

2023

Drug Formulary

Formulario de Medicamentos

HMO – 1 Tier

Imperial Strong (HMO) 014



IMPERIAL HEALTH PLAN
OF CALIFORNIA

014 - Imperial Strong (HMO)

2023 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00023510, Version Number 6.

This formulary was updated on 10/07/2022. For more recent information or other questions, please contact Imperial Health Plan of California, Inc. (HMO) (HMO SNP) Customer Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m., or visit www.imperialhealthplan.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

IR_344 H5496 Drug Formulary 1T_C ENG 09/16/22

Contents

What is the Imperial Health Plan Formulary?.....	3
Can the Formulary (drug list) change?	3
How do I use the Formulary?	4
What are generic drugs?.....	4
Are there any restrictions on my coverage?.....	4
What if my drug is not on the Formulary?.....	5
How do I request an exception to the Imperial Health Plan Formulary?	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	5
For more information	6
Imperial Senior Value’s Formulary	6
Index of Drugs / Índice de drogas.....	202

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Imperial Health Plan of California, Inc. (HMO) (HMO SNP). When it refers to “plan” or “our plan,” it means Imperial Health Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/07/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Imperial Health Plan Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Imperial Health Plan Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier (only for plans 007, 011, and 012) or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Imperial Health Plan Formulary?”

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

The enclosed formulary is current as of 10/07/2022. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of non-maintenance changes to the formulary throughout the plan year, we may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 19. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR". If you know what your drug is used for, look for the category name in the list that begins on 14. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 202. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 per prescription for celecoxib. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 19. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Imperial Health Plan formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Imperial Health Plan Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier (only for plans 007, 011, and 012), or utilization restriction exception. **When you request a formulary, tier (only for plans 007, 011, and 012), or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Exceptions are available for beneficiaries who have experienced a change in the level of care they are receiving which requires them to transition from one facility or treatment center to another. Examples of situations in which beneficiaries would be eligible for the one-time temporary fill exception when they are outside of the three-month effective date into the Part D program are as follows:

1. Beneficiary was discharged from the hospital and was provided a discharge list of medications based upon the formulary of the hospital.
2. Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary.
3. Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits.
4. Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

For more information

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

If you have questions about Imperial Health Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Imperial Senior Value's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 202.

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

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

014 - Imperial Strong (HMO)

Formulario para 2023 (Lista de medicamentos cubiertos)

**LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

HPMS Approved Formulary File Submission ID 00023510, Version Number 6.

Este formulario se actualizó el 07/10/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicio al Cliente de Imperial Health Plan of California, Inc. (HMO) (HMO SNP) llamando al 1-800-838-8271, o para los usuarios de TTY al 711, del 1 de octubre al 31 de marzo: lunes a domingo, de 8:00 a.m. a 8:00 p.m. o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m., o visite www.imperialhealthplan.com.

Mensaje importante sobre lo que paga por las vacunas: nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no ha pagado su deducible. Llame a nuestro Departamento de membresía para obtener más información.

Mensaje importante sobre lo que paga por la insulina: no pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre, incluso si no ha pagado su deducible.

IR_344 H5496 Drug Formulary 1T_C ENG 09/16/22

Contenido

¿Qué es el Formulario de Imperial Health Plan?	9
¿Puede cambiar el Formulario (lista de medicamentos)?	9
¿Cómo utilizo el Formulario?	10
¿Qué son los medicamentos genéricos?	10
¿Hay alguna restricción en mi cobertura?	11
¿Qué pasa si mi medicamento no está en el Formulario?	11
¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan?	11
¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?	12
Para obtener más información.....	13
Formulario de Imperial Senior Value.....	13
Index of Drugs / Índice de drogas.....	202

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

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Imperial Health Plan of California, Inc. (HMO) (HMO SNP). Cuando dice “plan” o “nuestro plan”, hace referencia a Imperial Health Plan.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 07/10/2022. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

¿Qué es el Formulario de Imperial Health Plan?

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

¿Puede cambiar el Formulario (lista de medicamentos)?

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

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

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan?”
- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario, o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente (solo para los planes 007, 011 y 012) o ambas cosas. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento o si pasamos un medicamento a un nivel superior de costo compartido, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan?”

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

El Formulario adjunto es vigente a partir del 07/10/2022. Para recibir información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. En caso de cambios al formulario durante el año del plan que no sean relacionados al mantenimiento, podemos realizar cambios a través de las hojas de correcciones que le enviemos. Además, puede visitar nuestro sitio web para encontrar un enlace a la hoja de correcciones.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 19. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría “CARDIOVASCULAR”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 16. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 202. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Nuestro plan exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de nosotros antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que no cubramos el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 60 por receta para celecoxib. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que no cubramos el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces cubriremos el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 19. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio Web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirnos que hagamos una excepción a estas restricciones o límites, o puede solicitarnos una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan?” en la página 11 para obtener información acerca de cómo solicitar una excepción.

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

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

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

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

¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan?

Puede solicitarnos que hagamos una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.

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

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

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, nivel (solo para los planes 007, 011 y 012), o a la restricción de uso. **Cuando solicita una excepción al Formulario, nivel (solo para los planes 007, 011 y 012), o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

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

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

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

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

Las excepciones se encuentran disponibles para aquellos beneficiarios que hayan sufrido un cambio de nivel en la atención que reciben, el cual exige que se muden de una instalación o centro de tratamiento a otro. Los siguientes son ejemplos de las situaciones en las que los beneficiarios serían elegibles para una excepción de una sola vez de un surtido temporal al encontrarse fuera del plazo de los tres meses posteriores a la fecha de vigencia del programa de la Parte D:

1. El beneficiario fue dado de alta del hospital y recibió una lista de medicamentos del alta según el formulario del hospital.
2. Los beneficiarios quienes terminan su estancia de Medicare Parte A en un centro de enfermería especializada (en la que los pagos incluyen todas las tarifas de farmacia) y quienes necesitan volver al formulario de su plan de la Parte D.
3. Los beneficiarios que pierden su estatus de hospicio para volver a los beneficios estándares de Medicare Parte A y B.
4. Los beneficiarios que son dados de alta de hospitales psiquiátricos crónicos con regímenes de medicamentos altamente individualizados.

Para obtener más información

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

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

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

Formulario de Imperial Senior Value

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por nuestro plan. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 202.

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

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

Imperial MAPD 2023 1-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS.....	19
ANESTHETICS.....	21
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS.....	21
ANTIBACTERIALS	22
ANTICONVULSANTS	29
ANTIDEMENTIA AGENTS.....	32
ANTIDEPRESSANTS	33
ANTIEMETICS.....	35
ANTIFUNGALS	36
ANTIGOUT AGENTS	38
ANTIMIGRAINE AGENTS	38
ANTIMYASTHENIC AGENTS	39
ANTIMYCOBACTERIALS	39
ANTINEOPLASTICS.....	40
ANTIPARASITICS.....	47
ANTIPARKINSON AGENTS.....	48
ANTIPSYCHOTICS	49
ANTISPASTICITY AGENTS	52
ANTIVIRALS.....	52
ANXIOLYTICS.....	56
BIPOLAR AGENTS.....	57
BLOOD GLUCOSE REGULATORS	58
BLOOD PRODUCTS AND MODIFIERS	61
CARDIOVASCULAR AGENTS	63
CENTRAL NERVOUS SYSTEM AGENTS	71
DENTAL AND ORAL AGENTS	73
DERMATOLOGICAL AGENTS	73
ELECTROLYTES/MINERALS/METALS/VITAMINS	77
GASTROINTESTINAL AGENTS.....	80
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	82
GENITOURINARY AGENTS	83

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) 84

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)..... 84

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)..... 85

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)..... 90

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) 91

HORMONAL AGENTS, SUPPRESSANT (THYROID) 92

IMMUNOLOGICAL AGENTS 92

INFLAMMATORY BOWEL DISEASE AGENTS..... 98

METABOLIC BONE DISEASE AGENTS..... 99

OPHTHALMIC AGENTS..... 100

OTIC AGENTS 102

RESPIRATORY TRACT/ PULMONARY AGENTS..... 103

SKELETAL MUSCLE RELAXANTS 107

SLEEP DISORDER AGENTS 107

Imperial MAPD 2023 1-Tier (Lista de Medicamentos Cubiertos)

Lista de medicamentos por condición médica

AGENTES ANTIESPASTICIDAD	109
AGENTES ANTIMIASTENICOS.....	109
AGENTES ANTIMIGRAÑOSOS.....	109
AGENTES ANTIPARKINSON	110
AGENTES BIPOLARES	111
AGENTES CARDIOVASCULARES	112
AGENTES DE ANTIDEMENCIA.....	120
AGENTES DEL SISTEMA NERVIOSO CENTRAL	121
AGENTES DENTALES y ORALES.....	123
AGENTES DERMATOLÓGICOS	123
AGENTES GASTROINTESTINALES.....	127
AGENTES GENITOURINARIOS	129
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (HORMONAS SEXUALES/ MODIFICADORES)	130
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (PITUITARIA)	136
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (SUPRARRENALES).....	136
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (TIROIDES).....	137
AGENTES HORMONALES, SUPRESORES (PITUITARIA).....	138
AGENTES HORMONALES, SUPRESORES (TIROIDES).....	138
AGENTES INMUNOLÓGICOS	139
AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA	145
AGENTES OFTÁLMICOS.....	146
AGENTES ÓTICOS.....	149
AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA.....	149
AGENTES PARA TRASTORNO DEL SUEÑO	150
AGENTES PARA TRASTORNO GENÉTICO, DE ENZIMAS O PROTEÍNAS: REEMPLAZO, MODIFICADORES, TRATAMIENTO.....	150
AGENTES PARA TRATAMIENTO DE ABUSO DE SUSTANCIAS/ANTI-ADICCIÓN	151
AGENTES PARA TRATAMIENTO DE LA GOTA	152
AGENTES PULMONARES/ TRACTO RESPIRATORIO.....	152
ANALGÉSICOS.....	157

ANESTÉSICOS	159
ANSIOLÍTICOS	159
ANTIBACTERIANOS.....	160
ANTICONVULSIVOS	167
ANTIDEPRESIVOS	170
ANTIEMÉTICOS.....	173
ANTIMICOBACTERIANOS.....	174
ANTIMICÓTICOS	174
ANTINEOPLÁSICOS	176
ANTIPARASITARIOS	184
ANTIPSIKÓTICOS	184
ANTIVIRALES	188
ELECTROLITOS/MINERALES/METALES/VITAMINAS.....	192
PRODUCTOS y MODIFICADORES DE SANGRE	195
REGULADORES DE GLUCOSA EN SANGRE.....	197
RELAJANTES DEL MÚSCULO ESQUELÉTICO	201

Legend

1: Covered Medications

BvD: Part B vs. Part D- This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

MO: Mail Order Eligible- This prescription may also be available via mail.

PA: Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

La leyenda

1: Medicamentos cubiertos

BvD: Algunos medicamentos pueden tener cobertura de la Parte B o D de Medicare, según las circunstancias.

MO: El pedido por correo es elegible.

PA: Autorización previa. Usted (o su médico) debe obtener una autorización previa antes de que llene su receta para este medicamento. Sin aprobación previa, es posible que no cubramos este medicamento.

QL: Limite de cantidad. Un limite de cantidad se ha implementado en el medicamento recetado.

ST: Terapia escalonada. Los requisitos de la terapia escalonada deben cumplirse antes de surtir el medicamento recetado.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
<i>butalbital-apap-caffeine oral tablet 50-325-40mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40mg</i>	1	QL (180 EA per 30 days)
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100mg, 200mg, 400mg, 50mg</i>	1	MO
<i>diclofenac potassium oral tablet 50mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24-hour 100mg</i>	1	MO
<i>diclofenac sodium external gel 1%</i>	1	
<i>diclofenac sodium oral tablet delayed release 25mg, 50mg, 75mg</i>	1	MO
<i>diflunisal oral tablet 500mg</i>	1	MO
<i>etodolac oral capsule 200mg, 300mg</i>	1	MO
<i>etodolac oral tablet 400mg, 500mg</i>	1	MO
<i>flurbiprofen oral tablet 100mg</i>	1	MO
IBU ORAL TABLET 600MG, 800MG	1	MO
<i>ibuprofen oral suspension 100mg/5ml</i>	1	
<i>ibuprofen oral tablet 400mg, 600mg, 800mg</i>	1	MO
<i>indomethacin er oral capsule extended release 75mg</i>	1	MO
<i>indomethacin oral capsule 25mg, 50mg</i>	1	MO
<i>ketorolac tromethamine oral tablet 10mg</i>	1	
<i>meloxicam oral tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone oral tablet 500mg, 750mg</i>	1	MO
<i>naproxen oral suspension 125mg/5ml</i>	1	MO
<i>naproxen oral tablet 250mg, 375mg, 500mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet delayed release 375mg, 500mg</i>	1	MO
<i>naproxen sodium oral tablet 275mg, 550mg</i>	1	MO
<i>oxaprozin oral tablet 600mg</i>	1	MO
<i>piroxicam oral capsule 10mg, 20mg</i>	1	MO
<i>sulindac oral tablet 150mg, 200mg</i>	1	MO
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72-hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	1	PA; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10mg, 5mg</i>	1	QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12-hour abuse-deterrent 10mg, 20mg, 40mg, 80mg</i>	1	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet 300-30mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12mg/5ml</i>	1	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15mg, 300-60mg</i>	1	QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15mg, 30mg, 60mg</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200mcg, 1600mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325mg/15ml</i>	1	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg</i>	1	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1mg/ml</i>	1	QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2mg, 4mg</i>	1	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8mg</i>	1	QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate (concentrate) oral solution 20mg/ml</i>	1	QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>morphine sulfate oral solution 20mg/5ml</i>	1	QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15mg, 30mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100mg/5ml</i>	1	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5mg/5ml</i>	1	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325mg/5ml</i>	1	QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg</i>	1	QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100mg</i>	1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325mg</i>	1	QL (240 EA per 30 days)

ANESTHETICS

Local Anesthetics

<i>lidocaine external patch 5%</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4%</i>	1	QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2%</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5%</i>	1	QL (30GM per 30 days)

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

<i>acamprosate calcium oral tablet delayed release 333mg</i>	1	MO
<i>disulfiram oral tablet 250mg</i>	1	MO
<i>naltrexone hcl oral tablet 50mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380MG	1	

Opioid Dependence

<i>buprenorphine hcl sublingual tablet sublingual 2mg, 8mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5mg, 8-2mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	1	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8MG/0.1ML	1	
<i>naloxone hcl injection solution 0.4mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4mg/0.1ml</i>	1	
NARCAN NASAL LIQUID 4MG/0.1ML	1	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	1	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12-hour 150mg</i>	1	
NICOTROL INHALATION INHALER 10MG	1	
<i>varenicline tartrate oral 0.5mg x 11 & 1mg x 42</i>	1	
<i>varenicline tartrate oral tablet 0.5mg, 1mg</i>	1	
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500mg/2ml</i>	1	BvD
ARIKAYCE INHALATION SUSPENSION 590MG/8.4ML	1	PA
<i>gentamicin in saline intravenous solution 0.8-0.9mg/ml-%, 1-0.9mg/ml-%, 1.2-0.9mg/ml-%, 1.6-0.9mg/ml-%</i>	1	
<i>gentamicin sulfate external cream 0.1%</i>	1	
<i>gentamicin sulfate external ointment 0.1%</i>	1	
<i>gentamicin sulfate injection solution 40mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500mg</i>	1	
<i>paromomycin sulfate oral capsule 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10mg/ml, 80mg/2ml</i>	1	BvD
ZEMDRI INTRAVENOUS SOLUTION 500MG/10ML	1	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1gm</i>	1	
<i>aztreonam injection solution reconstituted 2gm</i>	1	BvD
<i>clindamycin hcl oral capsule 150mg, 300mg, 75mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300mg/50ml, 600mg/50ml, 900mg/50ml</i>	1	
<i>clindamycin phosphate injection solution 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	BvD
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150mg</i>	1	BvD
<i>daptomycin intravenous solution reconstituted 350mg, 500mg</i>	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	1	
<i>linezolid intravenous solution 600mg/300ml</i>	1	PA
<i>linezolid oral tablet 600mg</i>	1	PA
<i>methenamine hippurate oral tablet 1gm</i>	1	
<i>metronidazole external cream 0.75%</i>	1	
<i>metronidazole external gel 0.75%, 1%</i>	1	
<i>metronidazole external lotion 0.75%</i>	1	
<i>metronidazole intravenous solution 500mg/100ml</i>	1	BvD
<i>metronidazole oral tablet 250mg, 500mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline intravenous solution reconstituted 50mg</i>	1	BvD
<i>tinidazole oral tablet 250mg, 500mg</i>	1	
<i>trimethoprim oral tablet 100mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1gm, 10gm, 500mg, 750mg</i>	1	
<i>vancomycin hcl oral capsule 125mg, 250mg</i>	1	
<i>vancomycin hcl oral solution reconstituted 250mg/5ml</i>	1	
XIFAXAN ORAL TABLET 200MG	1	
XIFAXAN ORAL TABLET 550MG	1	MO
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12-hour 500mg</i>	1	
<i>cefaclor oral capsule 250mg, 500mg</i>	1	
<i>cefaclor oral suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil oral capsule 500mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250mg/5ml, 500mg/5ml</i>	1	
<i>cefadroxil oral tablet 1gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1gm, 10gm, 500mg</i>	1	
<i>cefdinir oral capsule 300mg</i>	1	
<i>cefdinir oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1gm, 2gm</i>	1	
<i>cefixime oral capsule 400mg</i>	1	
<i>cefixime oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	
<i>cefotetan disodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1gm, 10gm, 2gm</i>	1	BvD

Drug Name	Drug Tier	Requirements/Limits
<i>cefepodoxime proxetil oral suspension reconstituted 100mg/5ml, 50mg/5ml</i>	1	
<i>cefepodoxime proxetil oral tablet 100mg, 200mg</i>	1	
<i>cefprozil oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefprozil oral tablet 250mg, 500mg</i>	1	
<i>ceftazidime injection solution reconstituted 1gm, 6gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1gm, 2gm, 250mg, 500mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10gm</i>	1	
<i>cefuroxime axetil oral tablet 250mg, 500mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750mg</i>	1	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5gm</i>	1	BvD
<i>cephalexin oral capsule 250mg, 500mg</i>	1	
<i>cephalexin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cephalexin oral tablet 250mg, 500mg</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400MG, 600MG	1	BvD
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250mg, 500mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin oral tablet 500mg, 875mg</i>	1	
<i>amoxicillin oral tablet chewable 125mg, 250mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12-hour 1000-62.5mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5mg/5ml, 250-62.5mg/5ml, 400-57mg/5ml, 600-42.9mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125mg, 500-125mg, 875-125mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5mg, 400-57mg</i>	1	
<i>ampicillin oral capsule 500mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1gm, 125mg</i>	1	BvD
<i>ampicillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5)gm, 3 (2-1)gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5)gm</i>	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250mg, 500mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>nafcillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>oxacillin sodium in dextrose intravenous solution 1gm/50ml, 2gm/50ml</i>	1	BvD
<i>oxacillin sodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>oxacillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral solution reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250mg, 500mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25)gm, 3.375 (3-0.375)gm, 4.5 (4-0.5)gm</i>	1	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250mg, 500mg</i>	1	
<i>meropenem intravenous solution reconstituted 1gm, 500mg</i>	1	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500mg</i>	1	BvD
<i>azithromycin oral packet 1gm</i>	1	
<i>azithromycin oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	
<i>azithromycin oral tablet 250mg, 250mg (6 pack), 500mg, 500mg (3 pack), 600mg</i>	1	
<i>clarithromycin er oral tablet extended release 24-hour 500mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>clarithromycin oral tablet 250mg, 500mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40MG/ML	1	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200MG	1	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500MG	1	BvD
<i>erythromycin base oral capsule delayed release particles 250mg</i>	1	
<i>erythromycin base oral tablet 250mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200mg/5ml, 400mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral tablet 400mg</i>	1	
<i>erythromycin oral tablet delayed release 250mg, 333mg, 500mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3%</i>	1	
<i>ciprofloxacin hcl oral tablet 100mg, 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200mg/100ml</i>	1	BvD
<i>levofloxacin in d5w intravenous solution 500mg/100ml, 750mg/150ml</i>	1	
<i>levofloxacin intravenous solution 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin oral tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400mg/250ml</i>	1	BvD
<i>moxifloxacin hcl oral tablet 400mg</i>	1	
<i>ofloxacin oral tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10%</i>	1	
<i>sulfadiazine oral tablet 500mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80mg, 800-160mg</i>	1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100MG	1	BvD
<i>doxycycline hyclate oral capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate oral tablet 100mg, 20mg</i>	1	
<i>doxycycline monohydrate oral capsule 100mg, 50mg</i>	1	
<i>doxycycline monohydrate oral tablet 100mg, 50mg, 75mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl oral capsule 100mg, 50mg, 75mg</i>	1	
<i>minocycline hcl oral tablet 100mg, 50mg, 75mg</i>	1	
<i>tetracycline hcl oral capsule 250mg, 500mg</i>	1	

ANTICONVULSANTS

Anticonvulsants, Other

BRIVIACT ORAL SOLUTION 10MG/ML	1	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG	1	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG	1	PA; MO
DIACOMIT ORAL PACKET 250MG, 500MG	1	PA; MO
EPIDIOLEX ORAL SOLUTION 100MG/ML	1	PA; MO
<i>felbamate oral suspension 600mg/5ml</i>	1	
<i>felbamate oral tablet 400mg, 600mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2MG/ML	1	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	1	ST; MO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	1	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	1	ST; MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 250mg, 300mg, 50mg</i>	1	MO
<i>lamotrigine oral kit 25 & 50 & 100mg</i>	1	
<i>lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25mg, 5mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25mg & 14x100mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25mg & 7 x 100mg</i>	1	
<i>levetiracetam er oral tablet extended release 24-hour 500mg, 750mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 100mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO
<i>phenobarbital oral elixir 20mg/5ml</i>	1	MO; QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	1	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15mg, 60mg</i>	1	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30mg</i>	1	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 250mg, 50mg</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	1	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	1	ST; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250mg</i>	1	MO
<i>valproic acid oral solution 250mg/5ml</i>	1	MO
XCOPRI (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150MG	1	MO; QL (56 EA per 28 days)
XCOPRI (350MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200MG	1	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5MG & 14 X 25MG, 14 X 150MG & 14 X200MG, 14 X 50MG & 14 X100MG	1	QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300MG	1	ST; MO
<i>ethosuximide oral capsule 250mg</i>	1	MO
<i>ethosuximide oral solution 250mg/5ml</i>	1	MO
<i>zonisamide oral capsule 100mg, 25mg, 50mg</i>	1	MO
Gamma-Aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension 2.5mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10mg, 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>diazepam rectal gel 10mg, 2.5mg, 20mg</i>	1	
<i>gabapentin oral capsule 100mg, 300mg, 400mg</i>	1	MO; QL (270 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600mg, 800mg</i>	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5MG/0.1ML	1	
SYMPAZAN ORAL FILM 10MG, 20MG	1	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5MG	1	ST; MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12mg, 16mg, 2mg, 4mg</i>	1	MO
VALTOCO 10MG DOSE NASAL LIQUID 10MG/0.1ML	1	ST
VALTOCO 15MG DOSE NASAL LIQUID THERAPY PACK 7.5MG/0.1ML	1	ST
VALTOCO 20MG DOSE NASAL LIQUID THERAPY PACK 10MG/0.1ML	1	ST
VALTOCO 5MG DOSE NASAL LIQUID 5MG/0.1ML	1	ST
<i>vigabatrin oral packet 500mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500mg</i>	1	PA; QL (180 EA per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200MG, 400MG, 800MG	1	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600MG	1	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12-hour 100mg, 200mg, 300mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12-hour 100mg, 200mg, 400mg</i>	1	MO
<i>carbamazepine oral suspension 100mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100mg</i>	1	MO
DILANTIN ORAL CAPSULE 30MG	1	ST; MO
EPITOL ORAL TABLET 200MG	1	MO
<i>lacosamide oral solution 10mg/ml</i>	1	MO; QL (1395 ML per 30 days)
<i>lacosamide oral tablet 100mg, 150mg, 200mg, 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150mg, 300mg, 600mg</i>	1	MO
<i>phenytoin oral suspension 125mg/5ml</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral tablet chewable 50mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100mg, 200mg, 300mg</i>	1	MO
<i>rufinamide oral suspension 40mg/ml</i>	1	QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200mg</i>	1	MO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400mg</i>	1	QL (240 EA per 30 days)

ANTIDEMENTIA AGENTS

Antidementia Agents, Other

<i>memantine hcl er oral capsule extended release 24-hour 14mg, 21mg, 28mg, 7mg</i>	1	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2mg/ml</i>	1	MO; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5mg & 21 x 10mg</i>	1	QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24-HOUR THERAPY PACK 7 & 14 & 21 & 28 -10MG	1	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24-HOUR 14-10MG, 21-10MG, 28-10MG, 7-10MG	1	PA; MO

Cholinesterase Inhibitors

<i>donepezil hcl oral tablet 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24-hour 16mg, 24mg, 8mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4mg/ml</i>	1	MO; QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12mg, 4mg, 8mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24-hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	1	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 100mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 150mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 200mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 150mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 300mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 450mg</i>	1	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100mg</i>	1	MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75mg</i>	1	MO; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15mg, 30mg, 45mg</i>	1	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5mg</i>	1	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15mg, 30mg, 45mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25mg, 12-50mg, 6-50mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25mg, 6-25mg</i>	1	MO; QL (90 EA per 30 days)
<i>Monoamine Oxidase Inhibitors</i>		
<i>EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR</i>	1	ST; QL (30 EA per 30 days)
<i>MARPLAN ORAL TABLET 10MG</i>	1	ST; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15mg</i>	1	MO
<i>tranylcypromine sulfate oral tablet 10mg</i>	1	MO
<i>SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide oral capsule 30mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10mg/5ml</i>	1	MO; QL (600 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide oral tablet 10mg, 40mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24-hour 100mg, 50mg</i>	1	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	1	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 40MG, 60MG	1	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20mg, 30mg, 40mg, 60mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	1	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	1	QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10mg, 20mg, 40mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20mg</i>	1	MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100mg, 25mg, 50mg</i>	1	MO; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	1	MO
<i>paroxetine hcl oral suspension 10mg/5ml</i>	1	MO; QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10mg, 20mg</i>	1	MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30mg, 40mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150mg, 200mg</i>	1	MO; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20mg/ml</i>	1	MO; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25mg, 50mg</i>	1	MO; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl oral tablet 100mg, 150mg, 300mg, 50mg</i>	1	MO
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG	1	ST; MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24-hour 150mg, 37.5mg, 75mg</i>	1	MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 150mg, 225mg, 37.5mg, 75mg</i>	1	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO; QL (90 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20MG	1	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10mg, 20mg, 40mg</i>	1	MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>amoxapine oral tablet 100mg, 150mg, 25mg, 50mg</i>	1	MO
<i>clomipramine hcl oral capsule 25mg, 50mg, 75mg</i>	1	MO
<i>desipramine hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl oral concentrate 10mg/ml</i>	1	MO
<i>imipramine hcl oral tablet 10mg, 25mg, 50mg</i>	1	MO
<i>nortriptyline hcl oral capsule 10mg, 25mg, 50mg, 75mg</i>	1	MO
<i>nortriptyline hcl oral solution 10mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10mg, 5mg</i>	1	MO
<i>trimipramine maleate oral capsule 100mg, 25mg, 50mg</i>	1	MO
ANTIEMETICS		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5mg, 25mg</i>	1	
<i>prochlorperazine maleate oral tablet 10mg, 5mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl oral syrup 6.25mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5mg, 25mg, 50mg</i>	1	
<i>promethazine hcl rectal suppository 12.5mg, 25mg</i>	1	
<i>scopolamine transdermal patch 72-hour 1mg/3days</i>	1	

Emetogenic Therapy Adjuncts

<i>aprepitant oral capsule 125mg, 40mg, 80mg</i>	1	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125mg</i>	1	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10mg, 2.5mg, 5mg</i>	1	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1mg</i>	1	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4mg/5ml</i>	1	BvD
<i>ondansetron hcl oral tablet 4mg, 8mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4mg, 8mg</i>	1	BvD
VARUBI (180MG DOSE) ORAL TABLET THERAPY PACK 2 X 90MG	1	BvD

ANTIFUNGALS

Antifungals

ABELCET INTRAVENOUS SUSPENSION 5MG/ML	1	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50MG	1	BvD
<i>amphotericin b intravenous solution reconstituted 50mg</i>	1	BvD
<i>casprofungin acetate intravenous solution reconstituted 50mg, 70mg</i>	1	
<i>ciclopirox olamine external cream 0.77%</i>	1	
<i>ciclopirox olamine external suspension 0.77%</i>	1	
<i>clotrimazole external cream 1%</i>	1	
<i>clotrimazole external solution 1%</i>	1	
<i>clotrimazole mouth/throat troche 10mg</i>	1	
<i>econazole nitrate external cream 1%</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100MG, 50MG	1	BvD

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in sodium chloride intravenous solution 200-0.9mg/100ml-%, 400-0.9mg/200ml-%</i>	1	BvD
<i>fluconazole oral suspension reconstituted 10mg/ml, 40mg/ml</i>	1	
<i>fluconazole oral tablet 100mg, 150mg, 200mg, 50mg</i>	1	
<i>flucytosine oral capsule 250mg, 500mg</i>	1	
<i>griseofulvin microsize oral suspension 125mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125mg, 250mg</i>	1	
<i>itraconazole oral capsule 100mg</i>	1	PA
<i>itraconazole oral solution 10mg/ml</i>	1	PA
JUBLIA EXTERNAL SOLUTION 10%	1	
<i>ketoconazole external cream 2%</i>	1	
<i>ketoconazole external shampoo 2%</i>	1	
<i>ketoconazole oral tablet 200mg</i>	1	
NOXAFIL ORAL SUSPENSION 40MG/ML	1	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral tablet delayed release 100mg</i>	1	PA; MO
<i>terbinafine hcl oral tablet 250mg</i>	1	
<i>terconazole vaginal cream 0.4%, 0.8%</i>	1	
<i>terconazole vaginal suppository 80mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral suspension reconstituted 40mg/ml</i>	1	PA
<i>voriconazole oral tablet 200mg, 50mg</i>	1	PA
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100mg, 300mg</i>	1	MO
<i>colchicine oral capsule 0.6mg</i>	1	
<i>colchicine oral tablet 0.6mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500mg</i>	1	MO
<i>febuxostat oral tablet 40mg, 80mg</i>	1	PA; MO
<i>probenecid oral tablet 500mg</i>	1	MO
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	1	
<i>ergotamine-caffeine oral tablet 1-100mg</i>	1	QL (40 EA per 28 days)
<i>Prophylactic</i>		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA; MO
EPRONTIA ORAL SOLUTION 25MG/ML	1	MO
<i>propranolol hcl er oral capsule extended release 24-hour 80mg</i>	1	MO
<i>propranolol hcl oral tablet 80mg</i>	1	MO
<i>topiramate er oral capsule er 24-hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15mg, 25mg</i>	1	MO
<i>topiramate oral tablet 100mg, 200mg, 25mg, 50mg</i>	1	MO
UBRELVY ORAL TABLET 100MG, 50MG	1	PA; QL (16 EA per 30 days)
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl oral tablet 1mg, 2.5mg</i>	1	QL (9 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral tablet 10mg, 5mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10mg, 5mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100mg, 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5mg, 5mg</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5mg, 5mg</i>	1	QL (6 EA per 30 days)

ANTIMYASTHENIC AGENTS

Parasympathomimetics

<i>pyridostigmine bromide oral solution 60mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30mg, 60mg</i>	1	

ANTIMYCOBACTERIALS

Antimycobacterials, Other

<i>dapsone oral tablet 100mg, 25mg</i>	1	MO
PRIFTIN ORAL TABLET 150MG	1	
<i>rifabutin oral capsule 150mg</i>	1	

Antituberculars

<i>ethambutol hcl oral tablet 100mg, 400mg</i>	1	
<i>isoniazid oral syrup 50mg/5ml</i>	1	MO
<i>isoniazid oral tablet 100mg, 300mg</i>	1	MO
PASER ORAL PACKET 4GM	1	
<i>pyrazinamide oral tablet 500mg</i>	1	
<i>rifampin intravenous solution reconstituted 600mg</i>	1	
<i>rifampin oral capsule 150mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET 100MG, 20MG	1	PA
TRECTOR ORAL TABLET 250MG	1	
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral capsule 25mg, 50mg</i>	1	BvD
<i>cyclophosphamide oral tablet 25mg, 50mg</i>	1	BvD
LEUKERAN ORAL TABLET 2MG	1	
MATULANE ORAL CAPSULE 50MG	1	PA
VALCHLOR EXTERNAL GEL 0.016%	1	PA; QL (60GM per 14 days)
<i>Antiandrogens</i>		
<i>abiraterone acetate oral tablet 250mg, 500mg</i>	1	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50mg</i>	1	
ERLEADA ORAL TABLET 60MG	1	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	1	
<i>nilutamide oral tablet 150mg</i>	1	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	1	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	1	PA; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
<i>lenalidomide oral capsule 10mg, 15mg, 25mg, 5mg</i>	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	1	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 2.5MG, 20MG	1	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	1	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
<i>Antiestrogens/Modifiers</i>		
EMCYT ORAL CAPSULE 140MG	1	
SOLTAMOX ORAL SOLUTION 10MG/5ML	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate oral tablet 10mg, 20mg</i>	1	MO
<i>toremifene citrate oral tablet 60mg</i>	1	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	1	MO
<i>hydroxyurea oral capsule 500mg</i>	1	
INQOVI ORAL TABLET 35-100MG	1	PA
<i>mercaptopurine oral tablet 50mg</i>	1	
ONUREG ORAL TABLET 200MG, 300MG	1	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	1	
TABLOID ORAL TABLET 40MG	1	PA
Antineoplastics, Other		
IDHIFA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	1	PA; QL (60 EA per 30 days)
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA(200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
<i>leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg</i>	1	
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	1	PA
LUMAKRAS ORAL TABLET 120MG	1	PA; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET 100MG	1	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	1	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400MG	1	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	1	PA
ORGOVYX ORAL TABLET 120MG	1	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
WELIREG ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	1	BvD
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	1	PA
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	1	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (80MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
ZOLINZA ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1mg</i>	1	MO
<i>exemestane oral tablet 25mg</i>	1	MO
<i>letrozole oral tablet 2.5mg</i>	1	MO
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150MG	1	PA
ALUNBRIG ORAL TABLET 180MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30MG	1	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180MG	1	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3MG	1	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4MG	1	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5MG	1	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100MG	1	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 400MG, 500MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	1	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80MG	1	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG	1	PA
CALQUENCE ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	1	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	1	PA
ERIVEDGE ORAL CAPSULE 150MG	1	PA
<i>erlotinib hcl oral tablet 100mg, 150mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25mg</i>	1	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2mg, 3mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5mg</i>	1	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	1	PA
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	1	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	1	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	1	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100mg</i>	1	PA; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate oral tablet 400mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	1	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG	1	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	1	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250MG	1	PA
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	1	PA; QL (60 EA per 30 days)
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KOSELUGO ORAL CAPSULE 10MG	1	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	1	PA; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250mg</i>	1	PA; QL (180 EA per 30 days)
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	1	PA
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	1	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	1	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	1	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	1	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	1	PA
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	1	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	1	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5MG	1	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	1	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	1	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	1	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	1	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	1	PA
QINLOCK ORAL TABLET 50MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	1	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	1	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	1	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	1	PA
RYDAPT ORAL CAPSULE 25MG	1	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	1	PA
<i>sorafenib tosylate oral tablet 200mg</i>	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	1	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	1	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	1	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	1	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150MG, 200MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	1	PA; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE 75MG	1	PA; QL (120 EA per 30 days)
TAGRISO ORAL TABLET 40MG, 80MG	1	PA
TALZENNA ORAL CAPSULE 0.25MG	1	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	1	PA; QL (60 EA per 30 days)
TALZENNA ORAL CAPSULE 0.75MG, 1MG	1	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	1	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225MG	1	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	1	PA; QL (60 EA per 30 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100MG	1	PA; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25MG	1	PA; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25MG	1	PA; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25MG	1	PA; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150MG, 50MG	1	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200MG	1	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 100MG, 50MG	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	1	PA
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	PA
VITRAKVI ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	1	PA; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	1	PA
VOTRIENT ORAL TABLET 200MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL CAPSULE 100MG	1	PA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150MG	1	PA; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1%</i>	1	PA
<i>bexarotene oral capsule 75mg</i>	1	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10mg</i>	1	
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200mg</i>	1	
EMVERM ORAL TABLET CHEWABLE 100MG	1	
<i>ivermectin oral tablet 3mg</i>	1	PA
Antiprotozoals		
<i>atovaquone oral suspension 750mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100mg, 62.5-25mg</i>	1	
<i>benznidazole oral tablet 100mg, 12.5mg</i>	1	
<i>chloroquine phosphate oral tablet 250mg, 500mg</i>	1	MO
COARTEM ORAL TABLET 20-120MG	1	
<i>hydroxychloroquine sulfate oral tablet 100mg, 200mg, 300mg, 400mg</i>	1	MO
LAMPIT ORAL TABLET 120MG, 30MG	1	
<i>mefloquine hcl oral tablet 250mg</i>	1	MO
<i>nitazoxanide oral tablet 500mg</i>	1	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	1	BvD
<i>pentamidine isethionate injection solution reconstituted 300mg</i>	1	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base)mg</i>	1	
<i>quinine sulfate oral capsule 324mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>trihexyphenidyl hcl oral solution 0.4mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2mg, 5mg</i>	1	MO
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100mg</i>	1	MO
<i>amantadine hcl oral solution 50mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200mg, 18.75-75-200mg, 25-100-200mg, 31.25-125-200mg, 37.5-150-200mg, 50-200-200mg</i>	1	MO
<i>entacapone oral tablet 200mg</i>	1	MO
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5mg</i>	1	MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	1	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	1	MO
<i>pramipexole dihydrochloride oral tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	MO
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25mg</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100mg, 50-200mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100mg, 25-100mg, 25-250mg</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100mg, 25-100mg, 25-250mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
INBRIJA INHALATION CAPSULE 42MG	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG	1	ST; MO
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5mg, 1mg</i>	1	MO
<i>selegiline hcl oral capsule 5mg</i>	1	MO
<i>selegiline hcl oral tablet 5mg</i>	1	MO
ANTIPSYCHOTICS		
1st Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100mg/ml, 30mg/ml</i>	1	MO
<i>chlorpromazine hcl oral tablet 10mg, 25mg</i>	1	BvD; MO
<i>chlorpromazine hcl oral tablet 100mg, 200mg, 50mg</i>	1	MO
<i>fluphenazine decanoate injection solution 25mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5mg/5ml</i>	1	MO
<i>fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100mg/ml, 100mg/ml 1 ml, 50mg/ml, 50mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg</i>	1	MO
<i>loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg</i>	1	MO
<i>molindone hcl oral tablet 10mg, 25mg, 5mg</i>	1	MO
<i>perphenazine oral tablet 16mg, 2mg</i>	1	MO
<i>perphenazine oral tablet 4mg, 8mg</i>	1	BvD; MO

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide oral tablet 1mg, 2mg</i>	1	MO
<i>thioridazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	MO
<i>thiothixene oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	MO
<i>trifluoperazine hcl oral tablet 1mg, 10mg, 2mg, 5mg</i>	1	MO
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	1	
<i>aripiprazole oral solution 1mg/ml</i>	1	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10mg</i>	1	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15mg</i>	1	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10mg, 2.5mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42MG	1	
FANAPT ORAL TABLET 1MG, 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	1	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	1	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 39MG/0.25ML, 78MG/0.5ML	1	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	1	
LATUDA ORAL TABLET 120MG, 20MG, 40MG, 60MG, 80MG	1	ST

Drug Name	Drug Tier	Requirements/Limits
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	1	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	1	PA
NUPLAZID ORAL TABLET 10MG	1	PA
<i>olanzapine intramuscular solution reconstituted 10mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15mg, 20mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 1.5mg, 3mg, 9mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 6mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 150mg</i>	1	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 200mg, 300mg, 400mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 50mg</i>	1	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100mg, 25mg, 300mg, 400mg, 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200mg</i>	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG, 25MG, 37.5MG, 50MG	1	
<i>risperidone oral solution 1mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25mg, 1mg, 2mg, 3mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5mg, 4mg</i>	1	MO; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	1	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	1	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg</i>	1	MO; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20mg</i>	1	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210MG	1	ST
Treatment-Resistant		
<i>clozapine oral tablet 100mg, 200mg, 25mg, 50mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100mg, 12.5mg, 150mg, 200mg, 25mg</i>	1	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50MG/ML	1	ST; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral tablet 10mg, 20mg, 5mg</i>	1	
<i>tizanidine hcl oral tablet 2mg, 4mg</i>	1	
ANTIVIRALS		
Anti-Cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200MG	1	PA
PREVYMIS ORAL TABLET 240MG, 480MG	1	PA; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450mg</i>	1	MO
ZIRGAN OPHTHALMIC GEL 0.15%	1	
Anti-Hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10mg</i>	1	PA; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05MG/ML	1	PA; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5mg, 1mg</i>	1	PA; MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV ORAL SOLUTION 5MG/ML	1	MO
<i>lamivudine oral tablet 100mg</i>	1	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25MG	1	PA; QL (30 EA per 30 days)
Anti-Hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20MG	1	PA
MAVYRET ORAL TABLET 100-40MG	1	PA
<i>ribavirin oral capsule 200mg</i>	1	
<i>ribavirin oral tablet 200mg</i>	1	
<i>sofosbuvir-velpatasvir oral tablet 400-100mg</i>	1	PA
VOSEVI ORAL TABLET 400-100-100MG	1	PA
Antiherpetic Agents		
<i>acyclovir oral capsule 200mg</i>	1	
<i>acyclovir oral suspension 200mg/5ml</i>	1	
<i>acyclovir oral tablet 400mg, 800mg</i>	1	
<i>acyclovir sodium intravenous solution 50mg/ml</i>	1	BvD
<i>famciclovir oral tablet 125mg, 250mg, 500mg</i>	1	
<i>trifluridine ophthalmic solution 1%</i>	1	
<i>valacyclovir hcl oral tablet 1gm, 500mg</i>	1	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300MG	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG	1	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100MG, 25MG	1	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG	1	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD ORAL TABLET SOLUBLE 5MG	1	MO; QL (360 EA per 30 days)
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG	1	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25MG	1	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200mg</i>	1	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50mg</i>	1	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600mg</i>	1	MO; QL (30 EA per 30 days)
<i>etravirine oral tablet 100mg</i>	1	QL (120 EA per 30 days)
<i>etravirine oral tablet 200mg</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 100mg</i>	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 400mg</i>	1	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50mg/5ml</i>	1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200mg</i>	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20mg/ml</i>	1	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300mg</i>	1	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300mg</i>	1	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25MG	1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300mg, 600-300-300mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200mg</i>	1	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150mg, 133-200mg, 167-250mg, 200-300mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	1	MO; QL (680 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25MG	1	QL (30 EA per 30 days)
<i>lamivudine oral solution 10mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150mg</i>	1	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300mg</i>	1	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300mg</i>	1	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	1	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300mg</i>	1	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	1	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	1	QL (240GM per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG	1	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100mg</i>	1	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50mg/5ml</i>	1	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300mg</i>	1	MO; QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	1	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150mg, 300mg</i>	1	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	1	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	1	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150MG	1	MO; QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250MG	1	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150mg, 200mg</i>	1	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300mg</i>	1	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700mg</i>	1	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LEXIVA ORAL SUSPENSION 50MG/ML	1	MO; QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100mg/5ml</i>	1	MO; QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25mg</i>	1	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50mg</i>	1	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	1	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80MG/ML	1	MO; QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150MG	1	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	1	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600MG	1	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75MG	1	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800MG	1	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50MG	1	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	1	QL (120 EA per 30 days)

Anti-Influenza Agents

<i>oseltamivir phosphate oral capsule 30mg, 45mg, 75mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	1	
<i>rimantadine hcl oral tablet 100mg</i>	1	
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	1	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	1	

ANXIOLYTICS

Anxiolytics, Other

<i>buspirone hcl oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine hcl oral syrup 10mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100mg, 25mg, 50mg</i>	1	
<i>oxazepam oral capsule 10mg, 15mg, 30mg</i>	1	QL (120 EA per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1mg</i>	1	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg</i>	1	QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5MG/ML	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10mg, 2mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 5mg</i>	1	QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2MG/ML	1	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days)
BIPOLAR AGENTS		
Mood Stabilizers		
<i>divalproex sodium er oral tablet extended release 24-hour 250mg, 500mg</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium oral tablet delayed release 125mg, 250mg, 500mg</i>	1	MO
<i>lithium carbonate er oral tablet extended release 300mg, 450mg</i>	1	MO
<i>lithium carbonate oral capsule 150mg, 300mg, 600mg</i>	1	MO
<i>lithium carbonate oral tablet 300mg</i>	1	MO

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose oral tablet 100mg, 25mg, 50mg</i>	1	MO
<i>glimepiride oral tablet 1mg, 2mg, 4mg</i>	1	MO
<i>glipizide er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	MO
<i>glipizide oral tablet 10mg, 5mg</i>	1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250mg, 2.5-500mg, 5-500mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg</i>	1	MO
INVOKAMET ORAL TABLET 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	1	MO
INVOKANA ORAL TABLET 100MG, 300MG	1	MO
JANUMET ORAL TABLET 50-1000MG, 50-500MG	1	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 100-1000MG, 50-1000MG, 50-500MG	1	MO
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	1	MO
JARDIANCE ORAL TABLET 10MG, 25MG	1	MO
<i>metformin hcl er oral tablet extended release 24-hour 500mg, 750mg</i>	1	MO
<i>metformin hcl oral tablet 1000mg, 500mg, 850mg</i>	1	MO
<i>miglitol oral tablet 100mg, 25mg, 50mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide oral tablet 120mg, 60mg</i>	1	MO
OZEMPIC (0.25 OR 0.5MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2MG/1.5ML	1	MO
OZEMPIC (1MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4MG/3ML	1	MO
OZEMPIC (2MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8MG/3ML	1	MO
<i>pioglitazone hcl oral tablet 15mg, 30mg, 45mg</i>	1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2mg, 30-4mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500mg, 15-850mg</i>	1	MO
<i>repaglinide oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	1	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	1	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	1	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	1	
<i>diazoxide oral suspension 50mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glucagon emergency injection kit 1mg</i>	1	
KORLYM ORAL TABLET 300MG	1	PA
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP INJECTION SOLUTION 100 UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO

BLOOD PRODUCTS AND MODIFIERS

Anticoagulants

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5MG	1	
ELIQUIS ORAL TABLET 2.5MG, 5MG	1	MO
<i>enoxaparin sodium injection solution prefilled syringe 100mg/ml, 150mg/ml</i>	1	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120mg/0.8ml, 80mg/0.8ml</i>	1	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30mg/0.3ml</i>	1	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40mg/0.4ml</i>	1	QL (24 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium injection solution prefilled syringe 60mg/0.6ml</i>	1	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10mg/0.8ml</i>	1	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5mg/0.5ml</i>	1	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5mg/0.4ml</i>	1	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5mg/0.6ml</i>	1	QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD
JANTOVEN ORAL TABLET 1MG, 10MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	MO
<i>warfarin sodium oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	1	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	1	
Blood Products and Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5mg, 1mg</i>	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	1	PA
PROMACTA ORAL PACKET 12.5MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	1	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA; QL (16 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid oral tablet 650mg</i>	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	1	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12-hour 25-200mg</i>	1	MO
BRILINTA ORAL TABLET 60MG, 90MG	1	MO
CABLIVI INJECTION KIT 11MG	1	PA
<i>cilostazol oral tablet 100mg, 50mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75mg</i>	1	MO
<i>prasugrel hcl oral tablet 10mg, 5mg</i>	1	MO
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	MO; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100mg, 200mg, 300mg</i>	1	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1mg, 2mg</i>	1	MO
<i>midodrine hcl oral tablet 10mg, 2.5mg, 5mg</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1mg, 2mg, 4mg, 8mg</i>	1	MO
<i>prazosin hcl oral capsule 1mg, 2mg, 5mg</i>	1	MO
<i>terazosin hcl oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	MO
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16mg, 4mg, 8mg</i>	1	MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32mg</i>	1	MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150mg, 300mg, 75mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100mg, 25mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50mg</i>	1	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil oral tablet 20mg, 40mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160mg</i>	1	MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40mg, 80mg</i>	1	MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>captopril oral tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	MO
<i>enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>fosinopril sodium oral tablet 10mg, 20mg, 40mg</i>	1	MO
<i>lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>moexipril hcl oral tablet 15mg, 7.5mg</i>	1	MO
<i>perindopril erbumine oral tablet 2mg, 4mg, 8mg</i>	1	MO
<i>quinapril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril oral tablet 1mg, 2mg, 4mg</i>	1	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100mg, 200mg, 400mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100mg, 150mg</i>	1	MO
<i>dofetilide oral capsule 125mcg, 250mcg, 500mcg</i>	1	MO
<i>flecainide acetate oral tablet 100mg, 150mg, 50mg</i>	1	MO
<i>mexiletine hcl oral capsule 150mg, 200mg, 250mg</i>	1	MO
MULTAQ ORAL TABLET 400MG	1	MO
<i>propafenone hcl oral tablet 150mg, 225mg, 300mg</i>	1	MO
<i>quinidine sulfate oral tablet 200mg, 300mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 120mg, 160mg, 80mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl oral tablet 120mg, 160mg, 240mg, 80mg	1	MO
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200mg, 400mg	1	MO
atenolol oral tablet 100mg, 25mg, 50mg	1	MO
betaxolol hcl oral tablet 10mg, 20mg	1	MO
bisoprolol fumarate oral tablet 10mg, 5mg	1	MO
carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	MO
labetalol hcl oral tablet 100mg, 200mg, 300mg	1	MO
metoprolol succinate er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 50mg	1	MO
metoprolol tartrate oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO
nadolol oral tablet 20mg, 40mg, 80mg	1	MO
nebivolol hcl oral tablet 10mg, 2.5mg, 20mg, 5mg	1	MO
pindolol oral tablet 10mg, 5mg	1	MO
propranolol hcl er oral capsule extended release 24-hour 120mg, 160mg, 60mg	1	MO
propranolol hcl oral solution 20mg/5ml, 40mg/5ml	1	MO
propranolol hcl oral tablet 10mg, 20mg, 40mg, 60mg	1	MO
timolol maleate oral tablet 10mg, 20mg, 5mg	1	MO
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet 10mg, 2.5mg, 5mg	1	MO
felodipine er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg	1	MO; QL (30 EA per 30 days)
isradipine oral capsule 2.5mg, 5mg	1	MO
KATERZIA ORAL SUSPENSION 1MG/ML	1	MO
nicardipine hcl oral capsule 20mg, 30mg	1	MO
nifedipine er oral tablet extended release 24-hour 30mg, 60mg	1	MO; QL (60 EA per 30 days)
nifedipine er oral tablet extended release 24-hour 90mg	1	MO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er osmotic release oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 90mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10mg, 20mg</i>	1	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24-hour 360mg, 420mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	1	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 300mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12-hour 120mg, 60mg, 90mg</i>	1	MO
<i>diltiazem hcl oral tablet 120mg, 30mg, 60mg, 90mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24-hour 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl oral tablet 120mg, 40mg, 80mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150mg, 300mg</i>	1	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20mg, 10-40mg, 2.5-10mg, 5-10mg, 5-20mg, 5-40mg</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 2.5-10mg, 2.5-20mg, 2.5-40mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg</i>	1	MO; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25mg, 50-25mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg, 5-6.25mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg</i>	1	MO
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	1	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5mg, 32-12.5mg, 32-25mg</i>	1	MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	1	PA; MO
DIGITEK ORAL TABLET 125MCG, 250MCG	1	MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05mg/ml</i>	1	MO; QL (255 ML per 30 days)
<i>digoxin oral tablet 125mcg, 250mcg</i>	1	MO; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25mg, 5-12.5mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	1	MO
<i>fosinopril sodium-hctz oral tablet 10-12.5mg, 20-12.5mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5mg, 20-12.5mg, 20-25mg	1	MO
<i>losartan potassium-hctz oral tablet</i> 100-12.5mg, 100-25mg, 50-12.5mg	1	MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet</i> 100-25mg, 100-50mg, 50-25mg	1	MO
<i>metyrosine oral capsule</i> 250mg	1	
<i>olmesartan medoxomil-hctz oral tablet</i> 20-12.5mg, 40-12.5mg, 40-25mg	1	MO; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet</i> 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg	1	MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release</i> 400mg	1	MO
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5mg, 20-12.5mg, 20-25mg	1	MO
<i>ranolazine er oral tablet extended release 12-hour</i> 1000mg, 500mg	1	MO
<i>spironolactone-hctz oral tablet</i> 25-25mg	1	MO
<i>telmisartan-hctz oral tablet</i> 40-12.5mg, 80-12.5mg, 80-25mg	1	MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule</i> 37.5-25mg	1	MO
<i>triamterene-hctz oral tablet</i> 37.5-25mg, 75-50mg	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i> 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg	1	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	1	PA; MO
Diuretics, Loop		
<i>bumetanide injection solution</i> 0.25mg/ml	1	
<i>bumetanide oral tablet</i> 0.5mg, 1mg, 2mg	1	MO
<i>furosemide injection solution</i> 10mg/ml, 10mg/ml (4ml syringe)	1	BvD
<i>furosemide oral solution</i> 10mg/ml, 8mg/ml	1	MO
<i>furosemide oral tablet</i> 20mg, 40mg, 80mg	1	MO
<i>torseamide oral tablet</i> 10mg, 100mg, 20mg, 5mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5mg</i>	1	MO
<i>eplerenone oral tablet 25mg, 50mg</i>	1	MO
KERENDIA ORAL TABLET 10MG, 20MG	1	MO; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100mg, 25mg, 50mg</i>	1	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25mg, 50mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide oral tablet 1.25mg, 2.5mg</i>	1	MO
<i>metolazone oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145mg, 160mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48mg, 54mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135mg, 45mg</i>	1	MO; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600mg</i>	1	MO; QL (60 EA per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1MG, 2MG, 4MG	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10mg</i>	1	MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20mg</i>	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40mg</i>	1	MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	1	MO; QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4gm</i>	1	MO
<i>cholestyramine oral packet 4gm</i>	1	MO
<i>colestipol hcl oral packet 5gm</i>	1	MO
<i>colestipol hcl oral tablet 1gm</i>	1	MO
<i>ezetimibe oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG	1	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000mg, 500mg, 750mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1gm</i>	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5GM, 1GM	1	MO
Vasodilators, Direct-Acting Arterial/ Venous		
<i>hydralazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 10mg, 20mg, 30mg, 5mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 120mg, 30mg, 60mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10mg, 20mg</i>	1	MO
<i>minoxidil oral tablet 10mg, 2.5mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2%	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin sublingual tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
<i>nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	MO
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	MO
RECTIV RECTAL OINTMENT 0.4%	1	

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine-dextroamphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg</i>	1	MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 10mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 15mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 5mg</i>	1	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20mg</i>	1	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5mg</i>	1	MO; QL (150 EA per 30 days)

Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines

<i>atomoxetine hcl oral capsule 10mg, 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5mg</i>	1	MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24-hour 1mg, 2mg, 3mg, 4mg</i>	1	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10mg, 20mg, 5mg</i>	1	MO; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	1	PA; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	1	PA
NUEDEXTA ORAL CAPSULE 20-10MG	1	PA; MO
<i>riluzole oral tablet 50mg</i>	1	PA; MO
<i>tetrabenazine oral tablet 12.5mg</i>	1	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25mg</i>	1	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100mg, 150mg, 25mg, 50mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200mg, 225mg, 300mg</i>	1	MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75mg</i>	1	MO; QL (120 EA per 30 days)
<i>pregabalin oral solution 20mg/ml</i>	1	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	1	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30MCG/0.5ML	1	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30MCG/0.5ML	1	PA
BETASERON SUBCUTANEOUS KIT 0.3MG	1	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20MG/ML, 40MG/ML	1	PA
<i>dalfampridine er oral tablet extended release 12-hour 10mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120mg, 240mg</i>	1	PA
<i>dimethyl fumarate starter pack oral 120 & 240mg</i>	1	PA
GILENYA ORAL CAPSULE 0.5MG	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20MG/0.4ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG	1	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25MG, 12 X 0.25MG	1	PA

DENTAL AND ORAL AGENTS

Dental and Oral Agents

<i>chlorhexidine gluconate mouth/throat solution 0.12%</i>	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12%	1	
<i>pilocarpine hcl oral tablet 5mg, 7.5mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1%</i>	1	

DERMATOLOGICAL AGENTS

Acne and Rosacea Agents

AC CUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	
<i>acitretin oral capsule 10mg, 17.5mg, 25mg</i>	1	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3%</i>	1	
CLARAVIS ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5%</i>	1	
<i>isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg</i>	1	
<i>tazarotene external cream 0.1%</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05%	1	PA
TAZORAC EXTERNAL GEL 0.05%, 0.1%	1	PA
<i>tretinoin external cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin external gel 0.01%, 0.025%, 0.05%</i>	1	PA

Dermatitis and Pruritus Agents

<i>alclometasone dipropionate external cream 0.05%</i>	1	
<i>alclometasone dipropionate external ointment 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide external cream 0.1%</i>	1	
<i>amcinonide external ointment 0.1%</i>	1	
<i>ammonium lactate external cream 12%</i>	1	
<i>ammonium lactate external lotion 12%</i>	1	
<i>betamethasone dipropionate aug external cream 0.05%</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05%</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05%</i>	1	
<i>betamethasone dipropionate external cream 0.05%</i>	1	
<i>betamethasone dipropionate external lotion 0.05%</i>	1	
<i>betamethasone dipropionate external ointment 0.05%</i>	1	
<i>betamethasone valerate external cream 0.1%</i>	1	
<i>betamethasone valerate external lotion 0.1%</i>	1	
<i>betamethasone valerate external ointment 0.1%</i>	1	
<i>clobetasol propionate e external cream 0.05%</i>	1	
<i>clobetasol propionate external cream 0.05%</i>	1	
<i>clobetasol propionate external gel 0.05%</i>	1	
<i>clobetasol propionate external ointment 0.05%</i>	1	
<i>clobetasol propionate external solution 0.05%</i>	1	
<i>desonide external cream 0.05%</i>	1	
<i>desonide external lotion 0.05%</i>	1	
<i>desonide external ointment 0.05%</i>	1	
<i>desoximetasone external cream 0.05%, 0.25%</i>	1	
<i>desoximetasone external gel 0.05%</i>	1	
<i>desoximetasone external ointment 0.25%</i>	1	
EUCRISA EXTERNAL OINTMENT 2%	1	
<i>fluocinolone acetonide external cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide external ointment 0.025%</i>	1	
<i>fluocinolone acetonide external solution 0.01%</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 18 of the introduction. / Puede encontrar información sobre el significado de los símbolos y abreviaturas de esta tabla en la página 18 de la introducción.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base external cream 0.05%</i>	1	
<i>fluocinonide external gel 0.05%</i>	1	
<i>fluocinonide external ointment 0.05%</i>	1	
<i>fluocinonide external solution 0.05%</i>	1	
<i>fluticasone propionate external cream 0.05%</i>	1	
<i>fluticasone propionate external ointment 0.005%</i>	1	
<i>halobetasol propionate external cream 0.05%</i>	1	
<i>halobetasol propionate external ointment 0.05%</i>	1	
<i>hydrocortisone (perianal) external cream 2.5%</i>	1	
<i>hydrocortisone external cream 1%</i>	1	
<i>hydrocortisone external lotion 2.5%</i>	1	
<i>hydrocortisone external ointment 1%, 2.5%</i>	1	
<i>hydrocortisone valerate external cream 0.2%</i>	1	
<i>hydrocortisone valerate external ointment 0.2%</i>	1	
<i>mometasone furoate external cream 0.1%</i>	1	
<i>mometasone furoate external ointment 0.1%</i>	1	
<i>mometasone furoate external solution 0.1%</i>	1	
<i>pimecrolimus external cream 1%</i>	1	
<i>prednicarbate external ointment 0.1%</i>	1	
PROCTO-MED HC EXTERNAL CREAM 2.5%	1	
PROCTO-PAK EXTERNAL CREAM 1%	1	
PROCTOSOL HC EXTERNAL CREAM 2.5%	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5%	1	
<i>selenium sulfide external lotion 2.5%</i>	1	
<i>tacrolimus external ointment 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide external cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide external lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide external ointment 0.025%, 0.1%, 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents, Other		
<i>calcipotriene external solution 0.005%</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05%</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05%</i>	1	
<i>diclofenac sodium external gel 3%</i>	1	PA
<i>fluorouracil external cream 5%</i>	1	
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>global alcohol prep ease pad 70%</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1%</i>	1	
<i>imiquimod external cream 5%</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
PANRETIN EXTERNAL GEL 0.1%	1	PA
<i>podofilox external solution 0.5%</i>	1	
REGRANEX EXTERNAL GEL 0.01%	1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
<i>silver sulfadiazine external cream 1%</i>	1	
SSD EXTERNAL CREAM 1%	1	
Pediculicides/Scabicides		
<i>malathion external lotion 0.5%</i>	1	
<i>permethrin external cream 5%</i>	1	
Topical Anti-Infectives		
<i>ciclopirox external gel 0.77%</i>	1	
<i>ciclopirox external shampoo 1%</i>	1	
<i>ciclopirox external solution 8%</i>	1	
<i>clindamycin phosphate external gel 1%</i>	1	
<i>clindamycin phosphate external lotion 1%</i>	1	
<i>clindamycin phosphate external solution 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ery external pad 2%</i>	1	
<i>erythromycin external gel 2%</i>	1	
<i>erythromycin external solution 2%</i>	1	
<i>mupirocin calcium external cream 2%</i>	1	
<i>mupirocin external ointment 2%</i>	1	

ELECTROLYTES/MINERALS/METALS/VITAMINS

Electrolyte/ Mineral Replacement

<i>carglumic acid oral tablet soluble 200mg</i>	1	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50%, 50% (10ml syringe)</i>	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	1	BvD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080mg), 15 meq (1620mg), 5 meq (540mg)</i>	1	
<i>sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%</i>	1	
<i>sodium chloride irrigation solution 0.9%</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f)mg</i>	1	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules oral packet 180mg, 360mg, 90mg</i>	1	PA
<i>deferasirox oral tablet 180mg, 360mg</i>	1	PA
<i>deferasirox oral tablet 90mg</i>	1	PA; MO
<i>deferasirox oral tablet soluble 125mg, 250mg, 500mg</i>	1	PA
<i>deferiprone oral tablet 1000mg, 500mg</i>	1	PA
FERRIPROX ORAL SOLUTION 100MG/ML	1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	1	PA
LOKELMA ORAL PACKET 10GM, 5GM	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15GM/60ML	1	
<i>tolvaptan oral tablet 15mg</i>	1	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30mg</i>	1	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	1	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD
<i>dextrose intravenous solution 10%, 5%</i>	1	BvD
<i>dextrose-nacl intravenous solution 10-0.2%, 10-0.45%, 2.5-0.45%</i>	1	BvD
<i>dextrose-nacl intravenous solution 5-0.2%, 5-0.45%, 5-0.9%</i>	1	
DOJOLVI ORAL LIQUID 100%	1	PA
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	1	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvD
<i>levocarnitine oral solution 1gm/10ml</i>	1	MO
<i>levocarnitine oral tablet 330mg</i>	1	MO
NUTRILIPID INTRAVENOUS EMULSION 20%	1	BvD
PREMASOL INTRAVENOUS SOLUTION 10%	1	BvD
<i>prenatal oral tablet 27-1mg</i>	1	
PROSOL INTRAVENOUS SOLUTION 20%	1	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INTRAVENOUS SOLUTION 10%	1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10%	1	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1GM 210MG(FE)	1	PA; MO
<i>calcium acetate (phos binder) oral capsule 667mg</i>	1	MO
<i>calcium acetate oral tablet 667mg</i>	1	MO
<i>sevelamer carbonate oral packet 0.8gm</i>	1	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4gm</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800mg</i>	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	1	MO
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10gm/15ml</i>	1	MO
<i>enulose oral solution 10gm/15ml</i>	1	MO
<i>generlac oral solution 10gm/15ml</i>	1	MO
<i>lactulose oral solution 10gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	1	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24mcg, 8mcg</i>	1	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	1	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5mg, 1mg</i>	1	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025mg</i>	1	
<i>loperamide hcl oral capsule 2mg</i>	1	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10mg</i>	1	
<i>dicyclomine hcl oral solution 10mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20mg</i>	1	
<i>glycopyrrolate oral tablet 1mg, 2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG	1	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	1	PA
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML	1	
GATTEX SUBCUTANEOUS KIT 5MG	1	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	
LIVMARLI ORAL SOLUTION 9.5MG/ML	1	PA
<i>metoclopramide hcl oral solution 5mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10mg, 5mg</i>	1	MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6gm/177ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236gm</i>	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	1	
SUTAB ORAL TABLET 1479-225-188MG	1	
<i>ursodiol oral capsule 300mg</i>	1	MO
<i>ursodiol oral tablet 250mg, 500mg</i>	1	MO
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40mg/5ml</i>	1	MO
<i>famotidine oral tablet 20mg, 40mg</i>	1	MO
<i>nizatidine oral capsule 150mg, 300mg</i>	1	MO
Protectants		
<i>misoprostol oral tablet 100mcg, 200mcg</i>	1	MO
<i>sucralfate oral suspension 1gm/10ml</i>	1	MO
<i>sucralfate oral tablet 1gm</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release 30mg, 60mg</i>	1	MO
<i>esomeprazole magnesium oral capsule delayed release 20mg, 40mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 15mg, 30mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10mg, 20mg, 40mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20mg, 40mg</i>	1	MO

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

<i>betaine oral powder</i>	1	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	1	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	1	PA; MO
ENDARI ORAL PACKET 5GM	1	PA
GALAFOLD ORAL CAPSULE 123MG	1	PA
<i>miglustat oral capsule 100mg</i>	1	PA
<i>nitisinone oral capsule 10mg, 2mg, 5mg</i>	1	PA
ORFADIN ORAL CAPSULE 20MG	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	1	PA
RAVICTI ORAL LIQUID 1.1GM/ML	1	PA
<i>sapropterin dihydrochloride oral packet 100mg, 500mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100mg</i>	1	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	1	PA
VYNDAMAX ORAL CAPSULE 61MG	1	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XURIDEN ORAL PACKET 2GM	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	MO

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24-hour 15mg, 7.5mg</i>	1	MO
<i>fesoterodine fumarate er oral tablet extended release 24-hour 4mg, 8mg</i>	1	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8MG/ML	1	MO; QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24-HOUR 25MG, 50MG	1	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24-hour 10mg, 15mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5mg</i>	1	MO; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24-hour 2mg, 4mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1mg, 2mg</i>	1	MO; QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24-hour 60mg</i>	1	MO; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er oral tablet extended release 24-hour 10mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4mg</i>	1	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4mg, 8mg</i>	1	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4mg</i>	1	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg</i>	1	
ELMIRON ORAL CAPSULE 100MG	1	
<i>penicillamine oral tablet 250mg</i>	1	

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

<i>dexamethasone oral solution 0.5mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1mg</i>	1	MO
<i>hydrocortisone oral tablet 10mg, 20mg, 5mg</i>	1	
ISTURISA ORAL TABLET 1MG	1	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10MG	1	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5MG	1	PA; QL (120 EA per 30 days)
<i>methylprednisolone oral tablet 16mg, 32mg, 4mg, 8mg</i>	1	BvD
<i>methylprednisolone oral tablet therapy pack 4mg</i>	1	
<i>prednisolone oral solution 15mg/5ml</i>	1	BvD
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml, 25mg/5ml, 6.7 (5 base)mg/5ml</i>	1	BvD
<i>prednisolone sodium phosphate oral tablet dispersible 10mg, 15mg, 30mg</i>	1	BvD
PREDNISONO INTENSOL ORAL CONCENTRATE 5MG/ML	1	BvD
<i>prednisone oral solution 5mg/5ml</i>	1	BvD
<i>prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg</i>	1	BvD
<i>prednisone oral tablet therapy pack 10mg (21), 10mg (48), 5mg (21), 5mg (48)</i>	1	

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

<i>desmopressin acetate oral tablet 0.1mg, 0.2mg</i>	1	MO
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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray nasal solution 0.01%</i>	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40MG/4ML	1	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7MCG, 55.3MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10MG/1.5ML, 5MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8MG	1	PA

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)

Androgens

ANDRODERM TRANSDERMAL PATCH 24-HOUR 2MG/24HR, 4MG/24HR	1	MO
<i>danazol oral capsule 100mg, 200mg, 50mg</i>	1	
<i>oxandrolone oral tablet 10mg, 2.5mg</i>	1	PA
<i>testosterone cypionate intramuscular solution 100mg/ml, 200mg/ml, 200mg/ml (1 ml)</i>	1	MO
<i>testosterone enanthate intramuscular solution 200mg/ml</i>	1	MO
<i>testosterone transdermal gel 10mg/act (2%), 12.5mg/act (1%), 20.25mg/1.25gm (1.62%), 20.25mg/act (1.62%), 25mg/2.5gm (1%), 40.5mg/2.5gm (1.62%), 50mg/5gm (1%)</i>	1	MO
<i>testosterone transdermal solution 30mg/act</i>	1	MO

Estrogens

DUAVEE ORAL TABLET 0.45-20MG	1	MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>estradiol transdermal patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	MO
<i>estradiol transdermal patch weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	MO
<i>estradiol vaginal cream 0.1mg/gm</i>	1	MO
<i>estradiol vaginal tablet 10mcg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	1	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10MCG, 4MCG	1	MO
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG	1	MO
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	1	MO
PREMARIN VAGINAL CREAM 0.625MG/GM	1	MO
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35mg-mcg</i>	1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30MG-MCG	1	MO
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01mg (21/5), 0.15-30mg-mcg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02mg, 3-0.03mg</i>	1	MO
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	1	MO
EMOQUETTE ORAL TABLET 0.15-30MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-35mg-mcg, 1-50mg-mcg	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i> 0.12-0.015mg/24hr	1	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35MG-MCG	1	MO
ICLEVIA ORAL TABLET 0.15-0.03MG	1	MO
INTRAROSA VAGINAL INSERT 6.5MG	1	PA; MO
INTROVALE ORAL TABLET 0.15-0.03MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02MG	1	MO
JULEBER ORAL TABLET 0.15-30MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LARISSIA ORAL TABLET 0.1-20MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet</i> 0.15-0.03mg	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet</i> 0.1-20mg-mcg, 0.15-30mg-mcg	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30mg-mcg</i>	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MILI ORAL TABLET 0.25-35MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02MG	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20mg-mcg</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20mg-mcg</i>	1	MO
<i>norethindrone-eth estradiol oral tablet 1-5mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25mg-35mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO

Drug Name	Drug Tier	Requirements/Limits
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYLIA 1/35 ORAL TABLET 1-35MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03MG	1	MO
OSPHENA ORAL TABLET 60MG	1	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
PIRMELLA 1/35 ORAL TABLET 1-35MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG	1	MO
RECLIPSEN ORAL TABLET 0.15-30MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03MG	1	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO

Drug Name	Drug Tier	Requirements/Limits
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	1	MO
VESTURA ORAL TABLET 3-0.02MG	1	MO
VIENVA ORAL TABLET 0.1-20MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
Progestins		
CAMILA ORAL TABLET 0.35MG	1	MO
DEBLITANE ORAL TABLET 0.35MG	1	MO
ERRIN ORAL TABLET 0.35MG	1	MO
INCASSIA ORAL TABLET 0.35MG	1	MO
LYLEQ ORAL TABLET 0.35MG	1	MO
LYZA ORAL TABLET 0.35MG	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate oral suspension 40mg/ml</i>	1	
<i>megestrol acetate oral suspension 625mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet 20mg, 40mg</i>	1	
NORA-BE ORAL TABLET 0.35MG	1	MO
<i>norethindrone acetate oral tablet 5mg</i>	1	MO
<i>norethindrone oral tablet 0.35mg</i>	1	MO
<i>progesterone oral capsule 100mg, 200mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35MG	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>		
EUTHYROX ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO

Drug Name	Drug Tier	Requirements/Limits
LEVO-T ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
<i>levothyroxine sodium oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO
<i>liothyronine sodium oral tablet 25mcg, 5mcg, 50mcg</i>	1	MO
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline oral tablet 0.5mg</i>	1	
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	1	PA
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	1	PA
<i>octreotide acetate injection solution 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection solution 1000mcg/ml, 500mcg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	1	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	1	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	1	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Antithyroid Agents

<i>methimazole oral tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil oral tablet 50mg</i>	1	MO

IMMUNOLOGICAL AGENTS

Angioedema Agents

FIRAZYR SUBCUTANEOUS SOLUTION 30MG/3ML	1	PA
<i>icatibant acetate subcutaneous solution 30mg/3ml</i>	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300MG/2ML	1	PA

Immunoglobulins

PANZYGA INTRAVENOUS SOLUTION 1GM/10ML, 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	1	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20GM/200ML	1	BvD

Immunological Agents, Other

ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	1	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	1	PA
<i>leflunomide oral tablet 10mg, 20mg</i>	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	1	PA
SKYRIZI (150MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75MG/0.83ML	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	1	PA
TAVNEOS ORAL CAPSULE 10MG	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	1	PA
<i>Immunostimulants</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	1	PA
Immunosuppressants		
AZASAN ORAL TABLET 100MG, 75MG	1	BvD; MO
<i>azathioprine oral tablet 100mg, 50mg, 75mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200MG/ML	1	PA
<i>cyclosporine modified oral capsule 100mg, 25mg, 50mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100mg, 25mg</i>	1	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25MG/0.5ML, 50MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25MG	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50MG/ML	1	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24-HOUR 0.75MG, 1MG, 4MG	1	BvD; MO
<i>everolimus oral tablet 0.25mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5mg</i>	1	BvD; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75mg, 1mg</i>	1	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100MG, 25MG	1	BvD; MO

Drug Name	Drug Tier	Requirements/Limits
GENGRAF ORAL SOLUTION 100MG/ML	1	BvD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	1	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML, 80MG/0.8ML	1	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML	1	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML	1	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	1	PA
LUPKYNIS ORAL CAPSULE 7.9MG	1	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50mg/2ml</i>	1	BvD
<i>methotrexate sodium injection solution 50mg/2ml</i>	1	BvD
<i>methotrexate sodium oral tablet 2.5mg</i>	1	BvD
<i>mycophenolate mofetil oral capsule 250mg</i>	1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200mg/ml</i>	1	BvD
<i>mycophenolate mofetil oral tablet 500mg</i>	1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180mg, 360mg</i>	1	BvD; MO
PROGRAF ORAL PACKET 0.2MG, 1MG	1	BvD; MO
REZUROCK ORAL TABLET 200MG	1	PA
<i>sirolimus oral solution 1mg/ml</i>	1	BvD
<i>sirolimus oral tablet 0.5mg, 1mg</i>	1	BvD; MO

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus oral tablet 2mg</i>	1	BvD
<i>tacrolimus oral capsule 0.5mg, 1mg, 5mg</i>	1	BvD; MO
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	1	BvD
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
<i>bcg vaccine injection solution reconstituted 50mg</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD
ENGERIX-B INJECTION SUSPENSION 10MCG/0.5ML, 20MCG/ML, 20MCG/ML (PREFILLED SYRINGE)	1	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10MCG	1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	

Drug Name	Drug Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	1	
<i>prehevrio intramuscular suspension 10mcg/ml</i>	1	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 10MCG/ML (1ML SYRINGE), 40MCG/ML, 5MCG/0.5ML, 5MCG/0.5ML (PREFILLED SYRINGE)	1	BvD
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	BvD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	

INFLAMMATORY BOWEL DISEASE AGENTS

Aminosalicylates

<i>balsalazide disodium oral capsule 750mg</i>	1	
LIALDA ORAL TABLET DELAYED RELEASE 1.2GM	1	MO
<i>mesalamine er oral capsule extended release 24-hour 0.375gm</i>	1	MO
<i>mesalamine oral capsule delayed release 400mg</i>	1	MO
<i>mesalamine oral tablet delayed release 800mg</i>	1	
<i>mesalamine rectal enema 4gm</i>	1	
<i>sulfasalazine oral tablet 500mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500mg</i>	1	MO

Glucocorticoids

<i>budesonide er oral tablet extended release 24-hour 9mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide oral capsule delayed release particles 3mg</i>	1	
<i>hydrocortisone rectal enema 100mg/60ml</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35mg, 70mg</i>	1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25mcg, 0.5mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1mcg/ml</i>	1	BvD; MO
<i>cinacalcet hcl oral tablet 30mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60mg</i>	1	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90mg</i>	1	BvD; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150mg</i>	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG, 25MCG, 50MCG, 75MCG	1	PA
<i>paricalcitol oral capsule 1mcg, 2mcg, 4mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60MG/ML	1	QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60mg</i>	1	MO
<i>risedronate sodium oral tablet 150mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35mg, 35mg (12 pack), 35mg (4 pack)</i>	1	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620mcg/2.48ml</i>	1	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120MCG/1.56ML	1	PA; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	1	PA; QL (2 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1%</i>	1	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05%</i>	1	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	1	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	1	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23%</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%</i>	1	
<i>Ophthalmic Anti-Allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>cromolyn sodium ophthalmic solution 4%</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%, 0.2%</i>	1	
<i>Ophthalmic Anti-Infectives</i>		
AZASITE OPHTHALMIC SOLUTION 1%	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>erythromycin ophthalmic ointment 5mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5%</i>	1	
GENTAK OPHTHALMIC OINTMENT 0.3%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5%</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5%	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10%</i>	1	
<i>tobramycin ophthalmic solution 0.3%</i>	1	
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09%</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075%	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05%	1	
<i>fluorometholone ophthalmic suspension 0.1%</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3%	1	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.5%</i>	1	
<i>prednisolone acetate ophthalmic suspension 1%</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5%</i>	1	MO
<i>carteolol hcl ophthalmic solution 1%</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5%</i>	1	MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5%</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25%, 0.5%</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic solution 0.25%, 0.5%</i>	1	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12-hour 500mg</i>	1	MO
<i>acetazolamide oral tablet 125mg, 250mg</i>	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	1	MO
<i>apraclonidine hcl ophthalmic solution 0.5%</i>	1	
AZOPT OPHTHALMIC SUSPENSION 1%	1	MO
<i>brimonidine tartrate ophthalmic solution 0.15%, 0.2%</i>	1	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%</i>	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	1	MO
<i>dorzolamide hcl ophthalmic solution 2%</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8mg/ml</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%</i>	1	MO
<i>methazolamide oral tablet 25mg, 50mg</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1%, 2%, 4%</i>	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	1	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	1	MO
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005%</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01%	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004%</i>	1	MO
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2%</i>	1	
<i>ciprofloxacin hcl otic solution 0.2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025%</i>	1	
<i>fluocinolone acetonide otic oil 0.01%</i>	1	
<i>neomycin-polymyxin-hc otic solution 1%</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	

RESPIRATORY TRACT/ PULMONARY AGENTS

Antihistamines

<i>azelastine hcl nasal solution 0.1%, 0.15%</i>	1	QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 1mg/ml</i>	1	
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5mg</i>	1	

Anti-Inflammatories, Inhaled Corticosteroids

ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (26GM per 30 days)
<i>budesonide inhalation suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	BvD; MO

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	1	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	1	MO; QL (21.2GM per 30 days)
<i>flunisolide nasal solution 25mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50mcg/act</i>	1	QL (16GM per 30 days)
<i>mometasone furoate nasal suspension 50mcg/act</i>	1	QL (34GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10mg, 20mg</i>	1	MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	1	MO; QL (26GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	1	BvD; MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06%</i>	1	MO; QL (30 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	1	MO; QL (4GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act</i>	1	MO; QL (17GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020503)</i>	1	MO; QL (13.4GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020983)</i>	1	MO; QL (36GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5mg/3ml) 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2mg, 4mg</i>	1	MO
<i>epinephrine injection solution 0.3mg/0.3ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	1	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5mg, 5mg</i>	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE)MCG/ACT	1	MO; QL (36GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	1	PA
KALYDECO ORAL PACKET 25MG, 50MG, 75MG	1	PA
KALYDECO ORAL TABLET 150MG	1	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG	1	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	1	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	1	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	1	PA
TOBI PODHALER INHALATION CAPSULE 28MG	1	PA
<i>tobramycin inhalation nebulization solution 300mg/5ml</i>	1	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250MCG, 500MCG	1	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12-hour 300mg, 450mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er oral tablet extended release 24-hour 400mg, 600mg</i>	1	MO
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	1	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10mg, 5mg</i>	1	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125mg, 62.5mg</i>	1	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	1	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20mg</i>	1	PA; MO; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267MG	1	PA
OFEV ORAL CAPSULE 100MG, 150MG	1	PA
<i>pirfenidone oral tablet 267mg, 801mg</i>	1	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	BvD
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50MCG/ACT, 250-50MCG/ACT, 500-50MCG/ACT	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	1	MO; QL (12GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25MCG/INH	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25MCG/INH, 200-25MCG/INH	1	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8MCG/ACT	1	MO; QL (10.7GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5mcg/act, 80-4.5mcg/act</i>	1	MO; QL (10.2GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	1	MO; QL (4GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20mg/2ml</i>	1	BvD; MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50mcg/act, 250-50mcg/act, 500-50mcg/act</i>	1	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14mcg/act, 232-14mcg/act, 55-14mcg/act</i>	1	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3)mg/3ml</i>	1	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	1	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/INH, 200-62.5-25MCG/INH	1	MO; QL (60 EA per 30 days)

SKELLETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>chlorzoxazone oral tablet 250mg, 375mg, 500mg, 750mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10mg, 5mg, 7.5mg</i>	1	
<i>methocarbamol oral tablet 500mg, 750mg</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12-hour 100mg</i>	1	

SLEEP DISORDER AGENTS

Sleep Promoting Agents

BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 15mg, 22.5mg, 30mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5mg</i>	1	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150mg, 200mg, 250mg, 50mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100mg, 200mg</i>	1	PA; MO; QL (60 EA per 30 days)
SUNOSI ORAL TABLET 150MG, 75MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500MG/ML	1	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500MG/ML	1	PA; QL (540 ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES ANTIESPASTICIDAD		
Agentes Antiespasticidad		
<i>baclofen oral tablet 10mg, 20mg, 5mg</i>	1	
<i>tizanidine hcl oral tablet 2mg, 4mg</i>	1	
AGENTES ANTIMIASTENICOS		
Parasimpaticomiméticos		
<i>pyridostigmine bromide oral solution 60mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30mg, 60mg</i>	1	
AGENTES ANTIMIGRAÑOSOS		
Agonista del Receptor de Serotonina (5-HT)		
<i>naratriptan hcl oral tablet 1mg, 2.5mg</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10mg, 5mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10mg, 5mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100mg, 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5mg, 5mg</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5mg, 5mg</i>	1	QL (6 EA per 30 days)
Alcaloides del Ergot		
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	1	
<i>ergotamine-caffeine oral tablet 1-100mg</i>	1	QL (40 EA per 28 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Profiláctico		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA; MO
EPRONTIA ORAL SOLUTION 25MG/ML	1	MO
<i>propranolol hcl er oral capsule extended release 24-hour 80mg</i>	1	MO
<i>propranolol hcl oral tablet 80mg</i>	1	MO
<i>topiramate er oral capsule er 24-hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15mg, 25mg</i>	1	MO
<i>topiramate oral tablet 100mg, 200mg, 25mg, 50mg</i>	1	MO
UBRELVY ORAL TABLET 100MG, 50MG	1	PA; QL (16 EA per 30 days)
AGENTES ANTIPARKINSON		
Agentes Antiparkinsonianos, Otros		
<i>amantadine hcl oral capsule 100mg</i>	1	MO
<i>amantadine hcl oral solution 50mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200mg, 18.75-75-200mg, 25-100-200mg, 31.25-125-200mg, 37.5-150-200mg, 50-200-200mg</i>	1	MO
<i>entacapone oral tablet 200mg</i>	1	MO
Agonistas de la Dopamina		
<i>bromocriptine mesylate oral capsule 5mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5mg</i>	1	MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	1	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>pramipexole dihydrochloride oral tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	MO
Anticolinérgicos		
<i>benztropine mesylate oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>trihexyphenidyl hcl oral solution 0.4mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2mg, 5mg</i>	1	MO
Inhibidores de la Monoaminoxidasa B (MAO-B)		
<i>rasagiline mesylate oral tablet 0.5mg, 1mg</i>	1	MO
<i>selegiline hcl oral capsule 5mg</i>	1	MO
<i>selegiline hcl oral tablet 5mg</i>	1	MO
Precursores de Dopamina y/o Inhibidores de la Descarboxilasa de L-Aminoácidos		
<i>carbidopa oral tablet 25mg</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100mg, 50-200mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100mg, 25-100mg, 25-250mg</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100mg, 25-100mg, 25-250mg</i>	1	MO
INBRIJA INHALATION CAPSULE 42MG	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG	1	ST; MO
AGENTES BIPOLARES		
Estabilizadores del Estado de Ánimo		
<i>divalproex sodium er oral tablet extended release 24-hour 250mg, 500mg</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125mg</i>	1	MO
<i>divalproex sodium oral tablet delayed release 125mg, 250mg, 500mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>lithium carbonate er oral tablet extended release 300mg, 450mg</i>	1	MO
<i>lithium carbonate oral capsule 150mg, 300mg, 600mg</i>	1	MO
<i>lithium carbonate oral tablet 300mg</i>	1	MO

AGENTES CARDIOVASCULARES

Agentes Bloqueadores de los Canales de Calcio, Dihidropiridinas

<i>amlodipine besylate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>felodipine er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5mg, 5mg</i>	1	MO
KATERZIA ORAL SUSPENSION 1MG/ML	1	MO
<i>nicardipine hcl oral capsule 20mg, 30mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24-hour 90mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 90mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10mg, 20mg</i>	1	MO

Agentes Bloqueadores de los Canales de Calcio, No Dihidropiridinas

CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24-hour 360mg, 420mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	1	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 300mg</i>	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>diltiazem hcl er oral capsule extended release 12-hour 120mg, 60mg, 90mg</i>	1	MO
<i>diltiazem hcl oral tablet 120mg, 30mg, 60mg, 90mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24-hour 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl oral tablet 120mg, 40mg, 80mg</i>	1	MO
Agentes Bloqueantes Beta-Adrenérgicos		
<i>acebutolol hcl oral capsule 200mg, 400mg</i>	1	MO
<i>atenolol oral tablet 100mg, 25mg, 50mg</i>	1	MO
<i>betaxolol hcl oral tablet 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10mg, 5mg</i>	1	MO
<i>carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	MO
<i>labetalol hcl oral tablet 100mg, 200mg, 300mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO
<i>nadolol oral tablet 20mg, 40mg, 80mg</i>	1	MO
<i>nebivolol hcl oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>pindolol oral tablet 10mg, 5mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>propranolol hcl er oral capsule extended release 24-hour 120mg, 160mg, 60mg</i>	1	MO
<i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml</i>	1	MO
<i>propranolol hcl oral tablet 10mg, 20mg, 40mg, 60mg</i>	1	MO
<i>timolol maleate oral tablet 10mg, 20mg, 5mg</i>	1	MO
Agentes Cardiovasculares, Otros		
<i>aliskiren fumarate oral tablet 150mg, 300mg</i>	1	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20mg, 10-40mg, 2.5-10mg, 5-10mg, 5-20mg, 5-40mg</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 2.5-10mg, 2.5-20mg, 2.5-40mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg</i>	1	MO; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25mg, 50-25mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg, 5-6.25mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg</i>	1	MO
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	1	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5mg, 32-12.5mg, 32-25mg</i>	1	MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	1	PA; MO
DIGITEK ORAL TABLET 125MCG, 250MCG	1	MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05mg/ml</i>	1	MO; QL (255 ML per 30 days)
<i>digoxin oral tablet 125mcg, 250mcg</i>	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>enalapril-hydrochlorothiazide oral tablet 10-25mg, 5-12.5mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	1	MO
<i>fosinopril sodium-hctz oral tablet 10-12.5mg, 20-12.5mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5mg, 100-25mg, 50-12.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25mg, 100-50mg, 50-25mg</i>	1	MO
<i>metyrosine oral capsule 250mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5mg, 40-12.5mg, 40-25mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg</i>	1	MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	MO
<i>ranolazine er oral tablet extended release 12-hour 1000mg, 500mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25mg</i>	1	MO
<i>telmisartan-hctz oral tablet 40-12.5mg, 80-12.5mg, 80-25mg</i>	1	MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25mg, 75-50mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg</i>	1	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	1	PA; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes para Dislipidemias, Derivados del Ácido Fóbrico		
<i>fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145mg, 160mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48mg, 54mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135mg, 45mg</i>	1	MO; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600mg</i>	1	MO; QL (60 EA per 30 days)
Agentes para Dislipidemias, Inhibidores de la HMG COA Reductasa		
<i>atorvastatin calcium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1MG, 2MG, 4MG	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10mg</i>	1	MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20mg</i>	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40mg</i>	1	MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	1	MO; QL (30 EA per 30 days)
Agentes para Dislipidemias, Otros		
<i>cholestyramine light oral packet 4gm</i>	1	MO
<i>cholestyramine oral packet 4gm</i>	1	MO
<i>colestipol hcl oral packet 5gm</i>	1	MO
<i>colestipol hcl oral tablet 1gm</i>	1	MO
<i>ezetimibe oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG	1	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000mg, 500mg, 750mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1gm</i>	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5GM, 1GM	1	MO
Agonistas Alfa-Adrenérgicos		
<i>clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	MO; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100mg, 200mg, 300mg</i>	1	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1mg, 2mg</i>	1	MO
<i>midodrine hcl oral tablet 10mg, 2.5mg, 5mg</i>	1	
Antagonistas del Receptor de Angiotensina II		
<i>candesartan cilexetil oral tablet 16mg, 4mg, 8mg</i>	1	MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32mg</i>	1	MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150mg, 300mg, 75mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100mg, 25mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20mg, 40mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160mg</i>	1	MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40mg, 80mg</i>	1	MO; QL (90 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Antiarrítmicos		
<i>amiodarone hcl oral tablet 100mg, 200mg, 400mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100mg, 150mg</i>	1	MO
<i>dofetilide oral capsule 125mcg, 250mcg, 500mcg</i>	1	MO
<i>flecainide acetate oral tablet 100mg, 150mg, 50mg</i>	1	MO
<i>mexiletine hcl oral capsule 150mg, 200mg, 250mg</i>	1	MO
MULTAQ ORAL TABLET 400MG	1	MO
<i>propafenone hcl oral tablet 150mg, 225mg, 300mg</i>	1	MO
<i>quinidine sulfate oral tablet 200mg, 300mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 120mg, 160mg, 80mg</i>	1	MO
<i>sotalol hcl oral tablet 120mg, 160mg, 240mg, 80mg</i>	1	MO
Bloqueadores Alfa-Adrenérgicos		
<i>doxazosin mesylate oral tablet 1mg, 2mg, 4mg, 8mg</i>	1	MO
<i>prazosin hcl oral capsule 1mg, 2mg, 5mg</i>	1	MO
<i>terazosin hcl oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	MO
Diuréticos, Ahorradores de Potasio		
<i>amiloride hcl oral tablet 5mg</i>	1	MO
<i>eplerenone oral tablet 25mg, 50mg</i>	1	MO
KERENDIA ORAL TABLET 10MG, 20MG	1	MO; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100mg, 25mg, 50mg</i>	1	MO
Diuréticos, Bucle		
<i>bumetanide injection solution 0.25mg/ml</i>	1	
<i>bumetanide oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>furosemide injection solution 10mg/ml, 10mg/ml (4ml syringe)</i>	1	BvD
<i>furosemide oral solution 10mg/ml, 8mg/ml</i>	1	MO
<i>furosemide oral tablet 20mg, 40mg, 80mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>torse mide oral tablet 10mg, 100mg, 20mg, 5mg</i>	1	MO
Diuréticos, Tiazidas		
<i>chlorthalidone oral tablet 25mg, 50mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide oral tablet 1.25mg, 2.5mg</i>	1	MO
<i>metolazone oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
Inhibidores de la Enzima Convertidora de Angiotensina (ECA)		
<i>benazepril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>captopril oral tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	MO
<i>enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>fosinopril sodium oral tablet 10mg, 20mg, 40mg</i>	1	MO
<i>lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>moexipril hcl oral tablet 15mg, 7.5mg</i>	1	MO
<i>perindopril erbumine oral tablet 2mg, 4mg, 8mg</i>	1	MO
<i>quinapril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril oral tablet 1mg, 2mg, 4mg</i>	1	MO
Vasodilatadores Arteriales/Venosos de Acción Directa		
<i>hydralazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 10mg, 20mg, 30mg, 5mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 120mg, 30mg, 60mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10mg, 20mg</i>	1	MO
<i>minoxidil oral tablet 10mg, 2.5mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2%	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>nitroglycerin sublingual tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
<i>nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	MO
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	MO
RECTIV RECTAL OINTMENT 0.4%	1	

AGENTES DE ANTIDEMENCIA

Agentes Antidemencia, Otros

<i>memantine hcl er oral capsule extended release 24-hour 14mg, 21mg, 28mg, 7mg</i>	1	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2mg/ml</i>	1	MO; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5mg & 21 x 10mg</i>	1	QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24-HOUR THERAPY PACK 7 & 14 & 21 & 28 -10MG	1	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24-HOUR 14-10MG, 21-10MG, 28-10MG, 7-10MG	1	PA; MO

Inhibidores de Colinesterasa

<i>donepezil hcl oral tablet 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24-hour 16mg, 24mg, 8mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4mg/ml</i>	1	MO; QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12mg, 4mg, 8mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24-hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES DEL SISTEMA NERVIOSO CENTRAL		
Agentes con Trastorno por Déficit de Atención e Hiperactividad, Sin Anfetaminas		
<i>atomoxetine hcl oral capsule 10mg, 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5mg</i>	1	MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24-hour 1mg, 2mg, 3mg, 4mg</i>	1	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10mg, 20mg, 5mg</i>	1	MO; QL (90 EA per 30 days)
Agentes de Esclerosis Múltiple		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30MCG/0.5ML	1	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30MCG/0.5ML	1	PA
BETASERON SUBCUTANEOUS KIT 0.3MG	1	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20MG/ML, 40MG/ML	1	PA
<i>dalfampridine er oral tablet extended release 12-hour 10mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120mg, 240mg</i>	1	PA
<i>dimethyl fumarate starter pack oral 120 & 240mg</i>	1	PA
GILENYA ORAL CAPSULE 0.5MG	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20MG/0.4ML	1	PA
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG	1	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25MG, 12 X 0.25MG	1	PA
Agentes de Fibromialgia		
<i>pregabalin oral capsule 100mg, 150mg, 25mg, 50mg</i>	1	MO; QL (90 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>pregabalin oral capsule 200mg, 225mg, 300mg</i>	1	MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75mg</i>	1	MO; QL (120 EA per 30 days)
<i>pregabalin oral solution 20mg/ml</i>	1	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	1	QL (55 EA per 28 days)
Agentes de Trastorno por Déficit de Atención con Hiperactividad, Anfetaminas		
<i>amphetamine-dextroamphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg</i>	1	MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 10mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 15mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 5mg</i>	1	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20mg</i>	1	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5mg</i>	1	MO; QL (150 EA per 30 days)
Sistema Nervioso Central, Otros		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	1	PA; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	1	PA
NUEDEXTA ORAL CAPSULE 20-10MG	1	PA; MO
<i>riluzole oral tablet 50mg</i>	1	PA; MO
<i>tetrabenazine oral tablet 12.5mg</i>	1	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25mg</i>	1	PA; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES DENTALES y ORALES		
Agentes Dentales y Orales		
<i>chlorhexidine gluconate mouth/throat solution 0.12%</i>	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12%	1	
<i>pilocarpine hcl oral tablet 5mg, 7.5mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1%</i>	1	
AGENTES DERMATOLÓGICOS		
Agentes Dermatológicos, Otros		
<i>calcipotriene external solution 0.005%</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05%</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05%</i>	1	
<i>diclofenac sodium external gel 3%</i>	1	PA
<i>fluorouracil external cream 5%</i>	1	
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>global alcohol prep ease pad 70%</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1%</i>	1	
<i>imiquimod external cream 5%</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
PANRETIN EXTERNAL GEL 0.1%	1	PA
<i>podofilox external solution 0.5%</i>	1	
REGANEX EXTERNAL GEL 0.01%	1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
<i>silver sulfadiazine external cream 1%</i>	1	
SSD EXTERNAL CREAM 1%	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes para Acné y Rosácea		
ACCUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	
<i>acitretin oral capsule 10mg, 17.5mg, 25mg</i>	1	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3%</i>	1	
CLARAVIS ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5%</i>	1	
<i>isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg</i>	1	
<i>tazarotene external cream 0.1%</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05%	1	PA
TAZORAC EXTERNAL GEL 0.05%, 0.1%	1	PA
<i>tretinoin external cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin external gel 0.01%, 0.025%, 0.05%</i>	1	PA
Agentes para Dermatitis y Pruitus		
<i>alclometasone dipropionate external cream 0.05%</i>	1	
<i>alclometasone dipropionate external ointment 0.05%</i>	1	
<i>amcinonide external cream 0.1%</i>	1	
<i>amcinonide external ointment 0.1%</i>	1	
<i>ammonium lactate external cream 12%</i>	1	
<i>ammonium lactate external lotion 12%</i>	1	
<i>betamethasone dipropionate aug external cream 0.05%</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05%</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05%</i>	1	
<i>betamethasone dipropionate external cream 0.05%</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>betamethasone dipropionate external lotion 0.05%</i>	1	
<i>betamethasone dipropionate external ointment 0.05%</i>	1	
<i>betamethasone valerate external cream 0.1%</i>	1	
<i>betamethasone valerate external lotion 0.1%</i>	1	
<i>betamethasone valerate external ointment 0.1%</i>	1	
<i>clobetasol propionate e external cream 0.05%</i>	1	
<i>clobetasol propionate external cream 0.05%</i>	1	
<i>clobetasol propionate external gel 0.05%</i>	1	
<i>clobetasol propionate external ointment 0.05%</i>	1	
<i>clobetasol propionate external solution 0.05%</i>	1	
<i>desonide external cream 0.05%</i>	1	
<i>desonide external lotion 0.05%</i>	1	
<i>desonide external ointment 0.05%</i>	1	
<i>desoximetasone external cream 0.05%, 0.25%</i>	1	
<i>desoximetasone external gel 0.05%</i>	1	
<i>desoximetasone external ointment 0.25%</i>	1	
EUCRISA EXTERNAL OINTMENT 2%	1	
<i>fluocinolone acetonide external cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide external ointment 0.025%</i>	1	
<i>fluocinolone acetonide external solution 0.01%</i>	1	
<i>fluocinonide emulsified base external cream 0.05%</i>	1	
<i>fluocinonide external gel 0.05%</i>	1	
<i>fluocinonide external ointment 0.05%</i>	1	
<i>fluocinonide external solution 0.05%</i>	1	
<i>fluticasone propionate external cream 0.05%</i>	1	
<i>fluticasone propionate external ointment 0.005%</i>	1	
<i>halobetasol propionate external cream 0.05%</i>	1	
<i>halobetasol propionate external ointment 0.05%</i>	1	
<i>hydrocortisone (perianal) external cream 2.5%</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>hydrocortisone external cream 1%</i>	1	
<i>hydrocortisone external lotion 2.5%</i>	1	
<i>hydrocortisone external ointment 1%, 2.5%</i>	1	
<i>hydrocortisone valerate external cream 0.2%</i>	1	
<i>hydrocortisone valerate external ointment 0.2%</i>	1	
<i>mometasone furoate external cream 0.1%</i>	1	
<i>mometasone furoate external ointment 0.1%</i>	1	
<i>mometasone furoate external solution 0.1%</i>	1	
<i>pimecrolimus external cream 1%</i>	1	
<i>prednicarbate external ointment 0.1%</i>	1	
PROCTO-MED HC EXTERNAL CREAM 2.5%	1	
PROCTO-PAK EXTERNAL CREAM 1%	1	
PROCTOSOL HC EXTERNAL CREAM 2.5%	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5%	1	
<i>selenium sulfide external lotion 2.5%</i>	1	
<i>tacrolimus external ointment 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide external cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide external lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide external ointment 0.025%, 0.1%, 0.5%</i>	1	
Antiinfecciosos Tópicos		
<i>ciclopirox external gel 0.77%</i>	1	
<i>ciclopirox external shampoo 1%</i>	1	
<i>ciclopirox external solution 8%</i>	1	
<i>clindamycin phosphate external gel 1%</i>	1	
<i>clindamycin phosphate external lotion 1%</i>	1	
<i>clindamycin phosphate external solution 1%</i>	1	
<i>ery external pad 2%</i>	1	
<i>erythromycin external gel 2%</i>	1	
<i>erythromycin external solution 2%</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>mupirocin calcium external cream 2%</i>	1	
<i>mupirocin external ointment 2%</i>	1	
<i>Pediculicidas/Escabicidas</i>		
<i>malathion external lotion 0.5%</i>	1	
<i>permethrin external cream 5%</i>	1	
AGENTES GASTROINTESTINALES		
<i>Agentes Antidiarreicos</i>		
<i>alosetron hcl oral tablet 0.5mg, 1mg</i>	1	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025mg</i>	1	
<i>loperamide hcl oral capsule 2mg</i>	1	
<i>Agentes Contra el Estreñimiento</i>		
<i>constulose oral solution 10gm/15ml</i>	1	MO
<i>enulose oral solution 10gm/15ml</i>	1	MO
<i>generlac oral solution 10gm/15ml</i>	1	MO
<i>lactulose oral solution 10gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	1	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24mcg, 8mcg</i>	1	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	1	QL (30 EA per 30 days)
<i>Agentes Gastrointestinales, Otros</i>		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG	1	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	1	PA
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML	1	
GATTEX SUBCUTANEOUS KIT 5MG	1	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LIVMARLI ORAL SOLUTION 9.5MG/ML	1	PA
<i>metoclopramide hcl oral solution 5mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10mg, 5mg</i>	1	MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6gm/177ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236gm</i>	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	1	
SUTAB ORAL TABLET 1479-225-188MG	1	
<i>ursodiol oral capsule 300mg</i>	1	MO
<i>ursodiol oral tablet 250mg, 500mg</i>	1	MO
Antagonistas del Receptor de Histamina2 (H2)		
<i>famotidine oral suspension reconstituted 40mg/5ml</i>	1	MO
<i>famotidine oral tablet 20mg, 40mg</i>	1	MO
<i>nizatidine oral capsule 150mg, 300mg</i>	1	MO
Antiespasmódicos, Gastrointestinales		
<i>dicyclomine hcl oral capsule 10mg</i>	1	
<i>dicyclomine hcl oral solution 10mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20mg</i>	1	
<i>glycopyrrolate oral tablet 1mg, 2mg</i>	1	
Inhibidores de la Bomba de Protones		
<i>dexlansoprazole oral capsule delayed release 30mg, 60mg</i>	1	MO
<i>esomeprazole magnesium oral capsule delayed release 20mg, 40mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 15mg, 30mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10mg, 20mg, 40mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>pantoprazole sodium oral tablet delayed release 20mg, 40mg</i>	1	MO
Protectores		
<i>misoprostol oral tablet 100mcg, 200mcg</i>	1	MO
<i>sucralfate oral suspension 1gm/10ml</i>	1	MO
<i>sucralfate oral tablet 1gm</i>	1	MO
AGENTES GENITOURINARIOS		
Agentes Genitourinarios, Otros		
<i>bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg</i>	1	
ELMIRON ORAL CAPSULE 100MG	1	
<i>penicillamine oral tablet 250mg</i>	1	
Agentes para Hipertrofia Prostática Benigna		
<i>alfuzosin hcl er oral tablet extended release 24-hour 10mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4mg</i>	1	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4mg, 8mg</i>	1	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4mg</i>	1	MO; QL (60 EA per 30 days)
Antiespasmódicos, Urinarios		
<i>darifenacin hydrobromide er oral tablet extended release 24-hour 15mg, 7.5mg</i>	1	MO
<i>fesoterodine fumarate er oral tablet extended release 24-hour 4mg, 8mg</i>	1	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8MG/ML	1	MO; QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24-HOUR 25MG, 50MG	1	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24-hour 10mg, 15mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5mg/5ml</i>	1	MO; QL (600 ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>oxybutynin chloride oral tablet 5mg</i>	1	MO; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24-hour 2mg, 4mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1mg, 2mg</i>	1	MO; QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24-hour 60mg</i>	1	MO; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)

AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (HORMONAS SEXUALES/ MODIFICADORES)

Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Hormonas Sexuales/ Modificadores)

ALTAVERA ORAL TABLET 0.15-30MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35mg-mcg</i>	1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30MG-MCG	1	MO
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01mg (21/5), 0.15-30mg-mcg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02mg, 3-0.03mg</i>	1	MO
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	1	MO
EMOQUETTE ORAL TABLET 0.15-30MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35mg-mcg, 1-50mg-mcg</i>	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015mg/24hr</i>	1	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35MG-MCG	1	MO
ICLEVIA ORAL TABLET 0.15-0.03MG	1	MO
INTRAROSA VAGINAL INSERT 6.5MG	1	PA; MO
INTROVALE ORAL TABLET 0.15-0.03MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02MG	1	MO
JULEBER ORAL TABLET 0.15-30MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LARISSIA ORAL TABLET 0.1-20MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg, 0.15-30mg-mcg</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30mg-mcg</i>	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MILI ORAL TABLET 0.25-35MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02MG	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20mg-mcg</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20mg-mcg</i>	1	MO
<i>norethindrone-eth estradiol oral tablet 1-5mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25mg-35mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYLIA 1/35 ORAL TABLET 1-35MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03MG	1	MO
OSPHENA ORAL TABLET 60MG	1	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
PIRMELLA 1/35 ORAL TABLET 1-35MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG	1	MO
RECLIPSEN ORAL TABLET 0.15-30MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03MG	1	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30MCG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	1	MO
VESTURA ORAL TABLET 3-0.02MG	1	MO
VIENVA ORAL TABLET 0.1-20MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
Andrógenos		
ANDRODERM TRANSDERMAL PATCH 24-HOUR 2MG/24HR, 4MG/24HR	1	MO
<i>danazol oral capsule 100mg, 200mg, 50mg</i>	1	
<i>oxandrolone oral tablet 10mg, 2.5mg</i>	1	PA
<i>testosterone cypionate intramuscular solution 100mg/ml, 200mg/ml, 200mg/ml (1 ml)</i>	1	MO
<i>testosterone enanthate intramuscular solution 200mg/ml</i>	1	MO
<i>testosterone transdermal gel 10mg/act (2%), 12.5mg/act (1%), 20.25mg/1.25gm (1.62%), 20.25mg/act (1.62%), 25mg/2.5gm (1%), 40.5mg/2.5gm (1.62%), 50mg/5gm (1%)</i>	1	MO
<i>testosterone transdermal solution 30mg/act</i>	1	MO
Estrógenos		
DUAVEE ORAL TABLET 0.45-20MG	1	MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>estradiol transdermal patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	MO
<i>estradiol transdermal patch weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	MO
<i>estradiol vaginal cream 0.1mg/gm</i>	1	MO
<i>estradiol vaginal tablet 10mcg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	1	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10MCG, 4MCG	1	MO
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG	1	MO
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	1	MO
PREMARIN VAGINAL CREAM 0.625MG/GM	1	MO
Progestinas		
CAMILA ORAL TABLET 0.35MG	1	MO
DEBLITANE ORAL TABLET 0.35MG	1	MO
ERRIN ORAL TABLET 0.35MG	1	MO
INCASSIA ORAL TABLET 0.35MG	1	MO
LYLEQ ORAL TABLET 0.35MG	1	MO
LYZA ORAL TABLET 0.35MG	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate oral suspension 40mg/ml</i>	1	
<i>megestrol acetate oral suspension 625mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet 20mg, 40mg</i>	1	
NORA-BE ORAL TABLET 0.35MG	1	MO
<i>norethindrone acetate oral tablet 5mg</i>	1	MO
<i>norethindrone oral tablet 0.35mg</i>	1	MO
<i>progesterone oral capsule 100mg, 200mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35MG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (PITUITARIA)		
<i>Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Pituitaria)</i>		
<i>desmopressin acetate oral tablet 0.1mg, 0.2mg</i>	1	MO
<i>desmopressin acetate spray nasal solution 0.01%</i>	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40MG/4ML	1	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7MCG, 55.3MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10MG/1.5ML, 5MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8MG	1	PA
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (SUPRARRENALES)		
<i>Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Suprarrenales)</i>		
<i>dexamethasone oral solution 0.5mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1mg</i>	1	MO
<i>hydrocortisone oral tablet 10mg, 20mg, 5mg</i>	1	
ISTURISA ORAL TABLET 1MG	1	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10MG	1	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5MG	1	PA; QL (120 EA per 30 days)
<i>methylprednisolone oral tablet 16mg, 32mg, 4mg, 8mg</i>	1	BvD
<i>methylprednisolone oral tablet therapy pack 4mg</i>	1	
<i>prednisolone oral solution 15mg/5ml</i>	1	BvD
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml, 25mg/5ml, 6.7 (5 base)mg/5ml</i>	1	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>prednisolone sodium phosphate oral tablet dispersible 10mg, 15mg, 30mg</i>	1	BvD
PREDNISONO INTENSOL ORAL CONCENTRATE 5MG/ML	1	BvD
<i>prednisone oral solution 5mg/5ml</i>	1	BvD
<i>prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg</i>	1	BvD
<i>prednisone oral tablet therapy pack 10mg (21), 10mg (48), 5mg (21), 5mg (48)</i>	1	

AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (TIROIDES)

Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Tiroides)

EUTHYROX ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO
LEVO-T ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
<i>levothyroxine sodium oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO
<i>liothyronine sodium oral tablet 25mcg, 5mcg, 50mcg</i>	1	MO
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES HORMONALES, SUPRESORES (PITUITARIA)		
<i>Agentes Hormonales, Supresores (Pituitaria)</i>		
<i>cabergoline oral tablet 0.5mg</i>	1	
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	1	PA
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	1	PA
<i>octreotide acetate injection solution 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection solution 1000mcg/ml, 500mcg/ml</i>	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	1	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	1	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	1	PA
AGENTES HORMONALES, SUPRESORES (TIROIDES)		
<i>Agentes Antitiroideos</i>		
<i>methimazole oral tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil oral tablet 50mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES INMUNOLÓGICOS		
Agentes de Angioedema		
FIRAZYR SUBCUTANEOUS SOLUTION 30MG/3ML	1	PA
<i>icatibant acetate subcutaneous solution 30mg/3ml</i>	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300MG/2ML	1	PA
Agentes Inmunológicos, Otros		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	1	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	1	PA
<i>leflunomide oral tablet 10mg, 20mg</i>	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	1	PA
SKYRIZI (150MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75MG/0.83ML	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	1	PA
TAVNEOS ORAL CAPSULE 10MG	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	1	PA
Inmunostimulantes		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	1	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	1	PA
Inmunoglobulinas		
PANZYGA INTRAVENOUS SOLUTION 1GM/10ML, 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	1	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20GM/200ML	1	BvD
Inmunosupresores		
AZASAN ORAL TABLET 100MG, 75MG	1	BvD; MO
<i>azathioprine oral tablet 100mg, 50mg, 75mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200MG/ML	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>cyclosporine modified oral capsule 100mg, 25mg, 50mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100mg, 25mg</i>	1	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25MG/0.5ML, 50MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25MG	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50MG/ML	1	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24-HOUR 0.75MG, 1MG, 4MG	1	BvD; MO
<i>everolimus oral tablet 0.25mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5mg</i>	1	BvD; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75mg, 1mg</i>	1	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100MG, 25MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100MG/ML	1	BvD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	1	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML, 80MG/0.8ML	1	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML	1	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	1	PA
LUPKYNIS ORAL CAPSULE 7.9MG	1	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50mg/2ml</i>	1	BvD
<i>methotrexate sodium injection solution 50mg/2ml</i>	1	BvD
<i>methotrexate sodium oral tablet 2.5mg</i>	1	BvD
<i>mycophenolate mofetil oral capsule 250mg</i>	1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200mg/ml</i>	1	BvD
<i>mycophenolate mofetil oral tablet 500mg</i>	1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180mg, 360mg</i>	1	BvD; MO
PROGRAF ORAL PACKET 0.2MG, 1MG	1	BvD; MO
REZUROCK ORAL TABLET 200MG	1	PA
<i>sirolimus oral solution 1mg/ml</i>	1	BvD
<i>sirolimus oral tablet 0.5mg, 1mg</i>	1	BvD; MO
<i>sirolimus oral tablet 2mg</i>	1	BvD
<i>tacrolimus oral capsule 0.5mg, 1mg, 5mg</i>	1	BvD; MO
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	1	BvD
Vacunas		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
<i>bcg vaccine injection solution reconstituted 50mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD
ENGERIX-B INJECTION SUSPENSION 10MCG/0.5ML, 20MCG/ML, 20MCG/ML (PREFILLED SYRINGE)	1	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10MCG	1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOLE INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	1	
<i>prehevbrio intramuscular suspension 10mcg/ml</i>	1	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 10MCG/ML (1ML SYRINGE), 40MCG/ML, 5MCG/0.5ML, 5MCG/0.5ML (PREFILLED SYRINGE)	1	BvD
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	BvD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	

AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA

Agentes Metabólicos para La Enfermedad Ósea

<i>alendronate sodium oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35mg, 70mg</i>	1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25mcg, 0.5mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1mcg/ml</i>	1	BvD; MO
<i>cinacalcet hcl oral tablet 30mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60mg</i>	1	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90mg</i>	1	BvD; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150mg</i>	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG, 25MCG, 50MCG, 75MCG	1	PA
<i>paricalcitol oral capsule 1mcg, 2mcg, 4mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60MG/ML	1	QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60mg</i>	1	MO
<i>risedronate sodium oral tablet 150mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35mg, 35mg (12 pack), 35mg (4 pack)</i>	1	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5mg</i>	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620mcg/2.48ml</i>	1	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120MCG/1.56ML	1	PA; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	1	PA; QL (2 ML per 28 days)

AGENTES OFTÁLMICOS

Agentes Oftálmicos Antialérgicos

<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>cromolyn sodium ophthalmic solution 4%</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%, 0.2%</i>	1	

Agentes Oftálmicos Bloqueadores Beta-Adrenérgicos

<i>betaxolol hcl ophthalmic solution 0.5%</i>	1	MO
<i>carteolol hcl ophthalmic solution 1%</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5%</i>	1	MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5%</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25%, 0.5%</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25%, 0.5%</i>	1	MO

Agentes Oftálmicos para Bajar la Presión Intraocular, Otros

<i>acetazolamide er oral capsule extended release 12-hour 500mg</i>	1	MO
<i>acetazolamide oral tablet 125mg, 250mg</i>	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	1	MO
<i>apraclonidine hcl ophthalmic solution 0.5%</i>	1	
AZOPT OPHTHALMIC SUSPENSION 1%	1	MO
<i>brimonidine tartrate ophthalmic solution 0.15%, 0.2%</i>	1	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%</i>	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	1	MO
<i>dorzolamide hcl ophthalmic solution 2%</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8mg/ml</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%</i>	1	MO
<i>methazolamide oral tablet 25mg, 50mg</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1%, 2%, 4%</i>	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	1	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	1	MO
Agentes Oftálmicos, Otros		
<i>atropine sulfate ophthalmic solution 1%</i>	1	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05%</i>	1	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	1	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	1	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23%</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%</i>	1	
Análogos de Prostaglandina y Prostamida Oftálmicos		
<i>latanoprost ophthalmic solution 0.005%</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LUMIGAN OPHTHALMIC SOLUTION 0.01%	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004%</i>	1	MO
Antiinfecciosos Oftálmicos		
AZASITE OPHTHALMIC SOLUTION 1%	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>erythromycin ophthalmic ointment 5mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5%</i>	1	
GENTAK OPHTHALMIC OINTMENT 0.3%	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5%</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5%	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10%</i>	1	
<i>tobramycin ophthalmic solution 0.3%</i>	1	
Antiinflamatorios Oftálmicos		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09%</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075%	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05%	1	
<i>fluorometholone ophthalmic suspension 0.1%</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3%	1	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>loteprednol etabonate ophthalmic suspension 0.5%</i>	1	
<i>prednisolone acetate ophthalmic suspension 1%</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	

AGENTES ÓTICOS

Agentes Óticos

<i>acetic acid otic solution 2%</i>	1	
<i>ciprofloxacin hcl otic solution 0.2%</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025%</i>	1	
<i>fluocinolone acetonide otic oil 0.01%</i>	1	
<i>neomycin-polymyxin-hc otic solution 1%</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	

AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA

Aminosalicilatos

<i>balsalazide disodium oral capsule 750mg</i>	1	
LIALDA ORAL TABLET DELAYED RELEASE 1.2GM	1	MO
<i>mesalamine er oral capsule extended release 24-hour 0.375gm</i>	1	MO
<i>mesalamine oral capsule delayed release 400mg</i>	1	MO
<i>mesalamine oral tablet delayed release 800mg</i>	1	
<i>mesalamine rectal enema 4gm</i>	1	
<i>sulfasalazine oral tablet 500mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Glucocorticoides		
<i>budesonide er oral tablet extended release 24-hour 9mg</i>	1	
<i>budesonide oral capsule delayed release particles 3mg</i>	1	
<i>hydrocortisone rectal enema 100mg/60ml</i>	1	
AGENTES PARA TRASTORNO DEL SUEÑO		
Agentes Promotores de la Vigilia		
<i>armodafinil oral tablet 150mg, 200mg, 250mg, 50mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100mg, 200mg</i>	1	PA; MO; QL (60 EA per 30 days)
SUNOSI ORAL TABLET 150MG, 75MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500MG/ML	1	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500MG/ML	1	PA; QL (540 ML per 30 days)
Agentes Promotores del Sueño		
BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 15mg, 22.5mg, 30mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5mg</i>	1	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days)
AGENTES PARA TRASTORNO GENÉTICO, DE ENZIMAS O PROTEÍNAS: REEMPLAZO, MODIFICADORES, TRATAMIENTO		
Agentes para Trastorno Genético, de Enzimas o Proteínas: Reemplazo, Modificadores, Tratamiento		
<i>betaine oral powder</i>	1	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	1	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	1	PA; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ENDARI ORAL PACKET 5GM	1	PA
GALAFOLD ORAL CAPSULE 123MG	1	PA
<i>miglustat oral capsule 100mg</i>	1	PA
<i>nitisinone oral capsule 10mg, 2mg, 5mg</i>	1	PA
ORFADIN ORAL CAPSULE 20MG	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	1	PA
RAVICTI ORAL LIQUID 1.1GM/ML	1	PA
<i>sapropterin dihydrochloride oral packet 100mg, 500mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100mg</i>	1	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	1	PA
VYNDAMAX ORAL CAPSULE 61MG	1	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	MO

AGENTES PARA TRATAMIENTO DE ABUSO DE SUSTANCIAS/ANTI-ADICCIÓN

Agentes para Dejar de Fumar

<i>bupropion hcl er (smoking det) oral tablet extended release 12-hour 150mg</i>	1	
NICOTROL INHALATION INHALER 10MG	1	
<i>varenicline tartrate oral 0.5mg x 11 & 1mg x 42</i>	1	
<i>varenicline tartrate oral tablet 0.5mg, 1mg</i>	1	

Agentes para la Reversión de Opioides

KLOXXADO NASAL LIQUID 8MG/0.1ML	1	
<i>naloxone hcl injection solution 0.4mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2mg/2ml</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>naloxone hcl nasal liquid 4mg/0.1ml</i>	1	
NARCAN NASAL LIQUID 4MG/0.1ML	1	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	1	
Dependencia de Opioides		
<i>buprenorphine hcl sublingual tablet sublingual 2mg, 8mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5mg, 8-2mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	1	
Disuasivos de Alcohol/Anti-Deseo		
<i>acamprosate calcium oral tablet delayed release 333mg</i>	1	MO
<i>disulfiram oral tablet 250mg</i>	1	MO
<i>naltrexone hcl oral tablet 50mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380MG	1	
AGENTES PARA TRATAMIENTO DE LA GOTA		
Agentes para Tratamiento de la Gota		
<i>allopurinol oral tablet 100mg, 300mg</i>	1	MO
<i>colchicine oral capsule 0.6mg</i>	1	
<i>colchicine oral tablet 0.6mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500mg</i>	1	MO
<i>febuxostat oral tablet 40mg, 80mg</i>	1	PA; MO
<i>probenecid oral tablet 500mg</i>	1	MO
AGENTES PULMONARES/ TRACTO RESPIRATORIO		
Agentes de Fibrosis Pulmonar		
ESBRIET ORAL CAPSULE 267MG	1	PA
OFEV ORAL CAPSULE 100MG, 150MG	1	PA
<i>pirfenidone oral tablet 267mg, 801mg</i>	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes del Tracto Respiratorio, Otros		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	BvD
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50MCG/ACT, 250-50MCG/ACT, 500-50MCG/ACT	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	1	MO; QL (12GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25MCG/INH	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25MCG/INH, 200-25MCG/INH	1	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8MCG/ACT	1	MO; QL (10.7GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5mcg/act, 80-4.5mcg/act</i>	1	MO; QL (10.2GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	1	MO; QL (4GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20mg/2ml</i>	1	BvD; MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50mcg/act, 250-50mcg/act, 500-50mcg/act</i>	1	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14mcg/act, 232-14mcg/act, 55-14mcg/act</i>	1	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3)mg/3ml</i>	1	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/INH, 200-62.5-25MCG/INH	1	MO; QL (60 EA per 30 days)
Agentes para Fibrosis Quística		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	1	PA
KALYDECO ORAL PACKET 25MG, 50MG, 75MG	1	PA
KALYDECO ORAL TABLET 150MG	1	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG	1	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	1	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	1	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	1	PA
TOBI PODHALER INHALATION CAPSULE 28MG	1	PA
<i>tobramycin inhalation nebulization solution 300mg/5ml</i>	1	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	1	PA
Antihipertensivos Pulmonares		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	1	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10mg, 5mg</i>	1	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125mg, 62.5mg</i>	1	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	1	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20mg</i>	1	PA; MO; QL (90 EA per 30 days)
Antihistamínicos		
<i>azelastine hcl nasal solution 0.1%, 0.15%</i>	1	QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 1mg/ml</i>	1	
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>levocetirizine dihydrochloride oral solution 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5mg</i>	1	
Antiinflamatorios, Corticosteroides Inhalados		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (26GM per 30 days)
<i>budesonide inhalation suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	1	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	1	MO; QL (21.2GM per 30 days)
<i>flunisolide nasal solution 25mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50mcg/act</i>	1	QL (16GM per 30 days)
<i>mometasone furoate nasal suspension 50mcg/act</i>	1	QL (34GM per 30 days)
Antileucotrienos		
<i>montelukast sodium oral packet 4mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4mg, 5mg</i>	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>zafirlukast oral tablet 10mg, 20mg</i>	1	MO; QL (60 EA per 30 days)
Broncodilatadores, Anticolinérgicos		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	1	MO; QL (26GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	1	BvD; MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06%</i>	1	MO; QL (30 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	1	MO; QL (4GM per 30 days)
Broncodilatadores, Simpaticomiméticos		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act</i>	1	MO; QL (17GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020503)</i>	1	MO; QL (13.4GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020983)</i>	1	MO; QL (36GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5mg/3ml) 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2mg, 4mg</i>	1	MO
<i>epinephrine injection solution 0.3mg/0.3ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	1	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5mg, 5mg</i>	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE)MCG/ACT	1	MO; QL (36GM per 30 days)
Inhibidores de la Fosfodiesterasa, Enfermedad de las Vías Respiratorias		
DALIRESP ORAL TABLET 250MCG, 500MCG	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>theophylline er oral tablet extended release 12-hour 300mg, 450mg</i>	1	MO
<i>theophylline er oral tablet extended release 24-hour 400mg, 600mg</i>	1	MO
ANALGÉSICOS		
<i>Analgésicos Opioides, de Acción Corta</i>		
<i>acetaminophen-codeine #3 oral tablet 300-30mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12mg/5ml</i>	1	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15mg, 300-60mg</i>	1	QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15mg, 30mg, 60mg</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200mcg, 1600mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325mg/15ml</i>	1	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg</i>	1	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1mg/ml</i>	1	QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2mg, 4mg</i>	1	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8mg</i>	1	QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20mg/ml</i>	1	QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>morphine sulfate oral solution 20mg/5ml</i>	1	QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15mg, 30mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100mg/5ml</i>	1	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5mg/5ml</i>	1	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	1	QL (180 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>oxycodone-acetaminophen oral solution 5-325mg/5ml</i>	1	QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg</i>	1	QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100mg</i>	1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325mg</i>	1	QL (240 EA per 30 days)
Analgésicos Opioides, de Acción Prolongada		
<i>fentanyl transdermal patch 72-hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	1	PA; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10mg, 5mg</i>	1	QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12-hour abuse-deterrent 10mg, 20mg, 40mg, 80mg</i>	1	
Analgésicos		
<i>butalbital-apap-caffeine oral tablet 50-325-40mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40mg</i>	1	QL (180 EA per 30 days)
Fármacos Anti-Inflamatorios No Esteroideos		
<i>celecoxib oral capsule 100mg, 200mg, 400mg, 50mg</i>	1	MO
<i>diclofenac potassium oral tablet 50mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24-hour 100mg</i>	1	MO
<i>diclofenac sodium external gel 1%</i>	1	
<i>diclofenac sodium oral tablet delayed release 25mg, 50mg, 75mg</i>	1	MO
<i>diflunisal oral tablet 500mg</i>	1	MO
<i>etodolac oral capsule 200mg, 300mg</i>	1	MO
<i>etodolac oral tablet 400mg, 500mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>flurbiprofen oral tablet 100mg</i>	1	MO
IBU ORAL TABLET 600MG, 800MG	1	MO
<i>ibuprofen oral suspension 100mg/5ml</i>	1	
<i>ibuprofen oral tablet 400mg, 600mg, 800mg</i>	1	MO
<i>indomethacin er oral capsule extended release 75mg</i>	1	MO
<i>indomethacin oral capsule 25mg, 50mg</i>	1	MO
<i>ketorolac tromethamine oral tablet 10mg</i>	1	
<i>meloxicam oral tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone oral tablet 500mg, 750mg</i>	1	MO
<i>naproxen oral suspension 125mg/5ml</i>	1	MO
<i>naproxen oral tablet 250mg, 375mg, 500mg</i>	1	MO
<i>naproxen oral tablet delayed release 375mg, 500mg</i>	1	MO
<i>naproxen sodium oral tablet 275mg, 550mg</i>	1	MO
<i>oxaprozin oral tablet 600mg</i>	1	MO
<i>piroxicam oral capsule 10mg, 20mg</i>	1	MO
<i>sulindac oral tablet 150mg, 200mg</i>	1	MO

ANESTÉSICOS

Anestésicos Locales

<i>lidocaine external patch 5%</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4%</i>	1	QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2%</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5%</i>	1	QL (30GM per 30 days)

ANSIOLÍTICOS

Ansiolíticos, Otros

<i>buspirone hcl oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine hcl oral syrup 10mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10mg, 25mg, 50mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>hydroxyzine pamoate oral capsule 100mg, 25mg, 50mg</i>	1	
<i>oxazepam oral capsule 10mg, 15mg, 30mg</i>	1	QL (120 EA per 30 days)
Benzodiazepinas		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1mg</i>	1	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg</i>	1	QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5MG/ML	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10mg, 2mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 5mg</i>	1	QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2MG/ML	1	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days)
ANTIBACTERIANOS		
Aminoglucósidos		
<i>amikacin sulfate injection solution 500mg/2ml</i>	1	BvD
ARIKAYCE INHALATION SUSPENSION 590MG/8.4ML	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>gentamicin in saline intravenous solution 0.8-0.9mg/ml-%, 1-0.9mg/ml-%, 1.2-0.9mg/ml-%, 1.6-0.9mg/ml-%</i>	1	
<i>gentamicin sulfate external cream 0.1%</i>	1	
<i>gentamicin sulfate external ointment 0.1%</i>	1	
<i>gentamicin sulfate injection solution 40mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500mg</i>	1	
<i>paromomycin sulfate oral capsule 250mg</i>	1	
<i>tobramycin sulfate injection solution 10mg/ml, 80mg/2ml</i>	1	BvD
ZEMDRI INTRAVENOUS SOLUTION 500MG/10ML	1	
Antibacterianos, Otros		
<i>aztreonam injection solution reconstituted 1gm</i>	1	
<i>aztreonam injection solution reconstituted 2gm</i>	1	BvD
<i>clindamycin hcl oral capsule 150mg, 300mg, 75mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300mg/50ml, 600mg/50ml, 900mg/50ml</i>	1	
<i>clindamycin phosphate injection solution 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	BvD
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150mg</i>	1	BvD
<i>daptomycin intravenous solution reconstituted 350mg, 500mg</i>	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	1	
<i>linezolid intravenous solution 600mg/300ml</i>	1	PA
<i>linezolid oral tablet 600mg</i>	1	PA
<i>methenamine hippurate oral tablet 1gm</i>	1	
<i>metronidazole external cream 0.75%</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>metronidazole external gel 0.75%, 1%</i>	1	
<i>metronidazole external lotion 0.75%</i>	1	
<i>metronidazole intravenous solution 500mg/100ml</i>	1	BvD
<i>metronidazole oral tablet 250mg, 500mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100mg</i>	1	
<i>tigecycline intravenous solution reconstituted 50mg</i>	1	BvD
<i>tinidazole oral tablet 250mg, 500mg</i>	1	
<i>trimethoprim oral tablet 100mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1gm, 10gm, 500mg, 750mg</i>	1	
<i>vancomycin hcl oral capsule 125mg, 250mg</i>	1	
<i>vancomycin hcl oral solution reconstituted 250mg/5ml</i>	1	
XIFAXAN ORAL TABLET 200MG	1	
XIFAXAN ORAL TABLET 550MG	1	MO
Betalactámicos, Cefalosporinas		
<i>cefaclor er oral tablet extended release 12-hour 500mg</i>	1	
<i>cefaclor oral capsule 250mg, 500mg</i>	1	
<i>cefaclor oral suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil oral capsule 500mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250mg/5ml, 500mg/5ml</i>	1	
<i>cefadroxil oral tablet 1gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1gm, 10gm, 500mg</i>	1	
<i>cefdinir oral capsule 300mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>cefdinir oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1gm, 2gm</i>	1	
<i>cefixime oral capsule 400mg</i>	1	
<i>cefixime oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	
<i>cefotetan disodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1gm, 10gm, 2gm</i>	1	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100mg/5ml, 50mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100mg, 200mg</i>	1	
<i>cefprozil oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefprozil oral tablet 250mg, 500mg</i>	1	
<i>ceftazidime injection solution reconstituted 1gm, 6gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1gm, 2gm, 250mg, 500mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10gm</i>	1	
<i>cefuroxime axetil oral tablet 250mg, 500mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750mg</i>	1	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5gm</i>	1	BvD
<i>cephalexin oral capsule 250mg, 500mg</i>	1	
<i>cephalexin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cephalexin oral tablet 250mg, 500mg</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400MG, 600MG	1	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Betalactámicos, Penicilinas		
<i>amoxicillin oral capsule 250mg, 500mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin oral tablet 500mg, 875mg</i>	1	
<i>amoxicillin oral tablet chewable 125mg, 250mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12-hour 1000-62.5mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5mg/5ml, 250-62.5mg/5ml, 400-57mg/5ml, 600-42.9mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125mg, 500-125mg, 875-125mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5mg, 400-57mg</i>	1	
<i>ampicillin oral capsule 500mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1gm, 125mg</i>	1	BvD
<i>ampicillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5)gm, 3 (2-1)gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5)gm</i>	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250mg, 500mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>nafcillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>oxacillin sodium in dextrose intravenous solution 1gm/50ml, 2gm/50ml</i>	1	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>oxacillin sodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>oxacillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD
<i>penicillin v potassium oral solution reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250mg, 500mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25)gm, 3.375 (3-0.375)gm, 4.5 (4-0.5)gm</i>	1	
Carbapenémicos		
<i>ertapenem sodium injection solution reconstituted 1gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250mg, 500mg</i>	1	
<i>meropenem intravenous solution reconstituted 1gm, 500mg</i>	1	
Macrólidos		
<i>azithromycin intravenous solution reconstituted 500mg</i>	1	BvD
<i>azithromycin oral packet 1gm</i>	1	
<i>azithromycin oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	
<i>azithromycin oral tablet 250mg, 250mg (6 pack), 500mg, 500mg (3 pack), 600mg</i>	1	
<i>clarithromycin er oral tablet extended release 24-hour 500mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>clarithromycin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>clarithromycin oral tablet 250mg, 500mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40MG/ML	1	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200MG	1	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500MG	1	BvD
<i>erythromycin base oral capsule delayed release particles 250mg</i>	1	
<i>erythromycin base oral tablet 250mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200mg/5ml, 400mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400mg</i>	1	
<i>erythromycin oral tablet delayed release 250mg, 333mg, 500mg</i>	1	
Quinolonas		
<i>ciprofloxacin hcl ophthalmic solution 0.3%</i>	1	
<i>ciprofloxacin hcl oral tablet 100mg, 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200mg/100ml</i>	1	BvD
<i>levofloxacin in d5w intravenous solution 500mg/100ml, 750mg/150ml</i>	1	
<i>levofloxacin intravenous solution 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin oral tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400mg/250ml</i>	1	BvD
<i>moxifloxacin hcl oral tablet 400mg</i>	1	
<i>ofloxacin oral tablet 300mg, 400mg</i>	1	
Sulfonamidas		
<i>sulfacetamide sodium (acne) external lotion 10%</i>	1	
<i>sulfadiazine oral tablet 500mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80mg, 800-160mg</i>	1	
Tetraciclinas		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100MG	1	BvD
<i>doxycycline hyclate oral capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate oral tablet 100mg, 20mg</i>	1	
<i>doxycycline monohydrate oral capsule 100mg, 50mg</i>	1	
<i>doxycycline monohydrate oral tablet 100mg, 50mg, 75mg</i>	1	
<i>minocycline hcl oral capsule 100mg, 50mg, 75mg</i>	1	
<i>minocycline hcl oral tablet 100mg, 50mg, 75mg</i>	1	
<i>tetracycline hcl oral capsule 250mg, 500mg</i>	1	
ANTICONVULSIVOS		
Agentes de Aumento del Ácido Gamma-Aminobutírico (GABA)		
<i>clobazam oral suspension 2.5mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10mg, 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>diazepam rectal gel 10mg, 2.5mg, 20mg</i>	1	
<i>gabapentin oral capsule 100mg, 300mg, 400mg</i>	1	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600mg, 800mg</i>	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5MG/0.1ML	1	
SYMPAZAN ORAL FILM 10MG, 20MG	1	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5MG	1	ST; MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12mg, 16mg, 2mg, 4mg</i>	1	MO
VALTOCO 10MG DOSE NASAL LIQUID 10MG/0.1ML	1	ST
VALTOCO 15MG DOSE NASAL LIQUID THERAPY PACK 7.5MG/0.1ML	1	ST

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
VALTOCO 20MG DOSE NASAL LIQUID THERAPY PACK 10MG/0.1ML	1	ST
VALTOCO 5MG DOSE NASAL LIQUID 5MG/0.1ML	1	ST
<i>vigabatrin oral packet 500mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500mg</i>	1	PA; QL (180 EA per 30 days)
Agentes del Canal de Sodio		
APTIOM ORAL TABLET 200MG, 400MG, 800MG	1	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600MG	1	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12-hour 100mg, 200mg, 300mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12-hour 100mg, 200mg, 400mg</i>	1	MO
<i>carbamazepine oral suspension 100mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100mg</i>	1	MO
DILANTIN ORAL CAPSULE 30MG	1	ST; MO
EPITOL ORAL TABLET 200MG	1	MO
<i>lacosamide oral solution 10mg/ml</i>	1	MO; QL (1395 ML per 30 days)
<i>lacosamide oral tablet 100mg, 150mg, 200mg, 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150mg, 300mg, 600mg</i>	1	MO
<i>phenytoin oral suspension 125mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100mg, 200mg, 300mg</i>	1	MO
<i>rufinamide oral suspension 40mg/ml</i>	1	QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200mg</i>	1	MO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400mg</i>	1	QL (240 EA per 30 days)
Agentes Modificadores de Los Canales de Calcio		
CELONTIN ORAL CAPSULE 300MG	1	ST; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>ethosuximide oral capsule 250mg</i>	1	MO
<i>ethosuximide oral solution 250mg/5ml</i>	1	MO
<i>zonisamide oral capsule 100mg, 25mg, 50mg</i>	1	MO
Anticonvulsivos, Otros		
BRIVIACT ORAL SOLUTION 10MG/ML	1	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG	1	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG	1	PA; MO
DIACOMIT ORAL PACKET 250MG, 500MG	1	PA; MO
EPIDIOLEX ORAL SOLUTION 100MG/ML	1	PA; MO
<i>felbamate oral suspension 600mg/5ml</i>	1	
<i>felbamate oral tablet 400mg, 600mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2MG/ML	1	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	1	ST; MO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	1	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	1	ST; MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 250mg, 300mg, 50mg</i>	1	MO
<i>lamotrigine oral kit 25 & 50 & 100mg</i>	1	
<i>lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25mg, 5mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25mg & 14x100mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25mg & 7 x 100mg</i>	1	
<i>levetiracetam er oral tablet extended release 24-hour 500mg, 750mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>levetiracetam oral solution 100mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO
<i>phenobarbital oral elixir 20mg/5ml</i>	1	MO; QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	1	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15mg, 60mg</i>	1	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30mg</i>	1	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 250mg, 50mg</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	1	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	1	ST; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250mg</i>	1	MO
<i>valproic acid oral solution 250mg/5ml</i>	1	MO
XCOPRI (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150MG	1	MO; QL (56 EA per 28 days)
XCOPRI (350MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200MG	1	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5MG & 14 X 25MG, 14 X 150MG & 14 X200MG, 14 X 50MG & 14 X100MG	1	QL (28 EA per 28 days)

ANTIDEPRESIVOS

Antidepressivos, Otros

<i>bupropion hcl er (sr) oral tablet extended release 12-hour 100mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 150mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 200mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 150mg</i>	1	MO; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 300mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 450mg</i>	1	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100mg</i>	1	MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75mg</i>	1	MO; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15mg, 30mg, 45mg</i>	1	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5mg</i>	1	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15mg, 30mg, 45mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25mg, 12-50mg, 6-50mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25mg, 6-25mg</i>	1	MO; QL (90 EA per 30 days)
<i>Inhibidores de la Monoaminoxidasa</i>		
EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	1	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10MG	1	ST; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15mg</i>	1	MO
<i>tranylcypromine sulfate oral tablet 10mg</i>	1	MO
<i>ISRS/IRSN (Inhibidor Selectivo de la Recaptación de Serotonina/Inhibidor de la Recaptación de Serotonina y Norepinefrina)</i>		
<i>citalopram hydrobromide oral capsule 30mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10mg, 40mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24-hour 100mg, 50mg</i>	1	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	1	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 40MG, 60MG	1	MO; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>duloxetine hcl oral capsule delayed release particles 20mg, 30mg, 40mg, 60mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	1	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	1	QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10mg, 20mg, 40mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20mg</i>	1	MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100mg, 25mg, 50mg</i>	1	MO; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	1	MO
<i>paroxetine hcl oral suspension 10mg/5ml</i>	1	MO; QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10mg, 20mg</i>	1	MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30mg, 40mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150mg, 200mg</i>	1	MO; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20mg/ml</i>	1	MO; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25mg, 50mg</i>	1	MO; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100mg, 150mg, 300mg, 50mg</i>	1	MO
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG	1	ST; MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24-hour 150mg, 37.5mg, 75mg</i>	1	MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 150mg, 225mg, 37.5mg, 75mg</i>	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>venlafaxine hcl oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO; QL (90 EA per 30 days)
VIIIBRYD STARTER PACK ORAL KIT 10 & 20MG	1	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10mg, 20mg, 40mg</i>	1	MO; QL (30 EA per 30 days)
Tricíclicos		
<i>amitriptyline hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>amoxapine oral tablet 100mg, 150mg, 25mg, 50mg</i>	1	MO
<i>clomipramine hcl oral capsule 25mg, 50mg, 75mg</i>	1	MO
<i>desipramine hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl oral concentrate 10mg/ml</i>	1	MO
<i>imipramine hcl oral tablet 10mg, 25mg, 50mg</i>	1	MO
<i>nortriptyline hcl oral capsule 10mg, 25mg, 50mg, 75mg</i>	1	MO
<i>nortriptyline hcl oral solution 10mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10mg, 5mg</i>	1	MO
<i>trimipramine maleate oral capsule 100mg, 25mg, 50mg</i>	1	MO
ANTIEMÉTICOS		
Antieméticos, Otros		
<i>meclizine hcl oral tablet 12.5mg, 25mg</i>	1	
<i>prochlorperazine maleate oral tablet 10mg, 5mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25mg</i>	1	
<i>promethazine hcl oral syrup 6.25mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5mg, 25mg, 50mg</i>	1	
<i>promethazine hcl rectal suppository 12.5mg, 25mg</i>	1	
<i>scopolamine transdermal patch 72-hour 1mg/3days</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Complementos de Terapia Emetogénica		
<i>aprepitant oral capsule 125mg, 40mg, 80mg</i>	1	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125mg</i>	1	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10mg, 2.5mg, 5mg</i>	1	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1mg</i>	1	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4mg/5ml</i>	1	BvD
<i>ondansetron hcl oral tablet 4mg, 8mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4mg, 8mg</i>	1	BvD
VARUBI (180MG DOSE) ORAL TABLET THERAPY PACK 2 X 90MG	1	BvD
ANTIMICOBACTERIANOS		
Antimicobacterianos, Otros		
<i>dapsone oral tablet 100mg, 25mg</i>	1	MO
PRIFTIN ORAL TABLET 150MG	1	
<i>rifabutin oral capsule 150mg</i>	1	
Antituberculosos		
<i>ethambutol hcl oral tablet 100mg, 400mg</i>	1	
<i>isoniazid oral syrup 50mg/5ml</i>	1	MO
<i>isoniazid oral tablet 100mg, 300mg</i>	1	MO
PASER ORAL PACKET 4GM	1	
<i>pyrazinamide oral tablet 500mg</i>	1	
<i>rifampin intravenous solution reconstituted 600mg</i>	1	
<i>rifampin oral capsule 150mg, 300mg</i>	1	
SIRTURO ORAL TABLET 100MG, 20MG	1	PA
TRECTOR ORAL TABLET 250MG	1	
ANTIMICÓTICOS		
Antimicóticos		
ABELCET INTRAVENOUS SUSPENSION 5MG/ML	1	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50MG	1	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>amphotericin b intravenous solution reconstituted 50mg</i>	1	BvD
<i>caspofungin acetate intravenous solution reconstituted 50mg, 70mg</i>	1	
<i>ciclopirox olamine external cream 0.77%</i>	1	
<i>ciclopirox olamine external suspension 0.77%</i>	1	
<i>clotrimazole external cream 1%</i>	1	
<i>clotrimazole external solution 1%</i>	1	
<i>clotrimazole mouth/throat troche 10mg</i>	1	
<i>econazole nitrate external cream 1%</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100MG, 50MG	1	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9mg/100ml-%, 400-0.9mg/200ml-%</i>	1	BvD
<i>fluconazole oral suspension reconstituted 10mg/ml, 40mg/ml</i>	1	
<i>fluconazole oral tablet 100mg, 150mg, 200mg, 50mg</i>	1	
<i>flucytosine oral capsule 250mg, 500mg</i>	1	
<i>griseofulvin microsize oral suspension 125mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125mg, 250mg</i>	1	
<i>itraconazole oral capsule 100mg</i>	1	PA
<i>itraconazole oral solution 10mg/ml</i>	1	PA
JUBLIA EXTERNAL SOLUTION 10%	1	
<i>ketoconazole external cream 2%</i>	1	
<i>ketoconazole external shampoo 2%</i>	1	
<i>ketoconazole oral tablet 200mg</i>	1	
NOXAFIL ORAL SUSPENSION 40MG/ML	1	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
<i>nystatin external cream 100000 unit/gm</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral tablet delayed release 100mg</i>	1	PA; MO
<i>terbinafine hcl oral tablet 250mg</i>	1	
<i>terconazole vaginal cream 0.4%, 0.8%</i>	1	
<i>terconazole vaginal suppository 80mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200mg</i>	1	PA
<i>voriconazole oral suspension reconstituted 40mg/ml</i>	1	PA
<i>voriconazole oral tablet 200mg, 50mg</i>	1	PA
ANTINEOPLÁSICOS		
<i>Agentes Alquilantes</i>		
<i>cyclophosphamide oral capsule 25mg, 50mg</i>	1	BvD
<i>cyclophosphamide oral tablet 25mg, 50mg</i>	1	BvD
LEUKERAN ORAL TABLET 2MG	1	
MATULANE ORAL CAPSULE 50MG	1	PA
VALCHLOR EXTERNAL GEL 0.016%	1	PA; QL (60GM per 14 days)
<i>Agentes Antiangiogénicos</i>		
<i>lenalidomide oral capsule 10mg, 15mg, 25mg, 5mg</i>	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	1	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 2.5MG, 20MG	1	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	1	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Antiandrógenos		
<i>abiraterone acetate oral tablet 250mg, 500mg</i>	1	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50mg</i>	1	
ERLEADA ORAL TABLET 60MG	1	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	1	
<i>nilutamide oral tablet 150mg</i>	1	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	1	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	1	PA; QL (120 EA per 30 days)
Antiestrógenos/Modificadores		
EMCYT ORAL CAPSULE 140MG	1	
SOLTAMOX ORAL SOLUTION 10MG/5ML	1	PA; MO
<i>tamoxifen citrate oral tablet 10mg, 20mg</i>	1	MO
<i>toremifene citrate oral tablet 60mg</i>	1	PA
Antimetabolitos		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	1	MO
<i>hydroxyurea oral capsule 500mg</i>	1	
INQOVI ORAL TABLET 35-100MG	1	PA
<i>mercaptopurine oral tablet 50mg</i>	1	
ONUREG ORAL TABLET 200MG, 300MG	1	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	1	
TABLOID ORAL TABLET 40MG	1	PA
Antineoplásticos, Otros		
IDHIFA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	1	PA; QL (60 EA per 30 days)
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA(200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
<i>leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg</i>	1	
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	1	PA
LUMAKRAS ORAL TABLET 120MG	1	PA; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET 100MG	1	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	1	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400MG	1	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	1	PA
ORGOVYX ORAL TABLET 120MG	1	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	1	PA
WELIREG ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	1	BvD
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	1	PA
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	1	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (80MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
ZOLINZA ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>Inhibidores de Aromatasa, 3ra Generación</i>		
<i>anastrozole oral tablet 1mg</i>	1	MO
<i>exemestane oral tablet 25mg</i>	1	MO
<i>letrozole oral tablet 2.5mg</i>	1	MO
<i>Inhibidores de Blanco Molecular</i>		
ALECENSA ORAL CAPSULE 150MG	1	PA
ALUNBRIG ORAL TABLET 180MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30MG	1	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180MG	1	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3MG	1	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4MG	1	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5MG	1	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100MG	1	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	1	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80MG	1	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG	1	PA
CALQUENCE ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	1	PA; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
COTELLIC ORAL TABLET 20MG	1	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	1	PA
ERIVEDGE ORAL CAPSULE 150MG	1	PA
<i>erlotinib hcl oral tablet 100mg, 150mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25mg</i>	1	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2mg, 3mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5mg</i>	1	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	1	PA
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	1	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	1	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	1	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100mg</i>	1	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	1	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG	1	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	1	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250MG	1	PA
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	1	PA; QL (60 EA per 30 days)
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KOSELUGO ORAL CAPSULE 10MG	1	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	1	PA; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250mg</i>	1	PA; QL (180 EA per 30 days)
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	1	PA
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	1	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	1	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	1	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	1	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	1	PA
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	1	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	1	PA
LORBRENA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	1	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5MG	1	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	1	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	1	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	1	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	1	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	1	PA
QINLOCK ORAL TABLET 50MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	1	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	1	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	1	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	1	PA
RYDAPT ORAL CAPSULE 25MG	1	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	1	PA
<i>sorafenib tosylate oral tablet 200mg</i>	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	1	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	1	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	1	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	1	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150MG, 200MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	1	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75MG	1	PA; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40MG, 80MG	1	PA
TALZENNA ORAL CAPSULE 0.25MG	1	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	1	PA; QL (60 EA per 30 days)
TALZENNA ORAL CAPSULE 0.75MG, 1MG	1	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	1	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225MG	1	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	1	PA; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100MG	1	PA; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25MG	1	PA; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25MG	1	PA; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25MG	1	PA; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150MG, 50MG	1	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200MG	1	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 100MG, 50MG	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	1	PA
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	PA
VITRAKVI ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	1	PA; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	1	PA
VOTRIENT ORAL TABLET 200MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100MG	1	PA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150MG	1	PA; QL (150 EA per 30 days)
Retinoides		
<i>bexarotene external gel 1%</i>	1	PA
<i>bexarotene oral capsule 75mg</i>	1	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ANTIPARASITARIOS		
Antihelmínticos		
<i>albendazole oral tablet 200mg</i>	1	
EMVERM ORAL TABLET CHEWABLE 100MG	1	
<i>ivermectin oral tablet 3mg</i>	1	PA
Antiprotozoarios		
<i>atovaquone oral suspension 750mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100mg, 62.5-25mg</i>	1	
<i>benznidazole oral tablet 100mg, 12.5mg</i>	1	
<i>chloroquine phosphate oral tablet 250mg, 500mg</i>	1	MO
COARTEM ORAL TABLET 20-120MG	1	
<i>hydroxychloroquine sulfate oral tablet 100mg, 200mg, 300mg, 400mg</i>	1	MO
LAMPIT ORAL TABLET 120MG, 30MG	1	
<i>mefloquine hcl oral tablet 250mg</i>	1	MO
<i>nitazoxanide oral tablet 500mg</i>	1	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	1	BvD
<i>pentamidine isethionate injection solution reconstituted 300mg</i>	1	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base)mg</i>	1	
<i>quinine sulfate oral capsule 324mg</i>	1	PA
ANTIPSIÓTICOS		
Atípico/2da Generación		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	1	
<i>aripiprazole oral solution 1mg/ml</i>	1	MO; QL (750 ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10mg</i>	1	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15mg</i>	1	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10mg, 2.5mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42MG	1	
FANAPT ORAL TABLET 1MG, 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	1	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	1	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 39MG/0.25ML, 78MG/0.5ML	1	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	1	
LATUDA ORAL TABLET 120MG, 20MG, 40MG, 60MG, 80MG	1	ST
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	1	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	1	PA
NUPLAZID ORAL TABLET 10MG	1	PA
<i>olanzapine intramuscular solution reconstituted 10mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15mg, 20mg</i>	1	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>paliperidone er oral tablet extended release 24-hour 1.5mg, 3mg, 9mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 6mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 150mg</i>	1	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 200mg, 300mg, 400mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 50mg</i>	1	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100mg, 25mg, 300mg, 400mg, 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200mg</i>	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG, 25MG, 37.5MG, 50MG	1	
<i>risperidone oral solution 1mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25mg, 1mg, 2mg, 3mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5mg, 4mg</i>	1	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	1	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	1	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg</i>	1	MO; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20mg</i>	1	QL (6 EA per 3 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210MG	1	ST
Resistente al Tratamiento		
clozapine oral tablet 100mg, 200mg, 25mg, 50mg	1	QL (120 EA per 30 days)
clozapine oral tablet dispersible 100mg, 12.5mg, 150mg, 200mg, 25mg	1	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50MG/ML	1	ST; QL (540 ML per 30 days)
Típico/1ra Generación		
chlorpromazine hcl oral concentrate 100mg/ml, 30mg/ml	1	MO
chlorpromazine hcl oral tablet 10mg, 25mg	1	BvD; MO
chlorpromazine hcl oral tablet 100mg, 200mg, 50mg	1	MO
fluphenazine decanoate injection solution 25mg/ml	1	
fluphenazine hcl injection solution 2.5mg/ml	1	
fluphenazine hcl oral concentrate 5mg/ml	1	MO
fluphenazine hcl oral elixir 2.5mg/5ml	1	MO
fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg	1	MO
haloperidol decanoate intramuscular solution 100mg/ml, 100mg/ml 1 ml, 50mg/ml, 50mg/ml(1ml)	1	
haloperidol lactate injection solution 5mg/ml	1	
haloperidol lactate oral concentrate 2mg/ml	1	MO
haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg	1	MO
loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg	1	MO
molindone hcl oral tablet 10mg, 25mg, 5mg	1	MO
perphenazine oral tablet 16mg, 2mg	1	MO
perphenazine oral tablet 4mg, 8mg	1	BvD; MO
pimozide oral tablet 1mg, 2mg	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>thioridazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	MO
<i>thiothixene oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	MO
<i>trifluoperazine hcl oral tablet 1mg, 10mg, 2mg, 5mg</i>	1	MO

ANTIVIRALES

Agentes Anti-Citomegalovirus (CMV)

LIVTENCITY ORAL TABLET 200MG	1	PA
PREVYMIS ORAL TABLET 240MG, 480MG	1	PA; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450mg</i>	1	MO
ZIRGAN OPHTHALMIC GEL 0.15%	1	

Agentes Antigripales

<i>oseltamivir phosphate oral capsule 30mg, 45mg, 75mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	1	
<i>rimantadine hcl oral tablet 100mg</i>	1	
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	1	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	1	

Agentes Antiherpéticos

<i>acyclovir oral capsule 200mg</i>	1	
<i>acyclovir oral suspension 200mg/5ml</i>	1	
<i>acyclovir oral tablet 400mg, 800mg</i>	1	
<i>acyclovir sodium intravenous solution 50mg/ml</i>	1	BvD
<i>famciclovir oral tablet 125mg, 250mg, 500mg</i>	1	
<i>trifluridine ophthalmic solution 1%</i>	1	
<i>valacyclovir hcl oral tablet 1gm, 500mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa de Nucleósidos y Nucleótidos (NRTI)		
<i>abacavir sulfate oral solution 20mg/ml</i>	1	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300mg</i>	1	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300mg</i>	1	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25MG	1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300mg, 600-300-300mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200mg</i>	1	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150mg, 133-200mg, 167-250mg, 200-300mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	1	MO; QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25MG	1	QL (30 EA per 30 days)
<i>lamivudine oral solution 10mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150mg</i>	1	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300mg</i>	1	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300mg</i>	1	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	1	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300mg</i>	1	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	1	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	1	QL (240GM per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG	1	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100mg</i>	1	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50mg/5ml</i>	1	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300mg</i>	1	MO; QL (60 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Integrasa (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG	1	QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
DOVATO ORAL TABLET 50-300MG	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG	1	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100MG, 25MG	1	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG	1	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5MG	1	MO; QL (360 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Proteasa (PI)		
APTIVUS ORAL CAPSULE 250MG	1	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150mg, 200mg</i>	1	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300mg</i>	1	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700mg</i>	1	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	1	MO; QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100mg/5ml</i>	1	MO; QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25mg</i>	1	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50mg</i>	1	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	1	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80MG/ML	1	MO; QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150MG	1	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	1	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600MG	1	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75MG	1	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800MG	1	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50MG	1	MO; QL (180 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>ritonavir oral tablet 100mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	1	QL (120 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa No Nucleósidos (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG	1	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25MG	1	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200mg</i>	1	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50mg</i>	1	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600mg</i>	1	MO; QL (30 EA per 30 days)
<i>etravirine oral tablet 100mg</i>	1	QL (120 EA per 30 days)
<i>etravirine oral tablet 200mg</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 100mg</i>	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 400mg</i>	1	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50mg/5ml</i>	1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200mg</i>	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	1	QL (30 EA per 30 days)
Agentes Anti-VIH, Otros		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	1	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150mg, 300mg</i>	1	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	1	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	1	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	1	QL (180 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TYBOST ORAL TABLET 150MG	1	MO; QL (30 EA per 30 days)
Agentes Contra la Hepatitis B (VHB)		
<i>adefovir dipivoxil oral tablet 10mg</i>	1	PA; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05MG/ML	1	PA; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5mg, 1mg</i>	1	PA; MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5MG/ML	1	MO
<i>lamivudine oral tablet 100mg</i>	1	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25MG	1	PA; QL (30 EA per 30 days)
Agentes Contra la Hepatitis C (VHC)		
MAVYRET ORAL PACKET 50-20MG	1	PA
MAVYRET ORAL TABLET 100-40MG	1	PA
<i>ribavirin oral capsule 200mg</i>	1	
<i>ribavirin oral tablet 200mg</i>	1	
<i>sofosbuvir-velpatasvir oral tablet 400-100mg</i>	1	PA
VOSEVI ORAL TABLET 400-100-100MG	1	PA
ELECTROLITOS/MINERALES/METALES/VITAMINAS		
Electrolitos/Minerales/Metales/Vitaminas		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	1	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD
<i>dextrose intravenous solution 10%, 5%</i>	1	BvD
<i>dextrose-nacl intravenous solution 10-0.2%, 10-0.45%, 2.5-0.45%</i>	1	BvD
<i>dextrose-nacl intravenous solution 5-0.2%, 5-0.45%, 5-0.9%</i>	1	
DOJOLVI ORAL LIQUID 100%	1	PA
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	1	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvD
<i>levocarnitine oral solution 1gm/10ml</i>	1	MO
<i>levocarnitine oral tablet 330mg</i>	1	MO
NUTRILIPID INTRAVENOUS EMULSION 20%	1	BvD
PREMASOL INTRAVENOUS SOLUTION 10%	1	BvD
<i>prenatal oral tablet 27-1mg</i>	1	
PROSOL INTRAVENOUS SOLUTION 20%	1	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD
TRAVASOL INTRAVENOUS SOLUTION 10%	1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10%	1	BvD
Ligantes de Fosfato		
AURYXIA ORAL TABLET 1GM 210MG(FE)	1	PA; MO
<i>calcium acetate (phos binder) oral capsule 667mg</i>	1	MO
<i>calcium acetate oral tablet 667mg</i>	1	MO
<i>sevelamer carbonate oral packet 0.8gm</i>	1	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4gm</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800mg</i>	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	1	MO
Modificadores de Electrolitos/Minerales/Metales		
<i>deferasirox granules oral packet 180mg, 360mg, 90mg</i>	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>deferasirox oral tablet 180mg, 360mg</i>	1	PA
<i>deferasirox oral tablet 90mg</i>	1	PA; MO
<i>deferasirox oral tablet soluble 125mg, 250mg, 500mg</i>	1	PA
<i>deferiprone oral tablet 1000mg, 500mg</i>	1	PA
FERRIPROX ORAL SOLUTION 100MG/ML	1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	1	PA
LOKELMA ORAL PACKET 10GM, 5GM	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15GM/60ML	1	
<i>tolvaptan oral tablet 15mg</i>	1	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30mg</i>	1	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250mg</i>	1	PA
Reemplazo de Electrolitos/Minerales		
<i>carglumic acid oral tablet soluble 200mg</i>	1	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50%, 50% (10ml syringe)</i>	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	1	BvD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080mg), 15 meq (1620mg), 5 meq (540mg)</i>	1	
<i>sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%</i>	1	
<i>sodium chloride irrigation solution 0.9%</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f)mg</i>	1	

PRODUCTOS y MODIFICADORES DE SANGRE

Agentes Modificadores de Plaquetas

<i>aspirin-dipyridamole er oral capsule extended release 12-hour 25-200mg</i>	1	MO
BRILINTA ORAL TABLET 60MG, 90MG	1	MO
CABLIVI INJECTION KIT 11MG	1	PA
<i>cilostazol oral tablet 100mg, 50mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>clopidogrel bisulfate oral tablet 75mg</i>	1	MO
<i>prasugrel hcl oral tablet 10mg, 5mg</i>	1	MO
Anticoagulantes		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5MG	1	
ELIQUIS ORAL TABLET 2.5MG, 5MG	1	MO
<i>enoxaparin sodium injection solution prefilled syringe 100mg/ml, 150mg/ml</i>	1	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120mg/0.8ml, 80mg/0.8ml</i>	1	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30mg/0.3ml</i>	1	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40mg/0.4ml</i>	1	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60mg/0.6ml</i>	1	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10mg/0.8ml</i>	1	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5mg/0.5ml</i>	1	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5mg/0.4ml</i>	1	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5mg/0.6ml</i>	1	QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD
JANTOVEN ORAL TABLET 1MG, 10MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	MO
<i>warfarin sodium oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	1	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Productos y Modificadores de Sangre, Otros		
<i>anagrelide hcl oral capsule 0.5mg, 1mg</i>	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	1	PA
PROMACTA ORAL PACKET 12.5MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	1	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA; QL (16 ML per 30 days)
<i>tranexamic acid oral tablet 650mg</i>	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	1	PA
REGULADORES DE GLUCOSA EN SANGRE		
Agentes Antidiabéticos		
<i>acarbose oral tablet 100mg, 25mg, 50mg</i>	1	MO
<i>glimepiride oral tablet 1mg, 2mg, 4mg</i>	1	MO
<i>glipizide er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	MO
<i>glipizide oral tablet 10mg, 5mg</i>	1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250mg, 2.5-500mg, 5-500mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg</i>	1	MO
INVOKAMET ORAL TABLET 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	1	MO
INVOKANA ORAL TABLET 100MG, 300MG	1	MO
JANUMET ORAL TABLET 50-1000MG, 50-500MG	1	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 100-1000MG, 50-1000MG, 50-500MG	1	MO
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	1	MO
JARDIANCE ORAL TABLET 10MG, 25MG	1	MO
<i>metformin hcl er oral tablet extended release 24-hour 500mg, 750mg</i>	1	MO
<i>metformin hcl oral tablet 1000mg, 500mg, 850mg</i>	1	MO
<i>migliitol oral tablet 100mg, 25mg, 50mg</i>	1	MO
<i>nateglinide oral tablet 120mg, 60mg</i>	1	MO
OZEMPIC (0.25 OR 0.5MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2MG/1.5ML	1	MO
OZEMPIC (1MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4MG/3ML	1	MO
OZEMPIC (2MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8MG/3ML	1	MO
<i>pioglitazone hcl oral tablet 15mg, 30mg, 45mg</i>	1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2mg, 30-4mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500mg, 15-850mg</i>	1	MO
<i>repaglinide oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	1	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	1	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	1	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO
Agentes Glucémicos		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	1	
<i>diazoxide oral suspension 50mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	1	
<i>glucagon emergency injection kit 1mg</i>	1	
KORLYM ORAL TABLET 300MG	1	PA
Insulinas		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP INJECTION SOLUTION 100 UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO

RELAJANTES DEL MÚSCULO ESQUELÉTICO

Relajantes del Músculo Esquelético

<i>chlorzoxazone oral tablet 250mg, 375mg, 500mg, 750mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10mg, 5mg, 7.5mg</i>	1	
<i>methocarbamol oral tablet 500mg, 750mg</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12-hour 100mg</i>	1	

Index of Drugs / Índice de drogas

A

abacavir sulfate	54, 189	alyacen 1/35.....	86, 130	ARNUITY ELLIPTA	103, 155
abacavir sulfate-lamivudine		amantadine hcl.....	48, 110	asenapine maleate	50, 185
.....	54, 189	AMBISOME.....	36, 174	ASMANEX (120 METERED	
ABELCET.....	36, 174	ambrisentan	106, 154	DOSES)	103, 155
ABILIFY MAINTENA	50, 184	amcinonide.....	74, 124	ASMANEX (30 METERED	
abiraterone acetate	40, 177	amikacin sulfate	22, 160	DOSES)	103, 155
acamprosate calcium	21, 152	amiloride hcl.....	69, 118	ASMANEX (60 METERED	
acarbose	58, 197	amiloride-hydrochlorothiazide.....		DOSES)	103, 155
ACCUTANE	73, 124	.....	67, 114	ASMANEX HFA	103, 155
acebutolol hcl	65, 113	amiodarone hcl.....	64, 118	aspirin-dipyridamole er	63, 195
acetaminophen-codeine	20, 157	amitriptyline hcl	35, 173	ASSURE ID INSULIN SAFETY	
acetaminophen-codeine #3		amlodipine besy-benazepril hcl		SYR	60, 199
.....	20, 157	.....	67, 114	atazanavir sulfate	55, 190
acetazolamide	102, 146	amlodipine besylate.....	65, 112	atenolol	65, 113
acetazolamide er.....	102, 146	amlodipine besylate-valsartan		atenolol-chlorthalidone	67, 114
acetic acid.....	102, 149	.....	67, 114	atomoxetine hcl.....	71, 121
acetylcysteine.....	106, 153	amlodipine-atorvastatin ...	67, 114	atorvastatin calcium.....	69, 116
acitretin	73, 124	amlodipine-olmesartan	67, 114	atovaquone	47, 184
ACTHIB.....	96, 142	ammonium lactate	74, 124	atovaquone-proguanil hcl	
ACTIMMUNE	93, 140	AMNESTEEM	73, 124	.....	47, 184
acyclovir	53, 188	amoxapine	35, 173	atropine sulfate.....	100, 147
acyclovir sodium.....	53, 188	amoxicillin	25, 164	ATROVENT HFA.....	104, 156
ADACEL.....	96, 142	amoxicillin-pot clavulanate.....		AUBRA EQ	86, 130
adefovir dipivoxil.....	52, 192	.....	25, 26, 164	AURYXIA	80, 193
ADEMPAS	106, 154	amoxicillin-pot clavulanate er.....		AUSTEDO.....	72, 122
ADVAIR DISKUS.....	106, 153	.....	25, 164	AVIANE.....	86, 130
ADVAIR HFA.....	106, 153	amphetamine-		AVONEX PEN.....	72, 121
albendazole.....	47, 184	dextroamphetamine.....	71, 122	AVONEX PREFILLED	72, 121
albuterol sulfate.....	105, 156	amphoterin b.....	36, 175	AYVAKIT	42, 179
albuterol sulfate hfa	104, 156	ampicillin	26, 164	AZASAN.....	94, 140
alclometasone dipropionate.....		ampicillin sodium	26, 164	AZASITE	100, 148
.....	73, 124	ampicillin-sulbactam sodium.....		azathioprine	94, 140
ALECENSA.....	42, 179	.....	26, 164	azelastine hcl	
alendronate sodium	99, 145	anagrelide hcl.....	62, 197	.....	100, 103, 146, 154
alfuzosin hcl er	83, 129	anastrozole	42, 179	azithromycin.....	27, 165
aliskiren fumarate	67, 114	ANDRODERM.....	85, 134	AZOPT	102, 146
allopurinol.....	38, 152	ANORO ELLIPTA.....	106, 153	aztreonam	23, 161
alosetron hcl.....	80, 127	apraclonidine hcl	102, 146		
ALPHAGAN P	102, 146	aprepitant	36, 174		
alprazolam	57, 160	APRI	86, 130		
ALPRAZOLAM INTENSOL.....		APTIOM	31, 168		
.....	57, 160	APTIVUS.....	55, 190		
ALTAVERA	86, 130	ARANELLE	86, 130		
ALUNBRIG.....	42, 179	ARCALYST	92, 139		
		ARIKAYCE	22, 160		
		aripiprazole	50, 184, 185		
		armodafinil	108, 150		

B

bacitracin.....	100, 148
bacitracin-polymyxin b ...	100, 148
bacitra-neomycin-polymyxin-hc	
.....	100, 147
baclofen	52, 109
balsalazide disodium	98, 149
BALVERSA	42, 179

BALZIVA86, 130
 BAQSIMI ONE PACK.....59, 199
 BARACLUDE52, 192
 bcg vaccine96, 142
 BELSOMRA 107, 150
 benazepril hcl64, 119
 benazepril-hydrochlorothiazide
67, 114
 BENLYSTA94, 140
 benznidazole47, 184
 benzoyl peroxide-erythromycin
73, 124
 bethtropine mesylate48, 111
 BESREMI.....93, 140
 betaine82, 150
 betamethasone dipropionate
74, 124, 125
 betamethasone dipropionate aug
74, 124
 betamethasone valerate ..74, 125
 BETASERON.....72, 121
 betaxolol hcl 65, 101, 113, 146
 bethanechol chloride84, 129
 bexarotene47, 183
 BEXSERO.....96, 143
 bicalutamide.....40, 177
 BICILLIN L-A26, 164
 BIKTARVY53, 189
 bisoprolol fumarate65, 113
 bisoprolol-hydrochlorothiazide
67, 114
 BLISOVI FE 1.5/30.....86, 130
 BOOSTRIX96, 143
 bosentan 106, 154
 BOSULIF.....42, 43, 179
 BRAFTOVI43, 179
 BREO ELLIPTA..... 106, 153
 BREZTRI AEROSPHERE
106, 153
 briellyn86, 130
 BRILINTA.....63, 195
 brimonidine tartrate 102, 146
 brimonidine tartrate-timolol
102, 146
 BRIVIACT29, 169
 bromfenac sodium (once-daily)
101, 148
 bromocriptine mesylate ...48, 110
 BROMSITE 101, 148
 BRUKINSA.....43, 179
 budesonide 99, 103, 150, 155
 budesonide er98, 150

budesonide-formoterol fumarate
 106, 153
 bumetanide68, 118
 buprenorphine hcl.....21, 152
 buprenorphine hcl-naloxone hcl
22, 152
 bupropion hcl.....33, 171
 bupropion hcl er (smoking det)
22, 151
 bupropion hcl er (sr)33, 170
 bupropion hcl er (xl).....
33, 170, 171
 buspirone hcl.....56, 159
 butalbital-apap-caffeine ... 19, 158
 butalbital-asa-caff-codeine
19, 158
 butalbital-aspirin-caffeine.....
19, 158
 BYLVAY81, 127
 BYLVAY (PELLETS)81, 127

C

cabergoline91, 138
 CABLIVI63, 195
 CABOMETYX.....43, 179
 calcipotriene76, 123
 calcitonin (salmon)99, 145
 calcitriol99, 145
 calcium acetate80, 193
 calcium acetate (phos binder).....
80, 193
 CALQUENCE43, 179
 CAMILA.....90, 135
 CAMZYOS67, 114
 candesartan cilexetil63, 117
 candesartan cilexetil-hctz
67, 114
 CAPLYTA.....50, 185
 CAPRELSA43, 179
 captopril64, 119
 carbamazepine.....31, 168
 carbamazepine er.....31, 168
 carbidopa48, 111
 carbidopa-levodopa48, 111
 carbidopa-levodopa er.....48, 111
 carbidopa-levodopa-entacapone
48, 110
 carglumic acid77, 194
 carteolol hcl101, 146
 CARTIA XT66, 112
 carvedilol65, 113
 caspofungin acetate36, 175

CAYSTON..... 105, 154
 cefaclor24, 162
 cefaclor er24, 162
 cefadroxil.....24, 162
 cefazolin sodium24, 162
 cefdinir24, 162, 163
 cefepime hcl24, 163
 cefixime24, 163
 cefotetan disodium24, 163
 cefoxitin sodium24, 163
 cefpodoxime proxetil25, 163
 cefprozil.....25, 163
 ceftazidime25, 163
 ceftriaxone sodium25, 163
 cefuroxime axetil25, 163
 cefuroxime sodium25, 163
 celecoxib19, 158
 CELONTIN.....30, 168
 cephalixin25, 163
 cetirizine hcl 103, 154
 chlordiazepoxide hcl.....57, 160
 chlorhexidine gluconate ...73, 123
 chloroquine phosphate47, 184
 chlorpromazine hcl49, 187
 chlorthalidone.....69, 119
 chlorzoxazone 107, 201
 cholestyramine70, 116
 cholestyramine light.....70, 116
 ciclopirox76, 126
 ciclopirox olamine.....36, 175
 cilostazol63, 195
 CIMDUO54, 189
 cinacalcet hcl.....99, 145
 ciprofloxacin hcl.....
28, 102, 149, 166
 ciprofloxacin in d5w28, 166
 ciprofloxacin-dexamethasone
103, 149
 ciprofloxacin-fluocinolone pf
103, 149
 citalopram hydrobromide
33, 34, 171
 CLARAVIS73, 124
 clarithromycin27, 166
 clarithromycin er27, 165
 CLENPIQ81, 127
 clindamycin hcl.....23, 161
 clindamycin palmitate hcl.....
23, 161
 clindamycin phos-benzoyl perox
73, 124
 clindamycin phosphate
23, 76, 126, 161

clindamycin phosphate in d5w
23, 161
 CLINIMIX E/DEXTROSE (2.75/5)
79, 192
 CLINIMIX E/DEXTROSE
 (4.25/10)79, 192
 CLINIMIX E/DEXTROSE (4.25/5)
79, 192
 CLINIMIX E/DEXTROSE (5/15)
79, 192
 CLINIMIX E/DEXTROSE (5/20)
79, 192
 CLINIMIX/DEXTROSE (4.25/10)
79, 192
 CLINIMIX/DEXTROSE (4.25/5)
79, 192
 CLINIMIX/DEXTROSE (5/15).....
79, 192
 CLINIMIX/DEXTROSE (5/20).....
79, 193
 clobazam.....30, 167
 clobetasol propionate74, 125
 clobetasol propionate e ...74, 125
 clomipramine hcl35, 173
 clonazepam.....57, 160
 clonidine.....63, 117
 clonidine hcl63, 117
 clopidogrel bisulfate.....63, 196
 clorazepate dipotassium ..57, 160
 clotrimazole36, 175
 clotrimazole-betamethasone.....
76, 123
 clozapine.....52, 187
 COARTEM47, 184
 codeine sulfate20, 157
 colchicine38, 152
 colchicine-probenecid.....38, 152
 colestipol hcl.....70, 116
 colistimethate sodium (cba).....
23, 161
 COMBIGAN102, 146
 COMBIVENT RESPIMAT
106, 153
 COMETRIQ (100 MG DAILY
 DOSE)43, 179
 COMETRIQ (140 MG DAILY
 DOSE)43, 179
 COMETRIQ (60 MG DAILY
 DOSE)43, 179
 COMFORT ASSIST INSULIN
 SYRINGE.....60, 199
 COMPLERA.....54, 191
 constulose.....80, 127

COPAXONE.....72, 121
 COPIKTRA.....43, 179
 CORLANOR.....67, 114
 COSENTYX93, 139
 COSENTYX (300 MG DOSE).....
92, 139
 COSENTYX SENSOREADY
 (300 MG).....93, 139
 COTELLIC43, 180
 CREON.....82, 150
 cromolyn sodium
82, 100, 106, 146, 150, 153
 CRYSELLE-2886, 130
 cvs gauze sterile60, 199
 cyclobenzaprine hcl.....107, 201
 cyclophosphamide.....40, 176
 cyclosporine94, 100, 141, 147
 cyclosporine modified.....94, 141
 cyproheptadine hcl103, 154
 CYRED EQ86, 130
 CYSTADROPS100, 147
 CYSTAGON.....82, 150
 CYSTARAN100, 147

D

dalfampridine er72, 121
 DALIRESP105, 156
 danazol85, 134
 dapson39, 174
 DAPTACEL96, 143
 daptomycin.....23, 161
 darifenacin hydrobromide er
83, 129
 DAURISMO.....43, 180
 DEBLITANE90, 135
 deferasirox78, 194
 deferasirox granules.....78, 193
 deferiprone78, 194
 DELSTRIGO54, 189
 DESCOVY54, 189
 desipramine hcl35, 173
 desmopressin acetate84, 136
 desmopressin acetate spray.....
85, 136
 desogestrel-ethinyl estradiol.....
86, 130
 desonide74, 125
 desoximetasone74, 125
 desvenlafaxine er34, 171
 desvenlafaxine succinate er
34, 171
 dexamethasone.....84, 136

dexamethasone sodium
 phosphate101, 148
 dexlansoprazole82, 128
 dexmethylphenidate hcl...71, 121
 dextroamphetamine sulfate
71, 122
 dextroamphetamine sulfate er
71, 122
 dextrose79, 193
 dextrose-nacl.....79, 193
 DIACOMIT29, 169
 diazepam30, 57, 160, 167
 DIAZEPAM INTENSOL ...57, 160
 diazoxide.....59, 199
 diclofenac potassium19, 158
 diclofenac sodium.....
19, 76, 101, 123, 148, 158
 diclofenac sodium er19, 158
 dicloxacillin sodium.....26, 164
 dicyclomine hcl.....80, 128
 DIFICID.....27, 166
 diflunisal19, 158
 DIGITEK.....67, 114
 digoxin67, 114
 dihydroergotamine mesylate.....
38, 109
 DILANTIN.....31, 168
 diltiazem hcl66, 113
 diltiazem hcl er66, 113
 diltiazem hcl er beads.....66, 112
 diltiazem hcl er coated beads
66, 112
 dilt-xr66, 113
 dimethyl fumarate.....72, 121
 dimethyl fumarate starter pack ...
72, 121
 diphenoxylate-atropine80, 127
 diphtheria-tetanus toxoids dt.....
96, 143
 disopyramide phosphate
64, 118
 disulfiram.....21, 152
 divalproex sodium57, 58, 111
 divalproex sodium er57, 111
 dofetilide.....64, 118
 DOJOLVI.....79, 193
 donepezil hcl32, 120
 dorzolamide hcl102, 146
 dorzolamide hcl-timolol mal
102, 147
 dorzolamide hcl-timolol mal pf
102, 147
 DOVATO.....53, 190

doxazosin mesylate63, 118
doxepin hcl35, 173
DOXY 10028, 167
doxycycline hyclate28, 167
doxycycline monohydrate 28, 167
DRIZALMA SPRINKLE....34, 171
dronabinol36, 174
drospirenone-ethinyl estradiol.....
.....86, 130
DROXIA41, 177
droxidopa63, 117
DUAVEE85, 134
duloxetine hcl34, 172
DUPIXENT93, 139
DUREZOL..... 101, 148
dutasteride83, 129
dutasteride-tamsulosin hcl.....
.....83, 129

E

econazole nitrate36, 175
EDURANT54, 191
efavirenz54, 191
efavirenz-emtricitab-tenofovir
.....54, 189
efavirenz-lamivudine-tenofovir....
.....54, 189
ELIGARD91, 138
ELIQUIS.....61, 196
ELIQUIS DVT/PE STARTER
PACK.....61, 196
ELMIRON.....84, 129
ELURYNG.....86, 130
EMCYT40, 177
EMGALITY38, 110
EMOQUETTE86, 130
EMSAM.....33, 171
emtricitabine.....54, 189
emtricitabine-tenofovir df .54, 189
EMTRIVA.....54, 189
EMVERM47, 184
enalapril maleate64, 119
enalapril-hydrochlorothiazide.....
.....67, 115
ENBREL.....94, 141
ENBREL MINI94, 141
ENBREL SURECLICK.....94, 141
ENDARI82, 151
ENGERIX-B96, 143
enoxaparin sodium61, 62, 196
ENPRESSE-2886, 130
ENSKYCE.....86, 130

ENSPRYNG94, 141
entacapone48, 110
entecavir52, 192
ENTRESTO67, 115
enulose80, 127
ENVARUS XR94, 141
EPIDIOLEX29, 169
epinephrine105, 156
EPITOL31, 168
EPIVIR HBV53, 192
eplerenone69, 118
EPRONTIA.....38, 110
ERAXIS.....36, 175
ergotamine-caffeine.....38, 109
ERIVEDGE43, 180
ERLEADA40, 177
erlotinib hcl.....43, 180
ERRIN.....90, 135
ertapenem sodium.....27, 165
ery.....77, 126
ERYTHROCIN LACTOBIONATE
.....27, 166
erythromycin.....
.....28, 77, 100, 126, 148, 166
erythromycin base27, 166
erythromycin ethylsuccinate
.....27, 28, 166
ESBRIET.....106, 152
escitalopram oxalate34, 172
esomeprazole magnesium
.....82, 128
ESTARYLLA86, 131
estradiol85, 134
ethambutol hcl.....39, 174
ethosuximide30, 169
ethynodiol diac-eth estradiol.....
.....87, 131
etodolac19, 158
etonogestrel-ethinyl estradiol.....
.....87, 131
etravirine54, 191
EUCRISA74, 125
EUTHYROX90, 137
everolimus.....43, 94, 141, 180
EVOTAZ.....55, 190
EVRYSDI72, 122
EXEL COMFORT POINT PEN
NEEDLE60, 199
exemestane42, 179
EXKIVITY.....43, 180
ezetimibe.....70, 116

F

FALMINA87, 131
famciclovir53, 188
famotidine81, 128
FANAPT.....50, 185
FANAPT TITRATION PACK.....
.....50, 185
febuxostat38, 152
felbamate29, 169
felodipine er65, 112
FEMYNOR.....87, 131
fenofibrate69, 116
fenofibrate micronized69, 116
fenofibric acid.....69, 116
fentanyl20, 158
fentanyl citrate.....20, 157
FERRIPROX78, 194
FERRIPROX TWICE-A-DAY
.....78, 194
fesoterodine fumarate er .83, 129
FETZIMA.....34, 172
FETZIMA TITRATION34, 172
FIASP60, 199
FIASP FLEXTOUCH60, 199
FIASP PENFILL60, 199
finasteride83, 129
FINTEPLA.....29, 169
FIRAZYR.....92, 139
FIRVANQ23, 161
flecainide acetate64, 118
FLOVENT DISKUS104, 155
FLOVENT HFA104, 155
fluconazole37, 175
fluconazole in sodium chloride....
.....37, 175
flucytosine37, 175
fludrocortisone acetate84, 136
flunisolide104, 155
fluocinolone acetonide.....
.....74, 103, 125, 149
fluocinonide75, 125
fluocinonide emulsified base.....
.....75, 125
fluorometholone101, 148
fluorouracil76, 123
fluoxetine hcl34, 172
fluphenazine decanoate ..49, 187
fluphenazine hcl49, 187
flurbiprofen19, 159
flurbiprofen sodium.....101, 148
fluticasone propionate
.....75, 104, 125, 155

fluticasone-salmeterol ... 107, 153
 fluvoxamine maleate 34, 172
 fondaparinux sodium 62, 196
 fosamprenavir calcium..... 55, 190
 fosinopril sodium 64, 119
 fosinopril sodium-hctz..... 67, 115
 FOTIVDA 43, 180
 furosemide 68, 118
 FUZEON 55, 191
 FYCOMPA 29, 169

G

gabapentin 30, 31, 167
 GALAFOLD..... 82, 151
 galantamine hydrobromide
 32, 120
 galantamine hydrobromide er
 32, 120
 GARDASIL 9..... 96, 143
 gatifloxacin 100, 148
 GATTEX..... 81, 127
 GAVILYTE-C..... 81, 127
 GAVILYTE-G..... 81, 127
 GAVRETO 43, 180
 gemfibrozil..... 69, 116
 generlac 80, 127
 GENGRAF 94, 95, 141
 GENTAK 100, 148
 gentamicin in saline 22, 161
 gentamicin sulfate
 22, 101, 148, 161
 GENVOYA 53, 190
 GILENYA 72, 121
 GILOTRIF 43, 180
 glimepiride..... 58, 197
 glipizide 58, 197
 glipizide er 58, 197
 glipizide-metformin hcl..... 58, 197
 global alcohol prep ease.....
 76, 123
 GLUCAGEN HYPOKIT..... 59, 199
 glucagon emergency 60, 199
 glyburide-metformin..... 58, 197
 glycopyrrolate 80, 128
 granisetron hcl..... 36, 174
 griseofulvin microsize 37, 175
 griseofulvin ultramicrosize
 37, 175
 guanfacine hcl 63, 117
 guanfacine hcl er 71, 121

H

halobetasol propionate 75, 125
 haloperidol 49, 187
 haloperidol decanoate 49, 187
 haloperidol lactate 49, 187
 HAVRIX..... 96, 143
 heparin sodium (porcine).....
 62, 196
 HIBERIX..... 96, 143
 HUMIRA..... 95, 142
 HUMIRA PEDIATRIC CROHNS
 START 95, 141
 HUMIRA PEN..... 95, 141
 HUMIRA PEN-CD/UC/HS
 STARTER 95, 141
 HUMIRA PEN-PEDIATRIC UC
 START 95, 141
 HUMIRA PEN-PS/UV/ADOL HS
 START 95, 142
 HUMIRA PEN-PSOR/UEIT
 STARTER 95, 142
 hydralazine hcl 70, 119
 hydrochlorothiazide 69, 119
 hydrocodone-acetaminophen
 20, 157
 hydrocodone-ibuprofen..... 20, 157
 hydrocortisone.....
 75, 84, 99, 126, 136, 150
 hydrocortisone (perianal).....
 75, 125
 hydrocortisone ace-pramoxine ...
 76, 123
 hydrocortisone valerate ... 75, 126
 hydromorphone hcl..... 20, 157
 hydroxychloroquine sulfate
 47, 184
 hydroxyurea 41, 177
 hydroxyzine hcl 56, 57, 159
 hydroxyzine pamoate 57, 160

I

ibandronate sodium 99, 145
 IBRANCE 43, 180
 IBU..... 19, 159
 ibuprofen 19, 159
 icatibant acetate 92, 139
 ICLEVIA 87, 131
 ICLUSIG..... 43, 180
 IDHIFA 41, 177
 ILEVRO..... 101, 148
 imatinib mesylate..... 43, 44, 180

IMBRUVICA 44, 180
 imipenem-cilastatin..... 27, 165
 imipramine hcl 35, 173
 imiquimod..... 76, 123
 IMOVAX RABIES 96, 143
 IMVEXXY MAINTENANCE
 PACK..... 86, 135
 IMVEXXY STARTER PACK.....
 86, 135
 INBRIJA 49, 111
 INCASSIA 90, 135
 INCRELEX 85, 136
 indapamide 69, 119
 indomethacin..... 19, 159
 indomethacin er..... 19, 159
 INFANRIX 96, 143
 INLYTA 44, 180
 INQOVI 41, 177
 INREBIC 44, 180
 INTELENCE 54, 191
 INTRALIPID 79, 193
 INTRAROSA 87, 131
 INTRON A..... 94, 140
 INTROVALE..... 87, 131
 INVEGA HAFYERA..... 50, 185
 INVEGA SUSTENNA 50, 185
 INVEGA TRINZA..... 50, 185
 INVOKAMET 58, 197
 INVOKAMET XR 58, 198
 INVOKANA 58, 198
 IPOL..... 96, 143
 ipratropium bromide 104, 156
 ipratropium-albuterol 107, 153
 irbesartan 63, 117
 irbesartan-hydrochlorothiazide ...
 67, 115
 IRESSA..... 44, 180
 ISENTRESS..... 53, 190
 ISENTRESS HD..... 53, 190
 ISIBLOOM..... 87, 131
 ISOLYTE-P IN D5W 79, 193
 ISOLYTE-S PH 7.4..... 77, 194
 isoniazid 39, 174
 isosorb dinitrate-hydralazine.....
 67, 115
 isosorbide dinitrate 70, 119
 isosorbide mononitrate ... 70, 119
 isosorbide mononitrate er 70, 119
 isotretinoin..... 73, 124
 isradipine..... 65, 112
 ISTURISA 84, 136
 itraconazole..... 37, 175
 ivermectin..... 47, 184

IXIARO.....96, 143

J

JAKAFI.....44, 180
JANTOVEN.....62, 196
JANUMET.....58, 198
JANUMET XR.....58, 198
JANUVIA.....58, 198
JARDIANCE.....58, 198
JASMIEL.....87, 131
JUBLIA.....37, 175
JULEBER.....87, 131
JULUCA.....55, 189
JUNEL 1.5/30.....87, 131
JUNEL 1/20.....87, 131
JUNEL FE 1.5/30.....87, 131
JUNEL FE 1/20.....87, 131
JUXTAPID.....70, 117

K

KALYDECO.....105, 154
KARIVA.....87, 131
KATERZIA.....65, 112
kcl in dextrose-nacl.....77, 194
kcl-lactated ringers-d5w...77, 194
KELNOR 1/35.....87, 131
KELNOR 1/50.....87, 131
KERENDIA.....69, 118
KESIMPTA.....72, 121
ketoconazole.....37, 175
ketorolac tromethamine.....
.....19, 101, 148, 159
KINRIX.....97, 143
KISQALI (200 MG DOSE).....
.....44, 180
KISQALI (400 MG DOSE).....
.....44, 181
KISQALI (600 MG DOSE).....
.....44, 181
KISQALI FEMARA (400 MG
DOSE).....41, 177
KISQALI FEMARA (600 MG
DOSE).....41, 178
KISQALI FEMARA(200 MG
DOSE).....41, 178
KLOR-CON.....77, 194, 195
KLOR-CON 10.....77, 194
KLOR-CON M10.....77, 194
KLOR-CON M15.....77, 194
KLOR-CON M20.....77, 194
KLOXXADO.....22, 151
KORLYM.....60, 199

KOSELUGO.....44, 181
KURVELO.....87, 131
KYNMOBI.....48, 110

L

labetalol hcl.....65, 113
lacosamide.....31, 168
lactulose.....80, 127
lamivudine.....53, 55, 189, 192
lamivudine-zidovudine.....55, 189
lamotrigine.....29, 169
lamotrigine er.....29, 169
lamotrigine starter kit-blue.....
.....29, 169
lamotrigine starter kit-green.....
.....29, 169
lamotrigine starter kit-orange.....
.....29, 169
LAMPIT.....47, 184
lansoprazole.....82, 128
LANTUS.....60, 199
LANTUS SOLOSTAR.....60, 199
lapatinib ditosylate.....44, 181
LARIN 1.5/30.....87, 131
LARIN 1/20.....87, 131
LARIN FE 1.5/30.....87, 131
LARIN FE 1/20.....87, 131
LARISSIA.....87, 131
latanoprost.....102, 147
LATUDA.....50, 185
LEENA.....87, 131
leflunomide.....93, 139
lenalidomide.....40, 176
LENVIMA (10 MG DAILY DOSE)
.....44, 181
LENVIMA (12 MG DAILY DOSE)
.....44, 181
LENVIMA (14 MG DAILY DOSE)
.....44, 181
LENVIMA (18 MG DAILY DOSE)
.....44, 181
LENVIMA (20 MG DAILY DOSE)
.....44, 181
LENVIMA (24 MG DAILY DOSE)
.....44, 181
LENVIMA (4 MG DAILY DOSE)
.....44, 181
LENVIMA (8 MG DAILY DOSE)
.....44, 181
LESSINA.....87, 131
letrozole.....42, 179
leucovorin calcium.....41, 178

LEUKERAN.....40, 176
LEUKINE.....62, 197
leuprolide acetate.....91, 138
LEVEMIR.....60, 200
LEVEMIR FLEXTOUCH..60, 200
levetiracetam.....30, 170
levetiracetam er.....29, 169
levobunolol hcl.....101, 146
levocarnitine.....79, 193
levocetirizine dihydrochloride.....
.....103, 155
levofloxacin.....28, 166
levofloxacin in d5w.....28, 166
LEVONEST.....87, 131
levonorgest-eth estrad 91-day....
.....87, 131
levonorgestrel-ethinyl estrad.....
.....87, 132
levonorg-eth estrad triphasic.....
.....88, 132
LEVORA 0.15/30 (28).....88, 132
LEVO-T.....91, 137
levothyroxine sodium.....91, 137
LEVOXYL.....91, 137
LEXIVA.....56, 190
LIALDA.....98, 149
lidocaine.....21, 159
lidocaine hcl.....21, 159
lidocaine viscous hcl.....21, 159
lidocaine-prilocaine.....21, 159
linezolid.....23, 161
LINZESS.....80, 127
liothyronine sodium.....91, 137
lisinopril.....64, 119
lisinopril-hydrochlorothiazide.....
.....68, 115
lithium carbonate.....58, 112
lithium carbonate er.....58, 112
LIVALO.....69, 116
LIVMARLI.....81, 128
LIVTENCITY.....52, 188
LOKELMA.....78, 194
LONSURF.....41, 178
loperamide hcl.....80, 127
lopinavir-ritonavir.....56, 190
lorazepam.....57, 160
LORAZEPAM INTENSOL.....
.....57, 160
LORBRENA.....45, 181
LORYNA.....88, 132
losartan potassium.....63, 117
losartan potassium-hctz...68, 115
loteprednol etabonate....101, 149

lovastatin.....69, 116
 LOW-OGESTREL88, 132
 loxapine succinate.....49, 187
 lubiprostone80, 127
 LUMAKRAS41, 178
 LUMIGAN.....102, 148
 LUPKYNIS95, 142
 LUPRON DEPOT (1-MONTH)....
91, 138
 LUPRON DEPOT (3-MONTH)....
91, 138
 LUPRON DEPOT (4-MONTH)....
91, 138
 LUPRON DEPOT (6-MONTH)....
91, 138
 LUTERA.....88, 132
 LYBALVI51, 185
 LYLEQ90, 135
 LYNPARZA41, 178
 LYSODREN40, 177
 LYZA.....90, 135

M

magnesium sulfate77, 195
 malathion76, 127
 maraviroc55, 191
 marlissa.....88, 132
 MARPLAN.....33, 171
 MATULANE40, 176
 MAVYRET.....53, 192
 MAYZENT.....73, 121
 MAYZENT STARTER PACK.....
73, 121
 meclizine hcl.....35, 173
 medroxyprogesterone acetate
90, 135
 mefloquine hcl.....47, 184
 megestrol acetate.....90, 135
 MEKINIST45, 181
 MEKTOVI.....45, 181
 meloxicam.....19, 159
 memantine hcl.....32, 120
 memantine hcl er.....32, 120
 MENACTRA.....97, 143
 MENEST86, 135
 MENQUADFI.....97, 143
 MENVEO97, 143
 mercaptopurine41, 177
 meropenem27, 165
 mesalamine.....98, 149
 mesalamine er.....98, 149
 MESNEX.....41, 178

metformin hcl.....58, 198
 metformin hcl er58, 198
 methadone hcl.....20, 158
 methazolamide.....102, 147
 methenamine hippurate...23, 161
 methimazole.....92, 138
 methocarbamol107, 201
 methotrexate sodium95, 142
 methotrexate sodium (pf).....
95, 142
 methylphenidate hcl71, 121
 methylprednisolone84, 136
 metoclopramide hcl81, 128
 metolazone69, 119
 metoprolol succinate er ...65, 113
 metoprolol tartrate65, 113
 metoprolol-hydrochlorothiazide
68, 115
 metronidazole.....23, 161, 162
 metyrosine68, 115
 mexiletine hcl64, 118
 MICROGESTIN 1.5/3088, 132
 MICROGESTIN 1/2088, 132
 MICROGESTIN FE 1.5/30.....
88, 132
 MICROGESTIN FE 1/20..88, 132
 midodrine hcl.....63, 117
 miglitol.....58, 198
 miglustat.....82, 151
 MILI.....88, 132
 minocycline hcl.....29, 167
 minoxidil70, 119
 mirtazapine33, 171
 misoprostol.....81, 129
 M-M-R II97, 143
 modafinil.....108, 150
 moexipril hcl64, 119
 molindone hcl.....49, 187
 mometasone furoate
75, 104, 126, 155
 montelukast sodium104, 155
 morphine sulfate.....21, 157
 morphine sulfate (concentrate)
21, 157
 morphine sulfate er.....20, 158
 MOVANTI-K80, 127
 moxifloxacin hcl.....
28, 101, 148, 166
 moxifloxacin hcl in nacl....28, 166
 MULTAQ64, 118
 mupirocin77, 127
 mupirocin calcium.....77, 127
 mycophenolate mofetil.....95, 142

mycophenolate sodium....95, 142
 MYRBETRIQ.....83, 129

N

na sulfate-k sulfate-mg sulf.....
81, 128
 nabumetone19, 159
 nadolol65, 113
 nafcillin sodium.....26, 164
 naloxone hcl.....22, 151, 152
 naltrexone hcl.....21, 152
 NAMZARIC32, 120
 naproxen19, 20, 159
 naproxen sodium.....20, 159
 naratriptan hcl38, 109
 NARCAN.....22, 152
 NATACYN.....101, 148
 nateglinide.....59, 198
 NATPARA99, 145
 NAYZILAM31, 167
 nebivolol hcl65, 113
 NECON 0.5/35 (28)88, 132
 nefazodone hcl.....34, 172
 neomycin sulfate22, 161
 neomycin-bacitracin zn-polymyx
101, 148
 neomycin-polymyxin-dexameth
100, 147
 neomycin-polymyxin-gramicidin
100, 147
 neomycin-polymyxin-hc
100, 103, 147, 149
 NERLYNX45, 181
 NEUPRO.....48, 110
 nevirapine54, 191
 nevirapine er54, 191
 niacin er (antihyperlipidemic).....
70, 117
 nicardipine hcl65, 112
 NICOTROL22, 151
 nifedipine.....66, 112
 nifedipine er65, 112
 nifedipine er osmotic release.....
66, 112
 NIKKI88, 132
 nilutamide.....40, 177
 NINLARO41, 178
 nitazoxanide.....47, 184
 nitisinone.....82, 151
 NITRO-BID.....70, 119
 nitrofurantoin macrocrystal
23, 162

nitrofurantoin monohyd macro
23, 162
 nitroglycerin.....71, 120
 nizatidine.....81, 128
 NOCDURNA85, 136
 NORA-BE.....90, 135
 norethin ace-eth estrad-fe
88, 132
 norethindrone.....90, 135
 norethindrone acetate90, 135
 norethindrone acet-ethinyl est
88, 132
 norethindrone-eth estradiol.....
88, 132
 norgestimate-eth estradiol.....
88, 132
 norgestim-eth estrad triphasic
88, 132
 NORTREL 0.5/35 (28)88, 132
 NORTREL 1/35 (21)88, 132
 NORTREL 1/35 (28).....88, 133
 NORTREL 7/7/789, 133
 nortriptyline hcl.....35, 173
 NORVIR.....56, 190
 NOVOLIN 70/3060, 200
 NOVOLIN 70/30 FLEXPEN
60, 200
 NOVOLIN N60, 200
 NOVOLIN N FLEXPEN ...60, 200
 NOVOLIN R60, 200
 NOVOLIN R FLEXPEN ...60, 200
 NOVOLOG.....61, 200
 NOVOLOG FLEXPEN.....61, 200
 NOVOLOG MIX 70/30.....61, 200
 NOVOLOG MIX 70/30 FLEXPEN
61, 200
 NOVOLOG PENFILL.....61, 200
 NOXAFIL.....37, 175
 NUBEQA.....40, 177
 NUCALA107, 153
 NUEDEXTA72, 122
 NUPLAZID51, 185
 NUTRILIPID79, 193
 NYAMYC.....37, 175
 NYLIA 1/35.....89, 133
 NYLIA 7/7/7.....89, 133
 NYMYO.....89, 133
 nystatin37, 175, 176
 nystatin-triamcinolone76, 123
 NYSTOP37, 176

O

OCELLA.....89, 133
 octreotide acetate.....91, 138
 ODEFSEY.....55, 189
 ODOMZO.....45, 181
 OFEV.....106, 152
 ofloxacin.....
28, 101, 103, 148, 149, 166
 olanzapine.....51, 185
 olanzapine-fluoxetine hcl.....
33, 171
 olmesartan medoxomil ...64, 117
 olmesartan medoxomil-hctz.....
68, 115
 olmesartan-amlodipine-hctz.....
68, 115
 olopatadine hcl.....100, 146
 omega-3-acid ethyl esters
70, 117
 omeprazole82, 128
 OMNITROPE85, 136
 ondansetron36, 174
 ondansetron hcl.....36, 174
 ONUREG41, 177
 OPSUMIT.....106, 154
 ORFADIN.....82, 151
 ORGOVYX.....41, 178
 ORKAMBI105, 154
 orphenadrine citrate er ..107, 201
 oseltamivir phosphate56, 188
 OSPHENA89, 133
 oxacillin sodium.....26, 165
 oxacillin sodium in dextrose.....
26, 164
 oxandrolone85, 134
 oxaprozin20, 159
 oxazepam57, 160
 oxcarbazepine.....31, 168
 oxybutynin chloride.....
83, 129, 130
 oxybutynin chloride er83, 129
 oxycodone hcl21, 157
 oxycodone hcl er20, 158
 oxycodone-acetaminophen.....
21, 158
 OZEMPIC (0.25 OR 0.5
 MG/DOSE).....59, 198
 OZEMPIC (1 MG/DOSE).59, 198
 OZEMPIC (2 MG/DOSE).59, 198

P

paliperidone er51, 186
 PANRETIN.....76, 123
 pantoprazole sodium82, 129
 PANZYGA.....92, 140
 paricalcitol99, 145
 paromomycin sulfate22, 161
 paroxetine hcl.....34, 172
 PASER.....39, 174
 PEDIARIX97, 143
 PEDVAX HIB.....97, 144
 peg 3350-kcl-na bicarb-nacl
81, 128
 peg-3350/electrolytes81, 128
 PEGASYS.....94, 140
 PEMAZYRE45, 181
 penicillamine84, 129
 penicillin g pot in dextrose
26, 165
 penicillin g potassium26, 165
 penicillin g procaine.....26, 165
 penicillin g sodium26, 165
 penicillin v potassium27, 165
 PENTACEL97, 144
 pentamidine isethionate...47, 184
 pentoxifylline er68, 115
 perindopril erbumine.....64, 119
 PERIOGARD.....73, 123
 permethrin.....76, 127
 perphenazine49, 187
 phenelzine sulfate33, 171
 phenobarbital30, 170
 phenytoin31, 32, 168
 phenytoin sodium extended.....
32, 168
 PIFELTRO54, 191
 pilocarpine hcl
73, 102, 123, 147
 pimecrolimus75, 126
 pimozide.....50, 187
 PIMTREA.....89, 133
 pindolol65, 113
 pioglitazone hcl59, 198
 pioglitazone hcl-glimepiride
59, 198
 pioglitazone hcl-metformin hcl
59, 198
 piperacillin sod-tazobactam so ...
27, 165
 PIQRAY (200 MG DAILY DOSE)
45, 181

PIQRAY (250 MG DAILY DOSE)
45, 182
 PIQRAY (300 MG DAILY DOSE)
45, 182
 pirfenidone 106, 152
 PIRMELLA 1/3589, 133
 piroxicam.....20, 159
 PLASMA-LYTE 148.....77, 195
 PLASMA-LYTE A77, 195
 podofilox.....76, 123
 polymyxin b-trimethoprim
 100, 147
 POMALYST40, 176
 PORTIA-2889, 133
 posaconazole37, 176
 potassium chloride78, 195
 potassium chloride crys er
77, 195
 potassium chloride er
 77, 78, 195
 potassium chloride in dextrose
 78, 195
 potassium chloride in nacl
 78, 195
 potassium citrate er78, 195
 pramipexole dihydrochloride.....
48, 111
 prasugrel hcl.....63, 196
 pravastatin sodium69, 116
 prazosin hcl.....63, 118
 prednicarbate75, 126
 prednisolone84, 136
 prednisolone acetate 101, 149
 prednisolone sodium phosphate
 84, 101, 136, 137, 149
 prednisone84, 137
 PREDNISON INTENSOL.....
84, 137
 preferred plus insulin syringe.....
61, 200
 pregabalin 72, 121, 122
 prehevbrio97, 144
 PREMARIN86, 135
 PREMASOL79, 193
 PREMPHASE.....89, 133
 PREMPRO89, 133
 prenatal.....79, 193
 PREVYMIS52, 188
 PREZCOBIX56, 190
 PREZISTA56, 190
 PRIFTIN.....39, 174
 primaquine phosphate47, 184
 primidone30, 170

PRIORIX97, 144
 PRIVIGEN.....92, 140
 probenecid38, 152
 prochlorperazine35, 173
 prochlorperazine maleate 35, 173
 PROCTO-MED HC.....75, 126
 PROCTO-PAK75, 126
 PROCTOSOL HC.....75, 126
 PROCTOZONE-HC.....75, 126
 progesterone90, 135
 PROGRAF95, 142
 PROLASTIN-C82, 151
 PROLIA.....99, 145
 PROMACTA.....62, 197
 promethazine hcl36, 173
 propafenone hcl64, 118
 propranolol hcl... 38, 65, 110, 114
 propranolol hcl er
 38, 65, 110, 114
 propylthiouracil92, 138
 PROQUAD97, 144
 PROSOL79, 193
 protriptyline hcl35, 173
 PULMOZYME 105, 154
 PURIXAN41, 177
 pyrazinamide.....39, 174
 pyridostigmine bromide ...39, 109

Q

QINLOCK.....45, 182
 QUADRACEL.....97, 144
 quetiapine fumarate.....51, 186
 quetiapine fumarate er.....51, 186
 quinapril hcl64, 119
 quinapril-hydrochlorothiazide
68, 115
 quinidine sulfate64, 118
 quinine sulfate47, 184

R

RABAVERT97, 144
 raloxifene hcl99, 145
 ramipril64, 119
 ranolazine er68, 115
 rasagiline mesylate.....49, 111
 RAVICTI.....82, 151
 RECLIPSEN.....89, 133
 RECOMBIVAX HB97, 144
 RECTIV71, 120
 REGRANEX76, 123
 RELENZA DISKHALER...56, 188

RELI-ON INSULIN SYRINGE.....
61, 200
 repaglinide59, 198
 REPATHA70, 117
 REPATHA PUSHTRONEX
 SYSTEM70, 117
 REPATHA SURECLICK..70, 117
 RETACRIT62, 197
 RETEVMO45, 182
 REVLIMID40, 176
 REXULTI.....51, 186
 REYATAZ56, 190
 REZUROCK.....95, 142
 RHOPRESSA..... 102, 147
 ribavirin53, 192
 rifabutin39, 174
 rifampin39, 174
 riluzole72, 122
 rimantadine hcl.....56, 188
 RINVOQ.....93, 139
 risedronate sodium.....99, 145
 RISPERDAL CONSTA ...51, 186
 risperidone51, 186
 ritonavir56, 191
 rivastigmine32, 120
 rivastigmine tartrate32, 120
 rizatriptan benzoate39, 109
 ROCKLATAN 102, 147
 ropinirole hcl.....48, 111
 rosuvastatin calcium70, 116
 ROTARIX97, 144
 ROTATEQ.....97, 144
 ROZLYTREK.....45, 182
 RUBRACA45, 182
 rufinamide32, 168
 RUKOBIA.....55, 191
 RYBELSUS59, 198
 RYDAPT45, 182
 RYTARY49, 111

S

SANTYL76, 123
 sapropterin dihydrochloride
82, 151
 SAVELLA72, 122
 SAVELLA TITRATION PACK.....
72, 122
 SCEMBLIX.....45, 182
 scopolamine36, 173
 SECUADO52, 186
 selegiline hcl.....49, 111
 selenium sulfide75, 126

SELZENTRY55, 191
 SEREVENT DISKUS..... 105, 156
 sertraline hcl.....34, 172
 SETLAKIN.....89, 133
 sevelamer carbonate80, 193
 SHAROBEL90, 135
 SHINGRIX.....97, 144
 SIGNIFOR.....92, 138
 sildenafil citrate 106, 154
 silodosin83, 129
 silver sulfadiazine76, 123
 SIMBRINZA 102, 147
 simvastatin70, 116
 sirolimus..... 95, 96, 142
 SIRTURO.....40, 174
 SKYRIZI.....93, 139
 SKYRIZI (150 MG DOSE)
93, 139
 SKYRIZI PEN.....93, 139
 sodium chloride78, 195
 sodium fluoride.....78, 195
 sodium polystyrene sulfonate
78, 194
 sofosbuvir-velpatasvir.....53, 192
 solifenacin succinate83, 130
 SOLIQUA.....61, 200
 SOLTAMOX40, 177
 SOMAVERT92, 138
 sorafenib tosylate45, 182
 sotalol hcl65, 118
 sotalol hcl (af).....64, 118
 SPIRIVA HANDIHALER
104, 156
 SPIRIVA RESPIMAT104, 156
 spironolactone69, 118
 spironolactone-hctz68, 115
 SPRINTEC 2889, 133
 SPRITAM.....30, 170
 SPRYCEL45, 182
 SPS.....78, 194
 SRONYX.....89, 133
 SSD76, 123
 STELARA.....93, 140
 STIVARGA.....45, 182
 STRIBILD.....53, 190
 SUBOXONE.....22, 152
 sucralfate81, 129
 sulfacetamide sodium101, 148
 sulfacetamide sodium (acne).....
28, 166
 sulfacetamide-prednisolone.....
100, 147
 sulfadiazine28, 166

sulfamethoxazole-trimethoprim
28, 167
 sulfasalazine98, 149
 sulindac.....20, 159
 sumatriptan39, 109
 sumatriptan succinate39, 109
 sumatriptan succinate refill
39, 109
 sunitinib malate45, 182
 SUNOSI 108, 150
 SUPREP BOWEL PREP KIT.....
81, 128
 SUTAB.....81, 128
 SYEDA.....89, 133
 SYMDEKO 105, 154
 SYMLINPEN 120.....59, 198
 SYMLINPEN 6059, 198
 SYMPAZAN31, 167
 SYMTUZA.....53, 190
 SYNAREL92, 138
 SYNJARDY59, 198
 SYNJARDY XR59, 199
 SYNRIPO.....41, 178
 SYNTHROID.....91, 137

T

TABLOID.....41, 177
 TABRECTA45, 182
 tacrolimus..... 75, 96, 126, 142
 TAFINLAR.....45, 46, 182
 TAGRISSO46, 182
 TAKHZYRO92, 139
 TALZENNA46, 182
 tamoxifen citrate41, 177
 tamsulosin hcl83, 129
 TARINA FE 1/20 EQ89, 133
 TASIGNA46, 182
 TAVNEOS.....93, 140
 tazarotene73, 124
 TAZORAC.....73, 124
 TAZTIA XT66, 113
 TAZVERIK46, 182
 TDVAX.....97, 144
 TEFLARO25, 163
 TEGSEDI82, 151
 telmisartan64, 117
 telmisartan-hctz.....68, 115
 temazepam107, 150
 TENIVAC98, 144
 tenofovir disoproxil fumarate.....
55, 189
 TEPMETKO46, 182

terazosin hcl.....63, 118
 terbinafine hcl.....37, 176
 terbutaline sulfate 105, 156
 terconazole37, 176
 teriparatide (recombinant)
99, 146
 testosterone85, 134
 testosterone cypionate85, 134
 testosterone enanthate....85, 134
 tetrabenazine72, 122
 tetracycline hcl29, 167
 THALOMID40, 176
 theophylline er..... 105, 106, 157
 thioridazine hcl50, 188
 thiothixene.....50, 188
 TIADYLT ER66, 113
 tiagabine hcl.....31, 167
 TIBSOVO.....46, 182
 TICOVAC.....98, 144
 tigecycline24, 162
 timolol maleate
 65, 101, 102, 114, 146
 timolol maleate (once-daily).....
 101, 146
 tinidazole24, 162
 TIVICAY.....53, 190
 TIVICAY PD54, 190
 tizanidine hcl52, 109
 TOBI PODHALER 105, 154
 tobramycin 101, 105, 148, 154
 tobramycin sulfate23, 161
 tobramycin-dexamethasone
100, 147
 tolterodine tartrate83, 130
 tolterodine tartrate er83, 130
 tolvaptan78, 194
 topiramate38, 110
 topiramate er38, 110
 toremifene citrate.....41, 177
 torsemide68, 119
 TOUJEO MAX SOLOSTAR.....
61, 200
 TOUJEO SOLOSTAR61, 200
 TPN ELECTROLYTES....79, 193
 tramadol hcl21, 158
 tramadol-acetaminophen.....
21, 158
 trandolapril64, 119
 tranexamic acid63, 197
 tranlycypromine sulfate....33, 171
 TRAVASOL80, 193
 travoprost (bak free) 102, 148
 trazodone hcl.....35, 172

TRECATOR40, 174
 TRELEGY ELLIPTA 107, 154
 TRELSTAR MIXJECT92, 138
 TRESIBA.....61, 201
 TRESIBA FLEXTOUCH ..61, 201
 tretinoin 47, 73, 124, 183
 TREXALL.....96, 142
 triamcinolone acetonide.....
 73, 75, 123, 126
 triamterene-hctz68, 115
 trientine hcl.....78, 194
 TRI-ESTARYLLA.....89, 133
 trifluoperazine hcl50, 188
 trifluridine53, 188
 trihexyphenidyl hcl.....48, 111
 TRIKAFTA..... 105, 154
 trimethoprim24, 162
 TRI-MILI89, 133
 trimipramine maleate35, 173
 TRINTELLIX.....35, 172
 TRI-NYMYO89, 133
 TRI-SPRINTEC89, 133
 TRIUMEQ55, 191
 TRIUMEQ PD.....55, 191
 TRIVORA (28).....89, 133
 TRI-VYLIBRA89, 134
 TRIZIVIR.....55, 189
 TROPHAMINE80, 193
 trospium chloride83, 130
 trospium chloride er83, 130
 TRULICITY59, 199
 TRUMENBA.....98, 144
 TRUSELTIQ (100MG DAILY
 DOSE)46, 183
 TRUSELTIQ (125MG DAILY
 DOSE)46, 183
 TRUSELTIQ (50MG DAILY
 DOSE)46, 183
 TRUSELTIQ (75MG DAILY
 DOSE)46, 183
 TUKYSA.....46, 183
 TURALIO46, 183
 TWINRIX.....98, 144
 TYBOST.....55, 192
 TYMLOS99, 146
 TYPHIM VI.....98, 145

U

UBRELVY38, 110
 UNITHROID91, 137
 ursodiol81, 128

V

valacyclovir hcl53, 188
 VALCHLOR40, 176
 valganciclovir hcl52, 188
 valproic acid30, 170
 valsartan64, 117
 valsartan-hydrochlorothiazide.....
68, 115
 VALTOCO 10 MG DOSE 31, 167
 VALTOCO 15 MG DOSE
31, 167
 VALTOCO 20 MG DOSE
31, 168
 VALTOCO 5 MG DOSE
31, 168
 vancomycin hcl.....24, 162
 VAQTA.....98, 145
 varenicline tartrate.....22, 151
 VARIVAX98, 145
 VARUBI (180 MG DOSE).....
36, 174
 VASCEPA70, 117
 VELIVET90, 134
 VELPHORO80, 193
 VEMLIDY53, 192
 VENCLEXTA.....46, 183
 VENCLEXTA STARTING PACK
46, 183
 venlafaxine hcl35, 173
 venlafaxine hcl er35, 172
 VENTOLIN HFA105, 156
 verapamil hcl66, 113
 verapamil hcl er66, 113
 VERQUOVO68, 115
 VERSACLOZ52, 187
 VERZENIO.....46, 183
 VESTURA90, 134
 VICTOZA59, 199
 VIENVA.....90, 134
 vigabatrin31, 168
 VIIBRYD STARTER PACK.....
35, 173
 VIJOICE41, 178
 vilazodone hcl35, 173
 VIRACEPT56, 191
 VIREAD.....55, 189
 VITRAKVI.....46, 183
 VIVITROL21, 152
 VIZIMPRO.....46, 183
 VONJO46, 183
 voriconazole37, 38, 176

VOSEVI.....53, 192
 VOTRIENT.....46, 183
 VRAYLAR52, 186
 VYFEMLA90, 134
 VYLIBRA90, 134
 VYNDAMAX.....82, 151

W

warfarin sodium62, 196
 WELIREG42, 178

X

XALKORI46, 183
 XARELTO62, 196
 XARELTO STARTER PACK
62, 196
 XATMEP42, 178
 XCOPRI30, 170
 XCOPRI (250 MG DAILY DOSE)
30, 170
 XCOPRI (350 MG DAILY DOSE)
30, 170
 XGEVA99, 146
 XIFAXAN.....24, 162
 XOFLUZA (40 MG DOSE).....
56, 188
 XOFLUZA (80 MG DOSE).....
56, 188
 XOLAIR.....93, 140
 XOSPATA.....46, 183
 XPOVIO (100 MG ONCE
 WEEKLY).....42, 178
 XPOVIO (40 MG ONCE
 WEEKLY).....42, 178
 XPOVIO (40 MG TWICE
 WEEKLY).....42, 178
 XPOVIO (60 MG ONCE
 WEEKLY).....42, 178
 XPOVIO (60 MG TWICE
 WEEKLY).....42, 178
 XPOVIO (80 MG ONCE
 WEEKLY).....42, 178
 XPOVIO (80 MG TWICE
 WEEKLY).....42, 178
 XTANDI.....40, 177
 XULTOPHY59, 199
 XURIDEN.....83, 151
 XYREM108, 150
 XYWAV108, 150

Y

YF-VAX.....98, 145
 YONSA40, 177

Z

zafirlukast..... 104, 156
 zaleplon..... 107, 150
 ZARXIO.....63, 197

ZEJULA.....47, 183
 ZELBORAF47, 183
 ZEMDRI23, 161
 ZENPEP.....83, 151
 zidovudine.....55, 189
 ZIEXTENZO.....63, 197
 ZIMHI22, 152
 ziprasidone hcl52, 186
 ziprasidone mesylate.....52, 186
 ZIRGAN52, 188

ZOLINZA.....42, 178
 zolmitriptan.....39, 109
 zolpidem tartrate 107, 150
 zonisamide.....30, 169
 ZOVIA 1/35 (28)90, 134
 ZYDELIG.....47, 183
 ZYKADIA.....47, 183
 ZYPITAMAG70, 116
 ZYPREXA RELPREVV.....52, 187

To learn what the abbreviations on this table mean, see the beginning of the drug list table.

(Para saber qué significan las abreviaturas en esta tabla, consulte el comienzo de la tabla de la lista de medicamentos.)

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