
BAZA CLEANSE & PROTECT LOTN 2%	3	
BENGAY CRE GREASLES	3	
bengay pain relief/massag GEL 2.5%	3	
BENZOIN CMPD TIN	3	
benzoin compound tincture	3	
BENZOIN TIN	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
benzoin tincture	3	
BERRI-FREEZ PAIN RELIEVIN LIQD 10%	3	
BETADINE OINT 10%; SOLN 5%, 10%	3	
BETADINE PREPSTICK SWAB 10%	3	
BETADINE SCR SOL 7.5% SOLN 7.5%	3	
BETASAL SHA 3% SHAM 3%	3	
betasept surgical scrub LIQD 4%	3	
bexarotene (topical) GEL 1%	2	QL (60 gm / 30 days), NM, PA
biofreeze AERO 10.5%; LIQD 10%	3	
bl cold & hot therapy bal	3	
BL ISOPROPYL ALCOHOL SOLN 91%, 99%	3	
bl isopropyl rubbing alco SOLN 70%	3	
BL ISOPROPYL RUBBING ALCO SOLN 70%	3	
BL MINERAL OIL LIGHT	3	
bl wart remover LIQD 17%	3	
BL WITCH HAZ LIQ 86%	3	
blue gel GEL 2%	3	
BLUE STAR OIN	3	
BORIC ACID GRA	3	
boric acid granules	3	
BOUDREAUXS BUTT PASTE OINT 16%	3	
BULL FROG SPR MOSQUITO	3	
BURN SPRAY AER	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
CALAMINE LOT	3	
CALAMINE LOT PHENOLAT	3	
calamine lotion**	3	
calamine phenolated lotion**	3	
calamine plus	3	
CALAMINE POW	3	
calamine powder	3	
CALAZIME SKN PST PROTECT	3	
CAMPHOR CRY	3	
camphor crystals	3	
capsaicin CREA .025%, .075%	3	
CAPSAICIN POW	3	
CAPZASIN-HP CREA .1%	3	
CAPZASIN-P CRE 0.025% CREA .025%	3	
carb-o-philic/20 CREA 20%	3	
CARMOL 10 LOTN 10%	3	
CARMOL 20 CREA 20%	3	
cerave baby LOTN 1%	3	
CLORPACTIN WCS-90 POWD 2gm	3	
COATS ALOE CREME CREA .5%	3	
COATS ALOE GELLY GEL .5%	3	
COATS ALOE MOISTURIZING L LOTN .5%	3	
COLEMAN 100 MAX INSECT RE LIQD 98.11%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
COLEMAN INSECT REPELLENT/ AERO 25%	3	
COLEMN BOTAN LIQ INSECT	3	
COLEMN INSEC SPR SKINSMAR	3	
COMFEEL FILM MIS	3	
COMPOUND W LIQD 17%	3	
COMPOUND W MAXIMUM STRENG GEL 17%	3	
constant-clens	3	
corn fix SOLN 17%	3	
cottontails diaper rash c OINT 10%	3	
COZIMA CREA 24%	3	
CUTTER ALL FAMILY MOSQUIT SHEE 7.15%	3	
cvs alcohol SOLN 91%	3	
cvs anti-itch	3	
cvs anti-itch sensitive s LOTN 1%	3	
cvs hydrogen peroxide SOLN 3%	3	
cvs muscle rub	3	
cvs wart remover gel pen GEL 17%	3	
DAKINS SOLUTION FULL STRE SOLN .5%	3	
DAKINS SOLUTION HALF STRE SOLN .25%	3	
DAKINS SOLUTION QUARTER S SOLN .125%	3	
DERMAGRAN OIN	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
dermamed	3	
dermatological products misc - aerosol*	3	
DERMAZINC SPRAY LIQD .25%	3	
desitin CREA 13%	3	
DESITIN OINT 40%	3	
DESITIN CREAMY OINT 10%	3	
DESITIN MAXIMUM STRENGTH PSTE 40%	3	
desitin rapid relief CREA 13%	3	
DHS TAR SHAM .5%	3	
DHS ZINC SHA 2% SHAM 2%	3	
diaper rash CREA 10%	3	
dibucaine (rectal) OINT 1%	3	
dickinsons witch hazel	3	
diclofenac sodium (topical) GEL 1%	1	QL (1000 gm / 30 days)
docosanol CREA 10%	3	
DR SMITHS ADULT BARRIER OINT 10%	3	
DR SMITHS ADULT BARRIER S AERO 10%	3	
DRS CHOICE KIT CLOSURE	3	
DY-O-DERM VITILIGO STAIN SOLN 6.55%	3	
e-oil OIL 400unit/ml	3	
eck a & d	3	
ECK IODINE TIN 2%	3	
EHA LOTION 4% LOTN 4%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ELA-MAX CREA 4%	3	
ELA-MAX 5 CREA 5%	3	
ELTA SEAL MOISTURE BARRIE CREA 6%	3	
emollient - cream*	3	
ENEGEL GEL	3	
eq hygienic cleansing wip	3	
eql aloe after sun	3	
ETHY ALCOHOL SOL 70%	3	
fluorouracil (topical) CREA 5%	1	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	1	QL (10 mL / 30 days)
FORAXA EMU	3	
formaldehyde SOLN 37%	3	
FORMALDEHYDE SOLN 37%	3	
formulation r	3	
FP ANTI-ITCH CRE MEDICATE	3	
FREEZE IT GEL 0.2-3.5%	3	
fv iodine tincture	3	
geri-hydrolac LOTN 5%	3	
glycerin topical liquid	3	
glycolic acid SOLN 70%	3	
gnp arthritis pain relief CREA .1%	3	
gnp isopropyl alcohol SOLN 99%	3	
GOLD BOND POW	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
gold bond rapid relief	3	
GOLD DUST POW WOUND	3	
GOODSENSE CAPSAICIN ARTHR LIQD .15%	3	
goodsense hemorrhoidal	3	
goodsense hemorrhoidal oi	3	
grx dyne swab SWAB 10%	3	
grx wound	3	
h-chlor 12 SOLN .125%	3	
hca alcohol swabs	3	
HCA GLYCERIN LIQ	3	
HCA HEMORRHO OIN	3	
hemorrhoid	3	
hemorrhoidal	3	
hemorrhoidal cooling	3	
hemorrhoidal suppositorie	3	
HEMORROID SUP 3%	3	
HIBICLENS LIQ 4% LIQD 4%	3	
HIBICLENS SOL 4% SOLN 4%	3	
HUGGIES DIAPER RASH CREAM CREA 10%	3	
hydrocortisone (rectal) CREA 1%, 2.5%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3	
HYDROGEN PEROXIDE SOLN 3%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
hysept SOLN .25%, .5%	3	
ICY HOT PAIN RELIEVING GE GEL 2.5%	3	
imiquimod CREA 5%	1	QL (24 packets / 30 days)
INSTACLEAN LIQ	3	
IODINE TIN 2% MILD	3	
IODINE TIN STRONG	3	
iodine tincture strong*	3	
IODOFLEX PADS .9%	3	
IODOSORB GEL .9%	3	
ionil-t SHAM 1%	3	
isopropyl alcohol 70%	3	
ISOPROPYL ALCOHOL WIPES MISC 70%	3	
JESSNERS SOL	3	
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
LACTICARE LOT 5%	3	
lidocaine pain relief pat PTCH 4%	3	
liniments & rubs - cream*	3	
liniments & rubs - ointment*	3	
LMX 4 CREA 4%	3	
LUXAMEND CRE	3	
3M DURABLE CRE MOISTURI	3	
MEDERMA CRE SPF 30	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
metronidazole (topical) CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	1	QL (59 mL / 30 days)
MOISTURE BARRIER CREA 5%	3	
moisturel therapeutic LOTN 3%	3	
moisturizing lotion LOTN 1.5%	3	
MUSCLE RUB CRE ULT STR	3	
MUSCLE RUB OIN	3	
4-N-1 CREA 1%	3	
NATRAPEL LIQD 20%	3	
NATRAPEL 12-HOUR TICK & I AERO 20%	3	
nitroglycerin (intra-anal) OINT .4%	1	QL (30 gm / 30 days)
noble formula LIQD .25%	3	
NUPERCAINAL OINT 1%	3	
OCUSOFT LID AER ORIGINAL	3	
OPERAND CHLORHEXIDINE GLU LIQD 2%	3	
OXIPOR VHC LOT	3	
PANRETIN GEL .1%	2	QL (60 gm / 30 days), PA
PETROLATUM OIN	3	
PHARMABASE BARRIER OINT 9.38%	3	
PHENOL LIQ	3	
phenol liquid	3	
phenylephrine in hard fat	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
podofilox SOLN .5%	1	QL (7 mL / 28 days)
POLAR FROST GEL 4%	3	
povidone-iodine OINT 10%; SOLN 5%, 7.5%	3	
POVIDONE-IODINE PREP PAD PADS 10%	3	
powders POWD .1%	3	
pramoxine hcl (rectal) FOAM 1%	3	
PREDATOR CREA 4%	3	
PREPARATIO H CRE TOTABLE	3	
PREPARATIO H GEL	3	
PREPARATION OIN H	3	
PROCORT CRE	3	
procto-med hc CREA 2.5%	1	
proctocort CREA 1%	1	
PROCTOCORT SUPP 30mg	3	
PROCTOFOAM AER HC 1%	3	
PROCTOFOAM AER NS 1% FOAM 1%	3	
proctosol hc CREA 2.5%	1	
proctozone-hc CREA 2.5%	1	
psoriasin LIQD 3%	3	
PSORIASIS MEDICATED SKIN LIQD 3%	3	
pyrithione zinc SHAM 2%	3	
ra body powder medicated	3	
ra medicated first aid sp	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
RECTIV OINT .4%	2	QL (30 gm / 30 days)
REMEDY CLEANSING BODY LOT LOTN 1.5%	3	
REMEDY PST CALAZIME	3	
REMEDY SKIN REPAIR CREA 1.5%	3	
REPEL SPORTSMEN MAX LOTN 40%	3	
RISAMINE OIN	3	
SARNA LOT	3	
scar treatment products - cream*	3	
scholls for her cracked s CREA 1.5%	3	
SCYTERA FOAM 2%	3	
SEBULEX SHA	3	
SECURA EXTRA PROTECTIVE CREA 30.6%	3	
SELSUN BLUE LOTN 1%	3	
2ND SKIN PAD MST BURN	3	
SKIN PROTECTANT MOISTURE CREA 12%	3	
**skin protectants misc -* PSTE 49.8%	3	
sm anti-dandruff coal tar SHAM .5%	3	
soap & cleansers - bar**	3	
SOOTH-IT PAD PADS 50%	3	
STIMULEN LOT	3	
STOPAIN LIQD 8%	3	
SWEEN CRE	3	
tacrolimus (topical) OINT .03%, .1%	1	QL (100 gm / 30 days)

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
TANNIC ACID POW	3	
tannic acid powder	3	
tgt hemorrhoidal supposit	3	
THERAPLEX T SHAM 1%	3	
THERASEAL LOTN 1%	3	
TRIPLE PASTE OINT 12.8%	3	
VALCHLOR GEL .016%	2	QL (60 gm / 30 days), NM, LA, PA
VITAMIN A&D OIN	3	
WART OFF SOL 17% SOLN 17%	3	
white petrolatum topical gel	3	
WOUN'DRES GEL	3	
wound dressings - pads**	3	
Z-BUM CREA 22%	3	
ZIKS ARTHRIT CRE RELIEF	3	
ZINC OXIDE PSTE 25%	3	
zinc oxide (topical) OINT 20%, 40%; PSTE 25%	3	
ZOSTRIX NATURAL PAIN RELI CREA .033%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
a-200 AERO .5%	3	
a-200 maximum strength	3	
bl permethrin LIQD 1%	3	
complete lice treatment k	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
cvs permethrin LOTN 1%	3	
END LICE M/S LIQ	3	
hca lice shampoo	3	
malathion LOTN .5%	1	QL (59 mL / 30 days)
NIX COMPLETE KIT LICE 1%	3	
NIX CREME LIQ RINSE 1% LIQD 1%	3	
permethrin CREA 5%	1	QL (60 gm / 30 days)
PERMETHRIN LOT 1%	3	
PRONTO SHA 0.33-4%	3	
pyrethrins-piperonyl butoxide liq 0.3-3%	3	
RID AERO .5%	3	
RID COMPLETE KIT LICE	3	
RID ESS LICE KIT 0.33-4%	3	
RID LIQ	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	2	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	2	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
ACTISEP SOL	3	
ACTISEP SPR	3	
allevacaine SOLN 20%	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ANBESOL GEL 10%; LIQD 10%	3	
anbesol cold sore therapy	3	
ANBESOL MAXIMUM STRENGTH GEL 20%; LIQD 20%	3	
artificial saliva - solution**	3	
ASTRING-O-SO LIQ MTHWASH	3	
BABY ANBESOL GEL 7.5%	3	
baby oral pain GEL 7.5%	3	
baby teething GEL 7.5%	3	
baby teething pain medici GEL 7.5%	3	
benz-o-sthetic GEL 20%; LIQD 20%; SOLN 20%	3	
BENZ-O-STHETIC SWAB 20%	3	
benzodent CREA 20%	3	
BLISTEX OIN MEDICATE	3	
CAPHOSOL SOL	3	
cavarest GEL 1.1%	3	
CEPACOL LOZG 2mg	3	
CEPACOL DUAL SPR RELIEF	3	
CEPACOL FIZZLERS TBDP 6mg	3	
CEPACOL LOZ 15-2.3MG	3	
CEPACOL LOZ 15-20MG	3	
CEPACOL LOZ EXTRA ST	3	
CEPACOL LOZ INSTAMAX	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
CEPACOL MAX LOZ NUMBING	3	
CEPACOL REGULAR STRENGTH LOZG 3mg	3	
CEPACOL SORE LOZ 10-2.1MG	3	
CEPACOL SORE LOZ 15-3.6MG	3	
CEPACOL SORE LOZ THRT MAX	3	
CEPACOL SORE SPR 0.1-33%	3	
CEPACOL SORE THROAT LOZG 5.4mg	3	
CEPACOL SORE THROAT/POST LOZG 5.4mg	3	
cevimeline hcl CAPS 30mg	1	
CHERACOL SORE THROAT LIQD 1.4%	3	
cherry cough drops	3	
chloraseptic gargle LIQD 1.4%	3	
CHLORASEPTIC LOZ 6-10MG	3	
CHLORASEPTIC LOZ CHERRY	3	
CHLORASEPTIC LOZ CITRUS	3	
CHLORASEPTIC LOZ HONY LEM	3	
CHLORASEPTIC LOZ MAX	3	
CHLORASEPTIC LOZ MENTHOL	3	
CHLORASEPTIC MIS	3	
CHLORASEPTIC MIS KIDS	3	
chloraseptic warming sore LOZG 15mg	3	
CHLORASEPTIC WARMING SORE LOZG 15mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
CONTROL DENT CRE ADHESIVE	3	
COUGH DROPS LOZG 2.7mg	3	
cough drops LOZG 3.1mg, 5mg, 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg, 7.6mg, 8mg, 8.4mg, 10mg	3	
cough drops menthol	3	
cough drops sugar free LOZG 5.8mg, 7.6mg	3	
cvs baby teething oral pa GEL 7.5%	3	
cvs cherry menthol drops	3	
cvs cough drops sugar fre LOZG 5.8mg, 7.6mg	3	
cvs honey lemon drops	3	
cvs menthol drops	3	
cvs oral anesthetic maxim GEL 20%	3	
cvs oral pain reliever PSTE 20%	3	
cvs oral pain reliever ma CREA 20%; PSTE 20%	3	
cvs sore throat	3	
cvs sore throat maximum s	3	
CVS SORE THROAT RELIEF PO LPOP 20mg	3	
cvs throat relief pops ch LPOP 10mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
DADS MENTHOL THROAT DROP LOZG 3.5mg	3	
dent-o-kain/20 LIQD 20%	3	
DENTIVA LOZ	3	
DENTS TOOTHACHE GUM GUM 20%	3	
denture care products - cream**	3	
DIABETIC TUSSIN COUGH DRO LOZG 6mg	3	
DUAL RELIEF LIQ	3	
EFFERDENT PAK PWR CLN	3	
EFFERDENT TAB PLUS	3	
eq cough drops sugar free LOZG 5.8mg	3	
eql cough drops LOZG 5.8mg, 7.5mg, 7.6mg	3	
EZO CUSHIONS MIS LOW REG	3	
FIRST-MOUTHW SUS BLM	3	
FRUIT FROSTERS LOZG 7mg	3	
G-BUCAL-C SOL 0.15-0.1	3	
GILTUSS SPR BUCALSEP	3	
gnp cough drops LOZG 6.5mg, 7mg	3	
gnp herbal LOZG 4.8mg	3	
gnp oral pain relief LIQD 20%	3	
gnp throat drops LOZG 2.8mg	3	
goodsense oral pain relie GEL 20%	3	
GUMSOL LIQ	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
GUMSOL SPR	3	
HURRICAINE AERO 20%; SOLN 20%	3	
hurricaine GEL 20%	3	
HURRICAINE ONE SOLN 20%	3	
HURRICAINE SNAP-N-GO SWAB 20%	3	
HURRIPAK STARTER KIT KIT 20%	3	
instant oral pain relief GEL 20%	3	
intense toothache pain re GEL 20%	3	
kank-a mouth pain SOLN 20%	3	
kourzeq PSTE .1%	1	
larynex	3	
lidocaine hcl (mouth-throat) SOLN 2%	1	
LITTLE COLDS COLD RELIEF LPOP 19mg	3	
LITTLE COLDS SOOTHING THR STRP 19mg	3	
LITTLE TEETH GEL 7.5%	3	
lollicaine GEL 20%	3	
LUDENS DUAL LOZ RELIEF	3	
LUDENS THROAT DROPS LOZG 1mg, 1.6mg, 1.7mg, 2.5mg, 2.8mg	3	
medikoff drops LOZG 7.6mg	3	
menthol cough drops LOZG 5mg	3	
mouthwashes - liquid*	3	
MUCINEX LIQ INSTASOO	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
natural herb cough drops LOZG 3mg	3	
nycoff	3	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
ORA-FILM STRP 6%	3	
oral analgesic maximum st GEL 20%; LIQD 20%; PSTE 20%	3	
oral anesthetic maximum s PSTE 20%	3	
ORAMAGIC PLUS SUSR 10%	3	
ORASEP SPR	3	
orastat maximum strength GEL 20%	3	
periogard SOLN .12%	1	
PERMA-GRIP POW	3	
perox-a-mint SOLN 1.5%	3	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
POLIGRIP MIS COMFORT	3	
POLIGRIP SUP CRE STRNG FR	3	
qc cough drops LOZG 5.8mg	3	
qc sore throat	3	
ra cough drops LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg	3	
ra mouth pain anesthetic LIQD 20%	3	
RICOLA CHERRY HERB SUGAR LOZG 2.6mg	3	
RICOLA CHERRY HONEY HERB LOZG 2mg	3	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ricola honey lemon w/echi LOZG 3.5mg	3	
RICOLA HONEY-HERB LOZG 2mg	3	
RICOLA LEMON MINT LOZG 1.5mg	3	
RICOLA LEMON MINT HERB SU LOZG 1.1mg	3	
RICOLA LOZ	3	
ricola mountain herb suga LOZG 4.8mg	3	
ricola natural herb LOZG 4.8mg	3	
SALESE LOZ	3	
SEA BOND BRI GEL CLEANSER	3	
SEA BOND WAF	3	
sm cough drops LOZG 3.1mg, 5mg, 5.8mg, 6.5mg, 7mg, 8mg, 10mg	3	
sm fruit coolers LOZG 7mg	3	
sm natural herb cough dro LOZG 4.8mg	3	
sore throat	3	
SORE THROAT LOLLIPOPS LPOP 10mg	3	
sore throat lozenges	3	
SUCRETS SORE THROAT LOZG 2mg	3	
tgt cough drops LOZG 9.1mg	3	
throat discs	3	
throat lozenges - lozenges*	3	
TOOTHACHE GEL 20-0.26%	3	
triamcinolone acetonide (mouth) PSTE .1%	1	

Nombre del Medicamento	Nombre del Medicamento	Requisitos/Límites
ultra throat lozenges	3	
VICKS VAPODROPS LOZG 1.7mg, 3.3mg	3	
ZILACTIN BABY GEL 10%	3	
zilactin-b GEL 10%	3	
ZINC W/A&C LOZ	3	
OTIC		
antiseptic cleanser SOLN 10%	3	
auraphene-b SOLN 6.5%	3	
auro-dri LIQD 95%	3	
HCA EAR WAX SOL 6.5% OT	3	
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Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de septiembre de 2024. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 7.

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