

2023

Drug Formulary

Formulario de Medicamentos

HMO

Imperial Traditional (HMO) 007

Imperial Dual Plan (HMO D-SNP) 011

Imperial Dynamic Plan (HMO) 012



IMPERIAL HEALTH PLAN
OF CALIFORNIA

007 - Imperial Traditional (HMO)

011 - Imperial Dual Plan (HMO D-SNP)

012 - Imperial Dynamic Plan (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 8.

This formulary was updated on 02/21/2023. 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_342 H5496 Drug Formulary 5T_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 Health Plan of California’s Formulary	6
Index of Drugs.....	207

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 02/21/2023. 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 02/21/2023. 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 207. 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 Health Plan of California'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 207.

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.

007 - Imperial Traditional (HMO)

011 - Imperial Dual Plan (HMO D-SNP)

012 - Imperial Dynamic Plan (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 8.

Este formulario se actualizó el 21/02/2023. 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_342 H5496 Drug Formulary 5T_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 Health Plan of California.....	13
Índice de drogas	207

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 21/02/2023. 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 21/02/2023. 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 207. 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, muéstrele 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 Health Plan of California

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 207.

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 5-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.....	36
ANTIFUNGALS	36
ANTIGOUT AGENTS.....	38
ANTIMIGRAINE AGENTS	38
ANTIMYASTHENIC AGENTS	39
ANTIMYCOBACTERIALS	40
ANTINEOPLASTICS.....	40
ANTIPARASITICS.....	47
ANTIPARKINSON AGENTS.....	48
ANTIPSYCHOTICS	49
ANTISPASTICITY AGENTS.....	53
ANTIVIRALS.....	53
ANXIOLYTICS.....	57
BIPOLAR AGENTS.....	58
BLOOD GLUCOSE REGULATORS	59
BLOOD PRODUCTS AND MODIFIERS	63
CARDIOVASCULAR AGENTS	65
CENTRAL NERVOUS SYSTEM AGENTS	73
DENTAL AND ORAL AGENTS.....	75
DERMATOLOGICAL AGENTS.....	75
ELECTROLYTES/MINERALS/METALS/VITAMINS	79
EXCLUDED DRUG COVERAGE.....	82
GASTROINTESTINAL AGENTS.....	83
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	85

GENITOURINARY AGENTS	86
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	87
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY).....	87
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS).....	88
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID).....	93
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	94
HORMONAL AGENTS, SUPPRESSANT (THYROID)	95
IMMUNOLOGICAL AGENTS	95
INFLAMMATORY BOWEL DISEASE AGENTS.....	101
METABOLIC BONE DISEASE AGENTS.....	102
OPHTHALMIC AGENTS.....	102
OTIC AGENTS	105
RESPIRATORY TRACT/ PULMONARY AGENTS.....	106
SKELETAL MUSCLE RELAXANTS	110
SLEEP DISORDER AGENTS.....	110

Imperial MAPD 2023 5-Tier (Lista de Medicamentos Cubiertos)

Lista de medicamentos por condición médica

AGENTES ANTIESPASTICIDAD.....	112
AGENTES ANTIMIASTENICOS.....	112
AGENTES ANTIMIGRAÑOSOS.....	112
AGENTES ANTIPARKINSON	113
AGENTES BIPOLARES	114
AGENTES CARDIOVASCULARES	115
AGENTES DE ANTIDEMENCIA.....	123
AGENTES DEL SISTEMA NERVIOSO CENTRAL	124
AGENTES DENTALES y ORALES.....	126
AGENTES DERMATOLÓGICOS	126
AGENTES GASTROINTESTINALES.....	130
AGENTES GENITOURINARIOS	132
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (HORMONAS SEXUALES/ MODIFICADORES)	133
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (PITUITARIA)	139
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (SUPRARRENALES).....	139
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (TIROIDES).....	140
AGENTES HORMONALES, SUPRESORES (PITUITARIA).....	141
AGENTES HORMONALES, SUPRESORES (TIROIDES).....	142
AGENTES INMUNOLÓGICOS	142
AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA	148
AGENTES OFTÁLMICOS.....	149
AGENTES ÓTICOS.....	152
AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA.....	152
AGENTES PARA TRASTORNO DEL SUEÑO.....	153
AGENTES PARA TRASTORNO GENÉTICO, DE ENZIMAS o PROTEÍNAS: REEMPLAZO, MODIFICADORES, TRATAMIENTO.....	153
AGENTES PARA TRATAMIENTO DE ABUSO DE SUSTANCIAS/ANTI-ADICCIÓN	154
AGENTES PARA TRATAMIENTO DE LA GOTA	155
AGENTES PULMONARES/ TRACTO RESPIRATORIO.....	156
ANALGÉSICOS.....	160

ANESTÉSICOS	162
ANSIOLÍTICOS	163
ANTIBACTERIANOS	164
ANTICONVULSIVOS	170
ANTIDEPRESIVOS	174
ANTIEMÉTICOS.....	177
ANTIMICOBACTERIANOS.....	178
ANTIMICÓTICOS	178
ANTINEOPLÁSICOS	180
ANTIPARASITARIOS	187
ANTIPSIKÓTICOS	188
ANTIVIRALES	192
DROGAS EXCLUÍDAS	196
ELECTROLITOS/MINERALES/METALES/VITAMINAS	196
PRODUCTOS Y MODIFICADORES DE SANGRE.....	199
REGULADORES DE GLUCOSA EN SANGRE.....	201
RELAJANTES DEL MÚSCULO ESQUELÉTICO.....	206

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.

Imperial MAPD 2023 5-Tier (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
<i>butalbital-apap-caffeine oral tablet 50-325-40mg</i>	2	GC; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40mg</i>	2	GC; QL (180 EA per 30 days)
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100mg, 200mg, 400mg, 50mg</i>	2	GC; MO
<i>diclofenac potassium oral tablet 50mg</i>	2	GC; MO
<i>diclofenac sodium er oral tablet extended release 24-hour 100mg</i>	1	GC; MO
<i>diclofenac sodium external gel 1%</i>	2	GC
<i>diclofenac sodium oral tablet delayed release 25mg, 50mg, 75mg</i>	1	GC; MO
<i>diflunisal oral tablet 500mg</i>	2	GC; MO
<i>etodolac oral capsule 200mg, 300mg</i>	2	GC; MO
<i>etodolac oral tablet 400mg, 500mg</i>	2	GC; MO
<i>flurbiprofen oral tablet 100mg</i>	1	GC; MO
IBU ORAL TABLET 600MG, 800MG	1	GC; MO
<i>ibuprofen oral suspension 100mg/5ml</i>	1	GC
<i>ibuprofen oral tablet 400mg, 600mg, 800mg</i>	1	GC; MO
<i>indomethacin er oral capsule extended release 75mg</i>	2	GC; MO
<i>indomethacin oral capsule 25mg, 50mg</i>	1	GC; MO
<i>ketorolac tromethamine oral tablet 10mg</i>	1	GC
<i>meloxicam oral tablet 15mg, 7.5mg</i>	1	GC; MO
<i>nabumetone oral tablet 500mg, 750mg</i>	1	GC; MO
<i>naproxen oral suspension 125mg/5ml</i>	2	GC; MO
<i>naproxen oral tablet 250mg, 375mg, 500mg</i>	1	GC; MO
<i>naproxen oral tablet delayed release 375mg, 500mg</i>	2	GC; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral solution 10mg/5ml</i>	2	GC; QL (1800ML per 30 days)
<i>morphine sulfate oral solution 20mg/5ml</i>	2	GC; QL (1500ML per 30 days)
<i>morphine sulfate oral tablet 15mg, 30mg</i>	2	GC; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100mg/5ml</i>	4	QL (180ML per 30 days)
<i>oxycodone hcl oral solution 5mg/5ml</i>	4	QL (1080ML per 30 days)
<i>oxycodone hcl oral tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	2	GC; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325mg/5ml</i>	2	GC; QL (1080ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg</i>	2	GC; QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100mg</i>	1	GC; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50mg</i>	1	GC; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325mg</i>	2	GC; QL (240 EA per 30 days)

ANESTHETICS

Local Anesthetics

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

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

<i>acamprosate calcium oral tablet delayed release 333mg</i>	2	GC; MO
<i>disulfiram oral tablet 250mg</i>	2	GC; MO
<i>naltrexone hcl oral tablet 50mg</i>	2	GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380MG	5	

Opioid Dependence

<i>buprenorphine hcl sublingual tablet sublingual 2mg, 8mg</i>	2	GC
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5mg, 8-2mg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	4	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4mg/ml</i>	2	GC
<i>naloxone hcl injection solution cartridge 0.4mg/ml</i>	2	GC
<i>naloxone hcl injection solution prefilled syringe 2mg/2ml</i>	2	GC
<i>naloxone hcl nasal liquid 4mg/0.1ml</i>	2	GC
NARCAN NASAL LIQUID 4MG/0.1ML	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12-hour 150mg</i>	1	GC
NICOTROL INHALATION INHALER 10MG	4	
<i>varenicline tartrate oral tablet 0.5mg, 1mg</i>	3	
<i>varenicline tartrate oral tablet therapy pack 0.5mg x 11 & 1mg x 42</i>	3	
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500mg/2ml</i>	4	BvD
ARIKAYCE INHALATION SUSPENSION 590MG/8.4ML	4	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>	2	GC
<i>gentamicin sulfate external cream 0.1%</i>	2	GC
<i>gentamicin sulfate external ointment 0.1%</i>	2	GC
<i>gentamicin sulfate injection solution 40mg/ml</i>	2	GC
<i>neomycin sulfate oral tablet 500mg</i>	2	GC
<i>paromomycin sulfate oral capsule 250mg</i>	4	
<i>tobramycin sulfate injection solution 10mg/ml, 80mg/2ml</i>	4	BvD

Drug Name	Drug Tier	Requirements/Limits
ZEMDRI INTRAVENOUS SOLUTION 500MG/10ML	5	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1gm</i>	2	GC
<i>aztreonam injection solution reconstituted 2gm</i>	4	BvD
<i>clindamycin hcl oral capsule 150mg, 75mg</i>	1	GC
<i>clindamycin hcl oral capsule 300mg</i>	2	GC
<i>clindamycin palmitate hcl oral solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate in d5w intravenous solution 300mg/50ml, 600mg/50ml, 900mg/50ml</i>	4	
<i>clindamycin phosphate injection solution 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	BvD
<i>clindamycin phosphate vaginal cream 2%</i>	2	GC
<i>colistimethate sodium (cba) injection solution reconstituted 150mg</i>	4	BvD
<i>daptomycin intravenous solution reconstituted 350mg</i>	4	
<i>daptomycin intravenous solution reconstituted 500mg</i>	5	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	4	
<i>linezolid intravenous solution 600mg/300ml</i>	4	PA
<i>linezolid oral tablet 600mg</i>	4	PA
<i>methenamine hippurate oral tablet 1gm</i>	2	GC
<i>metronidazole external cream 0.75%</i>	2	GC
<i>metronidazole external gel 0.75%, 1%</i>	2	GC
<i>metronidazole external lotion 0.75%</i>	2	GC
<i>metronidazole intravenous solution 500mg/100ml</i>	2	BvD; GC
<i>metronidazole oral tablet 250mg, 500mg</i>	2	GC
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg</i>	2	GC
<i>nitrofurantoin monohyd macro oral capsule 100mg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline intravenous solution reconstituted 50mg</i>	5	BvD
<i>tinidazole oral tablet 250mg, 500mg</i>	2	GC
<i>trimethoprim oral tablet 100mg</i>	1	GC
<i>vancomycin hcl intravenous solution reconstituted 1gm, 10gm, 500mg, 750mg</i>	4	
<i>vancomycin hcl oral capsule 125mg, 250mg</i>	4	
<i>vancomycin hcl oral solution reconstituted 250mg/5ml</i>	4	
XIFAXAN ORAL TABLET 200MG	4	
XIFAXAN ORAL TABLET 550MG	4	MO
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12-hour 500mg</i>	4	
<i>cefaclor oral capsule 250mg, 500mg</i>	2	GC
<i>cefaclor oral suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil oral capsule 500mg</i>	1	GC
<i>cefadroxil oral suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	GC
<i>cefadroxil oral tablet 1gm</i>	2	GC
<i>cefazolin sodium injection solution reconstituted 1gm, 10gm, 500mg</i>	4	
<i>cefdinir oral capsule 300mg</i>	2	GC
<i>cefdinir oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>cefepime hcl injection solution reconstituted 1gm, 2gm</i>	4	
<i>cefixime oral capsule 400mg</i>	4	
<i>cefixime oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	4	
<i>cefotetan disodium injection solution reconstituted 1gm, 2gm</i>	4	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1gm, 10gm, 2gm</i>	4	BvD

Drug Name	Drug Tier	Requirements/Limits
<i>cefepodoxime proxetil oral suspension reconstituted 100mg/5ml, 50mg/5ml</i>	4	
<i>cefepodoxime proxetil oral tablet 100mg, 200mg</i>	4	
<i>cefprozil oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>cefprozil oral tablet 250mg, 500mg</i>	2	GC
<i>ceftazidime injection solution reconstituted 1gm, 6gm</i>	4	
<i>ceftazidime intravenous solution reconstituted 2gm</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1gm, 2gm, 250mg, 500mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10gm</i>	4	
<i>cefuroxime axetil oral tablet 250mg, 500mg</i>	2	GC
<i>cefuroxime sodium injection solution reconstituted 750mg</i>	4	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5gm</i>	4	BvD
<i>cephalexin oral capsule 250mg, 500mg</i>	1	GC
<i>cephalexin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>cephalexin oral tablet 250mg, 500mg</i>	2	GC
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400MG, 600MG	5	BvD
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250mg, 500mg</i>	1	GC
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	GC
<i>amoxicillin oral tablet 500mg, 875mg</i>	1	GC
<i>amoxicillin oral tablet chewable 125mg, 250mg</i>	1	GC
<i>amoxicillin-pot clavulanate er oral tablet extended release 12-hour 1000-62.5mg</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5mg/5ml, 250-62.5mg/5ml, 400-57mg/5ml, 600-42.9mg/5ml</i>	2	GC

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted 200mg/5ml, 400mg/5ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400mg</i>	4	
<i>erythromycin oral tablet delayed release 250mg, 333mg, 500mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3%</i>	1	GC
<i>ciprofloxacin hcl oral tablet 100mg, 750mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250mg, 500mg</i>	1	GC
<i>ciprofloxacin in d5w intravenous solution 200mg/100ml</i>	4	BvD
<i>levofloxacin in d5w intravenous solution 500mg/100ml, 750mg/150ml</i>	4	
<i>levofloxacin intravenous solution 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin oral tablet 250mg, 500mg, 750mg</i>	2	GC
<i>moxifloxacin hcl in nacl intravenous solution 400mg/250ml</i>	4	BvD
<i>moxifloxacin hcl oral tablet 400mg</i>	4	
<i>ofloxacin oral tablet 300mg, 400mg</i>	2	GC
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10%</i>	2	GC
<i>sulfadiazine oral tablet 500mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80mg, 800-160mg</i>	1	GC
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100MG	4	BvD
<i>doxycycline hyclate oral capsule 100mg, 50mg</i>	2	GC
<i>doxycycline hyclate oral tablet 100mg, 20mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100mg, 50mg</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 100mg, 50mg, 75mg</i>	2	GC
<i>minocycline hcl oral capsule 100mg, 50mg, 75mg</i>	2	GC
<i>minocycline hcl oral tablet 100mg, 50mg, 75mg</i>	2	GC
<i>tetracycline hcl oral capsule 250mg, 500mg</i>	2	GC

ANTICONVULSANTS

Anticonvulsants, Other

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam er oral tablet extended release 24-hour 500mg, 750mg</i>	2	GC; MO
<i>levetiracetam oral solution 100mg/ml</i>	2	GC; MO
<i>levetiracetam oral tablet 1000mg, 250mg, 500mg, 750mg</i>	1	GC; MO
<i>phenobarbital oral elixir 20mg/5ml</i>	2	GC; MO; QL (1500ML per 30 days)
<i>phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15mg, 60mg</i>	2	GC; MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30mg</i>	2	GC; MO; QL (300 EA per 30 days)
<i>primidone oral tablet 250mg, 50mg</i>	1	GC; MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	4	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	4	ST; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250mg</i>	2	GC; MO
<i>valproic acid oral solution 250mg/5ml</i>	2	GC; MO
XCOPRI (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150MG	4	MO; QL (56 EA per 28 days)
XCOPRI (350MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200MG	4	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG	4	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	4	QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300MG	4	ST; MO
<i>ethosuximide oral capsule 250mg</i>	2	GC; MO
<i>ethosuximide oral solution 250mg/5ml</i>	2	GC; MO
ZONISADE ORAL SUSPENSION 100MG/5ML	4	MO; QL (900ML per 30 days)
<i>zonisamide oral capsule 100mg, 25mg, 50mg</i>	2	GC; MO
Gamma-Aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam oral suspension 2.5mg/ml</i>	4	MO; QL (480ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet 10mg, 20mg</i>	4	MO; QL (60 EA per 30 days)
<i>diazepam rectal gel 10mg, 2.5mg, 20mg</i>	4	
<i>gabapentin oral capsule 100mg, 300mg, 400mg</i>	1	GC; MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250mg/5ml</i>	2	GC; MO
<i>gabapentin oral tablet 600mg, 800mg</i>	1	GC; MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5MG/0.1ML	4	
SYMPAZAN ORAL FILM 10MG, 20MG	5	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5MG	4	ST; MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12mg, 16mg, 2mg, 4mg</i>	4	MO
VALTOCO 10MG DOSE NASAL LIQUID 10MG/0.1ML	4	ST
VALTOCO 15MG DOSE NASAL LIQUID THERAPY PACK 7.5MG/0.1ML	4	ST
VALTOCO 20MG DOSE NASAL LIQUID THERAPY PACK 10MG/0.1ML	4	ST
VALTOCO 5MG DOSE NASAL LIQUID 5MG/0.1ML	4	ST
<i>vigabatrin oral packet 500mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500mg</i>	5	PA; QL (180 EA per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200MG, 400MG, 800MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600MG	5	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12-hour 100mg, 200mg, 300mg</i>	2	GC; MO
<i>carbamazepine er oral tablet extended release 12-hour 100mg, 200mg, 400mg</i>	2	GC; MO
<i>carbamazepine oral suspension 100mg/5ml</i>	2	GC; MO
<i>carbamazepine oral tablet 200mg</i>	2	GC; MO
<i>carbamazepine oral tablet chewable 100mg</i>	1	GC; MO
DILANTIN ORAL CAPSULE 30MG	4	ST; MO
EPITOL ORAL TABLET 200MG	2	GC; MO
<i>lacosamide oral solution 10mg/ml</i>	4	MO; QL (1395ML per 30 days)
<i>lacosamide oral tablet 100mg, 150mg, 200mg, 50mg</i>	4	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral suspension 300mg/5ml</i>	4	MO
<i>oxcarbazepine oral tablet 150mg, 300mg, 600mg</i>	1	GC; MO
<i>phenytoin oral suspension 125mg/5ml</i>	1	GC; MO
<i>phenytoin oral tablet chewable 50mg</i>	1	GC; MO
<i>phenytoin sodium extended oral capsule 100mg, 200mg</i>	1	GC; MO
<i>phenytoin sodium extended oral capsule 300mg</i>	2	GC; MO
<i>rufinamide oral suspension 40mg/ml</i>	5	QL (2760ML per 30 days)
<i>rufinamide oral tablet 200mg</i>	4	MO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400mg</i>	5	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>	3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2mg/ml</i>	2	GC; MO; QL (360ML per 30 days)
<i>memantine hcl oral tablet 10mg, 5mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5mg & 21 x 10mg</i>	2	GC; QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24-HOUR THERAPY PACK 7 & 14 & 21 & 28 -10MG	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24-HOUR 14-10MG, 21-10MG, 28-10MG, 7-10MG	3	PA; MO

Cholinesterase Inhibitors

<i>donepezil hcl oral tablet 10mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24-hour 16mg, 24mg, 8mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4mg/ml</i>	2	GC; MO; QL (200ML per 30 days)
<i>galantamine hydrobromide oral tablet 12mg, 4mg, 8mg</i>	2	GC; MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24-hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	2	GC; MO; QL (30 EA per 30 days)

ANTIDEPRESSANTS

Antidepressants, Other

AUVELITY ORAL TABLET EXTENDED RELEASE 45-105MG	4	ST; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 100mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 150mg</i>	1	GC; MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 200mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 150mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 300mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 450mg</i>	3	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100mg</i>	1	GC; MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15mg, 30mg, 45mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5mg</i>	1	GC; MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15mg, 30mg, 45mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25mg, 12-50mg, 6-50mg</i>	4	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25mg, 6-25mg</i>	4	MO; QL (90 EA per 30 days)

Monoamine Oxidase Inhibitors

EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10MG	4	ST; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15mg</i>	2	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate oral tablet 10mg</i>	4	MO
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral capsule 30mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10mg/5ml</i>	2	GC; MO; QL (600ML per 30 days)
<i>citalopram hydrobromide oral tablet 10mg, 40mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24-hour 100mg, 50mg</i>	4	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	4	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 40MG, 60MG	3	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20mg, 30mg, 40mg, 60mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5mg/5ml</i>	2	GC; MO; QL (600ML per 30 days)
<i>escitalopram oxalate oral tablet 10mg</i>	1	GC; MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	3	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	3	QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10mg, 20mg, 40mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20mg/5ml</i>	2	GC; MO; QL (600ML per 30 days)
<i>fluoxetine hcl oral tablet 10mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20mg</i>	2	GC; MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100mg, 25mg, 50mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	MO
<i>paroxetine hcl oral suspension 10mg/5ml</i>	4	MO; QL (900ML per 30 days)
<i>paroxetine hcl oral tablet 10mg, 20mg</i>	1	GC; MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 30mg, 40mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150mg, 200mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20mg/ml</i>	1	GC; MO; QL (300ML per 30 days)
<i>sertraline hcl oral tablet 100mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25mg, 50mg</i>	1	GC; MO; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100mg, 150mg, 50mg</i>	1	GC; MO
<i>trazodone hcl oral tablet 300mg</i>	2	GC; MO
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG	4	ST; MO; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24-hour 112.5mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24-hour 150mg, 37.5mg, 75mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 150mg, 37.5mg, 75mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 225mg</i>	4	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	GC; MO; QL (90 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20MG	3	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10mg, 20mg, 40mg</i>	3	MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	GC; MO
<i>amoxapine oral tablet 100mg, 150mg, 25mg, 50mg</i>	2	GC; MO
<i>clomipramine hcl oral capsule 25mg, 50mg, 75mg</i>	4	MO
<i>desipramine hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	GC; MO
<i>doxepin hcl oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	GC; MO
<i>doxepin hcl oral concentrate 10mg/ml</i>	2	GC; MO
<i>imipramine hcl oral tablet 10mg, 25mg</i>	1	GC; MO
<i>imipramine hcl oral tablet 50mg</i>	2	GC; MO
<i>nortriptyline hcl oral capsule 10mg, 25mg, 50mg, 75mg</i>	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl oral solution 10mg/5ml</i>	2	GC; MO
<i>protriptyline hcl oral tablet 10mg, 5mg</i>	4	MO
<i>trimipramine maleate oral capsule 100mg, 25mg, 50mg</i>	4	MO

ANTIEMETICS

Antiemetics, Other

<i>meclizine hcl oral tablet 12.5mg, 25mg</i>	1	GC
<i>prochlorperazine maleate oral tablet 10mg, 5mg</i>	1	BvD; GC; MO
<i>prochlorperazine rectal suppository 25mg</i>	4	
<i>promethazine hcl oral syrup 6.25mg/5ml</i>	2	GC
<i>promethazine hcl oral tablet 12.5mg, 25mg, 50mg</i>	1	GC
<i>promethazine hcl rectal suppository 12.5mg, 25mg</i>	2	GC
<i>scopolamine transdermal patch 72-hour 1mg/3days</i>	4	

Emetogenic Therapy Adjuncts

<i>aprepitant oral capsule 125mg, 40mg, 80mg</i>	4	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125mg</i>	4	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10mg, 2.5mg, 5mg</i>	4	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1mg</i>	4	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4mg/5ml</i>	2	BvD; GC
<i>ondansetron hcl oral tablet 4mg, 8mg</i>	1	BvD; GC
<i>ondansetron oral tablet dispersible 4mg, 8mg</i>	2	BvD; GC
VARUBI (180MG DOSE) ORAL TABLET THERAPY PACK 2 X 90MG	3	BvD

ANTIFUNGALS

Antifungals

ABELCET INTRAVENOUS SUSPENSION 5MG/ML	4	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50MG	5	BvD
<i>amphotericin b intravenous solution reconstituted 50mg</i>	4	BvD

Drug Name	Drug Tier	Requirements/Limits
<i>casprofungin acetate intravenous solution reconstituted 50mg</i>	5	
<i>casprofungin acetate intravenous solution reconstituted 70mg</i>	4	
<i>ciclopirox olamine external cream 0.77%</i>	2	GC
<i>ciclopirox olamine external suspension 0.77%</i>	2	GC
<i>clotrimazole external cream 1%</i>	1	GC
<i>clotrimazole external solution 1%</i>	2	GC
<i>clotrimazole mouth/throat troche 10mg</i>	2	GC
<i>econazole nitrate external cream 1%</i>	2	GC
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100MG	5	BvD
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50MG	4	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9mg/100ml-%, 400-0.9mg/200ml-%</i>	2	BvD; GC
<i>fluconazole oral suspension reconstituted 10mg/ml, 40mg/ml</i>	2	GC
<i>fluconazole oral tablet 100mg, 150mg, 200mg, 50mg</i>	2	GC
<i>flucytosine oral capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize oral suspension 125mg/5ml</i>	2	GC
<i>griseofulvin microsize oral tablet 500mg</i>	2	GC
<i>griseofulvin ultramicrosize oral tablet 125mg, 250mg</i>	2	GC
<i>itraconazole oral capsule 100mg</i>	4	PA
<i>itraconazole oral solution 10mg/ml</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10%	4	
<i>ketoconazole external cream 2%</i>	2	GC
<i>ketoconazole external shampoo 2%</i>	1	GC
<i>ketoconazole oral tablet 200mg</i>	1	GC
NOXAFIL ORAL PACKET 300MG	5	PA
NOXAFIL ORAL SUSPENSION 40MG/ML	5	PA
NYAMYC EXTERNAL POWDER 100000UNIT/GM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin external cream 100000unit/gm</i>	1	GC
<i>nystatin external ointment 100000unit/gm</i>	1	GC
<i>nystatin external powder 100000unit/gm</i>	2	GC
<i>nystatin mouth/throat suspension 100000unit/ml</i>	2	GC
<i>nystatin oral tablet 500000unit</i>	2	GC
NYSTOP EXTERNAL POWDER 100000UNIT/GM	3	
<i>posaconazole oral tablet delayed release 100mg</i>	4	PA; MO
<i>terbinafine hcl oral tablet 250mg</i>	2	GC
<i>terconazole vaginal cream 0.4%, 0.8%</i>	2	GC
<i>terconazole vaginal suppository 80mg</i>	2	GC
<i>voriconazole intravenous solution reconstituted 200mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40mg/ml</i>	5	PA
<i>voriconazole oral tablet 200mg, 50mg</i>	4	PA

ANTIGOUT AGENTS

Antigout Agents

<i>allopurinol oral tablet 100mg, 300mg</i>	1	GC; MO
<i>colchicine oral capsule 0.6mg</i>	3	
<i>colchicine oral tablet 0.6mg</i>	3	
<i>colchicine-probenecid oral tablet 0.5-500mg</i>	3	MO
<i>febuxostat oral tablet 40mg, 80mg</i>	3	PA; MO
<i>probenecid oral tablet 500mg</i>	2	GC; MO

ANTIMIGRAINE AGENTS

Ergot Alkaloids

<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	5	
<i>ergotamine-caffeine oral tablet 1-100mg</i>	2	GC; QL (40 EA per 28 days)

Prophylactic

EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120MG/ML	3	PA; MO
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Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	3	PA; MO
EPRONTIA ORAL SOLUTION 25MG/ML	3	MO
<i>propranolol hcl er oral capsule extended release 24-hour 80mg</i>	2	GC; MO
<i>propranolol hcl oral tablet 80mg</i>	2	GC; MO
<i>topiramate er oral capsule er 24-hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	4	MO
<i>topiramate oral capsule sprinkle 15mg, 25mg</i>	2	GC; MO
<i>topiramate oral tablet 100mg, 200mg, 25mg, 50mg</i>	1	GC; MO
UBRELVY ORAL TABLET 100MG, 50MG	4	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl oral tablet 1mg, 2.5mg</i>	2	GC; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10mg, 5mg</i>	2	GC; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10mg, 5mg</i>	2	GC; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5mg/act</i>	4	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100mg, 25mg, 50mg</i>	1	GC; QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4mg/0.5ml, 6mg/0.5ml</i>	2	GC; QL (4ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6mg/0.5ml</i>	2	GC; QL (4ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4mg/0.5ml, 6mg/0.5ml</i>	2	GC; QL (4ML per 30 days)
<i>zolmitriptan oral tablet 2.5mg, 5mg</i>	2	GC; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5mg, 5mg</i>	2	GC; QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>pyridostigmine bromide oral solution 60mg/5ml</i>	2	GC
<i>pyridostigmine bromide oral tablet 30mg, 60mg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIALS		
<i>Antimycobacterials, Other</i>		
<i>dapsone oral tablet 100mg, 25mg</i>	2	GC; MO
PRIFTIN ORAL TABLET 150MG	4	
<i>rifabutin oral capsule 150mg</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hcl oral tablet 100mg, 400mg</i>	2	GC
<i>isoniazid oral syrup 50mg/5ml</i>	1	GC; MO
<i>isoniazid oral tablet 100mg, 300mg</i>	1	GC; MO
<i>pyrazinamide oral tablet 500mg</i>	2	GC
<i>rifampin intravenous solution reconstituted 600mg</i>	4	
<i>rifampin oral capsule 150mg, 300mg</i>	2	GC
SIRTURO ORAL TABLET 100MG, 20MG	5	PA
TRECTOR ORAL TABLET 250MG	4	
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral capsule 25mg, 50mg</i>	4	BvD
<i>cyclophosphamide oral tablet 25mg, 50mg</i>	2	BvD; GC
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	4	PA
LEUKERAN ORAL TABLET 2MG	4	
MATULANE ORAL CAPSULE 50MG	5	PA
VALCHLOR EXTERNAL GEL 0.016%	5	PA; QL (60GM per 14 days)
<i>Antiandrogens</i>		
<i>abiraterone acetate oral tablet 250mg, 500mg</i>	5	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50mg</i>	1	GC
ERLEADA ORAL TABLET 60MG	5	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	5	
<i>nilutamide oral tablet 150mg</i>	5	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40MG	5	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 40MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	5	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	5	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	5	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	5	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	5	PA; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140MG	3	
SOLTAMOX ORAL SOLUTION 10MG/5ML	4	PA; MO
<i>tamoxifen citrate oral tablet 10mg, 20mg</i>	1	GC; MO
<i>toremifene citrate oral tablet 60mg</i>	5	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	4	MO
<i>hydroxyurea oral capsule 500mg</i>	1	GC
INQOVI ORAL TABLET 35-100MG	5	PA
<i>mercaptopurine oral tablet 50mg</i>	2	GC
ONUREG ORAL TABLET 200MG, 300MG	5	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	4	
TABLOID ORAL TABLET 40MG	4	PA
Antineoplastics, Other		
IDHIFA ORAL TABLET 100MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	5	PA; QL (60 EA per 30 days)
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA(200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
<i>leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg</i>	2	GC
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	5	PA
LUMAKRAS ORAL TABLET 120MG	5	PA; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET 100MG	5	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	5	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400MG	5	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	5	PA
ORGOVYX ORAL TABLET 120MG	5	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	5	PA
WELIREG ORAL TABLET 40MG	5	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	4	BvD
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	5	PA
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	5	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	5	PA
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (80MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	5	PA
ZOLINZA ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole oral tablet 1mg</i>	1	GC; MO
<i>exemestane oral tablet 25mg</i>	4	MO
<i>letrozole oral tablet 2.5mg</i>	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>Molecular Target Inhibitors</i>		
ALECENSA ORAL CAPSULE 150MG	5	PA
ALUNBRIG ORAL TABLET 180MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30MG	5	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180MG	5	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3MG	5	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4MG	5	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80MG	5	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG	5	PA
CALQUENCE ORAL CAPSULE 100MG	5	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	5	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	5	PA
ERIVEDGE ORAL CAPSULE 150MG	5	PA
<i>erlotinib hcl oral tablet 100mg, 150mg</i>	5	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl oral tablet 25mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2mg, 3mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5mg</i>	5	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	5	PA
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	5	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	5	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	5	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100mg</i>	5	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	5	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML	5	PA; QL (240ML per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG	5	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	5	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250MG	5	PA
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	PA; QL (60 EA per 30 days)
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KOSELUGO ORAL CAPSULE 10MG	5	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	5	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate oral tablet 250mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	5	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	5	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	5	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	5	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	5	PA
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	5	PA
LORBRENA ORAL TABLET 100MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5MG	5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	5	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	5	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	5	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	5	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	5	PA
QINLOCK ORAL TABLET 50MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	5	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	5	PA; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	5	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	5	PA
RYDAPT ORAL CAPSULE 25MG	5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	5	PA
<i>sorafenib tosylate oral tablet 200mg</i>	5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150MG, 200MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	5	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75MG	5	PA; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40MG, 80MG	5	PA
TALZENNA ORAL CAPSULE 0.25MG	5	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	5	PA; QL (60 EA per 30 days)
TALZENNA ORAL CAPSULE 0.75MG, 1MG	5	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	5	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	5	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225MG	5	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	5	PA; QL (60 EA per 30 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100MG	5	PA; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25MG	5	PA; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25MG	5	PA; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25MG	5	PA; QL (63 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 150MG, 50MG	5	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200MG	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 50MG	4	PA
VENCLEXTA ORAL TABLET 100MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	3	PA
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI ORAL CAPSULE 100MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	5	PA; QL (310ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	5	PA
VOTRIENT ORAL TABLET 200MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100MG	5	PA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150MG	5	PA; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1%</i>	5	PA
<i>bexarotene oral capsule 75mg</i>	5	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10mg</i>	5	
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200mg</i>	4	
EMVERM ORAL TABLET CHEWABLE 100MG	5	
<i>ivermectin oral tablet 3mg</i>	2	PA; GC
Antiprotozoals		
<i>atovaquone oral suspension 750mg/5ml</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl oral tablet 250-100mg, 62.5-25mg</i>	2	GC
<i>benznidazole oral tablet 100mg, 12.5mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250mg, 500mg</i>	2	GC; MO
COARTEM ORAL TABLET 20-120MG	4	
<i>hydroxychloroquine sulfate oral tablet 100mg, 200mg, 300mg, 400mg</i>	2	GC; MO
LAMPIT ORAL TABLET 120MG, 30MG	4	
<i>mefloquine hcl oral tablet 250mg</i>	2	GC; MO
<i>nitazoxanide oral tablet 500mg</i>	4	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	4	BvD
<i>pentamidine isethionate injection solution reconstituted 300mg</i>	4	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>quinine sulfate oral capsule 324mg</i>	2	PA; GC
ANTIPARKINSON AGENTS		
<i>Anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5mg, 1mg, 2mg</i>	1	GC; MO
<i>trihexyphenidyl hcl oral solution 0.4mg/ml</i>	1	GC; MO
<i>trihexyphenidyl hcl oral tablet 2mg, 5mg</i>	1	GC; MO
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule 100mg</i>	2	GC; MO
<i>amantadine hcl oral solution 50mg/5ml</i>	2	GC; MO
<i>amantadine hcl oral tablet 100mg</i>	2	GC; 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>	2	GC; MO
<i>entacapone oral tablet 200mg</i>	2	GC; MO
<i>Dopamine Agonists</i>		
<i>bromocriptine mesylate oral capsule 5mg</i>	2	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate oral tablet 2.5mg</i>	2	GC; MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	4	MO
<i>pramipexole dihydrochloride oral tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg</i>	1	GC; MO
<i>ropinirole hcl oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	GC; MO
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25mg</i>	2	GC; MO
<i>carbidopa-levodopa er oral tablet extended release 25-100mg, 50-200mg</i>	2	GC; MO
<i>carbidopa-levodopa oral tablet 10-100mg, 25-100mg, 25-250mg</i>	2	GC; MO
<i>carbidopa-levodopa oral tablet dispersible 10-100mg, 25-100mg, 25-250mg</i>	2	GC; MO
INBRIJA INHALATION CAPSULE 42MG	5	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG	4	ST; MO
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5mg, 1mg</i>	4	MO
<i>selegiline hcl oral capsule 5mg</i>	2	GC; MO
<i>selegiline hcl oral tablet 5mg</i>	2	GC; MO
ANTIPSYCHOTICS		
1st Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100mg/ml, 30mg/ml</i>	4	MO
<i>chlorpromazine hcl oral tablet 10mg, 25mg</i>	4	BvD; MO
<i>chlorpromazine hcl oral tablet 100mg, 200mg, 50mg</i>	4	MO
<i>fluphenazine decanoate injection solution 25mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl injection solution 2.5mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5mg/ml</i>	2	GC; MO
<i>fluphenazine hcl oral elixir 2.5mg/5ml</i>	2	GC; MO
<i>fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg</i>	2	GC; MO
<i>haloperidol decanoate intramuscular solution 100mg/ml, 100mg/ml 1 ml, 50mg/ml, 50mg/ml(1ml)</i>	2	GC
<i>haloperidol lactate injection solution 5mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2mg/ml</i>	1	GC; MO
<i>haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg</i>	1	GC; MO
<i>loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg</i>	2	GC; MO
<i>molindone hcl oral tablet 10mg, 25mg, 5mg</i>	2	GC; MO
<i>perphenazine oral tablet 16mg, 2mg</i>	2	GC; MO
<i>perphenazine oral tablet 4mg, 8mg</i>	2	BvD; GC; MO
<i>pimozide oral tablet 1mg, 2mg</i>	2	GC; MO
<i>thioridazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	2	GC; MO
<i>thiothixene oral capsule 1mg, 10mg, 2mg, 5mg</i>	2	GC; MO
<i>trifluoperazine hcl oral tablet 1mg, 10mg, 2mg, 5mg</i>	1	GC; MO
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	5	
<i>aripiprazole oral solution 1mg/ml</i>	4	MO; QL (750ML per 30 days)
<i>aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg</i>	4	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10mg</i>	5	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15mg</i>	5	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sublingual tablet sublingual 10mg, 2.5mg, 5mg</i>	4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG	5	
FANAPT ORAL TABLET 1MG, 2MG, 4MG	4	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10MG, 12MG, 6MG, 8MG	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	4	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
LATUDA ORAL TABLET 120MG, 20MG, 40MG, 60MG, 80MG	5	ST
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	5	PA
NUPLAZID ORAL TABLET 10MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10mg, 5mg</i>	4	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15mg, 20mg</i>	4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 1.5mg, 3mg, 9mg</i>	4	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24-hour 6mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 150mg</i>	4	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 200mg, 300mg, 400mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 50mg</i>	4	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100mg, 25mg, 300mg, 400mg, 50mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200mg</i>	1	GC; MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25MG, 37.5MG, 50MG	5	
<i>risperidone oral solution 1mg/ml</i>	2	GC; MO; QL (480ML per 30 days)
<i>risperidone oral tablet 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25mg, 1mg, 2mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5mg</i>	2	GC; MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 3mg</i>	4	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4mg</i>	4	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	5	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	4	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg</i>	2	GC; MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate intramuscular solution reconstituted 20mg</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210MG	4	ST
Treatment-Resistant		
<i>clozapine oral tablet 100mg, 200mg, 25mg, 50mg</i>	2	GC; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100mg, 12.5mg, 150mg, 25mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 200mg</i>	5	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50MG/ML	5	ST; QL (540ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral tablet 10mg, 20mg, 5mg</i>	1	GC
<i>tizanidine hcl oral tablet 2mg, 4mg</i>	2	GC
ANTIVIRALS		
Anti-Cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200MG	5	PA
PREVYMIS ORAL TABLET 240MG, 480MG	5	PA; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50mg/ml</i>	4	MO
<i>valganciclovir hcl oral tablet 450mg</i>	3	MO
ZIRGAN OPHTHALMIC GEL 0.15%	4	
Anti-Hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10mg</i>	5	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05MG/ML	5	QL (600ML per 30 days)
<i>entecavir oral tablet 0.5mg, 1mg</i>	4	MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5MG/ML	3	MO
<i>lamivudine oral tablet 100mg</i>	2	GC; MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25MG	5	QL (30 EA per 30 days)
Anti-Hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20MG	5	PA
MAVYRET ORAL TABLET 100-40MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral capsule 200mg</i>	4	
<i>ribavirin oral tablet 200mg</i>	2	GC
<i>sofosbuvir-velpatasvir oral tablet 400-100mg</i>	5	PA
VOSEVI ORAL TABLET 400-100-100MG	5	PA
Antiherpetic Agents		
<i>acyclovir oral capsule 200mg</i>	1	GC
<i>acyclovir oral suspension 200mg/5ml</i>	2	GC
<i>acyclovir oral tablet 400mg, 800mg</i>	1	GC
<i>acyclovir sodium intravenous solution 50mg/ml</i>	2	BvD; GC
<i>famciclovir oral tablet 125mg, 250mg, 500mg</i>	2	GC
<i>trifluridine ophthalmic solution 1%</i>	2	GC
<i>valacyclovir hcl oral tablet 1gm, 500mg</i>	2	GC
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG	5	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100MG	4	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100MG, 25MG	4	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG	5	QL (30 EA per 30 days)
SYM TUZA ORAL TABLET 800-150-200-10MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10MG	4	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5MG	4	MO; QL (360 EA per 30 days)
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25MG	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200mg</i>	4	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50mg</i>	4	MO; QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz oral tablet 600mg</i>	4	MO; QL (30 EA per 30 days)
<i>etravirine oral tablet 100mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 100mg</i>	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 400mg</i>	4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50mg/5ml</i>	4	MO; QL (1200ML per 30 days)
<i>nevirapine oral tablet 200mg</i>	2	GC; MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20mg/ml</i>	4	MO; QL (960ML per 30 days)
<i>abacavir sulfate oral tablet 300mg</i>	4	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300mg</i>	4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300mg, 600-300-300mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200mg</i>	4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150mg, 133-200mg, 167-250mg, 200-300mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	4	MO; QL (680ML per 28 days)
JULUCA ORAL TABLET 50-25MG	5	QL (30 EA per 30 days)
<i>lamivudine oral solution 10mg/ml</i>	4	MO; QL (900ML per 30 days)
<i>lamivudine oral tablet 150mg</i>	3	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300mg</i>	3	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300mg</i>	4	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	5	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet 300mg</i>	4	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	5	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	5	QL (240GM per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100mg</i>	2	GC; MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50mg/5ml</i>	2	GC; MO; QL (1680ML per 28 days)
<i>zidovudine oral tablet 300mg</i>	2	GC; MO; QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150mg, 300mg</i>	5	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	5	QL (1800ML per 30 days)
SELZENTRY ORAL TABLET 25MG	3	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	5	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	5	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150MG	3	MO; QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150mg, 200mg</i>	4	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300mg</i>	4	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700mg</i>	5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	4	MO; QL (1575ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100mg/5ml</i>	4	MO; QL (400ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25mg</i>	4	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50mg</i>	4	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	4	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80MG/ML	4	MO; QL (480ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX ORAL TABLET 800-150MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	5	QL (360ML per 30 days)
PREZISTA ORAL TABLET 150MG	4	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75MG	4	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800MG	5	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50MG	4	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100mg</i>	3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	5	QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30mg, 45mg, 75mg</i>	2	GC
<i>oseltamivir phosphate oral suspension reconstituted 6mg/ml</i>	2	GC
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/ACT	4	
<i>rimantadine hcl oral tablet 100mg</i>	2	GC
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	3	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	3	
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg</i>	1	GC
<i>hydroxyzine hcl oral syrup 10mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10mg, 25mg</i>	1	GC
<i>hydroxyzine hcl oral tablet 50mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 100mg, 25mg, 50mg</i>	2	GC
<i>oxazepam oral capsule 10mg, 15mg, 30mg</i>	2	GC; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	2	GC; QL (300ML per 30 days)
<i>alprazolam oral tablet 0.25mg, 0.5mg</i>	2	GC; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1mg</i>	2	GC; QL (240 EA per 30 days)
<i>alprazolam oral tablet 2mg</i>	2	GC; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg</i>	2	GC; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5mg, 1mg</i>	1	GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2mg</i>	1	GC; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2mg</i>	2	GC; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg</i>	2	GC; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5MG/ML	2	GC; QL (240ML per 30 days)
<i>diazepam oral solution 5mg/5ml</i>	2	GC; QL (1200ML per 30 days)
<i>diazepam oral tablet 10mg, 2mg</i>	1	GC; QL (120 EA per 30 days)
<i>diazepam oral tablet 5mg</i>	1	GC; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2MG/ML	2	GC; QL (240ML per 30 days)
<i>lorazepam oral tablet 0.5mg, 1mg, 2mg</i>	2	GC; QL (150 EA per 30 days)
BIPOLAR AGENTS		
Mood Stabilizers		
<i>divalproex sodium er oral tablet extended release 24-hour 250mg, 500mg</i>	2	GC; MO
<i>divalproex sodium oral capsule delayed release sprinkle 125mg</i>	2	GC; MO
<i>divalproex sodium oral tablet delayed release 125mg, 250mg, 500mg</i>	1	GC; MO
<i>lithium carbonate er oral tablet extended release 300mg, 450mg</i>	1	GC; MO
<i>lithium carbonate oral capsule 150mg, 300mg, 600mg</i>	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet 300mg</i>	1	GC; MO
BLOOD GLUCOSE REGULATORS		
<i>Antidiabetic Agents</i>		
<i>acarbose oral tablet 100mg, 25mg, 50mg</i>	2	GC; MO
<i>glimepiride oral tablet 1mg, 2mg, 4mg</i>	1	GC; MO
<i>glipizide er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	GC; MO
<i>glipizide oral tablet 10mg, 5mg</i>	1	GC; MO
<i>glipizide-metformin hcl oral tablet 2.5-250mg, 2.5-500mg, 5-500mg</i>	1	GC; MO
<i>glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg</i>	1	GC; MO
INVOKAMET ORAL TABLET 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	3	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	3	MO
INVOKANA ORAL TABLET 100MG, 300MG	3	MO
JANUMET ORAL TABLET 50-1000MG, 50-500MG	3	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 100-1000MG, 50-1000MG, 50-500MG	3	MO
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	3	MO
JARDIANCE ORAL TABLET 10MG, 25MG	3	MO
<i>metformin hcl er oral tablet extended release 24-hour 500mg, 750mg</i>	1	GC; MO
<i>metformin hcl oral tablet 1000mg, 500mg, 850mg</i>	1	GC; MO
<i>miglitol oral tablet 100mg, 25mg, 50mg</i>	2	GC; MO
<i>nateglinide oral tablet 120mg, 60mg</i>	1	GC; MO
OZEMPIC (0.25 OR 0.5MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2MG/1.5ML	3	MO
OZEMPIC (1MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4MG/3ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (2MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8MG/3ML	3	MO
<i>pioglitazone hcl oral tablet 15mg, 30mg, 45mg</i>	1	GC; MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2mg, 30-4mg</i>	1	GC; MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500mg, 15-850mg</i>	1	GC; MO
<i>repaglinide oral tablet 0.5mg, 1mg, 2mg</i>	1	GC; MO
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	3	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	4	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	4	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	3	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	3	MO; SSM (PBP 007 and 012)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	3	MO; (PBP 011)
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	3	
<i>diazoxide oral suspension 50mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	3	
<i>glucagon emergency injection kit 1mg</i>	3	
KORLYM ORAL TABLET 300MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1ML	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
FIASP INJECTION SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
FIASP INJECTION SOLUTION 100UNIT/ML	3	MO; (PBP 011)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; (PBP 011)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
LANTUS SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
LANTUS SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; (PBP 011)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
LEVEMIR SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
LEVEMIR SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; SSM (PBP 007 and 012)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG INJECTION SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG INJECTION SOLUTION 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; SSM (PBP 007 and 012)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; (PBP 011)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3ML	3	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO; SSM (PBP 007 and 012)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO; (PBP 011)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; SSM (PBP 007 and 012)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; (PBP 011)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; SSM (PBP 007 and 012)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; (PBP 011)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	3	MO; SSM (PBP 007 and 012)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	3	MO; (PBP 011)
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; (PBP 011)

BLOOD PRODUCTS AND MODIFIERS

Anticoagulants

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5MG	3	
ELIQUIS ORAL TABLET 2.5MG, 5MG	3	MO
<i>enoxaparin sodium injection solution prefilled syringe 100mg/ml, 150mg/ml</i>	4	QL (60ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium injection solution prefilled syringe 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (48ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30mg/0.3ml</i>	4	QL (18ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40mg/0.4ml</i>	4	QL (24ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60mg/0.6ml</i>	4	QL (36ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10mg/0.8ml</i>	5	QL (24ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5mg/0.5ml</i>	4	QL (15ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5mg/0.4ml</i>	5	QL (12ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5mg/0.6ml</i>	5	QL (18ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000unit/ml, 10000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	BvD; GC
JANTOVEN ORAL TABLET 1MG, 10MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	GC; MO
<i>warfarin sodium oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	GC; MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	3	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	3	
Blood Products and Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5mg, 1mg</i>	2	GC; MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	5	PA
PROMACTA ORAL PACKET 12.5MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	5	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10000UNIT/ML, 10000UNIT/ML(1ML), 20000UNIT/ML, 4000UNIT/ML, 40000UNIT/ML	4	PA; QL (12ML per 28 days)
RETACRIT INJECTION SOLUTION 2000UNIT/ML	4	PA; QL (23ML per 30 days)
RETACRIT INJECTION SOLUTION 3000UNIT/ML	4	PA; QL (16ML per 30 days)
<i>tranexamic acid oral tablet 650mg</i>	2	GC
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	5	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	5	PA

Platelet Modifying Agents

<i>aspirin-dipyridamole er oral capsule extended release 12-hour 25-200mg</i>	2	GC; MO
BRILINTA ORAL TABLET 60MG, 90MG	3	MO
CABLIVI INJECTION KIT 11MG	5	PA
<i>cilostazol oral tablet 100mg, 50mg</i>	2	GC; MO
<i>clopidogrel bisulfate oral tablet 75mg</i>	2	GC; MO
<i>prasugrel hcl oral tablet 10mg, 5mg</i>	4	MO

CARDIOVASCULAR AGENTS

Alpha-Adrenergic Agonists

<i>clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg</i>	1	GC; MO
<i>clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	2	GC; MO; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100mg, 200mg, 300mg</i>	5	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1mg, 2mg</i>	1	GC; MO
<i>midodrine hcl oral tablet 10mg, 2.5mg, 5mg</i>	2	GC

Alpha-Adrenergic Blocking Agents

<i>doxazosin mesylate oral tablet 1mg, 2mg, 4mg, 8mg</i>	1	GC; MO
<i>prazosin hcl oral capsule 1mg, 2mg</i>	1	GC; MO
<i>prazosin hcl oral capsule 5mg</i>	2	GC; MO
<i>terazosin hcl oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16mg, 4mg, 8mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150mg, 300mg, 75mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100mg, 25mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20mg, 40mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20mg, 40mg, 80mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40mg, 80mg</i>	1	GC; MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	GC; MO
<i>captopril oral tablet 100mg, 12.5mg, 25mg, 50mg</i>	2	GC; MO
<i>enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	GC; MO
<i>fosinopril sodium oral tablet 10mg, 20mg, 40mg</i>	1	GC; MO
<i>lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	GC; MO
<i>moexipril hcl oral tablet 15mg, 7.5mg</i>	2	GC; MO
<i>perindopril erbumine oral tablet 2mg, 4mg, 8mg</i>	2	GC; MO
<i>quinapril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	GC; MO
<i>ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	GC; MO
<i>trandolapril oral tablet 1mg, 2mg, 4mg</i>	2	GC; MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100mg, 200mg, 400mg</i>	2	GC; MO
<i>disopyramide phosphate oral capsule 100mg, 150mg</i>	2	GC; MO
<i>dofetilide oral capsule 125mcg, 250mcg, 500mcg</i>	4	MO
<i>flecainide acetate oral tablet 100mg, 150mg, 50mg</i>	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl oral capsule 150mg, 200mg, 250mg</i>	2	GC; MO
MULTAQ ORAL TABLET 400MG	3	MO
<i>propafenone hcl oral tablet 150mg, 225mg, 300mg</i>	2	GC; MO
<i>quinidine sulfate oral tablet 200mg, 300mg</i>	1	GC; MO
<i>sotalol hcl (af) oral tablet 120mg, 160mg</i>	2	GC; MO
<i>sotalol hcl (af) oral tablet 80mg</i>	1	GC; MO
<i>sotalol hcl oral tablet 120mg, 160mg, 240mg, 80mg</i>	1	GC; MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200mg, 400mg</i>	1	GC; MO
<i>atenolol oral tablet 100mg, 25mg, 50mg</i>	1	GC; MO
<i>betaxolol hcl oral tablet 10mg, 20mg</i>	2	GC; MO
<i>bisoprolol fumarate oral tablet 10mg, 5mg</i>	1	GC; MO
<i>carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	GC; MO
<i>labetalol hcl oral tablet 100mg, 200mg, 300mg</i>	2	GC; MO
<i>metoprolol succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	1	GC; MO
<i>metoprolol succinate er oral tablet extended release 24-hour 200mg</i>	2	GC; MO
<i>metoprolol tartrate oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	GC; MO
<i>nadolol oral tablet 20mg, 40mg, 80mg</i>	2	GC; MO
<i>nebivolol hcl oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	4	MO
<i>pindolol oral tablet 10mg, 5mg</i>	2	GC; MO
<i>propranolol hcl er oral capsule extended release 24-hour 120mg, 160mg, 60mg</i>	2	GC; MO
<i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml</i>	2	GC; MO
<i>propranolol hcl oral tablet 10mg, 20mg, 40mg</i>	1	GC; MO
<i>propranolol hcl oral tablet 60mg</i>	2	GC; MO
<i>timolol maleate oral tablet 10mg, 20mg, 5mg</i>	2	GC; MO

Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10mg, 2.5mg, 5mg</i>	1	GC; MO
<i>felodipine er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5mg, 5mg</i>	2	GC; MO
KATERZIA ORAL SUSPENSION 1MG/ML	4	MO
<i>nicardipine hcl oral capsule 20mg, 30mg</i>	2	GC; MO
<i>nifedipine er oral tablet extended release 24-hour 30mg, 60mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24-hour 90mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 30mg, 60mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 90mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10mg, 20mg</i>	2	GC; MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	GC; MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	2	GC; MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24-hour 360mg, 420mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 300mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12-hour 120mg, 60mg, 90mg</i>	2	GC; MO
<i>diltiazem hcl oral tablet 120mg, 90mg</i>	2	GC; MO
<i>diltiazem hcl oral tablet 30mg, 60mg</i>	1	GC; MO
<i>dilt-xr oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	2	GC; MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	GC; MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	2	GC; MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	GC; MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	2	GC; 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>	2	GC; MO
<i>verapamil hcl er oral tablet extended release 120mg, 180mg, 240mg</i>	2	GC; MO
<i>verapamil hcl oral tablet 120mg, 40mg, 80mg</i>	1	GC; MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150mg, 300mg</i>	3	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50mg</i>	1	GC; MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20mg, 10-40mg, 2.5-10mg, 5-10mg, 5-20mg, 5-40mg</i>	1	GC; MO
<i>amlodipine besylate-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg</i>	1	GC; 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	GC; MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25mg, 50-25mg</i>	1	GC; MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg, 5-6.25mg</i>	1	GC; MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg</i>	1	GC; MO
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5mg, 32-12.5mg, 32-25mg</i>	1	GC; MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
DIGITEK ORAL TABLET 250MCG	1	GC; MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05mg/ml</i>	2	GC; MO; QL (255ML per 30 days)
<i>digoxin oral tablet 125mcg, 250mcg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25mg, 5-12.5mg</i>	1	GC; MO
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	3	MO
<i>fosinopril sodium-hctz oral tablet 10-12.5mg, 20-12.5mg</i>	2	GC; MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5mg</i>	4	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	GC; MO
<i>losartan potassium-hctz oral tablet 100-12.5mg, 100-25mg, 50-12.5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25mg, 100-50mg, 50-25mg</i>	2	GC; MO
<i>metyrosine oral capsule 250mg</i>	5	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5mg, 40-12.5mg, 40-25mg</i>	1	GC; 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	GC; MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400mg</i>	1	GC; MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	GC; MO
<i>ranolazine er oral tablet extended release 12-hour 1000mg, 500mg</i>	3	MO
<i>spironolactone-hctz oral tablet 25-25mg</i>	1	GC; MO
<i>telmisartan-hctz oral tablet 40-12.5mg, 80-12.5mg, 80-25mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25mg</i>	1	GC; MO
<i>triamterene-hctz oral tablet 37.5-25mg, 75-50mg</i>	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg	1	GC; MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	4	PA; MO
Diuretics, Loop		
bumetanide injection solution 0.25mg/ml	2	GC
bumetanide oral tablet 0.5mg, 1mg, 2mg	2	GC; MO
furosemide injection solution 10mg/ml	2	BvD; GC
furosemide oral solution 10mg/ml, 8mg/ml	2	GC; MO
furosemide oral tablet 20mg, 40mg, 80mg	1	GC; MO
torseamide oral tablet 10mg, 100mg, 20mg, 5mg	1	GC; MO
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet 5mg	2	GC; MO
epplerenone oral tablet 25mg, 50mg	2	GC; MO
KERENDIA ORAL TABLET 10MG, 20MG	4	MO; QL (30 EA per 30 days)
spironolactone oral tablet 100mg, 25mg, 50mg	1	GC; MO
Diuretics, Thiazide		
chlorthalidone oral tablet 25mg, 50mg	2	GC; MO
hydrochlorothiazide oral capsule 12.5mg	1	GC; MO
hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg	1	GC; MO
indapamide oral tablet 1.25mg, 2.5mg	1	GC; MO
metolazone oral tablet 10mg, 2.5mg, 5mg	2	GC; MO
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg	2	GC; MO; QL (30 EA per 30 days)
fenofibrate micronized oral capsule 43mg	2	GC; MO; QL (60 EA per 30 days)
fenofibrate oral capsule 150mg	2	GC; MO; QL (30 EA per 30 days)
fenofibrate oral capsule 50mg	2	GC; MO; QL (60 EA per 30 days)
fenofibrate oral tablet 145mg, 160mg	2	GC; MO; QL (30 EA per 30 days)
fenofibrate oral tablet 48mg, 54mg	2	GC; MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid oral capsule delayed release 135mg, 45mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600mg</i>	1	GC; MO; QL (60 EA per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	GC; MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1MG, 2MG, 4MG	3	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10mg</i>	1	GC; MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	GC; MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	3	MO; QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4gm</i>	2	GC; MO
<i>cholestyramine oral packet 4gm</i>	2	GC; MO
<i>colestipol hcl oral packet 5gm</i>	2	GC; MO
<i>colestipol hcl oral tablet 1gm</i>	2	GC; MO
<i>ezetimibe oral tablet 10mg</i>	1	GC; MO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000mg, 500mg, 750mg</i>	2	GC; MO
<i>omega-3-acid ethyl esters oral capsule 1gm</i>	2	GC; MO
REPATHA PUSHRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420MG/3.5ML	3	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140MG/ML	3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140MG/ML	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
VASCEPA ORAL CAPSULE 0.5GM, 1GM	3	MO
Vasodilators, Direct-Acting Arterial/ Venous		
<i>hydralazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	GC; MO
<i>isosorbide dinitrate oral tablet 10mg, 20mg, 30mg, 5mg</i>	2	GC; MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 120mg</i>	2	GC; MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 30mg, 60mg</i>	1	GC; MO
<i>isosorbide mononitrate oral tablet 10mg, 20mg</i>	1	GC; MO
<i>minoxidil oral tablet 10mg, 2.5mg</i>	1	GC; MO
NITRO-BID TRANSDERMAL OINTMENT 2%	3	MO
<i>nitroglycerin sublingual tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	GC; MO
<i>nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	GC; MO
<i>nitroglycerin translingual solution 0.4mg/spray</i>	2	GC; MO
RECTIV RECTAL OINTMENT 0.4%	4	

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine-dextroamphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 10mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 15mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 5mg</i>	4	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5mg/5ml</i>	4	MO; QL (1800ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20mg</i>	4	MO; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 30mg</i>	4	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5mg</i>	4	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>	4	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5mg</i>	1	GC; MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24-hour 1mg, 2mg, 3mg, 4mg</i>	4	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10mg, 20mg, 5mg</i>	2	GC; MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	5	PA; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	5	PA
NUDEXTA ORAL CAPSULE 20-10MG	4	PA; MO
<i>riluzole oral tablet 50mg</i>	4	PA; MO
<i>tetrabenazine oral tablet 12.5mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25mg</i>	5	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100mg, 150mg, 25mg, 50mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200mg, 225mg, 300mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75mg</i>	2	GC; MO; QL (120 EA per 30 days)
<i>pregabalin oral solution 20mg/ml</i>	2	GC; MO; QL (900ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	3	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30MCG/0.5ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30MCG/0.5ML	5	PA
BETASERON SUBCUTANEOUS KIT 0.3MG	5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20MG/ML, 40MG/ML	5	PA
<i>dalfampridine er oral tablet extended release 12-hour 10mg</i>	3	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120mg, 240mg</i>	5	PA
<i>dimethyl fumarate starter pack oral 120 & 240mg</i>	5	PA
<i> fingolimod hcl oral capsule 0.5mg</i>	5	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20MG/0.4ML	5	PA
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25MG	4	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25MG	5	PA

DENTAL AND ORAL AGENTS

Dental and Oral Agents

<i>chlorhexidine gluconate mouth/throat solution 0.12%</i>	1	GC
PERIOGARD MOUTH/THROAT SOLUTION 0.12%	1	GC
<i>pilocarpine hcl oral tablet 5mg, 7.5mg</i>	2	GC; MO
<i>triamcinolone acetonide mouth/throat paste 0.1%</i>	2	GC

DERMATOLOGICAL AGENTS

Acne and Rosacea Agents

ACUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	3	
<i>acitretin oral capsule 10mg, 17.5mg, 25mg</i>	4	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	4	
<i>benzoyl peroxide-erythromycin external gel 5-3%</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
CLARAVIS ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5%</i>	2	GC
<i>isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>tazarotene external cream 0.1%</i>	2	PA; GC
<i>tazarotene external gel 0.05%, 0.1%</i>	4	PA
TAZORAC EXTERNAL CREAM 0.05%	4	PA
<i>tretinoin external cream 0.025%, 0.05%, 0.1%</i>	2	PA; GC
<i>tretinoin external gel 0.01%, 0.025%, 0.05%</i>	2	PA; GC
<i>Dermatitis and Pruitus Agents</i>		
<i>alclometasone dipropionate external cream 0.05%</i>	2	GC
<i>alclometasone dipropionate external ointment 0.05%</i>	2	GC
<i>amcinonide external ointment 0.1%</i>	4	
<i>ammonium lactate external cream 12%</i>	1	GC
<i>ammonium lactate external lotion 12%</i>	1	GC
<i>betamethasone dipropionate aug external cream 0.05%</i>	2	GC
<i>betamethasone dipropionate aug external lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate aug external ointment 0.05%</i>	2	GC
<i>betamethasone dipropionate external cream 0.05%</i>	2	GC
<i>betamethasone dipropionate external lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate external ointment 0.05%</i>	2	GC
<i>betamethasone valerate external cream 0.1%</i>	2	GC
<i>betamethasone valerate external lotion 0.1%</i>	2	GC
<i>betamethasone valerate external ointment 0.1%</i>	2	GC
<i>clobetasol propionate e external cream 0.05%</i>	4	
<i>clobetasol propionate external cream 0.05%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external gel 0.05%</i>	4	
<i>clobetasol propionate external ointment 0.05%</i>	4	
<i>clobetasol propionate external solution 0.05%</i>	2	GC
<i>desonide external cream 0.05%</i>	4	
<i>desonide external lotion 0.05%</i>	4	
<i>desonide external ointment 0.05%</i>	2	GC
<i>desoximetasone external cream 0.05%, 0.25%</i>	4	
<i>desoximetasone external gel 0.05%</i>	4	
<i>desoximetasone external ointment 0.25%</i>	4	
EUCRISA EXTERNAL OINTMENT 2%	4	
<i>fluocinolone acetonide external cream 0.01%, 0.025%</i>	2	GC
<i>fluocinolone acetonide external ointment 0.025%</i>	2	GC
<i>fluocinolone acetonide external solution 0.01%</i>	4	
<i>fluocinonide emulsified base external cream 0.05%</i>	2	GC
<i>fluocinonide external gel 0.05%</i>	4	
<i>fluocinonide external ointment 0.05%</i>	2	GC
<i>fluocinonide external solution 0.05%</i>	2	GC
<i>fluticasone propionate external cream 0.05%</i>	1	GC
<i>fluticasone propionate external ointment 0.005%</i>	1	GC
<i>halobetasol propionate external cream 0.05%</i>	4	
<i>halobetasol propionate external ointment 0.05%</i>	2	GC
<i>hydrocortisone (perianal) external cream 2.5%</i>	1	GC
<i>hydrocortisone external cream 1%</i>	1	GC
<i>hydrocortisone external lotion 2.5%</i>	1	GC
<i>hydrocortisone external ointment 1%</i>	2	GC
<i>hydrocortisone external ointment 2.5%</i>	1	GC
<i>hydrocortisone valerate external cream 0.2%</i>	2	GC
<i>hydrocortisone valerate external ointment 0.2%</i>	2	GC
<i>mometasone furoate external cream 0.1%</i>	2	GC
<i>mometasone furoate external ointment 0.1%</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate external solution 0.1%</i>	2	GC
<i>pimecrolimus external cream 1%</i>	4	
<i>prednicarbate external ointment 0.1%</i>	4	
PROCTO-MED HC EXTERNAL CREAM 2.5%	4	
PROCTO-PAK EXTERNAL CREAM 1%	4	
PROCTOSOL HC EXTERNAL CREAM 2.5%	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5%	3	
<i>selenium sulfide external lotion 2.5%</i>	1	GC
<i>tacrolimus external ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide external cream 0.025%, 0.1%, 0.5%</i>	1	GC
<i>triamcinolone acetonide external lotion 0.025%, 0.1%</i>	2	GC
<i>triamcinolone acetonide external ointment 0.025%, 0.1%, 0.5%</i>	1	GC
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005%</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05%</i>	2	GC
<i>clotrimazole-betamethasone external lotion 1-0.05%</i>	2	GC
<i>diclofenac sodium external gel 3%</i>	4	PA
<i>fluorouracil external cream 5%</i>	3	
<i>fluorouracil external solution 2%, 5%</i>	2	GC
<i>global alcohol prep ease pad 70%</i>	2	GC
<i>hydrocortisone ace-pramoxine external cream 1-1%</i>	2	GC
HYFTOR EXTERNAL GEL 0.2%	4	PA
<i>imiquimod external cream 5%</i>	2	GC
<i>nystatin-triamcinolone external cream 100000-0.1unit/gm-%</i>	2	GC
<i>nystatin-triamcinolone external ointment 100000-0.1unit/gm-%</i>	2	GC
PANRETIN EXTERNAL GEL 0.1%	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox external solution 0.5%</i>	2	GC
REG GRANEX EXTERNAL GEL 0.01%	5	PA
SANTYL EXTERNAL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine external cream 1%</i>	2	GC
SSD EXTERNAL CREAM 1%	1	GC
Pediculicides/Scabicides		
<i>malathion external lotion 0.5%</i>	4	
<i>permethrin external cream 5%</i>	2	GC
Topical Anti-Infectives		
<i>ciclopirox external gel 0.77%</i>	2	GC
<i>ciclopirox external shampoo 1%</i>	2	GC
<i>ciclopirox external solution 8%</i>	2	GC
<i>clindamycin phosphate external gel 1%</i>	2	GC
<i>clindamycin phosphate external lotion 1%</i>	2	GC
<i>clindamycin phosphate external solution 1%</i>	2	GC
<i>ery external pad 2%</i>	3	
<i>erythromycin external gel 2%</i>	2	GC
<i>erythromycin external solution 2%</i>	2	GC
<i>mupirocin calcium external cream 2%</i>	4	
<i>mupirocin external ointment 2%</i>	1	GC
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	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>	2	BvD; GC
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD; GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC; MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	GC; MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	GC; MO
KLOR-CON ORAL PACKET 20 MEQ	2	GC; MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	GC; MO
<i>magnesium sulfate injection solution 50%, 50% (10ml syringe)</i>	2	GC
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	GC; MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	GC; MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC; MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	2	BvD; GC
<i>potassium chloride oral packet 20 meq</i>	2	GC; MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	GC; MO
<i>potassium citrate er oral tablet extended release 10 meq (1080mg), 15 meq (1620mg), 5 meq (540mg)</i>	2	GC
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	BvD; GC
<i>sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%</i>	2	GC
<i>sodium chloride irrigation solution 0.9%</i>	1	GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules oral packet 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox oral tablet 180mg, 360mg</i>	5	PA
<i>deferasirox oral tablet 90mg</i>	4	PA; MO
<i>deferasirox oral tablet soluble 125mg, 250mg, 500mg</i>	5	PA
<i>deferiprone oral tablet 1000mg, 500mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100MG/ML	5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	5	PA
LOKELMA ORAL PACKET 10GM, 5GM	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
SPS ORAL SUSPENSION 15GM/60ML	3	
<i>tolvaptan oral tablet 15mg</i>	5	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30mg</i>	5	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250mg</i>	5	PA
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	3	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	3	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	3	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	3	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	3	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	4	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	4	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	4	BvD

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	4	BvD
<i>dextrose intravenous solution 10%, 5%</i>	2	BvD; GC
<i>dextrose-nacl intravenous solution 10-0.2%, 10-0.45%, 2.5-0.45%</i>	3	BvD
<i>dextrose-nacl intravenous solution 5-0.2%, 5-0.45%, 5-0.9%</i>	3	
DOJOLVI ORAL LIQUID 100%	5	PA
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	4	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD
<i>levocarnitine oral solution 1gm/10ml</i>	2	GC; MO
<i>levocarnitine oral tablet 330mg</i>	2	GC; MO
NUTRALIPID INTRAVENOUS EMULSION 20%	4	BvD
PREMASOL INTRAVENOUS SOLUTION 10%	4	BvD
<i>prenatal oral tablet 27-1mg</i>	2	GC
PROSOL INTRAVENOUS SOLUTION 20%	4	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD; GC
TRAVASOL INTRAVENOUS SOLUTION 10%	4	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10%	4	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1GM 210MG(FE)	4	PA; MO
<i>calcium acetate (phos binder) oral capsule 667mg</i>	2	GC; MO
<i>calcium acetate oral tablet 667mg</i>	2	GC; MO
<i>sevelamer carbonate oral packet 0.8gm</i>	5	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4gm</i>	5	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800mg</i>	4	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	4	MO
EXCLUDED DRUG COVERAGE		
Non-Part D Enhancement		
<i>sildenafil citrate oral tablet</i>	2	GC; QL (6 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10gm/15ml</i>	1	GC; MO
<i>enulose oral solution 10gm/15ml</i>	1	GC; MO
<i>generlac oral solution 10gm/15ml</i>	1	GC; MO
<i>lactulose oral solution 10gm/15ml</i>	1	GC; MO
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24mcg, 8mcg</i>	3	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alose tron hcl oral tablet 0.5mg, 1mg</i>	5	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025mg</i>	2	GC
<i>loperamide hcl oral capsule 2mg</i>	1	GC
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10mg</i>	1	GC
<i>dicyclomine hcl oral solution 10mg/5ml</i>	2	GC
<i>dicyclomine hcl oral tablet 20mg</i>	1	GC
<i>glycopyrrolate oral tablet 1mg, 2mg</i>	2	GC
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG	5	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	5	PA
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML	4	
GATTEX SUBCUTANEOUS KIT 5MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	GC
LIVMARLI ORAL SOLUTION 9.5MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral solution 5mg/5ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10mg, 5mg</i>	1	GC; MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6gm/177ml</i>	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420gm</i>	2	GC
<i>peg-3350/electrolytes oral solution reconstituted 236gm</i>	2	GC
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	4	
SUTAB ORAL TABLET 1479-225-188MG	4	
<i>ursodiol oral capsule 300mg</i>	2	GC; MO
<i>ursodiol oral tablet 250mg, 500mg</i>	2	GC; MO
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40mg/5ml</i>	2	GC; MO
<i>famotidine oral tablet 20mg, 40mg</i>	1	GC; MO
<i>nizatidine oral capsule 150mg, 300mg</i>	2	GC; MO
Protectants		
<i>misoprostol oral tablet 100mcg, 200mcg</i>	2	GC; MO
<i>sucralfate oral suspension 1gm/10ml</i>	4	MO
<i>sucralfate oral tablet 1gm</i>	1	GC; MO
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release 30mg, 60mg</i>	3	MO
<i>esomeprazole magnesium oral capsule delayed release 20mg, 40mg</i>	2	GC; MO
<i>lansoprazole oral capsule delayed release 15mg, 30mg</i>	2	GC; MO
<i>omeprazole oral capsule delayed release 10mg, 20mg, 40mg</i>	1	GC; MO
<i>pantoprazole sodium oral tablet delayed release 20mg, 40mg</i>	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine oral powder</i>	5	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000UNIT, 24000-76000UNIT, 3000-9500UNIT, 36000-114000UNIT, 6000-19000UNIT	3	MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	4	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	4	PA; MO
ENDARI ORAL PACKET 5GM	4	PA
GALAFOLD ORAL CAPSULE 123MG	5	PA
<i>miglustat oral capsule 100mg</i>	5	PA
<i>nitisinone oral capsule 10mg, 2mg, 5mg</i>	5	PA
ORFADIN ORAL CAPSULE 20MG	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	5	PA
RAVICTI ORAL LIQUID 1.1GM/ML	5	PA
<i>sapropterin dihydrochloride oral packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100mg</i>	5	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	5	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	5	PA
VYNDAMAX ORAL CAPSULE 61MG	5	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000UNIT, 15000-47000UNIT, 20000-63000UNIT, 25000-79000UNIT, 3000-10000UNIT, 40000-126000UNIT, 5000-24000UNIT	3	MO

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er oral tablet extended release 24-hour 15mg, 7.5mg</i>	4	MO
<i>fesoterodine fumarate er oral tablet extended release 24-hour 4mg, 8mg</i>	4	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8MG/ML	3	MO; QL (300ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24-HOUR 25MG, 50MG	3	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24-hour 10mg, 15mg, 5mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5mg/5ml</i>	2	GC; MO; QL (600ML per 30 days)
<i>oxybutynin chloride oral tablet 5mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10mg, 5mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24-hour 2mg, 4mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1mg, 2mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24-hour 60mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er oral tablet extended release 24-hour 10mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4mg, 8mg</i>	4	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg</i>	2	GC
ELMIRON ORAL CAPSULE 100MG	4	
<i>penicillamine oral tablet 250mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</i>		
<i>dexamethasone oral solution 0.5mg/5ml</i>	2	GC
<i>dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	GC
<i>fludrocortisone acetate oral tablet 0.1mg</i>	1	GC; MO
<i>hydrocortisone oral tablet 10mg, 20mg, 5mg</i>	1	GC
ISTURISA ORAL TABLET 1MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10MG	5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5MG	5	PA; QL (120 EA per 30 days)
<i>methylprednisolone oral tablet 16mg, 32mg, 4mg, 8mg</i>	2	BvD; GC
<i>methylprednisolone oral tablet therapy pack 4mg</i>	2	GC
<i>prednisolone oral solution 15mg/5ml</i>	2	BvD; GC
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml, 25mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BvD
<i>prednisolone sodium phosphate oral tablet dispersible 10mg, 15mg, 30mg</i>	2	BvD; GC
PREDNISONO INTENSOL ORAL CONCENTRATE 5MG/ML	2	BvD; GC
<i>prednisone oral solution 5mg/5ml</i>	2	BvD; GC
<i>prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg</i>	1	BvD; GC
<i>prednisone oral tablet therapy pack 10mg (21), 10mg (48), 5mg (21), 5mg (48)</i>	1	GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>desmopressin acetate oral tablet 0.1mg, 0.2mg</i>	2	GC; MO
<i>desmopressin acetate spray nasal solution 0.01%</i>	2	GC; MO
INCRELEX SUBCUTANEOUS SOLUTION 40MG/4ML	5	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7MCG, 55.3MCG	4	MO

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10MG/1.5ML, 5MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8MG	5	PA

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

Androgens

ANDRODERM TRANSDERMAL PATCH 24-HOUR 2MG/24HR, 4MG/24HR	3	MO
<i>danazol oral capsule 100mg, 50mg</i>	2	GC
<i>danazol oral capsule 200mg</i>	4	
<i>oxandrolone oral tablet 10mg</i>	4	PA
<i>oxandrolone oral tablet 2.5mg</i>	3	PA
<i>testosterone cypionate intramuscular solution 100mg/ml, 200mg/ml, 200mg/ml (1 ml)</i>	2	GC; MO
<i>testosterone enanthate intramuscular solution 200mg/ml</i>	2	GC; 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>	3	MO
<i>testosterone transdermal solution 30mg/act</i>	3	MO

Estrogens

DUAVEE ORAL TABLET 0.45-20MG	3	MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	GC; MO
<i>estradiol transdermal patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	GC; 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>	2	GC; MO
<i>estradiol vaginal cream 0.1mg/gm</i>	4	MO
<i>estradiol vaginal tablet 10mcg</i>	4	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	4	MO

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY STARTER PACK VAGINAL INSERT 10MCG, 4MCG	4	MO
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	4	MO
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMARIN VAGINAL CREAM 0.625MG/GM	3	MO
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30MG-MCG	1	GC; MO
<i>alyacen 1/35 oral tablet 1-35mg-mcg</i>	1	GC; MO
APRI ORAL TABLET 0.15-30MG-MCG	1	GC; MO
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	2	GC; MO
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	GC; MO
AVIANE ORAL TABLET 0.1-20MG-MCG	1	GC; MO
BALZIVA ORAL TABLET 0.4-35MG-MCG	2	GC; MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	GC; MO
<i>briellyn oral tablet 0.4-35mg-mcg</i>	2	GC; MO
CRYSSELLE-28 ORAL TABLET 0.3-30MG-MCG	2	GC; MO
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	GC; MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01mg (21/5)</i>	2	GC; MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30mg-mcg</i>	1	GC; MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02mg, 3-0.03mg</i>	2	GC; MO
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	4	MO
EMOQUETTE ORAL TABLET 0.15-30MG-MCG	1	GC; MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30MCG	1	GC; MO
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	GC; MO
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-35mg-mcg, 1-50mg-mcg	2	GC; MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i> 0.12-0.015mg/24hr	4	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	GC; MO
FEMYNOR ORAL TABLET 0.25-35MG-MCG	1	GC; MO
ICLEVIA ORAL TABLET 0.15-0.03MG	2	GC; MO
INTRAROSA VAGINAL INSERT 6.5MG	3	PA; MO
INTROVALE ORAL TABLET 0.15-0.03MG	2	GC; MO
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	GC; MO
JASMIEL ORAL TABLET 3-0.02MG	2	GC; MO
JULEBER ORAL TABLET 0.15-30MG-MCG	1	GC; MO
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	GC; MO
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	GC; MO
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	2	GC; MO
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	GC; MO
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	GC; MO
KURVELO ORAL TABLET 0.15-30MG-MCG	1	GC; MO
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	GC; MO
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	GC; MO
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	2	GC; MO
LESSINA ORAL TABLET 0.1-20MG-MCG	1	GC; MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	GC; MO
<i>levonorgest-eth estrad 91-day oral tablet</i> 0.15-0.03mg	2	GC; MO
<i>levonorgestrel-ethinyl estrad oral tablet</i> 0.1-20mg-mcg, 0.15-30mg-mcg	1	GC; MO
<i>levonorg-eth estrad triphasic oral tablet</i> 50-30/75-40/ 125-30mcg	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	GC; MO
LORYNA ORAL TABLET 3-0.02MG	2	GC; MO
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	2	GC; MO
LUTERA ORAL TABLET 0.1-20MG-MCG	1	GC; MO
<i>marlissa oral tablet 0.15-30mg-mcg</i>	1	GC; MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	GC; MO
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	GC; MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
MILI ORAL TABLET 0.25-35MG-MCG	1	GC; MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	2	GC; MO
NIKKI ORAL TABLET 3-0.02MG	2	GC; MO
<i>norethin ace-eth estrad-fe oral tablet 1-20mg-mcg</i>	1	GC; MO
<i>norethindrone acet-ethinyl est oral tablet 1-20mg-mcg</i>	2	GC; MO
<i>norethindrone-eth estradiol oral tablet 1-5mg-mcg</i>	2	GC; MO
<i>norgestimate-eth estradiol oral tablet 0.25-35mg-mcg</i>	1	GC; MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25mg-35mcg</i>	1	GC; MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	2	GC; MO
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	GC; MO
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	GC; MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	GC; MO
NYLIA 1/35 ORAL TABLET 1-35MG-MCG	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	GC; MO
NYMYO ORAL TABLET 0.25-35MG-MCG	1	GC; MO
OCELLA ORAL TABLET 3-0.03MG	2	GC; MO
OSPHENA ORAL TABLET 60MG	3	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01MG (21/5)	2	GC; MO
PIRMELLA 1/35 ORAL TABLET 1-35MG-MCG	1	GC; MO
PORTIA-28 ORAL TABLET 0.15-30MG-MCG	1	GC; MO
PREMPHASE ORAL TABLET 0.625-5MG	3	MO
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG	3	MO
RECLIPSEN ORAL TABLET 0.15-30MG-MCG	1	GC; MO
SETLAKIN ORAL TABLET 0.15-0.03MG	2	GC; MO
SPRINTEC 28 ORAL TABLET 0.25-35MG-MCG	1	GC; MO
SRONYX ORAL TABLET 0.1-20MG-MCG	1	GC; MO
SYEDA ORAL TABLET 3-0.03MG	2	GC; MO
TARINA FE 1/20 EQ ORAL TABLET 1-20MG-MCG	1	GC; MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30MCG	1	GC; MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	2	GC; MO
VESTURA ORAL TABLET 3-0.02MG	2	GC; MO
VIENVA ORAL TABLET 0.1-20MG-MCG	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
VYFEMLA ORAL TABLET 0.4-35MG-MCG	2	GC; MO
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	GC; MO
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	GC; MO
Progestins		
CAMILA ORAL TABLET 0.35MG	1	GC; MO
DEBLITANE ORAL TABLET 0.35MG	1	GC; MO
ERRIN ORAL TABLET 0.35MG	1	GC; MO
INCASSIA ORAL TABLET 0.35MG	1	GC; MO
LYLEQ ORAL TABLET 0.35MG	1	GC; MO
LYZA ORAL TABLET 0.35MG	1	GC; MO
<i>medroxyprogesterone acetate intramuscular suspension 150mg/ml</i>	2	GC
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150mg/ml</i>	2	GC
<i>medroxyprogesterone acetate oral tablet 10mg, 2.5mg, 5mg</i>	1	GC; MO
<i>megestrol acetate oral suspension 40mg/ml</i>	2	GC
<i>megestrol acetate oral suspension 625mg/5ml</i>	4	MO
<i>megestrol acetate oral tablet 20mg, 40mg</i>	1	GC
NORA-BE ORAL TABLET 0.35MG	1	GC; MO
<i>norethindrone acetate oral tablet 5mg</i>	2	GC; MO
<i>norethindrone oral tablet 0.35mg</i>	1	GC; MO
<i>progesterone oral capsule 100mg, 200mg</i>	2	GC; MO
SHAROBEL ORAL TABLET 0.35MG	1	GC; 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	GC; MO
LEVO-T ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	GC; MO
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	GC; MO
<i>liothyronine sodium oral tablet 25mcg, 5mcg, 50mcg</i>	1	GC; MO
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline oral tablet 0.5mg</i>	2	GC
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	4	PA
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	5	PA
<i>octreotide acetate injection solution 100mcg/ml, 50mcg/ml</i>	2	PA; GC; MO
<i>octreotide acetate injection solution 1000mcg/ml, 500mcg/ml</i>	5	PA
<i>octreotide acetate injection solution 200mcg/ml</i>	4	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; QL (60ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	5	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10mg, 5mg</i>	1	GC; MO
<i>propylthiouracil oral tablet 50mg</i>	1	GC; MO
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
FIRAZYR SUBCUTANEOUS SOLUTION 30MG/3ML	5	PA
<i>icatibant acetate subcutaneous solution 30mg/3ml</i>	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300MG/2ML	5	PA
<i>Immunoglobulins</i>		
PANZYGA INTRAVENOUS SOLUTION 1GM/10ML, 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20GM/200ML	5	BvD
<i>Immunological Agents, Other</i>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	5	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	5	PA
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	5	PA
<i>leflunomide oral tablet 10mg, 20mg</i>	2	GC; MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180MG/1.2ML, 360MG/2.4ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	5	PA
TAVNEOS ORAL CAPSULE 10MG	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000UNIT/0.5ML	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	5	PA
<i>Immunosuppressants</i>		
AZASAN ORAL TABLET 100MG, 75MG	3	BvD; MO

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine oral tablet 100mg, 75mg</i>	3	BvD; MO
<i>azathioprine oral tablet 50mg</i>	2	BvD; GC; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200MG/ML	5	PA
<i>cyclosporine modified oral capsule 100mg, 25mg, 50mg</i>	2	BvD; GC; MO
<i>cyclosporine modified oral solution 100mg/ml</i>	2	BvD; GC; MO
<i>cyclosporine oral capsule 100mg, 25mg</i>	2	BvD; GC; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25MG/0.5ML, 50MG/ML	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50MG/ML	5	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	5	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24-HOUR 0.75MG, 1MG, 4MG	4	BvD; MO
<i>everolimus oral tablet 0.25mg</i>	4	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5mg</i>	5	BvD; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75mg, 1mg</i>	5	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100MG, 25MG	2	BvD; GC; MO
GENGRAF ORAL SOLUTION 100MG/ML	2	BvD; GC; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML, 80MG/0.8ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML	5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML	5	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
LUPKYNIS ORAL CAPSULE 7.9MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50mg/2ml</i>	1	BvD; GC
<i>methotrexate sodium injection solution 50mg/2ml</i>	1	BvD; GC
<i>methotrexate sodium oral tablet 2.5mg</i>	2	BvD; GC
<i>mycophenolate mofetil oral capsule 250mg</i>	4	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200mg/ml</i>	5	BvD
<i>mycophenolate mofetil oral tablet 500mg</i>	2	BvD; GC; MO
<i>mycophenolate sodium oral tablet delayed release 180mg, 360mg</i>	2	BvD; GC; MO
PROGRAF ORAL PACKET 0.2MG, 1MG	4	BvD; MO
REZUROCK ORAL TABLET 200MG	5	PA
<i>sirolimus oral solution 1mg/ml</i>	5	BvD
<i>sirolimus oral tablet 0.5mg, 1mg</i>	4	BvD; MO
<i>sirolimus oral tablet 2mg</i>	5	BvD
<i>tacrolimus oral capsule 0.5mg</i>	2	BvD; GC; MO
<i>tacrolimus oral capsule 1mg, 5mg</i>	4	BvD; MO
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	4	BvD
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	
<i>bcg vaccine injection solution reconstituted 50mg</i>	4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD
ENGERIX-B INJECTION SUSPENSION 20MCG/ML	3	BvD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/0.5ML, 20MCG/ML	3	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5UNIT/ML	3	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5ML	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	4	
MENACTRA INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
<i>prehevbrio intramuscular suspension 10mcg/ml</i>	3	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION, (58 UNT/ML)	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/ML, 5MCG/0.5ML	3	BvD
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD

Drug Name	Drug Tier	Requirements/Limits
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 25UNIT/0.5ML 0.5ML, 50UNIT/ML, 50UNIT/ML 1ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE, (2.5ML IN 1 VIAL, MULTI-DOSE)	3	

INFLAMMATORY BOWEL DISEASE AGENTS

Aminosalicylates

<i>balsalazide disodium oral capsule 750mg</i>	2	GC
LIALDA ORAL TABLET DELAYED RELEASE 1.2GM	3	MO
<i>mesalamine er oral capsule extended release 24-hour 0.375gm</i>	4	MO
<i>mesalamine oral capsule delayed release 400mg</i>	4	MO
<i>mesalamine oral tablet delayed release 800mg</i>	4	
<i>mesalamine rectal enema 4gm</i>	4	
<i>sulfasalazine oral tablet 500mg</i>	1	GC; MO
<i>sulfasalazine oral tablet delayed release 500mg</i>	1	GC; MO

Glucocorticoids

<i>budesonide er oral tablet extended release 24-hour 9mg</i>	4	
<i>budesonide oral capsule delayed release particles 3mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%</i>	2	GC
<i>cyclosporine ophthalmic emulsion 0.05%</i>	3	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	5	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	GC
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	GC
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1unit/ml-%</i>	1	GC
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23%</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%</i>	2	GC
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	GC
<i>cromolyn sodium ophthalmic solution 4%</i>	1	GC
<i>olopatadine hcl ophthalmic solution 0.1%, 0.2%</i>	3	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1%	4	
<i>bacitracin ophthalmic ointment 500unit/gm</i>	2	GC
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000unit/gm</i>	2	GC
<i>erythromycin ophthalmic ointment 5mg/gm</i>	1	GC
<i>gatifloxacin ophthalmic solution 0.5%</i>	2	GC
GENTAK OPHTHALMIC OINTMENT 0.3%	2	GC
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	GC
<i>moxifloxacin hcl ophthalmic solution 0.5%</i>	2	GC
NATACYN OPHTHALMIC SUSPENSION 5%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	GC
<i>ofloxacin ophthalmic solution 0.3%</i>	2	GC
<i>sulfacetamide sodium ophthalmic solution 10%</i>	2	GC
<i>tobramycin ophthalmic solution 0.3%</i>	1	GC
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09%</i>	2	GC
BROMSITE OPHTHALMIC SOLUTION 0.075%	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	GC
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	GC
DUREZOL OPHTHALMIC EMULSION 0.05%	3	
<i>fluorometholone ophthalmic suspension 0.1%</i>	2	GC
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	GC
ILEVRO OPHTHALMIC SUSPENSION 0.3%	3	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	2	GC
<i>loteprednol etabonate ophthalmic suspension 0.5%</i>	2	GC
<i>prednisolone acetate ophthalmic suspension 1%</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	GC
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5%</i>	2	GC; MO
<i>carteolol hcl ophthalmic solution 1%</i>	1	GC; MO
<i>levobunolol hcl ophthalmic solution 0.5%</i>	1	GC; MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5%</i>	2	GC; MO
<i>timolol maleate ophthalmic gel forming solution 0.25%, 0.5%</i>	2	GC; MO
<i>timolol maleate ophthalmic solution 0.25%, 0.5%</i>	1	GC; MO

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12-hour 500mg</i>	2	GC; MO
<i>acetazolamide oral tablet 125mg, 250mg</i>	2	GC; MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	3	MO
<i>apraclonidine hcl ophthalmic solution 0.5%</i>	2	GC
AZOPT OPHTHALMIC SUSPENSION 1%	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15%, 0.2%</i>	2	GC; MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%</i>	3	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	4	MO
<i>dorzolamide hcl ophthalmic solution 2%</i>	1	GC; MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8mg/ml</i>	2	GC; MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%</i>	2	GC; MO
<i>methazolamide oral tablet 25mg, 50mg</i>	4	MO
<i>pilocarpine hcl ophthalmic solution 1%, 2%, 4%</i>	2	GC; MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	4	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	4	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	4	MO
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost ophthalmic solution 0.005%</i>	2	GC; MO
LUMIGAN OPHTHALMIC SOLUTION 0.01%	3	MO
<i>travoprost (bak free) ophthalmic solution 0.004%</i>	3	MO
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2%</i>	1	GC
<i>ciprofloxacin hcl otic solution 0.2%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1%</i>	3	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025%</i>	4	
<i>fluocinolone acetonide otic oil 0.01%</i>	2	GC
<i>neomycin-polymyxin-hc otic solution 1%</i>	2	GC
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	GC
<i>ofloxacin otic solution 0.3%</i>	4	

RESPIRATORY TRACT/ PULMONARY AGENTS

Antihistamines

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

Anti-Inflammatories, Inhaled Corticosteroids

ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/ACT, 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	MO; QL (26GM per 30 days)
<i>budesonide inhalation suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	BvD; MO

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT, 50MCG/ACT	3	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	3	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	3	MO; QL (21.2GM per 30 days)
<i>flunisolide nasal solution 25mcg/act (0.025%)</i>	2	GC; QL (50ML per 30 days)
<i>fluticasone propionate nasal suspension 50mcg/act</i>	1	GC; QL (16GM per 30 days)
<i>mometasone furoate nasal suspension 50mcg/act</i>	2	GC; QL (34GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4mg, 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10mg, 20mg</i>	2	GC; MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	4	MO; QL (26GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	2	BvD; GC; MO
<i>ipratropium bromide nasal solution 0.03%</i>	2	GC; MO; QL (60ML per 30 days)
<i>ipratropium bromide nasal solution 0.06%</i>	2	GC; MO; QL (30ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	3	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	MO; QL (4GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	GC; MO; QL (17GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	GC; MO; QL (13.4GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	GC; 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>	2	BvD; GC; MO
<i>albuterol sulfate oral syrup 2mg/5ml</i>	2	GC; MO
<i>albuterol sulfate oral tablet 2mg, 4mg</i>	2	GC; MO
<i>epinephrine injection solution 0.3mg/0.3ml</i>	2	GC
<i>epinephrine injection solution auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	GC
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5mg, 5mg</i>	4	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	MO; QL (36GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO ORAL PACKET 25MG, 50MG, 75MG	5	PA
KALYDECO ORAL TABLET 150MG	5	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG, 75-94MG	5	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	5	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	5	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	5	PA
TOBI PODHALER INHALATION CAPSULE 28MG	5	PA
<i>tobramycin inhalation nebulization solution 300mg/5ml</i>	5	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	5	PA
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250mcg, 500mcg</i>	3	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12-hour 300mg, 450mg</i>	2	GC; MO

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er oral tablet extended release</i> 24-hour 400mg, 600mg	2	GC; MO
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10mg, 5mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125mg, 62.5mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	5	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20mg</i>	2	PA; GC; MO; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267MG	5	PA
OFEV ORAL CAPSULE 100MG, 150MG	5	PA
<i>pirfenidone oral tablet 267mg, 534mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	BvD; GC
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50MCG/ACT, 250-50MCG/ACT, 500-50MCG/ACT	3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	3	MO; QL (12GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25MCG/ACT	3	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25MCG/ACT, 200-25MCG/ACT	3	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8MCG/ACT	3	MO; QL (10.7GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i> <i>160-4.5mcg/act, 80-4.5mcg/act</i>	3	MO; QL (10.2GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	4	MO; QL (4GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution</i> <i>20mg/2ml</i>	2	BvD; GC; 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>	3	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>	3	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BvD; GC; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	5	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/ACT, 200-62.5-25MCG/ACT	3	MO; QL (60 EA per 30 days)

SKELTAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>chlorzoxazone oral tablet 250mg, 375mg, 500mg, 750mg</i>	2	GC
<i>cyclobenzaprine hcl oral tablet 10mg, 5mg</i>	2	GC
<i>cyclobenzaprine hcl oral tablet 7.5mg</i>	4	
<i>methocarbamol oral tablet 500mg, 750mg</i>	2	GC
<i>orphenadrine citrate er oral tablet extended release 12-hour 100mg</i>	2	GC

SLEEP DISORDER AGENTS

Sleep Promoting Agents

BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5mg</i>	4	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10mg, 5mg</i>	2	GC; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10mg, 5mg</i>	2	GC; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150mg, 200mg, 250mg, 50mg</i>	3	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100mg, 200mg</i>	4	PA; MO; QL (60 EA per 30 days)
SUNOSI ORAL TABLET 150MG, 75MG	4	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500MG/ML	5	PA; QL (540ML per 30 days)
XYWAV ORAL SOLUTION 500MG/ML	5	PA; QL (540ML 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.

Imperial MAPD 2023 5-Tier (Lista de medicamentos cubiertos)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Profiláctico		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120MG/ML	3	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	3	PA; MO
EPRONTIA ORAL SOLUTION 25MG/ML	3	MO
<i>propranolol hcl er oral capsule extended release 24-hour 80mg</i>	2	GC; MO
<i>propranolol hcl oral tablet 80mg</i>	2	GC; MO
<i>topiramate er oral capsule er 24-hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	4	MO
<i>topiramate oral capsule sprinkle 15mg, 25mg</i>	2	GC; MO
<i>topiramate oral tablet 100mg, 200mg, 25mg, 50mg</i>	1	GC; MO
UBRELVY ORAL TABLET 100MG, 50MG	4	PA; QL (16 EA per 30 days)
AGENTES ANTIPARKINSON		
Agentes Antiparkinsonianos, Otros		
<i>amantadine hcl oral capsule 100mg</i>	2	GC; MO
<i>amantadine hcl oral solution 50mg/5ml</i>	2	GC; MO
<i>amantadine hcl oral tablet 100mg</i>	2	GC; 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>	2	GC; MO
<i>entacapone oral tablet 200mg</i>	2	GC; MO
Agonistas de la Dopamina		
<i>bromocriptine mesylate oral capsule 5mg</i>	2	GC; MO
<i>bromocriptine mesylate oral tablet 2.5mg</i>	2	GC; MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	4	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	GC; MO
<i>ropinirole hcl oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	GC; MO
Anticolinérgicos		
<i>benztropine mesylate oral tablet 0.5mg, 1mg, 2mg</i>	1	GC; MO
<i>trihexyphenidyl hcl oral solution 0.4mg/ml</i>	1	GC; MO
<i>trihexyphenidyl hcl oral tablet 2mg, 5mg</i>	1	GC; MO
Inhibidores de la Monoaminoxidasa B (MAO-B)		
<i>rasagiline mesylate oral tablet 0.5mg, 1mg</i>	4	MO
<i>selegiline hcl oral capsule 5mg</i>	2	GC; MO
<i>selegiline hcl oral tablet 5mg</i>	2	GC; MO
Precursores de Dopamina y/o Inhibidores de la Descarboxilasa de L-Aminoácidos		
<i>carbidopa oral tablet 25mg</i>	2	GC; MO
<i>carbidopa-levodopa er oral tablet extended release 25-100mg, 50-200mg</i>	2	GC; MO
<i>carbidopa-levodopa oral tablet 10-100mg, 25-100mg, 25-250mg</i>	2	GC; MO
<i>carbidopa-levodopa oral tablet dispersible 10-100mg, 25-100mg, 25-250mg</i>	2	GC; MO
INBRIJA INHALATION CAPSULE 42MG	5	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG	4	ST; MO
AGENTES BIPOLARES		
Estabilizadores del Estado de Ánimo		
<i>divalproex sodium er oral tablet extended release 24-hour 250mg, 500mg</i>	2	GC; MO
<i>divalproex sodium oral capsule delayed release sprinkle 125mg</i>	2	GC; MO
<i>divalproex sodium oral tablet delayed release 125mg, 250mg, 500mg</i>	1	GC; MO

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

AGENTES CARDIOVASCULARES

Agentes Bloqueadores de los Canales de Calcio, Dihidropiridinas

<i>amlodipine besylate oral tablet 10mg, 2.5mg, 5mg</i>	1	GC; MO
<i>felodipine er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5mg, 5mg</i>	2	GC; MO
KATERZIA ORAL SUSPENSION 1MG/ML	4	MO
<i>nicardipine hcl oral capsule 20mg, 30mg</i>	2	GC; MO
<i>nifedipine er oral tablet extended release 24-hour 30mg, 60mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24-hour 90mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 30mg, 60mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 90mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10mg, 20mg</i>	2	GC; MO

Agentes Bloqueadores de los Canales de Calcio, No Dihidropiridinas

CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	GC; MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	2	GC; MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24-hour 360mg, 420mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 300mg</i>	2	GC; 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>	2	GC; MO
<i>diltiazem hcl oral tablet 120mg, 90mg</i>	2	GC; MO
<i>diltiazem hcl oral tablet 30mg, 60mg</i>	1	GC; MO
<i>dilt-xr oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	2	GC; MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	GC; MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	2	GC; MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	GC; MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	2	GC; 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>	2	GC; MO
<i>verapamil hcl er oral tablet extended release 120mg, 180mg, 240mg</i>	2	GC; MO
<i>verapamil hcl oral tablet 120mg, 40mg, 80mg</i>	1	GC; MO
Agentes Bloqueantes Beta-Adrenérgicos		
<i>acebutolol hcl oral capsule 200mg, 400mg</i>	1	GC; MO
<i>atenolol oral tablet 100mg, 25mg, 50mg</i>	1	GC; MO
<i>betaxolol hcl oral tablet 10mg, 20mg</i>	2	GC; MO
<i>bisoprolol fumarate oral tablet 10mg, 5mg</i>	1	GC; MO
<i>carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	GC; MO
<i>labetalol hcl oral tablet 100mg, 200mg, 300mg</i>	2	GC; MO
<i>metoprolol succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	1	GC; MO
<i>metoprolol succinate er oral tablet extended release 24-hour 200mg</i>	2	GC; MO
<i>metoprolol tartrate oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	GC; MO
<i>nadolol oral tablet 20mg, 40mg, 80mg</i>	2	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>nebivolol hcl oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	4	MO
<i>pindolol oral tablet 10mg, 5mg</i>	2	GC; MO
<i>propranolol hcl er oral capsule extended release 24-hour 120mg, 160mg, 60mg</i>	2	GC; MO
<i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml</i>	2	GC; MO
<i>propranolol hcl oral tablet 10mg, 20mg, 40mg</i>	1	GC; MO
<i>propranolol hcl oral tablet 60mg</i>	2	GC; MO
<i>timolol maleate oral tablet 10mg, 20mg, 5mg</i>	2	GC; MO
Agentes Cardiovasculares, Otros		
<i>aliskiren fumarate oral tablet 150mg, 300mg</i>	3	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50mg</i>	1	GC; MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20mg, 10-40mg, 2.5-10mg, 5-10mg, 5-20mg, 5-40mg</i>	1	GC; MO
<i>amlodipine besylate-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg</i>	1	GC; 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	GC; MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25mg, 50-25mg</i>	1	GC; MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg, 5-6.25mg</i>	1	GC; MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg</i>	1	GC; MO
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5mg, 32-12.5mg, 32-25mg</i>	1	GC; MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	4	PA; MO
DIGITEK ORAL TABLET 250MCG	1	GC; MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05mg/ml</i>	2	GC; MO; QL (255ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>digoxin oral tablet 125mcg, 250mcg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25mg, 5-12.5mg</i>	1	GC; MO
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	3	MO
<i>fosinopril sodium-hctz oral tablet 10-12.5mg, 20-12.5mg</i>	2	GC; MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5mg</i>	4	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	GC; MO
<i>losartan potassium-hctz oral tablet 100-12.5mg, 100-25mg, 50-12.5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25mg, 100-50mg, 50-25mg</i>	2	GC; MO
<i>metyrosine oral capsule 250mg</i>	5	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5mg, 40-12.5mg, 40-25mg</i>	1	GC; 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	GC; MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400mg</i>	1	GC; MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	GC; MO
<i>ranolazine er oral tablet extended release 12-hour 1000mg, 500mg</i>	3	MO
<i>spironolactone-hctz oral tablet 25-25mg</i>	1	GC; MO
<i>telmisartan-hctz oral tablet 40-12.5mg, 80-12.5mg, 80-25mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25mg</i>	1	GC; MO
<i>triamterene-hctz oral tablet 37.5-25mg, 75-50mg</i>	1	GC; MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg</i>	1	GC; MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	4	PA; MO
Agentes para Dislipidemias, Derivados del Ácido Fóbrico		
<i>fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145mg, 160mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48mg, 54mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135mg, 45mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600mg</i>	1	GC; 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	GC; MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1MG, 2MG, 4MG	3	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10mg</i>	1	GC; MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	GC; MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	3	MO; QL (30 EA per 30 days)
Agentes para Dislipidemias, Otros		
<i>cholestyramine light oral packet 4gm</i>	2	GC; MO
<i>cholestyramine oral packet 4gm</i>	2	GC; MO
<i>colestipol hcl oral packet 5gm</i>	2	GC; MO
<i>colestipol hcl oral tablet 1gm</i>	2	GC; MO
<i>ezetimibe oral tablet 10mg</i>	1	GC; MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000mg, 500mg, 750mg</i>	2	GC; MO
<i>omega-3-acid ethyl esters oral capsule 1gm</i>	2	GC; MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420MG/3.5ML	3	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140MG/ML	3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140MG/ML	3	PA; MO
VASCEPA ORAL CAPSULE 0.5GM, 1GM	3	MO
Agonistas Alfa-Adrenérgicos		
<i>clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg</i>	1	GC; MO
<i>clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	2	GC; MO; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100mg, 200mg, 300mg</i>	5	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1mg, 2mg</i>	1	GC; MO
<i>midodrine hcl oral tablet 10mg, 2.5mg, 5mg</i>	2	GC
Antagonistas del Receptor de Angiotensina II		
<i>candesartan cilexetil oral tablet 16mg, 4mg, 8mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150mg, 300mg, 75mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100mg, 25mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20mg, 40mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20mg, 40mg, 80mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40mg, 80mg</i>	1	GC; 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>	2	GC; MO
<i>disopyramide phosphate oral capsule 100mg, 150mg</i>	2	GC; MO
<i>dofetilide oral capsule 125mcg, 250mcg, 500mcg</i>	4	MO
<i>flecainide acetate oral tablet 100mg, 150mg, 50mg</i>	1	GC; MO
<i>mexiletine hcl oral capsule 150mg, 200mg, 250mg</i>	2	GC; MO
MULTAQ ORAL TABLET 400MG	3	MO
<i>propafenone hcl oral tablet 150mg, 225mg, 300mg</i>	2	GC; MO
<i>quinidine sulfate oral tablet 200mg, 300mg</i>	1	GC; MO
<i>sotalol hcl (af) oral tablet 120mg, 160mg</i>	2	GC; MO
<i>sotalol hcl (af) oral tablet 80mg</i>	1	GC; MO
<i>sotalol hcl oral tablet 120mg, 160mg, 240mg, 80mg</i>	1	GC; MO
Bloqueadores Alfa-Adrenérgicos		
<i>doxazosin mesylate oral tablet 1mg, 2mg, 4mg, 8mg</i>	1	GC; MO
<i>prazosin hcl oral capsule 1mg, 2mg</i>	1	GC; MO
<i>prazosin hcl oral capsule 5mg</i>	2	GC; MO
<i>terazosin hcl oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	GC; MO
Diuréticos, Ahorradores de Potasio		
<i>amiloride hcl oral tablet 5mg</i>	2	GC; MO
<i>epplerenone oral tablet 25mg, 50mg</i>	2	GC; MO
KERENDIA ORAL TABLET 10MG, 20MG	4	MO; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100mg, 25mg, 50mg</i>	1	GC; MO
Diuréticos, Bucle		
<i>bumetanide injection solution 0.25mg/ml</i>	2	GC
<i>bumetanide oral tablet 0.5mg, 1mg, 2mg</i>	2	GC; MO
<i>furosemide injection solution 10mg/ml</i>	2	BvD; GC
<i>furosemide oral solution 10mg/ml, 8mg/ml</i>	2	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>furosemide oral tablet 20mg, 40mg, 80mg</i>	1	GC; MO
<i>torseamide oral tablet 10mg, 100mg, 20mg, 5mg</i>	1	GC; MO
Diuréticos, Tiazidas		
<i>chlorthalidone oral tablet 25mg, 50mg</i>	2	GC; MO
<i>hydrochlorothiazide oral capsule 12.5mg</i>	1	GC; MO
<i>hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg</i>	1	GC; MO
<i>indapamide oral tablet 1.25mg, 2.5mg</i>	1	GC; MO
<i>metolazone oral tablet 10mg, 2.5mg, 5mg</i>	2	GC; MO
Inhibidores de la Enzima Convertidora de Angiotensina (ECA)		
<i>benazepril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	GC; MO
<i>captopril oral tablet 100mg, 12.5mg, 25mg, 50mg</i>	2	GC; MO
<i>enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	GC; MO
<i>fosinopril sodium oral tablet 10mg, 20mg, 40mg</i>	1	GC; MO
<i>lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	GC; MO
<i>moexipril hcl oral tablet 15mg, 7.5mg</i>	2	GC; MO
<i>perindopril erbumine oral tablet 2mg, 4mg, 8mg</i>	2	GC; MO
<i>quinapril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	GC; MO
<i>ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	GC; MO
<i>trandolapril oral tablet 1mg, 2mg, 4mg</i>	2	GC; MO
Vasodilatadores Arteriales/Venosos de Acción Directa		
<i>hydralazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	GC; MO
<i>isosorbide dinitrate oral tablet 10mg, 20mg, 30mg, 5mg</i>	2	GC; MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 120mg</i>	2	GC; MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 30mg, 60mg</i>	1	GC; MO
<i>isosorbide mononitrate oral tablet 10mg, 20mg</i>	1	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>minoxidil oral tablet 10mg, 2.5mg</i>	1	GC; MO
NITRO-BID TRANSDERMAL OINTMENT 2%	3	MO
<i>nitroglycerin sublingual tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	GC; MO
<i>nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	GC; MO
<i>nitroglycerin translingual solution 0.4mg/spray</i>	2	GC; MO
RECTIV RECTAL OINTMENT 0.4%	4	

AGENTES DE ANTIDEMENCIA

Agentes Antidemencia, Otros

<i>memantine hcl er oral capsule extended release 24-hour 14mg, 21mg, 28mg, 7mg</i>	3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2mg/ml</i>	2	GC; MO; QL (360ML per 30 days)
<i>memantine hcl oral tablet 10mg, 5mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5mg & 21 x 10mg</i>	2	GC; QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24-HOUR THERAPY PACK 7 & 14 & 21 & 28 -10MG	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24-HOUR 14-10MG, 21-10MG, 28-10MG, 7-10MG	3	PA; MO

Inhibidores de Colinesterasa

<i>donepezil hcl oral tablet 10mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24-hour 16mg, 24mg, 8mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4mg/ml</i>	2	GC; MO; QL (200ML per 30 days)
<i>galantamine hydrobromide oral tablet 12mg, 4mg, 8mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	2	GC; MO; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>rivastigmine transdermal patch 24-hour</i> <i>13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	2	GC; MO; QL (30 EA per 30 days)
AGENTES DEL SISTEMA NERVIOSO CENTRAL		
Agentes con Trastorno por Déficit de Atención E Hiperactividad, Sin Anfetaminas		
<i>atomoxetine hcl oral capsule 10mg, 100mg,</i> <i>18mg, 25mg, 40mg, 60mg, 80mg</i>	4	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5mg</i>	1	GC; MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release</i> <i>24-hour 1mg, 2mg, 3mg, 4mg</i>	4	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10mg, 20mg, 5mg</i>	2	GC; MO; QL (90 EA per 30 days)
Agentes de Esclerosis Múltiple		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30MCG/0.5ML	5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30MCG/0.5ML	5	PA
BETASERON SUBCUTANEOUS KIT 0.3MG	5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20MG/ML, 40MG/ML	5	PA
<i>dalfampridine er oral tablet extended release</i> <i>12-hour 10mg</i>	3	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i> <i>120mg, 240mg</i>	5	PA
<i>dimethyl fumarate starter pack oral 120 & 240mg</i>	5	PA
<i> fingolimod hcl oral capsule 0.5mg</i>	5	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20MG/0.4ML	5	PA
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25MG	4	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25MG	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes de Fibromialgia		
<i>pregabalin oral capsule 100mg, 150mg, 25mg, 50mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200mg, 225mg, 300mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75mg</i>	2	GC; MO; QL (120 EA per 30 days)
<i>pregabalin oral solution 20mg/ml</i>	2	GC; MO; QL (900ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	3	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>	2	GC; MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 10mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 15mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 5mg</i>	4	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5mg/5ml</i>	4	MO; QL (1800ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20mg</i>	4	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30mg</i>	4	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5mg</i>	4	MO; QL (150 EA per 30 days)
Sistema Nervioso Central, Otros		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	5	PA; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	5	PA
NUEDEXTA ORAL CAPSULE 20-10MG	4	PA; MO
<i>riluzole oral tablet 50mg</i>	4	PA; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>tetrabenazine oral tablet 12.5mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25mg</i>	5	PA; QL (120 EA per 30 days)
AGENTES DENTALES y ORALES		
<i>Agentes Dentales y Orales</i>		
<i>chlorhexidine gluconate mouth/throat solution 0.12%</i>	1	GC
PERIOGARD MOUTH/THROAT SOLUTION 0.12%	1	GC
<i>pilocarpine hcl oral tablet 5mg, 7.5mg</i>	2	GC; MO
<i>triamcinolone acetate mouth/throat paste 0.1%</i>	2	GC
AGENTES DERMATOLÓGICOS		
<i>Agentes Dermatológicos, Otros</i>		
<i>calcipotriene external solution 0.005%</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05%</i>	2	GC
<i>clotrimazole-betamethasone external lotion 1-0.05%</i>	2	GC
<i>diclofenac sodium external gel 3%</i>	4	PA
<i>fluorouracil external cream 5%</i>	3	
<i>fluorouracil external solution 2%, 5%</i>	2	GC
<i>global alcohol prep ease pad 70%</i>	2	GC
<i>hydrocortisone ace-pramoxine external cream 1-1%</i>	2	GC
HYFTOR EXTERNAL GEL 0.2%	4	PA
<i>imiquimod external cream 5%</i>	2	GC
<i>nystatin-triamcinolone external cream 100000-0.1unit/gm-%</i>	2	GC
<i>nystatin-triamcinolone external ointment 100000-0.1unit/gm-%</i>	2	GC
PANRETIN EXTERNAL GEL 0.1%	5	PA
<i>podofilox external solution 0.5%</i>	2	GC
REGRANEX EXTERNAL GEL 0.01%	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SANTYL EXTERNAL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine external cream 1%</i>	2	GC
SSD EXTERNAL CREAM 1%	1	GC
Agentes para Acné y Rosácea		
ACCUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	3	
<i>acitretin oral capsule 10mg, 17.5mg, 25mg</i>	4	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	4	
<i>benzoyl peroxide-erythromycin external gel 5-3%</i>	2	GC
CLARAVIS ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5%</i>	2	GC
<i>isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>tazarotene external cream 0.1%</i>	2	PA; GC
<i>tazarotene external gel 0.05%, 0.1%</i>	4	PA
TAZORAC EXTERNAL CREAM 0.05%	4	PA
<i>tretinoin external cream 0.025%, 0.05%, 0.1%</i>	2	PA; GC
<i>tretinoin external gel 0.01%, 0.025%, 0.05%</i>	2	PA; GC
Agentes para Dermatitis y Pruitus		
<i>alclometasone dipropionate external cream 0.05%</i>	2	GC
<i>alclometasone dipropionate external ointment 0.05%</i>	2	GC
<i>amcinonide external ointment 0.1%</i>	4	
<i>ammonium lactate external cream 12%</i>	1	GC
<i>ammonium lactate external lotion 12%</i>	1	GC
<i>betamethasone dipropionate aug external cream 0.05%</i>	2	GC
<i>betamethasone dipropionate aug external lotion 0.05%</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>betamethasone dipropionate aug external ointment 0.05%</i>	2	GC
<i>betamethasone dipropionate external cream 0.05%</i>	2	GC
<i>betamethasone dipropionate external lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate external ointment 0.05%</i>	2	GC
<i>betamethasone valerate external cream 0.1%</i>	2	GC
<i>betamethasone valerate external lotion 0.1%</i>	2	GC
<i>betamethasone valerate external ointment 0.1%</i>	2	GC
<i>clobetasol propionate e external cream 0.05%</i>	4	
<i>clobetasol propionate external cream 0.05%</i>	4	
<i>clobetasol propionate external gel 0.05%</i>	4	
<i>clobetasol propionate external ointment 0.05%</i>	4	
<i>clobetasol propionate external solution 0.05%</i>	2	GC
<i>desonide external cream 0.05%</i>	4	
<i>desonide external lotion 0.05%</i>	4	
<i>desonide external ointment 0.05%</i>	2	GC
<i>desoximetasone external cream 0.05%, 0.25%</i>	4	
<i>desoximetasone external gel 0.05%</i>	4	
<i>desoximetasone external ointment 0.25%</i>	4	
EUCRISA EXTERNAL OINTMENT 2%	4	
<i>fluocinolone acetonide external cream 0.01%, 0.025%</i>	2	GC
<i>fluocinolone acetonide external ointment 0.025%</i>	2	GC
<i>fluocinolone acetonide external solution 0.01%</i>	4	
<i>fluocinonide emulsified base external cream 0.05%</i>	2	GC
<i>fluocinonide external gel 0.05%</i>	4	
<i>fluocinonide external ointment 0.05%</i>	2	GC
<i>fluocinonide external solution 0.05%</i>	2	GC
<i>fluticasone propionate external cream 0.05%</i>	1	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>fluticasone propionate external ointment 0.005%</i>	1	GC
<i>halobetasol propionate external cream 0.05%</i>	4	
<i>halobetasol propionate external ointment 0.05%</i>	2	GC
<i>hydrocortisone (perianal) external cream 2.5%</i>	1	GC
<i>hydrocortisone external cream 1%</i>	1	GC
<i>hydrocortisone external lotion 2.5%</i>	1	GC
<i>hydrocortisone external ointment 1%</i>	2	GC
<i>hydrocortisone external ointment 2.5%</i>	1	GC
<i>hydrocortisone valerate external cream 0.2%</i>	2	GC
<i>hydrocortisone valerate external ointment 0.2%</i>	2	GC
<i>mometasone furoate external cream 0.1%</i>	2	GC
<i>mometasone furoate external ointment 0.1%</i>	2	GC
<i>mometasone furoate external solution 0.1%</i>	2	GC
<i>pimecrolimus external cream 1%</i>	4	
<i>prednicarbate external ointment 0.1%</i>	4	
PROCTO-MED HC EXTERNAL CREAM 2.5%	4	
PROCTO-PAK EXTERNAL CREAM 1%	4	
PROCTOSOL HC EXTERNAL CREAM 2.5%	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5%	3	
<i>selenium sulfide external lotion 2.5%</i>	1	GC
<i>tacrolimus external ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide external cream 0.025%, 0.1%, 0.5%</i>	1	GC
<i>triamcinolone acetonide external lotion 0.025%, 0.1%</i>	2	GC
<i>triamcinolone acetonide external ointment 0.025%, 0.1%, 0.5%</i>	1	GC
Antiinfecciosos Tópicos		
<i>ciclopirox external gel 0.77%</i>	2	GC
<i>ciclopirox external shampoo 1%</i>	2	GC
<i>ciclopirox external solution 8%</i>	2	GC
<i>clindamycin phosphate external gel 1%</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>clindamycin phosphate external lotion 1%</i>	2	GC
<i>clindamycin phosphate external solution 1%</i>	2	GC
<i>ery external pad 2%</i>	3	
<i>erythromycin external gel 2%</i>	2	GC
<i>erythromycin external solution 2%</i>	2	GC
<i>mupirocin calcium external cream 2%</i>	4	
<i>mupirocin external ointment 2%</i>	1	GC
Pediculicidas/Escabicidas		
<i>malathion external lotion 0.5%</i>	4	
<i>permethrin external cream 5%</i>	2	GC
AGENTES GASTROINTESTINALES		
Agentes Antidiarreicos		
<i>alose tron hcl oral tablet 0.5mg, 1mg</i>	5	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025mg</i>	2	GC
<i>loperamide hcl oral capsule 2mg</i>	1	GC
Agentes Contra el Estreñimiento		
<i>constulose oral solution 10gm/15ml</i>	1	GC; MO
<i>enulose oral solution 10gm/15ml</i>	1	GC; MO
<i>generlac oral solution 10gm/15ml</i>	1	GC; MO
<i>lactulose oral solution 10gm/15ml</i>	1	GC; MO
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24mcg, 8mcg</i>	3	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days)
Agentes Gastrointestinales, Otros		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG	5	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML	4	
GATTEX SUBCUTANEOUS KIT 5MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	GC
LIVMARLI ORAL SOLUTION 9.5MG/ML	5	PA
<i>metoclopramide hcl oral solution 5mg/5ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10mg, 5mg</i>	1	GC; MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6gm/177ml</i>	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420gm</i>	2	GC
<i>peg-3350/electrolytes oral solution reconstituted 236gm</i>	2	GC
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	4	
SUTAB ORAL TABLET 1479-225-188MG	4	
<i>ursodiol oral capsule 300mg</i>	2	GC; MO
<i>ursodiol oral tablet 250mg, 500mg</i>	2	GC; MO
Antagonistas del Receptor de Histamina2 (H2)		
<i>famotidine oral suspension reconstituted 40mg/5ml</i>	2	GC; MO
<i>famotidine oral tablet 20mg, 40mg</i>	1	GC; MO
<i>nizatidine oral capsule 150mg, 300mg</i>	2	GC; MO
Antiespasmódicos, Gastrointestinales		
<i>dicyclomine hcl oral capsule 10mg</i>	1	GC
<i>dicyclomine hcl oral solution 10mg/5ml</i>	2	GC
<i>dicyclomine hcl oral tablet 20mg</i>	1	GC
<i>glycopyrrolate oral tablet 1mg, 2mg</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Inhibidores de la Bomba de Protones		
<i>dexlansoprazole oral capsule delayed release 30mg, 60mg</i>	3	MO
<i>esomeprazole magnesium oral capsule delayed release 20mg, 40mg</i>	2	GC; MO
<i>lansoprazole oral capsule delayed release 15mg, 30mg</i>	2	GC; MO
<i>omeprazole oral capsule delayed release 10mg, 20mg, 40mg</i>	1	GC; MO
<i>pantoprazole sodium oral tablet delayed release 20mg, 40mg</i>	1	GC; MO
Protectores		
<i>misoprostol oral tablet 100mcg, 200mcg</i>	2	GC; MO
<i>sucralfate oral suspension 1gm/10ml</i>	4	MO
<i>sucralfate oral tablet 1gm</i>	1	GC; MO
AGENTES GENITOURINARIOS		
Agentes Genitourinarios, Otros		
<i>bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg</i>	2	GC
ELMIRON ORAL CAPSULE 100MG	4	
<i>penicillamine oral tablet 250mg</i>	5	
Agentes para Hipertrofia Prostática Benigna		
<i>alfuzosin hcl er oral tablet extended release 24-hour 10mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4mg, 8mg</i>	4	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4mg</i>	1	GC; MO; QL (60 EA per 30 days)
Antiespasmódicos, Urinarios		
<i>darifenacin hydrobromide er oral tablet extended release 24-hour 15mg, 7.5mg</i>	4	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>fesoterodine fumarate er oral tablet extended release 24-hour 4mg, 8mg</i>	4	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8MG/ML	3	MO; QL (300ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24-HOUR 25MG, 50MG	3	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24-hour 10mg, 15mg, 5mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5mg/5ml</i>	2	GC; MO; QL (600ML per 30 days)
<i>oxybutynin chloride oral tablet 5mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10mg, 5mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24-hour 2mg, 4mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1mg, 2mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24-hour 60mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20mg</i>	2	GC; 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	GC; MO
<i>alyacen 1/35 oral tablet 1-35mg-mcg</i>	1	GC; MO
APRI ORAL TABLET 0.15-30MG-MCG	1	GC; MO
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	2	GC; MO
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	GC; MO
AVIANE ORAL TABLET 0.1-20MG-MCG	1	GC; MO
BALZIVA ORAL TABLET 0.4-35MG-MCG	2	GC; MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	GC; MO
<i>briellyn oral tablet 0.4-35mg-mcg</i>	2	GC; MO
CRYSSELLE-28 ORAL TABLET 0.3-30MG-MCG	2	GC; MO
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01mg (21/5)</i>	2	GC; MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30mg-mcg</i>	1	GC; MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02mg, 3-0.03mg</i>	2	GC; MO
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	4	MO
EMOQUETTE ORAL TABLET 0.15-30MG-MCG	1	GC; MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30MCG	1	GC; MO
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	GC; MO
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	GC; MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35mg-mcg, 1-50mg-mcg</i>	2	GC; MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015mg/24hr</i>	4	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	GC; MO
FEMYNOR ORAL TABLET 0.25-35MG-MCG	1	GC; MO
ICLEVIA ORAL TABLET 0.15-0.03MG	2	GC; MO
INTRAROSA VAGINAL INSERT 6.5MG	3	PA; MO
INTROVALE ORAL TABLET 0.15-0.03MG	2	GC; MO
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	GC; MO
JASMIEL ORAL TABLET 3-0.02MG	2	GC; MO
JULEBER ORAL TABLET 0.15-30MG-MCG	1	GC; MO
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	GC; MO
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	GC; MO
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	2	GC; MO
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	GC; MO
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	GC; MO
KURVELO ORAL TABLET 0.15-30MG-MCG	1	GC; MO
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	GC; MO
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	2	GC; MO
LESSINA ORAL TABLET 0.1-20MG-MCG	1	GC; MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	GC; MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03mg</i>	2	GC; MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg, 0.15-30mg-mcg</i>	1	GC; MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30mcg</i>	1	GC; MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	GC; MO
LORYNA ORAL TABLET 3-0.02MG	2	GC; MO
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	2	GC; MO
LUTERA ORAL TABLET 0.1-20MG-MCG	1	GC; MO
<i>marlissa oral tablet 0.15-30mg-mcg</i>	1	GC; MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	GC; MO
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	GC; MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	GC; MO
MILI ORAL TABLET 0.25-35MG-MCG	1	GC; MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	2	GC; MO
NIKKI ORAL TABLET 3-0.02MG	2	GC; MO
<i>norethin ace-eth estrad-fe oral tablet 1-20mg-mcg</i>	1	GC; MO
<i>norethindrone acet-ethinyl est oral tablet 1-20mg-mcg</i>	2	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>norethindrone-eth estradiol oral tablet 1-5mg-mcg</i>	2	GC; MO
<i>norgestimate-eth estradiol oral tablet 0.25-35mg-mcg</i>	1	GC; MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25mg-35mcg</i>	1	GC; MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	2	GC; MO
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	GC; MO
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	GC; MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	GC; MO
NYLIA 1/35 ORAL TABLET 1-35MG-MCG	1	GC; MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	GC; MO
NYMYO ORAL TABLET 0.25-35MG-MCG	1	GC; MO
OCELLA ORAL TABLET 3-0.03MG	2	GC; MO
OSPHENA ORAL TABLET 60MG	3	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01MG (21/5)	2	GC; MO
PIRMELLA 1/35 ORAL TABLET 1-35MG-MCG	1	GC; MO
PORTIA-28 ORAL TABLET 0.15-30MG-MCG	1	GC; MO
PREMPHASE ORAL TABLET 0.625-5MG	3	MO
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG	3	MO
RECLIPSEN ORAL TABLET 0.15-30MG-MCG	1	GC; MO
SETLAKIN ORAL TABLET 0.15-0.03MG	2	GC; MO
SPRINTEC 28 ORAL TABLET 0.25-35MG-MCG	1	GC; MO
SRONYX ORAL TABLET 0.1-20MG-MCG	1	GC; MO
SYEDA ORAL TABLET 3-0.03MG	2	GC; MO
TARINA FE 1/20 EQ ORAL TABLET 1-20MG-MCG	1	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30MCG	1	GC; MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	GC; MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	2	GC; MO
VESTURA ORAL TABLET 3-0.02MG	2	GC; MO
VIENVA ORAL TABLET 0.1-20MG-MCG	1	GC; MO
VYFEMLA ORAL TABLET 0.4-35MG-MCG	2	GC; MO
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	GC; MO
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	GC; MO
Andrógenos		
ANDRODERM TRANSDERMAL PATCH 24-HOUR 2MG/24HR, 4MG/24HR	3	MO
<i>danazol oral capsule 100mg, 50mg</i>	2	GC
<i>danazol oral capsule 200mg</i>	4	
<i>oxandrolone oral tablet 10mg</i>	4	PA
<i>oxandrolone oral tablet 2.5mg</i>	3	PA
<i>testosterone cypionate intramuscular solution 100mg/ml, 200mg/ml, 200mg/ml (1 ml)</i>	2	GC; MO
<i>testosterone enanthate intramuscular solution 200mg/ml</i>	2	GC; 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>	3	MO
<i>testosterone transdermal solution 30mg/act</i>	3	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Estrógenos		
DUAVEE ORAL TABLET 0.45-20MG	3	MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	GC; MO
<i>estradiol transdermal patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	GC; 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>	2	GC; MO
<i>estradiol vaginal cream 0.1mg/gm</i>	4	MO
<i>estradiol vaginal tablet 10mcg</i>	4	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	4	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10MCG, 4MCG	4	MO
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	4	MO
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMARIN VAGINAL CREAM 0.625MG/GM	3	MO
Progestinas		
CAMILA ORAL TABLET 0.35MG	1	GC; MO
DEBLITANE ORAL TABLET 0.35MG	1	GC; MO
ERRIN ORAL TABLET 0.35MG	1	GC; MO
INCASSIA ORAL TABLET 0.35MG	1	GC; MO
LYLEQ ORAL TABLET 0.35MG	1	GC; MO
LYZA ORAL TABLET 0.35MG	1	GC; MO
<i>medroxyprogesterone acetate intramuscular suspension 150mg/ml</i>	2	GC
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150mg/ml</i>	2	GC
<i>medroxyprogesterone acetate oral tablet 10mg, 2.5mg, 5mg</i>	1	GC; MO
<i>megestrol acetate oral suspension 40mg/ml</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>megestrol acetate oral suspension 625mg/5ml</i>	4	MO
<i>megestrol acetate oral tablet 20mg, 40mg</i>	1	GC
NORA-BE ORAL TABLET 0.35MG	1	GC; MO
<i>norethindrone acetate oral tablet 5mg</i>	2	GC; MO
<i>norethindrone oral tablet 0.35mg</i>	1	GC; MO
<i>progesterone oral capsule 100mg, 200mg</i>	2	GC; MO
SHAROBEL ORAL TABLET 0.35MG	1	GC; MO

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

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

<i>desmopressin acetate oral tablet 0.1mg, 0.2mg</i>	2	GC; MO
<i>desmopressin acetate spray nasal solution 0.01%</i>	2	GC; MO
INCRELEX SUBCUTANEOUS SOLUTION 40MG/4ML	5	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7MCG, 55.3MCG	4	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10MG/1.5ML, 5MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8MG	5	PA

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

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

<i>dexamethasone oral solution 0.5mg/5ml</i>	2	GC
<i>dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	GC
<i>fludrocortisone acetate oral tablet 0.1mg</i>	1	GC; MO
<i>hydrocortisone oral tablet 10mg, 20mg, 5mg</i>	1	GC
ISTURISA ORAL TABLET 1MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10MG	5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5MG	5	PA; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>methylprednisolone oral tablet 16mg, 32mg, 4mg, 8mg</i>	2	BvD; GC
<i>methylprednisolone oral tablet therapy pack 4mg</i>	2	GC
<i>prednisolone oral solution 15mg/5ml</i>	2	BvD; GC
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml, 25mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BvD
<i>prednisolone sodium phosphate oral tablet dispersible 10mg, 15mg, 30mg</i>	2	BvD; GC
PREDNISONO INTENSOL ORAL CONCENTRATE 5MG/ML	2	BvD; GC
<i>prednisone oral solution 5mg/5ml</i>	2	BvD; GC
<i>prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg</i>	1	BvD; GC
<i>prednisone oral tablet therapy pack 10mg (21) , 10mg (48) , 5mg (21) , 5mg (48)</i>	1	GC

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
AGENTES HORMONALES, SUPRESORES (PITUITARIA)		
<i>Agentes Hormonales, Supresores (Pituitaria)</i>		
<i>cabergoline oral tablet 0.5mg</i>	2	GC
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	4	PA
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	5	PA
<i>octreotide acetate injection solution 100mcg/ml, 50mcg/ml</i>	2	PA; GC; MO
<i>octreotide acetate injection solution 1000mcg/ml, 500mcg/ml</i>	5	PA
<i>octreotide acetate injection solution 200mcg/ml</i>	4	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; QL (60ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES HORMONALES, SUPRESORES (TIROIDES)		
Agentes Antitiroideos		
<i>methimazole oral tablet 10mg, 5mg</i>	1	GC; MO
<i>propylthiouracil oral tablet 50mg</i>	1	GC; MO
AGENTES INMUNOLÓGICOS		
Agentes de Angioedema		
FIRAZYR SUBCUTANEOUS SOLUTION 30MG/3ML	5	PA
<i>icatibant acetate subcutaneous solution 30mg/3ml</i>	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300MG/2ML	5	PA
Agentes Inmunológicos, Otros		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	5	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	5	PA
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	5	PA
<i>leflunomide oral tablet 10mg, 20mg</i>	2	GC; MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180MG/1.2ML, 360MG/2.4ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	5	PA
TAVNEOS ORAL CAPSULE 10MG	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	5	PA
<i>Inmunostimulantes</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000UNIT/0.5ML	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	5	PA
<i>Inmunoglobulinas</i>		
PANZYGA INTRAVENOUS SOLUTION 1GM/10ML, 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20GM/200ML	5	BvD
<i>Inmunosupresores</i>		
AZASAN ORAL TABLET 100MG, 75MG	3	BvD; MO
<i>azathioprine oral tablet 100mg, 75mg</i>	3	BvD; MO
<i>azathioprine oral tablet 50mg</i>	2	BvD; GC; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200MG/ML	5	PA
<i>cyclosporine modified oral capsule 100mg, 25mg, 50mg</i>	2	BvD; GC; MO
<i>cyclosporine modified oral solution 100mg/ml</i>	2	BvD; GC; MO
<i>cyclosporine oral capsule 100mg, 25mg</i>	2	BvD; GC; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25MG/0.5ML, 50MG/ML	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50MG/ML	5	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	5	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24-HOUR 0.75MG, 1MG, 4MG	4	BvD; MO
<i>everolimus oral tablet 0.25mg</i>	4	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5mg</i>	5	BvD; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75mg, 1mg</i>	5	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100MG, 25MG	2	BvD; GC; MO
GENGRAF ORAL SOLUTION 100MG/ML	2	BvD; GC; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML, 80MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML	5	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
LUPKYNIS ORAL CAPSULE 7.9MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50mg/2ml</i>	1	BvD; GC
<i>methotrexate sodium injection solution 50mg/2ml</i>	1	BvD; GC
<i>methotrexate sodium oral tablet 2.5mg</i>	2	BvD; GC
<i>mycophenolate mofetil oral capsule 250mg</i>	4	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200mg/ml</i>	5	BvD
<i>mycophenolate mofetil oral tablet 500mg</i>	2	BvD; GC; MO
<i>mycophenolate sodium oral tablet delayed release 180mg, 360mg</i>	2	BvD; GC; MO
PROGRAF ORAL PACKET 0.2MG, 1MG	4	BvD; MO
REZUROCK ORAL TABLET 200MG	5	PA
<i>sirolimus oral solution 1mg/ml</i>	5	BvD
<i>sirolimus oral tablet 0.5mg, 1mg</i>	4	BvD; MO
<i>sirolimus oral tablet 2mg</i>	5	BvD
<i>tacrolimus oral capsule 0.5mg</i>	2	BvD; GC; MO
<i>tacrolimus oral capsule 1mg, 5mg</i>	4	BvD; MO
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	4	BvD
Vacunas		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE) , 5-2-15.5 LF-MCG/0.5	4	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>bcg vaccine injection solution reconstituted 50mg</i>	4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD
ENERIX-B INJECTION SUSPENSION 20MCG/ML	3	BvD
ENERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/0.5ML, 20MCG/ML	3	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5UNIT/ML	3	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5ML	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	4	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
<i>prehevbrio intramuscular suspension 10mcg/ml</i>	3	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION, (58 UNT/ML)	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/ML, 5MCG/0.5ML	3	BvD
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 25UNIT/0.5ML 0.5ML, 50UNIT/ML, 50UNIT/ML 1ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE, (2.5ML IN 1 VIAL, MULTI-DOSE)	3	

AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA

Agentes Metabólicos para la Enfermedad Ósea

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>raloxifene hcl oral tablet 60mg</i>	2	GC; MO
<i>risedronate sodium oral tablet 150mg</i>	2	GC; MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30mg</i>	2	GC; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35mg, 35mg (12 pack) , 35mg (4 pack)</i>	2	GC; MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620mcg/2.48ml</i>	5	PA; QL (2.48ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120MCG/1.56ML	5	PA; QL (1.56ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	5	PA; QL (2ML per 28 days)

AGENTES OFTÁLMICOS

Agentes Oftálmicos Antialérgicos

<i>azelastine hcl ophthalmic solution 0.05%</i>	2	GC
<i>cromolyn sodium ophthalmic solution 4%</i>	1	GC
<i>olopatadine hcl ophthalmic solution 0.1%, 0.2%</i>	3	

Agentes Oftálmicos Bloqueadores Beta-Adrenérgicos

<i>betaxolol hcl ophthalmic solution 0.5%</i>	2	GC; MO
<i>carteolol hcl ophthalmic solution 1%</i>	1	GC; MO
<i>levobunolol hcl ophthalmic solution 0.5%</i>	1	GC; MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5%</i>	2	GC; MO
<i>timolol maleate ophthalmic gel forming solution 0.25%, 0.5%</i>	2	GC; MO
<i>timolol maleate ophthalmic solution 0.25%, 0.5%</i>	1	GC; MO

Agentes Oftálmicos para Bajar la Presión Intraocular, Otros

<i>acetazolamide er oral capsule extended release 12-hour 500mg</i>	2	GC; MO
<i>acetazolamide oral tablet 125mg, 250mg</i>	2	GC; MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	3	MO
<i>apraclonidine hcl ophthalmic solution 0.5%</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AZOPT OPHTHALMIC SUSPENSION 1%	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15%, 0.2%</i>	2	GC; MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%</i>	3	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	4	MO
<i>dorzolamide hcl ophthalmic solution 2%</i>	1	GC; MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8mg/ml</i>	2	GC; MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%</i>	2	GC; MO
<i>methazolamide oral tablet 25mg, 50mg</i>	4	MO
<i>pilocarpine hcl ophthalmic solution 1%, 2%, 4%</i>	2	GC; MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	4	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	4	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	4	MO
Agentes Oftálmicos, Otros		
<i>atropine sulfate ophthalmic solution 1%</i>	2	GC; MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%</i>	2	GC
<i>cyclosporine ophthalmic emulsion 0.05%</i>	3	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	5	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	GC
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1unit/ml-%</i>	1	GC
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23%</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%</i>	2	GC
Análogos de Prostaglandina y Prostamida Oftálmicos		
<i>latanoprost ophthalmic solution 0.005%</i>	2	GC; MO
LUMIGAN OPTHALMIC SOLUTION 0.01%	3	MO
<i>travoprost (bak free) ophthalmic solution 0.004%</i>	3	MO
Antiinfecciosos Oftálmicos		
AZASITE OPTHALMIC SOLUTION 1%	4	
<i>bacitracin ophthalmic ointment 500unit/gm</i>	2	GC
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000unit/gm</i>	2	GC
<i>erythromycin ophthalmic ointment 5mg/gm</i>	1	GC
<i>gatifloxacin ophthalmic solution 0.5%</i>	2	GC
GENTAK OPTHALMIC OINTMENT 0.3%	2	GC
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	GC
<i>moxifloxacin hcl ophthalmic solution 0.5%</i>	2	GC
NATACYN OPTHALMIC SUSPENSION 5%	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	GC
<i>ofloxacin ophthalmic solution 0.3%</i>	2	GC
<i>sulfacetamide sodium ophthalmic solution 10%</i>	2	GC
<i>tobramycin ophthalmic solution 0.3%</i>	1	GC
Antiinflamatorios Oftálmicos		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09%</i>	2	GC
BROMSITE OPTHALMIC SOLUTION 0.075%	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	GC
DUREZOL OPHTHALMIC EMULSION 0.05%	3	
<i>fluorometholone ophthalmic suspension 0.1%</i>	2	GC
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	GC
ILEVRO OPHTHALMIC SUSPENSION 0.3%	3	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	2	GC
<i>loteprednol etabonate ophthalmic suspension 0.5%</i>	2	GC
<i>prednisolone acetate ophthalmic suspension 1%</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	GC

AGENTES ÓTICOS

Agentes Óticos

<i>acetic acid otic solution 2%</i>	1	GC
<i>ciprofloxacin hcl otic solution 0.2%</i>	4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1%</i>	3	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025%</i>	4	
<i>fluocinolone acetonide otic oil 0.01%</i>	2	GC
<i>neomycin-polymyxin-hc otic solution 1%</i>	2	GC
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	GC
<i>ofloxacin otic solution 0.3%</i>	4	

AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA

Aminosalicilatos

<i>balsalazide disodium oral capsule 750mg</i>	2	GC
LIALDA ORAL TABLET DELAYED RELEASE 1.2GM	3	MO
<i>mesalamine er oral capsule extended release 24-hour 0.375gm</i>	4	MO
<i>mesalamine oral capsule delayed release 400mg</i>	4	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>mesalamine oral tablet delayed release 800mg</i>	4	
<i>mesalamine rectal enema 4gm</i>	4	
<i>sulfasalazine oral tablet 500mg</i>	1	GC; MO
<i>sulfasalazine oral tablet delayed release 500mg</i>	1	GC; MO

Glucocorticoides

<i>budesonide er oral tablet extended release 24-hour 9mg</i>	4	
<i>budesonide oral capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone rectal enema 100mg/60ml</i>	4	

AGENTES PARA TRASTORNO DEL SUEÑO

Agentes Promotores de la Vigilia

<i>armodafinil oral tablet 150mg, 200mg, 250mg, 50mg</i>	3	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100mg, 200mg</i>	4	PA; MO; QL (60 EA per 30 days)
SUNOSI ORAL TABLET 150MG, 75MG	4	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500MG/ML	5	PA; QL (540ML per 30 days)
XYWAV ORAL SOLUTION 500MG/ML	5	PA; QL (540ML per 30 days)

Agentes Promotores del Sueño

BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5mg</i>	4	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10mg, 5mg</i>	2	GC; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10mg, 5mg</i>	2	GC; 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>	5	
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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000UNIT, 24000-76000UNIT, 3000-9500UNIT, 36000-114000UNIT, 6000-19000UNIT	3	MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	4	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	4	PA; MO
ENDARI ORAL PACKET 5GM	4	PA
GALAFOLD ORAL CAPSULE 123MG	5	PA
<i>miglustat oral capsule 100mg</i>	5	PA
<i>nitisinone oral capsule 10mg, 2mg, 5mg</i>	5	PA
ORFADIN ORAL CAPSULE 20MG	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	5	PA
RAVICTI ORAL LIQUID 1.1GM/ML	5	PA
<i>sapropterin dihydrochloride oral packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100mg</i>	5	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	5	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	5	PA
VYNDAMAX ORAL CAPSULE 61MG	5	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000UNIT, 15000-47000UNIT, 20000-63000UNIT, 25000-79000UNIT, 3000-10000UNIT, 40000-126000UNIT, 5000-24000UNIT	3	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	GC
NICOTROL INHALATION INHALER 10MG	4	
<i>varenicline tartrate oral tablet 0.5mg, 1mg</i>	3	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>varenicline tartrate oral tablet therapy pack 0.5mg x 11 & 1mg x 42</i>	3	
Agentes para la Reversión de Opioides		
KLOXXADO NASAL LIQUID 8MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4mg/ml</i>	2	GC
<i>naloxone hcl injection solution cartridge 0.4mg/ml</i>	2	GC
<i>naloxone hcl injection solution prefilled syringe 2mg/2ml</i>	2	GC
<i>naloxone hcl nasal liquid 4mg/0.1ml</i>	2	GC
NARCAN NASAL LIQUID 4MG/0.1ML	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	3	
Dependencia de Opioides		
<i>buprenorphine hcl sublingual tablet sublingual 2mg, 8mg</i>	2	GC
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5mg, 8-2mg</i>	2	GC
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	4	
Disuasivos de Alcohol/Anti-Deseo		
<i>acamprosate calcium oral tablet delayed release 333mg</i>	2	GC; MO
<i>disulfiram oral tablet 250mg</i>	2	GC; MO
<i>naltrexone hcl oral tablet 50mg</i>	2	GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380MG	5	
AGENTES PARA TRATAMIENTO DE LA GOTA		
Agentes para Tratamiento de la Gota		
<i>allopurinol oral tablet 100mg, 300mg</i>	1	GC; MO
<i>colchicine oral capsule 0.6mg</i>	3	
<i>colchicine oral tablet 0.6mg</i>	3	
<i>colchicine-probenecid oral tablet 0.5-500mg</i>	3	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>febuxostat oral tablet 40mg, 80mg</i>	3	PA; MO
<i>probenecid oral tablet 500mg</i>	2	GC; MO

AGENTES PULMONARES/ TRACTO RESPIRATORIO

Agentes de Fibrosis Pulmonar

ESBRIET ORAL CAPSULE 267MG	5	PA
OFEV ORAL CAPSULE 100MG, 150MG	5	PA
<i>pirfenidone oral tablet 267mg, 534mg, 801mg</i>	5	PA

Agentes del Tracto Respiratorio, Otros

<i>acetylcysteine inhalation solution 10%, 20%</i>	2	BvD; GC
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50MCG/ACT, 250-50MCG/ACT, 500-50MCG/ACT	3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	3	MO; QL (12GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25MCG/ACT	3	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25MCG/ACT, 200-25MCG/ACT	3	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8MCG/ACT	3	MO; QL (10.7GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5mcg/act, 80-4.5mcg/act</i>	3	MO; QL (10.2GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	4	MO; QL (4GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20mg/2ml</i>	2	BvD; GC; MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50mcg/act, 250-50mcg/act, 500-50mcg/act</i>	3	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>	3	MO; QL (1 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BvD; GC; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	5	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/ACT, 200-62.5-25MCG/ACT	3	MO; QL (60 EA per 30 days)
Agentes para Fibrosis Quística		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO ORAL PACKET 25MG, 50MG, 75MG	5	PA
KALYDECO ORAL TABLET 150MG	5	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG, 75-94MG	5	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	5	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	5	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	5	PA
TOBI PODHALER INHALATION CAPSULE 28MG	5	PA
<i>tobramycin inhalation nebulization solution 300mg/5ml</i>	5	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	5	PA
Antihipertensivos Pulmonares		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10mg, 5mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125mg, 62.5mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	5	PA; QL (90 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>sildenafil citrate oral tablet 20mg</i>	2	PA; GC; MO; QL (90 EA per 30 days)
Antihistamínicos		
<i>azelastine hcl nasal solution 0.1%, 0.15%</i>	2	GC; QL (30ML per 25 days)
<i>cetirizine hcl oral solution 1mg/ml</i>	1	GC
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	4	
<i>cyproheptadine hcl oral tablet 4mg</i>	4	
<i>levocetirizine dihydrochloride oral solution 2.5mg/5ml</i>	2	GC
<i>levocetirizine dihydrochloride oral tablet 5mg</i>	1	GC
Antiinflamatorios, Corticosteroides Inhalados		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/ACT, 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	MO; QL (26GM per 30 days)
<i>budesonide inhalation suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT, 50MCG/ACT	3	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	3	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	3	MO; QL (21.2GM per 30 days)
<i>flunisolide nasal solution 25mcg/act (0.025%)</i>	2	GC; QL (50ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>fluticasone propionate nasal suspension 50mcg/act</i>	1	GC; QL (16GM per 30 days)
<i>mometasone furoate nasal suspension 50mcg/act</i>	2	GC; QL (34GM per 30 days)
Antileucotrienos		
<i>montelukast sodium oral packet 4mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4mg, 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10mg, 20mg</i>	2	GC; MO; QL (60 EA per 30 days)
Broncodilatadores, Anticolinérgicos		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	4	MO; QL (26GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	2	BvD; GC; MO
<i>ipratropium bromide nasal solution 0.03%</i>	2	GC; MO; QL (60ML per 30 days)
<i>ipratropium bromide nasal solution 0.06%</i>	2	GC; MO; QL (30ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	3	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	MO; QL (4GM per 30 days)
Broncodilatadores, Simpaticomiméticos		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	GC; MO; QL (17GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	GC; MO; QL (13.4GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	GC; 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>	2	BvD; GC; MO
<i>albuterol sulfate oral syrup 2mg/5ml</i>	2	GC; MO
<i>albuterol sulfate oral tablet 2mg, 4mg</i>	2	GC; MO
<i>epinephrine injection solution 0.3mg/0.3ml</i>	2	GC
<i>epinephrine injection solution auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5mg, 5mg</i>	4	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	MO; QL (36GM per 30 days)
<i>Inhibidores de la Fosfodiesterasa, Enfermedad de las Vías Respiratorias</i>		
<i>roflumilast oral tablet 250mcg, 500mcg</i>	3	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12-hour 300mg, 450mg</i>	2	GC; MO
<i>theophylline er oral tablet extended release 24-hour 400mg, 600mg</i>	2	GC; MO
ANALGÉSICOS		
<i>Analgésicos Opioides, de Acción Corta</i>		
<i>acetaminophen-codeine #3 oral tablet 300-30mg</i>	2	GC; QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12mg/5ml</i>	2	GC; QL (5000ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15mg, 300-60mg</i>	2	GC; QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15mg, 30mg, 60mg</i>	2	GC; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200mcg, 1600mcg, 600mcg, 800mcg</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200mcg, 400mcg</i>	4	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325mg/15ml</i>	2	GC; QL (5500ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg</i>	2	GC; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg</i>	2	GC; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1mg/ml</i>	4	QL (1920ML per 30 days)
<i>hydromorphone hcl oral tablet 2mg, 4mg</i>	2	GC; QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8mg</i>	2	GC; QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20mg/ml</i>	2	GC; QL (600ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>morphine sulfate oral solution 10mg/5ml</i>	2	GC; QL (1800ML per 30 days)
<i>morphine sulfate oral solution 20mg/5ml</i>	2	GC; QL (1500ML per 30 days)
<i>morphine sulfate oral tablet 15mg, 30mg</i>	2	GC; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100mg/5ml</i>	4	QL (180ML per 30 days)
<i>oxycodone hcl oral solution 5mg/5ml</i>	4	QL (1080ML per 30 days)
<i>oxycodone hcl oral tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	2	GC; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325mg/5ml</i>	2	GC; QL (1080ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg</i>	2	GC; QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100mg</i>	1	GC; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50mg</i>	1	GC; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325mg</i>	2	GC; 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>	4	PA; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10mg, 5mg</i>	2	GC; QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	2	GC; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12-hour abuse-deterrent 10mg, 20mg, 40mg, 80mg</i>	4	
Analgésicos		
<i>butalbital-apap-caffeine oral tablet 50-325-40mg</i>	2	GC; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40mg</i>	2	GC; QL (180 EA per 30 days)
Fármacos Anti-Inflamatorios No Esteroideos		
<i>celecoxib oral capsule 100mg, 200mg, 400mg, 50mg</i>	2	GC; MO
<i>diclofenac potassium oral tablet 50mg</i>	2	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>diclofenac sodium er oral tablet extended release 24-hour 100mg</i>	1	GC; MO
<i>diclofenac sodium external gel 1%</i>	2	GC
<i>diclofenac sodium oral tablet delayed release 25mg, 50mg, 75mg</i>	1	GC; MO
<i>diflunisal oral tablet 500mg</i>	2	GC; MO
<i>etodolac oral capsule 200mg, 300mg</i>	2	GC; MO
<i>etodolac oral tablet 400mg, 500mg</i>	2	GC; MO
<i>flurbiprofen oral tablet 100mg</i>	1	GC; MO
IBU ORAL TABLET 600MG, 800MG	1	GC; MO
<i>ibuprofen oral suspension 100mg/5ml</i>	1	GC
<i>ibuprofen oral tablet 400mg, 600mg, 800mg</i>	1	GC; MO
<i>indomethacin er oral capsule extended release 75mg</i>	2	GC; MO
<i>indomethacin oral capsule 25mg, 50mg</i>	1	GC; MO
<i>ketorolac tromethamine oral tablet 10mg</i>	1	GC
<i>meloxicam oral tablet 15mg, 7.5mg</i>	1	GC; MO
<i>nabumetone oral tablet 500mg, 750mg</i>	1	GC; MO
<i>naproxen oral suspension 125mg/5ml</i>	2	GC; MO
<i>naproxen oral tablet 250mg, 375mg, 500mg</i>	1	GC; MO
<i>naproxen oral tablet delayed release 375mg, 500mg</i>	2	GC; MO
<i>naproxen sodium oral tablet 275mg, 550mg</i>	2	GC; MO
<i>oxaprozin oral tablet 600mg</i>	2	GC; MO
<i>piroxicam oral capsule 10mg, 20mg</i>	2	GC; MO
<i>sulindac oral tablet 150mg, 200mg</i>	1	GC; MO

ANESTÉSICOS

Anestésicos Locales

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ANSIOLÍTICOS		
Ansiolíticos, Otros		
<i>bupirone hcl oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg</i>	1	GC
<i>hydroxyzine hcl oral syrup 10mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10mg, 25mg</i>	1	GC
<i>hydroxyzine hcl oral tablet 50mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 100mg, 25mg, 50mg</i>	2	GC
<i>oxazepam oral capsule 10mg, 15mg, 30mg</i>	2	GC; QL (120 EA per 30 days)
Benzodiazepinas		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	2	GC; QL (300ML per 30 days)
<i>alprazolam oral tablet 0.25mg, 0.5mg</i>	2	GC; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1mg</i>	2	GC; QL (240 EA per 30 days)
<i>alprazolam oral tablet 2mg</i>	2	GC; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg</i>	2	GC; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5mg, 1mg</i>	1	GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2mg</i>	1	GC; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2mg</i>	2	GC; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg</i>	2	GC; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5MG/ML	2	GC; QL (240ML per 30 days)
<i>diazepam oral solution 5mg/5ml</i>	2	GC; QL (1200ML per 30 days)
<i>diazepam oral tablet 10mg, 2mg</i>	1	GC; QL (120 EA per 30 days)
<i>diazepam oral tablet 5mg</i>	1	GC; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2MG/ML	2	GC; QL (240ML per 30 days)
<i>lorazepam oral tablet 0.5mg, 1mg, 2mg</i>	2	GC; QL (150 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ANTIBACTERIANOS		
Aminoglucósidos		
<i>amikacin sulfate injection solution 500mg/2ml</i>	4	BvD
ARIKAYCE INHALATION SUSPENSION 590MG/8.4ML	4	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>	2	GC
<i>gentamicin sulfate external cream 0.1%</i>	2	GC
<i>gentamicin sulfate external ointment 0.1%</i>	2	GC
<i>gentamicin sulfate injection solution 40mg/ml</i>	2	GC
<i>neomycin sulfate oral tablet 500mg</i>	2	GC
<i>paromomycin sulfate oral capsule 250mg</i>	4	
<i>tobramycin sulfate injection solution 10mg/ml, 80mg/2ml</i>	4	BvD
ZEMDRI INTRAVENOUS SOLUTION 500MG/10ML	5	
Antibacterianos, Otros		
<i>aztreonam injection solution reconstituted 1gm</i>	2	GC
<i>aztreonam injection solution reconstituted 2gm</i>	4	BvD
<i>clindamycin hcl oral capsule 150mg, 75mg</i>	1	GC
<i>clindamycin hcl oral capsule 300mg</i>	2	GC
<i>clindamycin palmitate hcl oral solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate in d5w intravenous solution 300mg/50ml, 600mg/50ml, 900mg/50ml</i>	4	
<i>clindamycin phosphate injection solution 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	BvD
<i>clindamycin phosphate vaginal cream 2%</i>	2	GC
<i>colistimethate sodium (cba) injection solution reconstituted 150mg</i>	4	BvD
<i>daptomycin intravenous solution reconstituted 350mg</i>	4	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>daptomycin intravenous solution reconstituted 500mg</i>	5	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	4	
<i>linezolid intravenous solution 600mg/300ml</i>	4	PA
<i>linezolid oral tablet 600mg</i>	4	PA
<i>methenamine hippurate oral tablet 1gm</i>	2	GC
<i>metronidazole external cream 0.75%</i>	2	GC
<i>metronidazole external gel 0.75%, 1%</i>	2	GC
<i>metronidazole external lotion 0.75%</i>	2	GC
<i>metronidazole intravenous solution 500mg/100ml</i>	2	BvD; GC
<i>metronidazole oral tablet 250mg, 500mg</i>	2	GC
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg</i>	2	GC
<i>nitrofurantoin monohyd macro oral capsule 100mg</i>	2	GC
<i>tigecycline intravenous solution reconstituted 50mg</i>	5	BvD
<i>tinidazole oral tablet 250mg, 500mg</i>	2	GC
<i>trimethoprim oral tablet 100mg</i>	1	GC
<i>vancomycin hcl intravenous solution reconstituted 1gm, 10gm, 500mg, 750mg</i>	4	
<i>vancomycin hcl oral capsule 125mg, 250mg</i>	4	
<i>vancomycin hcl oral solution reconstituted 250mg/5ml</i>	4	
XIFAXAN ORAL TABLET 200MG	4	
XIFAXAN ORAL TABLET 550MG	4	MO
Betalactámicos, Cefalosporinas		
<i>cefaclor er oral tablet extended release 12-hour 500mg</i>	4	
<i>cefaclor oral capsule 250mg, 500mg</i>	2	GC
<i>cefaclor oral suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>cefadroxil oral capsule 500mg</i>	1	GC
<i>cefadroxil oral suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	GC
<i>cefadroxil oral tablet 1gm</i>	2	GC
<i>cefazolin sodium injection solution reconstituted 1gm, 10gm, 500mg</i>	4	
<i>cefdinir oral capsule 300mg</i>	2	GC
<i>cefdinir oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>cefepime hcl injection solution reconstituted 1gm, 2gm</i>	4	
<i>cefixime oral capsule 400mg</i>	4	
<i>cefixime oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	4	
<i>cefotetan disodium injection solution reconstituted 1gm, 2gm</i>	4	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1gm, 10gm, 2gm</i>	4	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100mg/5ml, 50mg/5ml</i>	4	
<i>cefpodoxime proxetil oral tablet 100mg, 200mg</i>	4	
<i>cefprozil oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>cefprozil oral tablet 250mg, 500mg</i>	2	GC
<i>ceftazidime injection solution reconstituted 1gm, 6gm</i>	4	
<i>ceftazidime intravenous solution reconstituted 2gm</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1gm, 2gm, 250mg, 500mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10gm</i>	4	
<i>cefuroxime axetil oral tablet 250mg, 500mg</i>	2	GC
<i>cefuroxime sodium injection solution reconstituted 750mg</i>	4	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>cefuroxime sodium intravenous solution reconstituted 1.5gm</i>	4	BvD
<i>cephalexin oral capsule 250mg, 500mg</i>	1	GC
<i>cephalexin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>cephalexin oral tablet 250mg, 500mg</i>	2	GC
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400MG, 600MG	5	BvD
Betalactámicos, Penicilinas		
<i>amoxicillin oral capsule 250mg, 500mg</i>	1	GC
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	GC
<i>amoxicillin oral tablet 500mg, 875mg</i>	1	GC
<i>amoxicillin oral tablet chewable 125mg, 250mg</i>	1	GC
<i>amoxicillin-pot clavulanate er oral tablet extended release 12-hour 1000-62.5mg</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5mg/5ml, 250-62.5mg/5ml, 400-57mg/5ml, 600-42.9mg/5ml</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet 250-125mg, 500-125mg, 875-125mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5mg, 400-57mg</i>	2	GC
<i>ampicillin oral capsule 500mg</i>	1	GC
<i>ampicillin sodium injection solution reconstituted 1gm, 125mg</i>	4	BvD
<i>ampicillin sodium intravenous solution reconstituted 10gm</i>	4	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000UNIT/4ML	4	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000UNIT/2ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250mg, 500mg</i>	2	GC
<i>nafcillin sodium injection solution reconstituted 1gm, 2gm</i>	4	BvD
<i>nafcillin sodium intravenous solution reconstituted 10gm</i>	4	BvD
<i>oxacillin sodium in dextrose intravenous solution 1gm/50ml, 2gm/50ml</i>	4	BvD
<i>oxacillin sodium injection solution reconstituted 1gm, 2gm</i>	4	BvD
<i>oxacillin sodium intravenous solution reconstituted 10gm</i>	4	BvD
<i>penicillin g pot in dextrose intravenous solution 40000unit/ml, 60000unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000unit</i>	4	BvD
<i>penicillin g procaine intramuscular suspension 600000unit/ml</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000unit</i>	4	BvD
<i>penicillin v potassium oral solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>penicillin v potassium oral tablet 250mg, 500mg</i>	1	GC
<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>	4	
Carbapenémicos		
<i>ertapenem sodium injection solution reconstituted 1gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250mg, 500mg</i>	4	
<i>meropenem intravenous solution reconstituted 1gm, 500mg</i>	4	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Macrólidos		
<i>azithromycin intravenous solution reconstituted 500mg</i>	2	BvD; GC
<i>azithromycin oral packet 1gm</i>	2	GC
<i>azithromycin oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	GC
<i>azithromycin oral tablet 250mg, 250mg (6 pack)</i>	1	GC
<i>azithromycin oral tablet 500mg, 500mg (3 pack) , 600mg</i>	2	GC
<i>clarithromycin er oral tablet extended release 24-hour 500mg</i>	2	GC
<i>clarithromycin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>clarithromycin oral tablet 250mg, 500mg</i>	2	GC
DIFICID ORAL SUSPENSION RECONSTITUTED 40MG/ML	5	PA; QL (136ML per 10 days)
DIFICID ORAL TABLET 200MG	5	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500MG	4	BvD
<i>erythromycin base oral capsule delayed release particles 250mg</i>	4	
<i>erythromycin base oral tablet 250mg, 500mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200mg/5ml, 400mg/5ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400mg</i>	4	
<i>erythromycin oral tablet delayed release 250mg, 333mg, 500mg</i>	4	
Quinolonas		
<i>ciprofloxacin hcl ophthalmic solution 0.3%</i>	1	GC
<i>ciprofloxacin hcl oral tablet 100mg, 750mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250mg, 500mg</i>	1	GC
<i>ciprofloxacin in d5w intravenous solution 200mg/100ml</i>	4	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>levofloxacin in d5w intravenous solution 500mg/100ml, 750mg/150ml</i>	4	
<i>levofloxacin intravenous solution 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin oral tablet 250mg, 500mg, 750mg</i>	2	GC
<i>moxifloxacin hcl in nacl intravenous solution 400mg/250ml</i>	4	BvD
<i>moxifloxacin hcl oral tablet 400mg</i>	4	
<i>ofloxacin oral tablet 300mg, 400mg</i>	2	GC
Sulfonamidas		
<i>sulfacetamide sodium (acne) external lotion 10%</i>	2	GC
<i>sulfadiazine oral tablet 500mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80mg, 800-160mg</i>	1	GC
Tetraciclinas		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100MG	4	BvD
<i>doxycycline hyclate oral capsule 100mg, 50mg</i>	2	GC
<i>doxycycline hyclate oral tablet 100mg, 20mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100mg, 50mg</i>	1	GC
<i>doxycycline monohydrate oral tablet 100mg, 50mg, 75mg</i>	2	GC
<i>minocycline hcl oral capsule 100mg, 50mg, 75mg</i>	2	GC
<i>minocycline hcl oral tablet 100mg, 50mg, 75mg</i>	2	GC
<i>tetracycline hcl oral capsule 250mg, 500mg</i>	2	GC
ANTICONVULSIVOS		
Agentes de Aumento del Ácido Gamma-Aminobutírico (GABA)		
<i>clobazam oral suspension 2.5mg/ml</i>	4	MO; QL (480ML per 30 days)
<i>clobazam oral tablet 10mg, 20mg</i>	4	MO; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>diazepam rectal gel 10mg, 2.5mg, 20mg</i>	4	
<i>gabapentin oral capsule 100mg, 300mg, 400mg</i>	1	GC; MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250mg/5ml</i>	2	GC; MO
<i>gabapentin oral tablet 600mg, 800mg</i>	1	GC; MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5MG/0.1ML	4	
SYMPAZAN ORAL FILM 10MG, 20MG	5	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5MG	4	ST; MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12mg, 16mg, 2mg, 4mg</i>	4	MO
VALTOCO 10MG DOSE NASAL LIQUID 10MG/0.1ML	4	ST
VALTOCO 15MG DOSE NASAL LIQUID THERAPY PACK 7.5MG/0.1ML	4	ST
VALTOCO 20MG DOSE NASAL LIQUID THERAPY PACK 10MG/0.1ML	4	ST
VALTOCO 5MG DOSE NASAL LIQUID 5MG/0.1ML	4	ST
<i>vigabatrin oral packet 500mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500mg</i>	5	PA; QL (180 EA per 30 days)
Agentes del Canal de Sodio		
APTIOM ORAL TABLET 200MG, 400MG, 800MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600MG	5	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12-hour 100mg, 200mg, 300mg</i>	2	GC; MO
<i>carbamazepine er oral tablet extended release 12-hour 100mg, 200mg, 400mg</i>	2	GC; MO
<i>carbamazepine oral suspension 100mg/5ml</i>	2	GC; MO
<i>carbamazepine oral tablet 200mg</i>	2	GC; MO
<i>carbamazepine oral tablet chewable 100mg</i>	1	GC; MO
DILANTIN ORAL CAPSULE 30MG	4	ST; MO
EPITOL ORAL TABLET 200MG	2	GC; MO
<i>lacosamide oral solution 10mg/ml</i>	4	MO; QL (1395ML per 30 days)
<i>lacosamide oral tablet 100mg, 150mg, 200mg, 50mg</i>	4	MO; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>oxcarbazepine oral suspension 300mg/5ml</i>	4	MO
<i>oxcarbazepine oral tablet 150mg, 300mg, 600mg</i>	1	GC; MO
<i>phenytoin oral suspension 125mg/5ml</i>	1	GC; MO
<i>phenytoin oral tablet chewable 50mg</i>	1	GC; MO
<i>phenytoin sodium extended oral capsule 100mg, 200mg</i>	1	GC; MO
<i>phenytoin sodium extended oral capsule 300mg</i>	2	GC; MO
<i>rufinamide oral suspension 40mg/ml</i>	5	QL (2760ML per 30 days)
<i>rufinamide oral tablet 200mg</i>	4	MO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400mg</i>	5	QL (240 EA per 30 days)
Agentes Modificadores de los Canales de Calcio		
CELONTIN ORAL CAPSULE 300MG	4	ST; MO
<i>ethosuximide oral capsule 250mg</i>	2	GC; MO
<i>ethosuximide oral solution 250mg/5ml</i>	2	GC; MO
ZONISADE ORAL SUSPENSION 100MG/5ML	4	MO; QL (900ML per 30 days)
<i>zonisamide oral capsule 100mg, 25mg, 50mg</i>	2	GC; MO
Anticonvulsivos, Otros		
BRIVIACT ORAL SOLUTION 10MG/ML	4	MO; QL (600ML per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG	4	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG	4	PA; MO
DIACOMIT ORAL PACKET 250MG, 500MG	4	PA; MO
EPIDIOLEX ORAL SOLUTION 100MG/ML	4	PA; MO
<i>felbamate oral suspension 600mg/5ml</i>	5	
<i>felbamate oral tablet 400mg, 600mg</i>	4	MO
FINTEPLA ORAL SOLUTION 2.2MG/ML	4	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	4	ST; MO; QL (720ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	5	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	4	ST; MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>lamotrigine er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 250mg, 300mg, 50mg</i>	4	MO
<i>lamotrigine oral kit 25 & 50 & 100mg</i>	2	GC
<i>lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg</i>	1	GC; MO
<i>lamotrigine oral tablet chewable 25mg, 5mg</i>	2	GC; MO
<i>lamotrigine oral tablet dispersible 100mg, 200mg, 25mg, 50mg</i>	4	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25mg</i>	2	GC
<i>lamotrigine starter kit-green oral kit 84 x 25mg & 14x100mg</i>	2	GC
<i>lamotrigine starter kit-orange oral kit 42 x 25mg & 7 x 100mg</i>	2	GC
<i>levetiracetam er oral tablet extended release 24-hour 500mg, 750mg</i>	2	GC; MO
<i>levetiracetam oral solution 100mg/ml</i>	2	GC; MO
<i>levetiracetam oral tablet 1000mg, 250mg, 500mg, 750mg</i>	1	GC; MO
<i>phenobarbital oral elixir 20mg/5ml</i>	2	GC; MO; QL (1500ML per 30 days)
<i>phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15mg, 60mg</i>	2	GC; MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30mg</i>	2	GC; MO; QL (300 EA per 30 days)
<i>primidone oral tablet 250mg, 50mg</i>	1	GC; MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	4	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	4	ST; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250mg</i>	2	GC; MO
<i>valproic acid oral solution 250mg/5ml</i>	2	GC; MO
XCOPRI (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150MG	4	MO; QL (56 EA per 28 days)
XCOPRI (350MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200MG	4	MO; QL (56 EA per 28 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG	4	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	4	QL (28 EA per 28 days)

ANTIDEPRESIVOS

Antidepresivos, Otros

AUVELITY ORAL TABLET EXTENDED RELEASE 45-105MG	4	ST; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 100mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 150mg</i>	1	GC; MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 200mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 150mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 300mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 450mg</i>	3	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100mg</i>	1	GC; MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15mg, 30mg, 45mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5mg</i>	1	GC; MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15mg, 30mg, 45mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25mg, 12-50mg, 6-50mg</i>	4	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25mg, 6-25mg</i>	4	MO; QL (90 EA per 30 days)

Inhibidores de la Monoaminoxidasa

EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10MG	4	ST; MO; QL (180 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>phenelzine sulfate oral tablet 15mg</i>	2	GC; MO
<i>tranylcypromine sulfate oral tablet 10mg</i>	4	MO
ISRS/IRSN (Inhibidor Selectivo de la Recaptación de Serotonina/Inhibidor de la Recaptación de Serotonina y Norepinefrina)		
<i>citalopram hydrobromide oral capsule 30mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10mg/5ml</i>	2	GC; MO; QL (600ML per 30 days)
<i>citalopram hydrobromide oral tablet 10mg, 40mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24-hour 100mg, 50mg</i>	4	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	4	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 40MG, 60MG	3	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20mg, 30mg, 40mg, 60mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5mg/5ml</i>	2	GC; MO; QL (600ML per 30 days)
<i>escitalopram oxalate oral tablet 10mg</i>	1	GC; MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5mg</i>	1	GC; MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	3	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	3	QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10mg, 20mg, 40mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20mg/5ml</i>	2	GC; MO; QL (600ML per 30 days)
<i>fluoxetine hcl oral tablet 10mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20mg</i>	2	GC; MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100mg, 25mg, 50mg</i>	2	GC; MO; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>paroxetine hcl oral suspension 10mg/5ml</i>	4	MO; QL (900ML per 30 days)
<i>paroxetine hcl oral tablet 10mg, 20mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30mg, 40mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150mg, 200mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20mg/ml</i>	1	GC; MO; QL (300ML per 30 days)
<i>sertraline hcl oral tablet 100mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25mg, 50mg</i>	1	GC; MO; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100mg, 150mg, 50mg</i>	1	GC; MO
<i>trazodone hcl oral tablet 300mg</i>	2	GC; MO
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG	4	ST; MO; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24-hour 112.5mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24-hour 150mg, 37.5mg, 75mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 150mg, 37.5mg, 75mg</i>	2	GC; MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 225mg</i>	4	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	GC; MO; QL (90 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20MG	3	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10mg, 20mg, 40mg</i>	3	MO; QL (30 EA per 30 days)
Tricíclicos		
<i>amitriptyline hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	GC; MO
<i>amoxapine oral tablet 100mg, 150mg, 25mg, 50mg</i>	2	GC; MO
<i>clomipramine hcl oral capsule 25mg, 50mg, 75mg</i>	4	MO
<i>desipramine hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	GC; MO
<i>doxepin hcl oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	GC; MO
<i>doxepin hcl oral concentrate 10mg/ml</i>	2	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>imipramine hcl oral tablet 10mg, 25mg</i>	1	GC; MO
<i>imipramine hcl oral tablet 50mg</i>	2	GC; MO
<i>nortriptyline hcl oral capsule 10mg, 25mg, 50mg, 75mg</i>	1	GC; MO
<i>nortriptyline hcl oral solution 10mg/5ml</i>	2	GC; MO
<i>protriptyline hcl oral tablet 10mg, 5mg</i>	4	MO
<i>trimipramine maleate oral capsule 100mg, 25mg, 50mg</i>	4	MO

ANTIEMÉTICOS

Antieméticos, Otros

<i>meclizine hcl oral tablet 12.5mg, 25mg</i>	1	GC
<i>prochlorperazine maleate oral tablet 10mg, 5mg</i>	1	BvD; GC; MO
<i>prochlorperazine rectal suppository 25mg</i>	4	
<i>promethazine hcl oral syrup 6.25mg/5ml</i>	2	GC
<i>promethazine hcl oral tablet 12.5mg, 25mg, 50mg</i>	1	GC
<i>promethazine hcl rectal suppository 12.5mg, 25mg</i>	2	GC
<i>scopolamine transdermal patch 72-hour 1mg/3days</i>	4	

Complementos de Terapia Emetogénica

<i>aprepitant oral capsule 125mg, 40mg, 80mg</i>	4	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125mg</i>	4	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10mg, 2.5mg, 5mg</i>	4	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1mg</i>	4	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4mg/5ml</i>	2	BvD; GC
<i>ondansetron hcl oral tablet 4mg, 8mg</i>	1	BvD; GC
<i>ondansetron oral tablet dispersible 4mg, 8mg</i>	2	BvD; GC
VARUBI (180MG DOSE) ORAL TABLET THERAPY PACK 2 X 90MG	3	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ANTIMICOBACTERIANOS		
Antimicobacterianos, Otros		
<i>dapsone oral tablet 100mg, 25mg</i>	2	GC; MO
PRIFTIN ORAL TABLET 150MG	4	
<i>rifabutin oral capsule 150mg</i>	4	
Antituberculosos		
<i>ethambutol hcl oral tablet 100mg, 400mg</i>	2	GC
<i>isoniazid oral syrup 50mg/5ml</i>	1	GC; MO
<i>isoniazid oral tablet 100mg, 300mg</i>	1	GC; MO
<i>pyrazinamide oral tablet 500mg</i>	2	GC
<i>rifampin intravenous solution reconstituted 600mg</i>	4	
<i>rifampin oral capsule 150mg, 300mg</i>	2	GC
SIRTIURO ORAL TABLET 100MG, 20MG	5	PA
TRECTOR ORAL TABLET 250MG	4	
ANTIMICÓTICOS		
Antimicóticos		
ABELCET INTRAVENOUS SUSPENSION 5MG/ML	4	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50MG	5	BvD
<i>amphotericin b intravenous solution reconstituted 50mg</i>	4	BvD
<i>casprofungin acetate intravenous solution reconstituted 50mg</i>	5	
<i>casprofungin acetate intravenous solution reconstituted 70mg</i>	4	
<i>ciclopirox olamine external cream 0.77%</i>	2	GC
<i>ciclopirox olamine external suspension 0.77%</i>	2	GC
<i>clotrimazole external cream 1%</i>	1	GC
<i>clotrimazole external solution 1%</i>	2	GC
<i>clotrimazole mouth/throat troche 10mg</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>econazole nitrate external cream 1%</i>	2	GC
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100MG	5	BvD
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50MG	4	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9mg/100ml-%, 400-0.9mg/200ml-%</i>	2	BvD; GC
<i>fluconazole oral suspension reconstituted 10mg/ml, 40mg/ml</i>	2	GC
<i>fluconazole oral tablet 100mg, 150mg, 200mg, 50mg</i>	2	GC
<i>flucytosine oral capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize oral suspension 125mg/5ml</i>	2	GC
<i>griseofulvin microsize oral tablet 500mg</i>	2	GC
<i>griseofulvin ultramicrosize oral tablet 125mg, 250mg</i>	2	GC
<i>itraconazole oral capsule 100mg</i>	4	PA
<i>itraconazole oral solution 10mg/ml</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10%	4	
<i>ketoconazole external cream 2%</i>	2	GC
<i>ketoconazole external shampoo 2%</i>	1	GC
<i>ketoconazole oral tablet 200mg</i>	1	GC
NOXAFIL ORAL PACKET 300MG	5	PA
NOXAFIL ORAL SUSPENSION 40MG/ML	5	PA
NYAMYC EXTERNAL POWDER 100000UNIT/GM	3	
<i>nystatin external cream 100000unit/gm</i>	1	GC
<i>nystatin external ointment 100000unit/gm</i>	1	GC
<i>nystatin external powder 100000unit/gm</i>	2	GC
<i>nystatin mouth/throat suspension 100000unit/ml</i>	2	GC
<i>nystatin oral tablet 500000unit</i>	2	GC
NYSTOP EXTERNAL POWDER 100000UNIT/GM	3	
<i>posaconazole oral tablet delayed release 100mg</i>	4	PA; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>terbinafine hcl oral tablet 250mg</i>	2	GC
<i>terconazole vaginal cream 0.4%, 0.8%</i>	2	GC
<i>terconazole vaginal suppository 80mg</i>	2	GC
<i>voriconazole intravenous solution reconstituted 200mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40mg/ml</i>	5	PA
<i>voriconazole oral tablet 200mg, 50mg</i>	4	PA
ANTINEOPLÁSICOS		
Agentes Alquilantes		
<i>cyclophosphamide oral capsule 25mg, 50mg</i>	4	BvD
<i>cyclophosphamide oral tablet 25mg, 50mg</i>	2	BvD; GC
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	4	PA
LEUKERAN ORAL TABLET 2MG	4	
MATULANE ORAL CAPSULE 50MG	5	PA
VALCHLOR EXTERNAL GEL 0.016%	5	PA; QL (60GM per 14 days)
Agentes Antiangiogénicos		
<i>lenalidomide oral capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	5	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	5	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	5	PA; QL (60 EA per 30 days)
Antiandrógenos		
<i>abiraterone acetate oral tablet 250mg, 500mg</i>	5	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50mg</i>	1	GC
ERLEADA ORAL TABLET 60MG	5	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	5	
<i>nilutamide oral tablet 150mg</i>	5	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	5	PA; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
XTANDI ORAL CAPSULE 40MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	5	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	5	PA; QL (120 EA per 30 days)
Antiestrógenos/Modificadores		
EMCYT ORAL CAPSULE 140MG	3	
SOLTAMOX ORAL SOLUTION 10MG/5ML	4	PA; MO
<i>tamoxifen citrate oral tablet 10mg, 20mg</i>	1	GC; MO
<i>toremifene citrate oral tablet 60mg</i>	5	PA
Antimetabolitos		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	4	MO
<i>hydroxyurea oral capsule 500mg</i>	1	GC
INQOVI ORAL TABLET 35-100MG	5	PA
<i>mercaptopurine oral tablet 50mg</i>	2	GC
ONUREG ORAL TABLET 200MG, 300MG	5	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	4	
TABLOID ORAL TABLET 40MG	4	PA
Antineoplásticos, Otros		
IDHIFA ORAL TABLET 100MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	5	PA; QL (60 EA per 30 days)
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
KISQALI FEMARA(200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
<i>leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg</i>	2	GC
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	5	PA
LUMAKRAS ORAL TABLET 120MG	5	PA; QL (240 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LYNPARZA ORAL TABLET 100MG	5	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	5	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400MG	5	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	5	PA
ORGOVYX ORAL TABLET 120MG	5	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	5	PA
WELIREG ORAL TABLET 40MG	5	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	4	BvD
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	5	PA
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	5	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	5	PA
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (80MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	5	PA
ZOLINZA ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
<i>Inhibidores de Aromatasa, 3ra Generación</i>		
<i>anastrozole oral tablet 1mg</i>	1	GC; MO
<i>exemestane oral tablet 25mg</i>	4	MO
<i>letrozole oral tablet 2.5mg</i>	1	GC; MO
<i>Inhibidores de Blanco Molecular</i>		
ALECENSA ORAL CAPSULE 150MG	5	PA
ALUNBRIG ORAL TABLET 180MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30MG	5	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90MG	5	PA; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180MG	5	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3MG	5	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4MG	5	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80MG	5	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG	5	PA
CALQUENCE ORAL CAPSULE 100MG	5	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	5	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	5	PA
ERIVEDGE ORAL CAPSULE 150MG	5	PA
<i>erlotinib hcl oral tablet 100mg, 150mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2mg, 3mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5mg</i>	5	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	5	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	5	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	5	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100mg</i>	5	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	5	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML	5	PA; QL (240ML per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG	5	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	5	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250MG	5	PA
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	PA; QL (60 EA per 30 days)
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KOSELUGO ORAL CAPSULE 10MG	5	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	5	PA; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	5	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	5	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	5	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	5	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	5	PA
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	5	PA
LORBRENA ORAL TABLET 100MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5MG	5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	5	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	5	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	5	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	5	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	5	PA
QINLOCK ORAL TABLET 50MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	5	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	5	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	5	PA; QL (90 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	5	PA
RYDAPT ORAL CAPSULE 25MG	5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	5	PA
<i>sorafenib tosylate oral tablet 200mg</i>	5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150MG, 200MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	5	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75MG	5	PA; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40MG, 80MG	5	PA
TALZENNA ORAL CAPSULE 0.25MG	5	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	5	PA; QL (60 EA per 30 days)
TALZENNA ORAL CAPSULE 0.75MG, 1MG	5	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	5	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	5	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225MG	5	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	5	PA; QL (60 EA per 30 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100MG	5	PA; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25MG	5	PA; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25MG	5	PA; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25MG	5	PA; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150MG, 50MG	5	PA; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TURALIO ORAL CAPSULE 200MG	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 50MG	4	PA
VENCLEXTA ORAL TABLET 100MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	3	PA
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI ORAL CAPSULE 100MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	5	PA; QL (310ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	5	PA
VOTRIENT ORAL TABLET 200MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100MG	5	PA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150MG	5	PA; QL (150 EA per 30 days)
Retinoides		
<i>bexarotene external gel 1%</i>	5	PA
<i>bexarotene oral capsule 75mg</i>	5	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10mg</i>	5	
ANTIPARASITARIOS		
Antihelmínticos		
<i>albendazole oral tablet 200mg</i>	4	
EMVERM ORAL TABLET CHEWABLE 100MG	5	
<i>ivermectin oral tablet 3mg</i>	2	PA; GC
Antiprotozoarios		
<i>atovaquone oral suspension 750mg/5ml</i>	5	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>atovaquone-proguanil hcl oral tablet 250-100mg, 62.5-25mg</i>	2	GC
<i>benznidazole oral tablet 100mg, 12.5mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250mg, 500mg</i>	2	GC; MO
COARTEM ORAL TABLET 20-120MG	4	
<i>hydroxychloroquine sulfate oral tablet 100mg, 200mg, 300mg, 400mg</i>	2	GC; MO
LAMPIT ORAL TABLET 120MG, 30MG	4	
<i>mefloquine hcl oral tablet 250mg</i>	2	GC; MO
<i>nitazoxanide oral tablet 500mg</i>	4	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	4	BvD
<i>pentamidine isethionate injection solution reconstituted 300mg</i>	4	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>quinine sulfate oral capsule 324mg</i>	2	PA; GC

ANTIPSIÓTICOS

Atípico/2da Generación

ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	5	
<i>aripiprazole oral solution 1mg/ml</i>	4	MO; QL (750ML per 30 days)
<i>aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg</i>	4	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10mg</i>	5	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15mg</i>	5	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10mg, 2.5mg, 5mg</i>	4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG	5	
FANAPT ORAL TABLET 1MG, 2MG, 4MG	4	ST; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
FANAPT ORAL TABLET 10MG, 12MG, 6MG, 8MG	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	4	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
LATUDA ORAL TABLET 120MG, 20MG, 40MG, 60MG, 80MG	5	ST
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	5	PA
NUPLAZID ORAL TABLET 10MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg</i>	1	GC; MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10mg, 5mg</i>	4	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15mg, 20mg</i>	4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 1.5mg, 3mg, 9mg</i>	4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 6mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 150mg</i>	4	MO; QL (90 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>quetiapine fumarate er oral tablet extended release 24-hour 200mg, 300mg, 400mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 50mg</i>	4	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100mg, 25mg, 300mg, 400mg, 50mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200mg</i>	1	GC; MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25MG, 37.5MG, 50MG	5	
<i>risperidone oral solution 1mg/ml</i>	2	GC; MO; QL (480ML per 30 days)
<i>risperidone oral tablet 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	GC; MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5mg</i>	1	GC; MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25mg, 1mg, 2mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5mg</i>	2	GC; MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 3mg</i>	4	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4mg</i>	4	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	5	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	4	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg</i>	2	GC; MO; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20mg</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210MG	4	ST

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>thiothixene oral capsule 1mg, 10mg, 2mg, 5mg</i>	2	GC; MO
<i>trifluoperazine hcl oral tablet 1mg, 10mg, 2mg, 5mg</i>	1	GC; MO
ANTIVIRALES		
Agentes Anti-Citomegalovirus (CMV)		
LIVTENCITY ORAL TABLET 200MG	5	PA
PREVYMIS ORAL TABLET 240MG, 480MG	5	PA; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50mg/ml</i>	4	MO
<i>valganciclovir hcl oral tablet 450mg</i>	3	MO
ZIRGAN OPHTHALMIC GEL 0.15%	4	
Agentes Antigripales		
<i>oseltamivir phosphate oral capsule 30mg, 45mg, 75mg</i>	2	GC
<i>oseltamivir phosphate oral suspension reconstituted 6mg/ml</i>	2	GC
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/ACT	4	
<i>rimantadine hcl oral tablet 100mg</i>	2	GC
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	3	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	3	
Agentes Antiherpéticos		
<i>acyclovir oral capsule 200mg</i>	1	GC
<i>acyclovir oral suspension 200mg/5ml</i>	2	GC
<i>acyclovir oral tablet 400mg, 800mg</i>	1	GC
<i>acyclovir sodium intravenous solution 50mg/ml</i>	2	BvD; GC
<i>famciclovir oral tablet 125mg, 250mg, 500mg</i>	2	GC
<i>trifluridine ophthalmic solution 1%</i>	2	GC
<i>valacyclovir hcl oral tablet 1gm, 500mg</i>	2	GC

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>	4	MO; QL (960ML per 30 days)
<i>abacavir sulfate oral tablet 300mg</i>	4	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300mg</i>	4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300mg, 600-300-300mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200mg</i>	4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150mg, 133-200mg, 167-250mg, 200-300mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	4	MO; QL (680ML per 28 days)
JULUCA ORAL TABLET 50-25MG	5	QL (30 EA per 30 days)
<i>lamivudine oral solution 10mg/ml</i>	4	MO; QL (900ML per 30 days)
<i>lamivudine oral tablet 150mg</i>	3	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300mg</i>	3	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300mg</i>	4	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300mg</i>	4	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	5	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	5	QL (240GM per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100mg</i>	2	GC; MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50mg/5ml</i>	2	GC; MO; QL (1680ML per 28 days)
<i>zidovudine oral tablet 300mg</i>	2	GC; MO; QL (60 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Integrasa (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG	5	QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
DOVATO ORAL TABLET 50-300MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG	5	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100MG	4	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100MG, 25MG	4	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG	5	QL (30 EA per 30 days)
SYM TUZA ORAL TABLET 800-150-200-10MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10MG	4	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5MG	4	MO; QL (360 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Proteasa (PI)		
APTIVUS ORAL CAPSULE 250MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150mg, 200mg</i>	4	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300mg</i>	4	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700mg</i>	5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	4	MO; QL (1575ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100mg/5ml</i>	4	MO; QL (400ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25mg</i>	4	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50mg</i>	4	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	4	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80MG/ML	4	MO; QL (480ML per 30 days)
PREZCOBIX ORAL TABLET 800-150MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	5	QL (360ML per 30 days)
PREZISTA ORAL TABLET 150MG	4	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75MG	4	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800MG	5	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50MG	4	MO; QL (180 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>ritonavir oral tablet 100mg</i>	3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	5	QL (120 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa No Nucleósidos (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25MG	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200mg</i>	4	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50mg</i>	4	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600mg</i>	4	MO; QL (30 EA per 30 days)
<i>etravirine oral tablet 100mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 100mg</i>	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 400mg</i>	4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50mg/5ml</i>	4	MO; QL (1200ML per 30 days)
<i>nevirapine oral tablet 200mg</i>	2	GC; MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	5	QL (30 EA per 30 days)
Agentes Anti-VIH, Otros		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150mg, 300mg</i>	5	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	5	QL (1800ML per 30 days)
SELZENTRY ORAL TABLET 25MG	3	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	5	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	5	QL (180 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TYBOST ORAL TABLET 150MG	3	MO; QL (30 EA per 30 days)
Agentes Contra la Hepatitis B (VHB)		
<i>adefovir dipivoxil oral tablet 10mg</i>	5	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05MG/ML	5	QL (600ML per 30 days)
<i>entecavir oral tablet 0.5mg, 1mg</i>	4	MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5MG/ML	3	MO
<i>lamivudine oral tablet 100mg</i>	2	GC; MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25MG	5	QL (30 EA per 30 days)
Agentes Contra la Hepatitis C (VHC)		
MAVYRET ORAL PACKET 50-20MG	5	PA
MAVYRET ORAL TABLET 100-40MG	5	PA
<i>ribavirin oral capsule 200mg</i>	4	
<i>ribavirin oral tablet 200mg</i>	2	GC
<i>sofosbuvir-velpatasvir oral tablet 400-100mg</i>	5	PA
VOSEVI ORAL TABLET 400-100-100MG	5	PA
DROGAS EXCLUÍDAS		
<i>sildenafil citrate oral tablet</i>	2	GC; QL (6 EA per 30 days)
ELECTROLITOS/MINERALES/METALES/VITAMINAS		
Electrolitos/Minerales/Metales/Vitaminas		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	3	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	3	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	3	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	3	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	3	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	4	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	4	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	4	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	4	BvD
<i>dextrose intravenous solution 10%, 5%</i>	2	BvD; GC
<i>dextrose-nacl intravenous solution 10-0.2%, 10-0.45%, 2.5-0.45%</i>	3	BvD
<i>dextrose-nacl intravenous solution 5-0.2%, 5-0.45%, 5-0.9%</i>	3	
DOJOLVI ORAL LIQUID 100%	5	PA
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	4	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD
<i>levocarnitine oral solution 1gm/10ml</i>	2	GC; MO
<i>levocarnitine oral tablet 330mg</i>	2	GC; MO
NUTRILIPID INTRAVENOUS EMULSION 20%	4	BvD
PREMASOL INTRAVENOUS SOLUTION 10%	4	BvD
<i>prenatal oral tablet 27-1mg</i>	2	GC
PROSOL INTRAVENOUS SOLUTION 20%	4	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD; GC
TRAVASOL INTRAVENOUS SOLUTION 10%	4	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10%	4	BvD
Ligantes de Fosfato		
AURYXIA ORAL TABLET 1GM 210MG(FE)	4	PA; MO
<i>calcium acetate (phos binder) oral capsule 667mg</i>	2	GC; MO
<i>calcium acetate oral tablet 667mg</i>	2	GC; MO
<i>sevelamer carbonate oral packet 0.8gm</i>	5	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4gm</i>	5	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800mg</i>	4	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	4	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Modificadores de Electrolitos/Minerales/Metales		
<i>deferasirox granules oral packet 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox oral tablet 180mg, 360mg</i>	5	PA
<i>deferasirox oral tablet 90mg</i>	4	PA; MO
<i>deferasirox oral tablet soluble 125mg, 250mg, 500mg</i>	5	PA
<i>deferiprone oral tablet 1000mg, 500mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100MG/ML	5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	5	PA
LOKELMA ORAL PACKET 10GM, 5GM	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
SPS ORAL SUSPENSION 15GM/60ML	3	
<i>tolvaptan oral tablet 15mg</i>	5	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30mg</i>	5	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250mg</i>	5	PA
Reemplazo de Electrolitos/Minerales		
<i>carglumic acid oral tablet soluble 200mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	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>	2	BvD; GC
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD; GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC; MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC; MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	GC; MO
KLOR-CON ORAL PACKET 20 MEQ	2	GC; MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	GC; MO
<i>magnesium sulfate injection solution 50%, 50% (10ml syringe)</i>	2	GC
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	GC; MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	GC; MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC; MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml) , 20 meq/100ml</i>	2	BvD; GC
<i>potassium chloride oral packet 20 meq</i>	2	GC; MO
<i>potassium chloride oral solution 20 meq/15ml (10%) , 40 meq/15ml (20%)</i>	2	GC; MO
<i>potassium citrate er oral tablet extended release 10 meq (1080mg) , 15 meq (1620mg) , 5 meq (540mg)</i>	2	GC
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	BvD; GC
<i>sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%</i>	2	GC
<i>sodium chloride irrigation solution 0.9%</i>	1	GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	GC

PRODUCTOS Y MODIFICADORES DE SANGRE

Agentes Modificadores de Plaquetas

<i>aspirin-dipyridamole er oral capsule extended release 12-hour 25-200mg</i>	2	GC; MO
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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
BRILINTA ORAL TABLET 60MG, 90MG	3	MO
CABLIVI INJECTION KIT 11MG	5	PA
<i>cilostazol oral tablet 100mg, 50mg</i>	2	GC; MO
<i>clopidogrel bisulfate oral tablet 75mg</i>	2	GC; MO
<i>prasugrel hcl oral tablet 10mg, 5mg</i>	4	MO
Anticoagulantes		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5MG	3	
ELIQUIS ORAL TABLET 2.5MG, 5MG	3	MO
<i>enoxaparin sodium injection solution prefilled syringe 100mg/ml, 150mg/ml</i>	4	QL (60ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (48ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30mg/0.3ml</i>	4	QL (18ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40mg/0.4ml</i>	4	QL (24ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60mg/0.6ml</i>	4	QL (36ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10mg/0.8ml</i>	5	QL (24ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5mg/0.5ml</i>	4	QL (15ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5mg/0.4ml</i>	5	QL (12ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5mg/0.6ml</i>	5	QL (18ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000unit/ml, 10000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	BvD; GC
JANTOVEN ORAL TABLET 1MG, 10MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	GC; MO
<i>warfarin sodium oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	3	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	3	
Productos y Modificadores de Sangre, Otros		
<i>anagrelide hcl oral capsule 0.5mg, 1mg</i>	2	GC; MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	5	PA
PROMACTA ORAL PACKET 12.5MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	5	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000UNIT/ML, 10000UNIT/ML(1ML) , 20000UNIT/ML, 4000UNIT/ML, 40000UNIT/ML	4	PA; QL (12ML per 28 days)
RETACRIT INJECTION SOLUTION 2000UNIT/ML	4	PA; QL (23ML per 30 days)
RETACRIT INJECTION SOLUTION 3000UNIT/ML	4	PA; QL (16ML per 30 days)
<i>tranexamic acid oral tablet 650mg</i>	2	GC
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	5	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	5	PA
REGULADORES DE GLUCOSA EN SANGRE		
Agentes Antidiabéticos		
<i>acarbose oral tablet 100mg, 25mg, 50mg</i>	2	GC; MO
<i>glimepiride oral tablet 1mg, 2mg, 4mg</i>	1	GC; MO
<i>glipizide er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	GC; MO
<i>glipizide oral tablet 10mg, 5mg</i>	1	GC; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>glipizide-metformin hcl oral tablet 2.5-250mg, 2.5-500mg, 5-500mg</i>	1	GC; MO
<i>glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg</i>	1	GC; MO
INVOKAMET ORAL TABLET 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	3	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	3	MO
INVOKANA ORAL TABLET 100MG, 300MG	3	MO
JANUMET ORAL TABLET 50-1000MG, 50-500MG	3	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 100-1000MG, 50-1000MG, 50-500MG	3	MO
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	3	MO
JARDIANCE ORAL TABLET 10MG, 25MG	3	MO
<i>metformin hcl er oral tablet extended release 24-hour 500mg, 750mg</i>	1	GC; MO
<i>metformin hcl oral tablet 1000mg, 500mg, 850mg</i>	1	GC; MO
<i>migliitol oral tablet 100mg, 25mg, 50mg</i>	2	GC; MO
<i>nateglinide oral tablet 120mg, 60mg</i>	1	GC; MO
OZEMPIC (0.25 OR 0.5MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2MG/1.5ML	3	MO
OZEMPIC (1MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4MG/3ML	3	MO
OZEMPIC (2MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8MG/3ML	3	MO
<i>pioglitazone hcl oral tablet 15mg, 30mg, 45mg</i>	1	GC; MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2mg, 30-4mg</i>	1	GC; MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500mg, 15-850mg</i>	1	GC; MO
<i>repaglinide oral tablet 0.5mg, 1mg, 2mg</i>	1	GC; MO
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	3	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	4	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	4	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	3	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	3	MO; SSM (PBP 007 and 012)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	3	MO; (PBP 011)
Agentes Glucémicos		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	3	
<i>diazoxide oral suspension 50mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	3	
<i>glucagon emergency injection kit 1mg</i>	3	
KORLYM ORAL TABLET 300MG	5	PA
Insulinas		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1ML	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
FIASP INJECTION SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
FIASP INJECTION SOLUTION 100UNIT/ML	3	MO; (PBP 011)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; (PBP 011)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
LANTUS SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
LANTUS SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; (PBP 011)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
LEVEMIR SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
LEVEMIR SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; (PBP 011)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG INJECTION SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG INJECTION SOLUTION 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; (PBP 011)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; (PBP 011)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3ML	3	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO; SSM (PBP 007 and 012)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO; (PBP 011)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; SSM (PBP 007 and 012)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; (PBP 011)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; SSM (PBP 007 and 012)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; (PBP 011)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	3	MO; SSM (PBP 007 and 012)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	3	MO; (PBP 011)
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM (PBP 007 and 012)
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; (PBP 011)

RELAJANTES DEL MÚSCULO ESQUELÉTICO

Relajantes del Músculo Esquelético

<i>chlorzoxazone oral tablet 250mg, 375mg, 500mg, 750mg</i>	2	GC
<i>cyclobenzaprine hcl oral tablet 10mg, 5mg</i>	2	GC
<i>cyclobenzaprine hcl oral tablet 7.5mg</i>	4	
<i>methocarbamol oral tablet 500mg, 750mg</i>	2	GC
<i>orphenadrine citrate er oral tablet extended release 12-hour 100mg</i>	2	GC

Index of Drugs / Índice de drogas

A

abacavir sulfate	55, 193	alyacen 1/35.....	89, 133	ARNUITY ELLIPTA	106, 158
abacavir sulfate-lamivudine		amantadine hcl.....	48, 49, 113	asenapine maleate	51, 188
.....	55, 193	AMBISOME.....	37, 178	ASMANEX (120 METERED	
ABELCET.....	37, 178	ambrisentan	109, 157	DOSES)	106, 158
ABILIFY MAINTENA .	50, 51, 188	amcinonide.....	76, 127	ASMANEX (30 METERED	
abiraterone acetate	41, 180	amikacin sulfate	22, 164	DOSES)	106, 158
acamprosate calcium	21, 155	amiloride hcl.....	71, 121	ASMANEX (60 METERED	
acarbose	59, 201	amiloride-hydrochlorothiazide.....		DOSES)	106, 158
ACCUTANE	76, 127	.....	69, 117	ASMANEX HFA	106, 158
acebutolol hcl	67, 116	amiodarone hcl.....	67, 121	aspirin-dipyridamole er	65, 199
acetaminophen-codeine ..	20, 160	amitriptyline hcl	35, 176	ASSURE ID INSULIN SAFETY	
acetaminophen-codeine #3		amlodipine besy-benazepril hcl		SYR	61, 203
.....	20, 160	.....	69, 117	atazanavir sulfate	56, 194
acetazolamide	105, 149	amlodipine besylate.....	68, 115	atenolol	67, 116
acetazolamide er.....	105, 149	amlodipine besylate-valsartan		atenolol-chlorthalidone	69, 117
acetic acid.....	105, 152	.....	69, 117	atomoxetine hcl.....	74, 124
acetylcysteine.....	109, 156	amlodipine-atorvastatin ...	69, 117	atorvastatin calcium.....	72, 119
acitretin	76, 127	amlodipine-olmesartan	69, 117	atovaquone	48, 187
ACTHIB.....	99, 145	ammonium lactate	76, 127	atovaquone-proguanil hcl	
ACTIMMUNE	96, 143	AMNESTEEM	76, 127	.....	48, 188
acyclovir	54, 192	amoxapine	35, 176	atropine sulfate.....	103, 150
acyclovir sodium.....	54, 192	amoxicillin	25, 167	ATROVENT HFA.....	107, 159
ADACEL.....	99, 145	amoxicillin-pot clavulanate.....		AUBRA EQ	89, 133
adefovir dipivoxil.....	53, 196	.....	26, 167	AURYXIA	82, 197
ADEMPAS	109, 157	amoxicillin-pot clavulanate er.....		AUSTEDO.....	74, 125
ADVAIR DISKUS.....	109, 156	.....	25, 167	AUVELITY.....	33, 174
ADVAIR HFA.....	109, 156	amphetamine-		AVIANE.....	89, 133
albendazole.....	48, 187	dextroamphetamine.....	73, 125	AVONEX PEN.....	75, 124
albuterol sulfate.....	108, 159	amphoterin b.....	37, 178	AVONEX PREFILLED	75, 124
albuterol sulfate hfa	107, 159	ampicillin	26, 167	AYVAKIT	43, 183
alclometasone dipropionate.....		ampicillin sodium	26, 167	AZASAN.....	97, 143
.....	76, 127	ampicillin-sulbactam sodium.....		AZASITE	103, 151
ALECENSA	43, 182	.....	26, 167	azathioprine	97, 143
alendronate sodium	102, 148	anagrelide hcl.....	65, 201	azelastine hcl	
alfuzosin hcl er	86, 132	anastrozole	43, 182	.....	103, 106, 149, 158
aliskiren fumarate	69, 117	ANDRODERM.....	88, 137	azithromycin.....	27, 169
allopurinol.....	38, 155	ANORO ELLIPTA.....	109, 156	AZOPT	105, 150
alosetron hcl.....	83, 130	apraclonidine hcl	105, 149	aztreonam	23, 164
ALPHAGAN P	105, 149	aprepitant	36, 177		
alprazolam	58, 163	APRI	89, 133		
ALPRAZOLAM INTENSOL.....		APTIOM	31, 171		
.....	58, 163	APTIVUS.....	56, 194		
ALTAVERA	89, 133	ARANELLE	89, 133		
ALUNBRIG.....	43, 182, 183	ARCALYST	96, 142		
		ARIKAYCE	22, 164		
		aripiprazole	51, 188		
		armodafinil	111, 153		

B

bacitracin.....	103, 151
bacitracin-polymyxin b ...	103, 151
bacitra-neomycin-polymyxin-hc	
.....	103, 150
baclofen	53, 112
balsalazide disodium	101, 152

BALVERSA43, 183
 BALZIVA89, 133
 BAQSIMI ONE PACK.....60, 203
 BARACLUDE53, 196
 bcg vaccine99, 146
 BELSOMRA 110, 153
 benazepril hcl66, 122
 benazepril-hydrochlorothiazide
69, 117
 BENLYSTA 97, 143, 144
 benznidazole48, 188
 benzoyl peroxide-erythromycin
76, 127
 benztropine mesylate48, 114
 BESREMI.....97, 143
 betaine85, 153
 betamethasone dipropionate
76, 77, 128
 betamethasone dipropionate aug
76, 127, 128
 betamethasone valerate ..77, 128
 BETASERON.....75, 124
 betaxolol hcl 67, 104, 116, 149
 bethanechol chloride87, 132
 bexarotene47, 187
 BEXSERO.....99, 146
 bicalutamide.....41, 180
 BICILLIN L-A.....26, 167, 168
 BIKTARVY54, 193
 bisoprolol fumarate67, 116
 bisoprolol-hydrochlorothiazide
70, 117
 BLISOVI FE 1.5/30.....89, 133
 BOOSTRIX99, 146
 bosentan 109, 157
 BOSULIF.....43, 183
 BRAFTOVI.....43, 183
 BREO ELLIPTA.....109, 156
 BREZTRI AEROSPHERE
109, 156
 briellyn89, 133
 BRILINTA.....65, 200
 brimonidine tartrate 105, 150
 brimonidine tartrate-timolol
105, 150
 BRIVIACT29, 172
 bromfenac sodium (once-daily)
104, 151
 bromocriptine mesylate ...49, 113
 BROMSITE 104, 151
 BRUKINSA.....43, 183
 budesonide ... 102, 106, 153, 158
 budesonide er 102, 153

budesonide-formoterol fumarate
 109, 156
 bumetanide71, 121
 buprenorphine hcl.....21, 155
 buprenorphine hcl-naloxone hcl
22, 155
 bupropion hcl.....33, 174
 bupropion hcl er (smoking det)
22, 154
 bupropion hcl er (sr)33, 174
 bupropion hcl er (xl).....33, 174
 buspirone hcl.....57, 163
 butalbital-apap-caffeine ...19, 161
 butalbital-asa-caff-codeine
19, 161
 butalbital-aspirin-caffeine.19, 161
 BYLVAY83, 130
 BYLVAY (PELLETS)83, 130

C

cabergoline94, 141
 CABLIVI65, 200
 CABOMETYX.....43, 183
 calcipotriene78, 126
 calcitonin (salmon) 102, 148
 calcitriol 102, 148
 calcium acetate82, 197
 calcium acetate (phos binder).....
82, 197
 CALQUENCE43, 183
 CAMILA.....93, 138
 CAMZYOS70, 117
 candesartan cilexetil66, 120
 candesartan cilexetil-hctz
70, 117
 CAPLYTA.....51, 188
 CAPRELSA43, 183
 captopril66, 122
 carbamazepine.....31, 171
 carbamazepine er.....31, 171
 carbidopa49, 114
 carbidopa-levodopa49, 114
 carbidopa-levodopa er.....49, 114
 carbidopa-levodopa-entacapone
49, 113
 carglumic acid79, 198
 carteolol hcl104, 149
 CARTIA XT68, 115
 carvedilol67, 116
 caspofungin acetate37, 178
 CAYSTON.....108, 157
 cefaclor24, 165

cefaclor er24, 165
 cefadroxil.....24, 166
 cefazolin sodium24, 166
 cefdinir24, 166
 cefepime hcl24, 166
 cefixime24, 166
 cefotetan disodium24, 166
 cefoxitin sodium25, 166
 cefpodoxime proxetil25, 166
 cefprozil.....25, 166
 ceftazidime25, 166
 ceftriaxone sodium25, 166
 cefuroxime axetil25, 166
 cefuroxime sodium ..25, 166, 167
 celecoxib 19, 161
 CELONTIN.....30, 172
 cephalixin25, 167
 cetirizine hcl 106, 158
 chlordiazepoxide hcl.....58, 163
 chlorhexidine gluconate...75, 126
 chloroquine phosphate48, 188
 chlorpromazine hcl50, 191
 chlorthalidone.....71, 122
 chlorzoxazone 110, 206
 cholestyramine72, 119
 cholestyramine light.....72, 119
 ciclopirox79, 129
 ciclopirox olamine.....37, 178
 cilostazol65, 200
 CIMDUO55, 193
 cinacalcet hcl.....102, 148
 ciprofloxacin hcl.....
28, 105, 152, 169
 ciprofloxacin in d5w28, 169
 ciprofloxacin-dexamethasone
106, 152
 ciprofloxacin-fluocinolone pf
106, 152
 citalopram hydrobromide
34, 175
 CLARAVIS76, 127
 clarithromycin27, 169
 clarithromycin er27, 169
 CLENPIQ84, 131
 clindamycin hcl.....23, 164
 clindamycin palmitate hcl.....
23, 164
 clindamycin phos-benzoyl perox
76, 127
 clindamycin phosphate
23, 79, 129, 130, 164
 clindamycin phosphate in d5w
23, 164

CLINIMIX E/DEXTROSE (2.75/5)
81, 196
 CLINIMIX E/DEXTROSE
 (4.25/10)81, 196
 CLINIMIX E/DEXTROSE (4.25/5)
81, 196
 CLINIMIX E/DEXTROSE (5/15)
81, 196
 CLINIMIX E/DEXTROSE (5/20)
82, 196
 CLINIMIX/DEXTROSE (4.25/10)
82, 196
 CLINIMIX/DEXTROSE (4.25/5)
82, 197
 CLINIMIX/DEXTROSE (5/15).....
82, 197
 CLINIMIX/DEXTROSE (5/20).....
82, 197
 clobazam.....31, 170
 clobetasol propionate77, 128
 clobetasol propionate e ...77, 128
 clomipramine hcl35, 176
 clonazepam.....58, 163
 clonidine.....65, 120
 clonidine hcl65, 120
 clopidogrel bisulfate.....65, 200
 clorazepate dipotassium..58, 163
 clotrimazole.....37, 178
 clotrimazole-betamethasone.....
78, 126
 clozapine.....53, 191
 COARTEM.....48, 188
 codeine sulfate.....20, 160
 colchicine.....38, 155
 colchicine-probenecid.....38, 155
 colestipol hcl.....72, 119
 colistimethate sodium (cba).....
23, 164
 COMBIGAN.....105, 150
 COMBIVENT RESPIMAT.....
109, 156
 COMETRIQ (100 MG DAILY
 DOSE)43, 183
 COMETRIQ (140 MG DAILY
 DOSE)44, 183
 COMETRIQ (60 MG DAILY
 DOSE)44, 183
 COMFORT ASSIST INSULIN
 SYRINGE.....61, 203
 COMPLERA.....55, 195
 constulose.....83, 130
 COPAXONE.....75, 124
 COPIKTRA.....44, 183

CORLANOR.....70, 117
 COSENTYX96, 142
 COSENTYX (300 MG DOSE).....
96, 142
 COSENTYX SENSOREADY
 (300 MG).....96, 142
 COTELLIC44, 183
 CREON.....85, 154
 cromolyn sodium
85, 103, 109, 149, 154, 156
 CRYSELLE-2889, 133
 cvs gauze sterile61, 203
 cyclobenzaprine hcl.....110, 206
 cyclophosphamide.....40, 180
 cyclosporine97, 103, 144, 150
 cyclosporine modified.....97, 144
 cyproheptadine hcl106, 158
 CYRED EQ89, 133
 CYSTADROPS103, 150
 CYSTAGON.....85, 154
 CYSTARAN103, 150

D

dalfampridine er75, 124
 danazol88, 137
 dapson40, 178
 DAPTACEL99, 146
 daptomycin.....23, 164, 165
 darifenacin hydrobromide er
86, 132
 DAURISMO.....44, 183
 DEBLITANE93, 138
 deferasirox81, 198
 deferasirox granules81, 198
 deferiprone81, 198
 DELSTRIGO55, 193
 DESCOVY55, 193
 desipramine hcl35, 176
 desmopressin acetate87, 139
 desmopressin acetate spray.....
88, 139
 desogestrel-ethinyl estradiol
89, 134
 desonide77, 128
 desoximetasone77, 128
 desvenlafaxine er34, 175
 desvenlafaxine succinate er
34, 175
 dexamethasone.....87, 139
 dexamethasone sodium
 phosphate104, 151
 dexlansoprazole84, 132

dexmethylphenidate hcl...74, 124
 dextroamphetamine sulfate
74, 125
 dextroamphetamine sulfate er
73, 74, 125
 dextrose82, 197
 dextrose-nacl.....82, 197
 DIACOMIT29, 172
 diazepam31, 58, 163, 171
 DIAZEPAM INTENSOL ...58, 163
 diazoxide.....61, 203
 diclofenac potassium19, 161
 diclofenac sodium.....
19, 78, 104, 126, 152, 162
 diclofenac sodium er19, 162
 dicloxacillin sodium.....26, 168
 dicyclomine hcl.....83, 131
 DIFICID.....27, 169
 diflunisal19, 162
 DIGITEK.....70, 117
 digoxin70, 117, 118
 dihydroergotamine mesylate.....
39, 112
 DILANTIN.....31, 171
 diltiazem hcl69, 116
 diltiazem hcl er68, 116
 diltiazem hcl er beads.....68, 115
 diltiazem hcl er coated beads
68, 115
 dilt-xr69, 116
 dimethyl fumarate.....75, 124
 dimethyl fumarate starter pack ...
75, 124
 diphenoxylate-atropine83, 130
 diphtheria-tetanus toxoids dt.....
99, 146
 disopyramide phosphate
67, 121
 disulfiram.....21, 155
 divalproex sodium59, 114
 divalproex sodium er58, 114
 dofetilide.....67, 121
 DOJOLVI.....82, 197
 donepezil hcl32, 123
 dorzolamide hcl105, 150
 dorzolamide hcl-timolol mal
105, 150
 dorzolamide hcl-timolol mal pf
105, 150
 DOVATO.....54, 194
 doxazosin mesylate.....66, 121
 doxepin hcl.....36, 176
 DOXY 100.....28, 170

doxycycline hyclate28, 170
doxycycline monohydrate 29, 170
DRIZALMA SPRINKLE....34, 175
dronabinol36, 177
drospirenone-ethinyl estradiol.....
.....89, 134
DROXIA41, 181
droxidopa65, 120
DUAVEE88, 138
duloxetine hcl34, 175
DUPIXENT96, 142
DUREZOL..... 104, 152
dutasteride86, 132
dutasteride-tamsulosin hcl.....
.....86, 132

E

econazole nitrate37, 179
EDURANT.....55, 195
efavirenz55, 195
efavirenz-emtricitab-tenofo df
.....55, 193
efavirenz-lamivudine-tenofovir....
.....55, 193
ELIGARD94, 141
ELIQUIS.....64, 200
ELIQUIS DVT/PE STARTER
PACK.....64, 200
ELMIRON.....87, 132
ELURYNG.....89, 134
EMCYT41, 181
EMGALITY39, 113
EMOQUETTE89, 134
EMSAM.....34, 174
emtricitabine.....55, 193
emtricitabine-tenofovir df .55, 193
EMTRIVA.....56, 193
EMVERM48, 187
enalapril maleate66, 122
enalapril-hydrochlorothiazide.....
.....70, 118
ENBREL.....97, 144
ENBREL MINI97, 144
ENBREL SURECLICK.....97, 144
ENDARI85, 154
ENGERIX-B99, 146
enoxaparin sodium64, 200
ENPRESSE-2890, 134
ENSKYCE.....90, 134
ENSPRYNG97, 144
entacapone49, 113
entecavir54, 196

ENTRESTO70, 118
enulose83, 130
ENVARUSUS XR97, 144
EPIDIOLEX29, 172
epinephrine108, 159
EPITOL31, 171
EPIVIR HBV54, 196
eplerenone71, 121
EPRONTIA.....39, 113
ERAXIS.....37, 179
ergotamine-caffeine.....39, 112
ERIVEDGE44, 183
ERLEADA41, 180
erlotinib hcl44, 183
ERRIN.....93, 138
ertapenem sodium.....27, 168
ery.....79, 130
ERYTHROCIN LACTOBIONATE
.....27, 169
erythromycin.....
.....28, 79, 103, 130, 151, 169
erythromycin base27, 28, 169
erythromycin ethylsuccinate
.....28, 169
ESBRIET.....109, 156
escitalopram oxalate34, 175
esomeprazole magnesium
.....85, 132
ESTARYLLA90, 134
estradiol88, 89, 138
ethambutol hcl.....40, 178
ethosuximide30, 172
ethynodiol diac-eth estradiol.....
.....90, 134
etodolac19, 162
etonogestrel-ethinyl estradiol.....
.....90, 134
etravirine55, 195
EUCRISA77, 128
EUTHYROX94, 140
everolimus.....44, 97, 144, 183
EVOTAZ56, 194
EVRYSDI74, 125
EXEL COMFORT POINT PEN
NEEDLE61, 203
exemestane43, 182
EXKIVITY.....44, 183
ezetimibe.....72, 119

F

FALMINA90, 134
famciclovir54, 192
famotidine84, 131
FANAPT.....51, 188, 189
FANAPT TITRATION PACK.....
.....51, 189
febuxostat38, 156
felbamate29, 172
felodipine er68, 115
FEMYNOR.....90, 134
fenofibrate72, 119
fenofibrate micronized71, 119
fenofibric acid.....72, 119
fentanyl20, 161
fentanyl citrate.....20, 160
FERRIPROX81, 198
FERRIPROX TWICE-A-DAY
.....81, 198
fesoterodine fumarate er
.....86, 133
FETZIMA.....34, 175
FETZIMA TITRATION34, 175
FIASP61, 204
FIASP FLEXTOUCH61, 204
FIASP PENFILL61, 204
finasteride86, 132
fingolimod hcl75, 124
FINTEPLA.....29, 172
FIRAZYR.....95, 142
FIRVANQ.....23, 165
flecainide acetate67, 121
FLOVENT DISKUS107, 158
FLOVENT HFA107, 158
fluconazole37, 179
fluconazole in sodium chloride....
.....37, 179
flucytosine37, 179
fludrocortisone acetate87, 139
flunisolide107, 158
fluocinolone acetonide.....
.....77, 106, 128, 152
fluocinonide77, 128
fluocinonide emulsified base.....
.....77, 128
fluorometholone104, 152
fluorouracil78, 126
fluoxetine hcl34, 175
fluphenazine decanoate
.....50, 191
fluphenazine hcl50, 191
flurbiprofen19, 162

flurbiprofen sodium 104, 152
 fluticasone propionate
 77, 107, 128, 129, 159
 fluticasone-salmeterol ... 110, 156
 fluvoxamine maleate 35, 175
 fondaparinux sodium 64, 200
 fosamprenavir calcium..... 57, 194
 fosinopril sodium 66, 122
 fosinopril sodium-hctz..... 70, 118
 FOTIVDA 44, 184
 furosemide 71, 121, 122
 FUZEON 56, 195
 FYCOMPA 29, 172

G

gabapentin 31, 171
 GALAFOLD..... 85, 154
 galantamine hydrobromide
 33, 123
 galantamine hydrobromide er
 32, 123
 GARDASIL 9 99, 146
 gatifloxacin 103, 151
 GATTEX..... 84, 131
 GAVILYTE-C..... 84, 131
 GAVILYTE-G..... 84, 131
 GAVRETO 44, 184
 gemfibrozil..... 72, 119
 generlac 83, 130
 GENGRAF 97, 144
 GENTAK 103, 151
 gentamicin in saline 22, 164
 gentamicin sulfate
 22, 104, 151, 164
 GENVOYA 54, 194
 GILOTRIF 44, 184
 GLEOSTINE..... 40, 180
 glimepiride..... 59, 201
 glipizide 59, 201
 glipizide er 59, 201
 glipizide-metformin hcl..... 59, 202
 global alcohol prep ease.....
 78, 126
 GLUCAGEN HYPOKIT.... 61, 203
 glucagon emergency 61, 203
 glyburide-metformin..... 59, 202
 glycopyrrolate 83, 131
 granisetron hcl..... 36, 177
 griseofulvin microsize 37, 179
 griseofulvin ultramicrosize
 37, 179
 guanfacine hcl 66, 120

guanfacine hcl er 74, 124

H

halobetasol propionate 77, 129
 haloperidol 50, 191
 haloperidol decanoate 50, 191
 haloperidol lactate 50, 191
 HAVRIX..... 99, 146
 heparin sodium (porcine)
 64, 200
 HIBERIX..... 99, 146
 HUMIRA..... 98, 145
 HUMIRA PEDIATRIC CROHNS
 START 98, 144
 HUMIRA PEN..... 98, 144
 HUMIRA PEN-CD/UC/HS
 STARTER 98, 144
 HUMIRA PEN-PEDIATRIC UC
 START 98, 144
 HUMIRA PEN-PS/UV/ADOL HS
 START 98, 145
 HUMIRA PEN-PSOR/UEIT
 STARTER 98, 145
 hydralazine hcl 73, 122
 hydrochlorothiazide 71, 122
 hydrocodone-acetaminophen
 20, 160
 hydrocodone-ibuprofen.... 20, 160
 hydrocortisone.....
 77, 78, 87, 102, 129, 139, 153
 hydrocortisone (perianal). 77, 129
 hydrocortisone ace-pramoxine ...
 79, 126
 hydrocortisone valerate ... 78, 129
 hydromorphone hcl..... 20, 160
 hydroxychloroquine sulfate
 48, 188
 hydroxyurea 41, 181
 hydroxyzine hcl 58, 163
 hydroxyzine pamoate 58, 163
 HYFTOR 79, 126

I

ibandronate sodium 102, 148
 IBRANCE 44, 184
 IBU..... 19, 162
 ibuprofen 19, 162
 icatibant acetate 95, 142
 ICLEVIA 90, 134
 ICLUSIG..... 44, 184
 IDHIFA 42, 181
 ILEVRO..... 104, 152

imatinib mesylate..... 44, 184
 IMBRUVICA 44, 184
 imipenem-cilastatin..... 27, 168
 imipramine hcl 36, 177
 imiquimod..... 79, 126
 IMOVAX RABIES 99, 146
 IMVEXXY MAINTENANCE
 PACK..... 89, 138
 IMVEXXY STARTER PACK.....
 89, 138
 INBRIJA 49, 114
 INCASSIA 93, 138
 INCRELEX 88, 139
 indapamide 71, 122
 indomethacin..... 19, 162
 indomethacin er..... 19, 162
 INFANRIX 99, 146
 INLYTA 44, 184
 INQOVI 41, 181
 INREBIC 44, 184
 INTELENCE 55, 195
 INTRALIPID 82, 197
 INTRAROSA 90, 134
 INTROVALE..... 90, 134
 INVEGA HAFYERA..... 51, 189
 INVEGA SUSTENNA 51, 189
 INVEGA TRINZA..... 51, 189
 INVOKAMET 59, 202
 INVOKAMET XR 59, 202
 INVOKANA 59, 202
 IPOL..... 100, 146
 ipratropium bromide 107, 159
 ipratropium-albuterol 110, 157
 irbesartan 66, 120
 irbesartan-hydrochlorothiazide ...
 70, 118
 IRESSA..... 44, 184
 ISENTRESS..... 54, 194
 ISENTRESS HD..... 54, 194
 ISIBLOOM..... 90, 134
 ISOLYTE-P IN D5W 82, 197
 ISOLYTE-S PH 7.4..... 80, 198
 isoniazid 40, 178
 isosorb dinitrate-hydralazine.....
 70, 118
 isosorbide dinitrate 73, 122
 isosorbide mononitrate ... 73, 122
 isosorbide mononitrate er
 73, 122
 isotretinoin..... 76, 127
 isradipine..... 68, 115
 ISTURISA 87, 139
 itraconazole..... 37, 179

ivermectin.....48, 187
IXIARO..... 100, 146

J

JAKAFI.....45, 184
JANTOVEN.....64, 200
JANUMET.....59, 202
JANUMET XR.....59, 202
JANUVIA.....59, 202
JARDIANCE.....59, 202
JASMIEL.....90, 134
JUBLIA.....38, 179
JULEBER.....90, 134
JULUCA.....56, 193
JUNEL 1.5/30.....90, 134
JUNEL 1/20.....90, 134
JUNEL FE 1.5/30.....90, 134
JUNEL FE 1/20.....90, 134
JUXTAPID.....72, 120
JYNNEOS..... 100, 146

K

KALYDECO..... 108, 157
KARIVA.....90, 134
KATERZIA.....68, 115
kcl in dextrose-nacl.....80, 198
kcl-lactated ringers-d5w...80, 198
KELNOR 1/35.....90, 134
KELNOR 1/50.....90, 134
KERENDIA.....71, 121
KESIMPTA.....75, 124
ketoconazole.....38, 179
ketorolac tromethamine.....
..... 19, 104, 152, 162
KINRIX.....100, 146
KISQALI (200 MG DOSE).....
.....45, 184
KISQALI (400 MG DOSE).....
.....45, 184
KISQALI (600 MG DOSE).....
.....45, 184
KISQALI FEMARA (400 MG
DOSE).....42, 181
KISQALI FEMARA (600 MG
DOSE).....42, 181
KISQALI FEMARA(200 MG
DOSE).....42, 181
KLOR-CON.....80, 199
KLOR-CON 10.....80, 198
KLOR-CON M10.....80, 198
KLOR-CON M15.....80, 198
KLOR-CON M20.....80, 199

KLOXXADO.....22, 155
KORLYM.....61, 203
KOSELUGO.....45, 184
KURVELO.....90, 134
KYNMOBI.....49, 113

L

labetalol hcl.....67, 116
lacosamide.....32, 171
lactulose.....83, 130
lamivudine..... 54, 56, 193, 196
lamivudine-zidovudine.....56, 193
lamotrigine.....29, 173
lamotrigine er.....29, 173
lamotrigine starter kit-blue.....
.....29, 173
lamotrigine starter kit-green.....
.....29, 173
lamotrigine starter kit-orange.....
.....30, 173
LAMPIT.....48, 188
lansoprazole.....85, 132
LANTUS.....61, 204
LANTUS SOLOSTAR.....61, 204
lapatinib ditosylate.....45, 184
LARIN 1.5/30.....90, 134
LARIN 1/20.....90, 135
LARIN FE 1.5/30.....90, 135
LARIN FE 1/20.....90, 135
latanoprost.....105, 151
LATUDA.....51, 189
LEENA.....90, 135
leflunomide.....96, 142
lenalidomide.....41, 180
LENVIMA (10 MG DAILY DOSE)
.....45, 184
LENVIMA (12 MG DAILY DOSE)
.....45, 185
LENVIMA (14 MG DAILY DOSE)
.....45, 185
LENVIMA (18 MG DAILY DOSE)
.....45, 185
LENVIMA (20 MG DAILY DOSE)
.....45, 185
LENVIMA (24 MG DAILY DOSE)
.....45, 185
LENVIMA (4 MG DAILY DOSE)
.....45, 185
LENVIMA (8 MG DAILY DOSE)
.....45, 185
LESSINA.....90, 135
letrozole.....43, 182

leucovorin calcium.....42, 181
LEUKERAN.....40, 180
LEUKINE.....65, 201
leuprolide acetate.....94, 141
LEVEMIR.....62, 204
LEVEMIR FLEXTOUCH..61, 204
levetiracetam.....30, 173
levetiracetam er.....30, 173
levobunolol hcl.....104, 149
levocarnitine.....82, 197
levocetirizine dihydrochloride.....
.....106, 158
levofloxacin.....28, 170
levofloxacin in d5w.....28, 170
LEVONEST.....90, 135
levonorgest-eth estrad 91-day....
.....91, 135
levonorgestrel-ethinyl estrad.....
.....91, 135
levonorg-eth estrad triphasic.....
.....91, 135
LEVORA 0.15/30 (28).....91, 135
LEVO-T.....94, 140
levothyroxine sodium.....94, 140
LEVOXYL.....94, 140
LEXIVA.....57, 194
LIALDA.....101, 152
lidocaine.....21, 162
lidocaine hcl.....21, 162
lidocaine viscous hcl.....21, 162
lidocaine-prilocaine.....21, 162
linezolid.....23, 165
LINZESS.....83, 130
liothyronine sodium.....94, 140
lisinopril.....66, 122
lisinopril-hydrochlorothiazide.....
.....70, 118
lithium carbonate.....59, 115
lithium carbonate er.....59, 115
LIVALO.....72, 119
LIVMARLI.....84, 131
LIVTENCITY.....53, 192
LOKELMA.....81, 198
LONSURF.....42, 181
loperamide hcl.....83, 130
lopinavir-ritonavir.....57, 194
lorazepam.....58, 163
LORAZEPAM INTENSOL.....
.....58, 163
LORBRENA.....45, 185
LORYNA.....91, 135
losartan potassium.....66, 120
losartan potassium-hctz...70, 118

loteprednol etabonate.... 104, 152
lovastatin.....72, 119
LOW-OGESTREL91, 135
loxapine succinate.....50, 191
lubiprostone83, 130
LUMAKRAS42, 181
LUMIGAN..... 105, 151
LUPKYNIS98, 145
LUPRON DEPOT (1-MONTH)....
.....94, 141
LUPRON DEPOT (3-MONTH)....
.....94, 141
LUPRON DEPOT (4-MONTH)....
.....94, 141
LUPRON DEPOT (6-MONTH)....
.....95, 141
LUTERA.....91, 135
LYBALVI51, 189
LYLEQ93, 138
LYNPARZA42, 182
LYSODREN41, 180
LYZA.....93, 138

M

magnesium sulfate80, 199
malathion79, 130
maraviroc56, 195
marlissa.....91, 135
MARPLAN.....34, 174
MATULANE40, 180
MAVYRET.....54, 196
MAYZENT.....75, 124
MAYZENT STARTER PACK.....
.....75, 124
meclizine hcl.....36, 177
medroxyprogesterone acetate....
.....93, 138
mefloquine hcl.....48, 188
megestrol acetate.... 93, 138, 139
MEKINIST45, 185
MEKTOVI.....45, 185
meloxicam..... 19, 162
memantine hcl.....32, 123
memantine hcl er.....32, 123
MENACTRA..... 100, 146
MENEST89, 138
MENQUADFI..... 100, 146
MENVEO 100, 147
mercaptapurine41, 181
meropenem27, 168
mesalamine..... 101, 152, 153
mesalamine er..... 101, 152

MESNEX.....42, 182
metformin hcl.....59, 202
metformin hcl er59, 202
methadone hcl.....20, 161
methazolamide..... 105, 150
methenamine hippurate...23, 165
methimazole.....95, 142
methocarbamol 110, 206
methotrexate sodium98, 145
methotrexate sodium (pf).....
.....98, 145
methylphenidate hcl74, 124
methylprednisolone87, 140
metoclopramide hcl84, 131
metolazone71, 122
metoprolol succinate er ...67, 116
metoprolol tartrate67, 116
metoprolol-hydrochlorothiazide
.....70, 118
metronidazole.....23, 165
metyrosine70, 118
mexiletine hcl67, 121
MICROGESTIN 1.5/3091, 135
MICROGESTIN 1/2091, 135
MICROGESTIN FE 1.5/30.....
.....91, 135
MICROGESTIN FE 1/20..91, 135
midodrine hcl.....66, 120
miglitol.....60, 202
miglustat.....85, 154
MILI.....91, 135
minocycline hcl.....29, 170
minoxidil73, 123
mirtazapine33, 174
misoprostol.....84, 132
M-M-R II100, 147
modafinil..... 111, 153
moexipril hcl66, 122
molindone hcl.....50, 191
mometasone furoate
.....78, 107, 129, 159
montelukast sodium 107, 159
morphine sulfate.....21, 161
morphine sulfate (concentrate)
.....21, 160
morphine sulfate er.....20, 161
MOVANTI83, 130
moxifloxacin hcl.....
.....28, 104, 151, 170
moxifloxacin hcl in nacl....28, 170
MULTAQ67, 121
mupirocin79, 130
mupirocin calcium.....79, 130

mycophenolate mofetil....98, 145
mycophenolate sodium....98, 145
MYRBETRIQ.....86, 133

N

na sulfate-k sulfate-mg sulf.....
.....84, 131
nabumetone 19, 162
nadolol67, 116
nafcillin sodium.....26, 168
naloxone hcl.....22, 155
naltrexone hcl.....21, 155
NAMZARIC32, 123
naproxen 19, 20, 162
naproxen sodium.....20, 162
naratriptan hcl39, 112
NARCAN.....22, 155
NATACYN..... 104, 151
nateglinide.....60, 202
NATPARA 102, 148
NAYZILAM31, 171
nebivolol hcl67, 117
NECON 0.5/35 (28)91, 135
nefazodone hcl.....35, 175
neomycin sulfate22, 164
neomycin-bacitracin zn-polymyx
.....104, 151
neomycin-polymyxin-dexameth
.....103, 150
neomycin-polymyxin-gramicidin
.....103, 150
neomycin-polymyxin-hc
.....103, 106, 150, 152
NERLYNX45, 185
NEUPRO.....49, 113
nevirapine55, 195
nevirapine er55, 195
niacin er (antihyperlipidemic).....
.....72, 120
nicardipine hcl68, 115
NICOTROL22, 154
nifedipine.....68, 115
nifedipine er68, 115
nifedipine er osmotic release.....
.....68, 115
NIKKI91, 135
nilutamide.....41, 180
NINLARO42, 182
nitazoxanide.....48, 188
nitisinone.....85, 154
NITRO-BID.....73, 123

nitrofurantoin macrocrystal
23, 165
 nitrofurantoin monohyd macro
24, 165
 nitroglycerin.....73, 123
 nizatidine.....84, 131
 NOCDURNA88, 139
 NORA-BE.....93, 139
 norethin ace-eth estrad-fe
91, 135
 norethindrone93, 139
 norethindrone acetate93, 139
 norethindrone acet-ethinyl est
91, 135
 norethindrone-eth estradiol.....
91, 136
 norgestimate-eth estradiol
91, 136
 norgestim-eth estrad triphasic
91, 136
 NORTREL 0.5/35 (28).....91, 136
 NORTREL 1/35 (21).....92, 136
 NORTREL 1/35 (28).....92, 136
 NORTREL 7/7/792, 136
 nortriptyline hcl.....36, 177
 NORVIR.....57, 194
 NOVOLIN 70/3062, 204
 NOVOLIN 70/30 FLEXPEN
62, 204
 NOVOLIN N62, 205
 NOVOLIN N FLEXPEN ...62, 205
 NOVOLIN R62, 205
 NOVOLIN R FLEXPEN ...62, 205
 NOVOLOG.....62, 205
 NOVOLOG FLEXPEN.....62, 205
 NOVOLOG MIX 70/30.....63, 205
 NOVOLOG MIX 70/30 FLEXPEN
63, 205
 NOVOLOG PENFILL.....63, 205
 NOXAFIL.....38, 179
 NUBEQA.....41, 180
 NUCALA110, 157
 NUEDEXTA74, 125
 NUPLAZID51, 189
 NUTRILIPID82, 197
 NYAMYC.....38, 179
 NYLIA 1/35.....92, 136
 NYLIA 7/7/792, 136
 NYMYO.....92, 136
 nystatin38, 179
 nystatin-triamcinolone79, 126
 NYSTOP38, 179

O

OCELLA.....92, 136
 octreotide acetate.....95, 141
 ODEFSEY56, 193
 ODOMZO.....45, 185
 OFEV109, 156
 ofloxacin.....
28, 104, 106, 151, 152, 170
 olanzapine.....52, 189
 olanzapine-fluoxetine hcl.33, 174
 olmesartan medoxomil66, 120
 olmesartan medoxomil-hctz.....
70, 118
 olmesartan-amlodipine-hctz.....
70, 118
 olopatadine hcl.....103, 149
 omega-3-acid ethyl esters
72, 120
 omeprazole85, 132
 OMNITROPE88, 139
 ondansetron36, 177
 ondansetron hcl.....36, 177
 ONUREG41, 181
 OPSUMIT.....109, 157
 ORFADIN.....85, 154
 ORGOVYX.....42, 182
 ORKAMBI108, 157
 orphenadrine citrate er ..110, 206
 oseltamivir phosphate57, 192
 OSPHENA92, 136
 oxacillin sodium26, 168
 oxacillin sodium in dextrose.....
26, 168
 oxandrolone88, 137
 oxaprozin20, 162
 oxazepam58, 163
 oxcarbazepine32, 172
 oxybutynin chloride.....86, 133
 oxybutynin chloride er86, 133
 oxycodone hcl21, 161
 oxycodone hcl er20, 161
 oxycodone-acetaminophen.....
21, 161
 OZEMPIC (0.25 OR 0.5
 MG/DOSE).....60, 202
 OZEMPIC (1 MG/DOSE).....
60, 202
 OZEMPIC (2 MG/DOSE).....
60, 202

P

paliperidone er52, 189
 PANRETIN.....79, 126
 pantoprazole sodium85, 132
 PANZYGA.....95, 143
 paricalcitol102, 148
 paromomycin sulfate22, 164
 paroxetine hcl.....35, 176
 PEDIARIX100, 147
 PEDVAX HIB.....100, 147
 peg 3350-kcl-na bicarb-nacl
84, 131
 peg-3350/electrolytes84, 131
 PEGASYS.....97, 143
 PEMAZYRE45, 185
 penicillamine87, 132
 penicillin g pot in dextrose
26, 168
 penicillin g potassium26, 168
 penicillin g procaine.....26, 168
 penicillin g sodium27, 168
 penicillin v potassium27, 168
 PENTACEL100, 147
 pentamidine isethionate...48, 188
 pentoxifylline er70, 118
 perindopril erbumine.....66, 122
 PERIOGARD.....75, 126
 permethrin79, 130
 perphenazine50, 191
 phenelzine sulfate34, 175
 phenobarbital30, 173
 phenytoin32, 172
 phenytoin sodium extended.....
32, 172
 PIFELTRO55, 195
 pilocarpine hcl
75, 105, 126, 150
 pimecrolimus78, 129
 pimozone.....50, 191
 PIMTREA.....92, 136
 pindolol67, 117
 pioglitazone hcl60, 202
 pioglitazone hcl-glimepiride
60, 202
 pioglitazone hcl-metformin hcl
60, 202
 piperacillin sod-tazobactam so ...
27, 168
 PIQRAY (200 MG DAILY DOSE)
46, 185
 PIQRAY (250 MG DAILY DOSE)
46, 185

PIQRAY (300 MG DAILY DOSE)
46, 185
 pirfenidone 109, 156
 PIRMELLA 1/3592, 136
 piroxicam.....20, 162
 PLASMA-LYTE 148.....80, 199
 PLASMA-LYTE A80, 199
 podofilox.....79, 126
 polymyxin b-trimethoprim
 103, 151
 POMALYST41, 180
 PORTIA-2892, 136
 posaconazole38, 179
 potassium chloride80, 199
 potassium chloride crys er
80, 199
 potassium chloride er80, 199
 potassium chloride in nacl80, 199
 potassium citrate er81, 199
 potassium cl in dextrose 5%.....
81, 199
 pramipexole dihydrochloride.....
49, 114
 prasugrel hcl.....65, 200
 pravastatin sodium72, 119
 prazosin hcl.....66, 121
 prednicarbate78, 129
 prednisolone87, 140
 prednisolone acetate 104, 152
 prednisolone sodium phosphate
 87, 104, 140, 152
 prednisone87, 140
 PREDNISON INTENSOL.....
87, 140
 preferred plus insulin syringe.....
63, 206
 pregabalin74, 125
 prehevbrio 100, 147
 PREMARIN89, 138
 PREMASOL82, 197
 PREMPHASE.....92, 136
 PREMPRO92, 136
 prenatal82, 197
 PREVYMIS53, 192
 PREZCOBIX57, 194
 PREZISTA57, 194
 PRIFTIN40, 178
 primaquine phosphate48, 188
 primidone30, 173
 PRIORIX100, 147
 PRIVIGEN95, 143
 probenecid38, 156
 prochlorperazine36, 177

prochlorperazine maleate
36, 177
 PROCTO-MED HC.....78, 129
 PROCTO-PAK78, 129
 PROCTOSOL HC.....78, 129
 PROCTOZONE-HC.....78, 129
 progesterone93, 139
 PROGRAF98, 145
 PROLASTIN-C85, 154
 PROLIA.....102, 148
 PROMACTA.....65, 201
 promethazine hcl.....36, 177
 propafenone hcl67, 121
 propranolol hcl...39, 68, 113, 117
 propranolol hcl er
39, 68, 113, 117
 propylthiouracil95, 142
 PROQUAD100, 147
 PROSOL82, 197
 protriptyline hcl36, 177
 PULMOZYME108, 157
 PURIXAN41, 181
 pyrazinamide.....40, 178
 pyridostigmine bromide ...40, 112

Q

QINLOCK.....46, 185
 QUADRACEL.....100, 147
 quetiapine fumarate.....52, 190
 quetiapine fumarate er.....
52, 189, 190
 quinapril hcl66, 122
 quinapril-hydrochlorothiazide
70, 118
 quinidine sulfate67, 121
 quinine sulfate48, 188

R

RABAVERT100, 147
 raloxifene hcl102, 149
 ramipril66, 122
 ranolazine er70, 118
 rasagiline mesylate.....49, 114
 RAVICTI.....85, 154
 RECLIPSEN.....92, 136
 RECOMBIVAX HB100, 147
 RECTIV73, 123
 REGRANEX79, 126
 RELENZA DISKHALER...57, 192
 RELI-ON INSULIN SYRINGE
63, 206
 repaglinide60, 202

REPATHA73, 120
 REPATHA PUSHTRONEX
 SYSTEM73, 120
 REPATHA SURECLICK.....
73, 120
 RETACRIT65, 201
 RETEVMO46, 185
 REXULTI.....52, 190
 REYATAZ57, 194
 REZUROCK.....98, 145
 RHOPRESSA.....105, 150
 ribavirin54, 196
 rifabutin40, 178
 rifampin40, 178
 riluzole74, 125
 rimantadine hcl.....57, 192
 RINVOQ.....96, 142
 risedronate sodium.....102, 149
 RISPERDAL CONSTA ...52, 190
 risperidone52, 190
 ritonavir57, 195
 rivastigmine33, 124
 rivastigmine tartrate.....33, 123
 rizatriptan benzoate39, 112
 ROCKLATAN105, 150
 roflumilast.....108, 160
 ropinirole hcl.....49, 114
 rosuvastatin calcium72, 119
 ROTARIX100, 147
 ROTATEQ.....100, 147
 ROZLYTREK.....46, 185
 RUBRACA46, 186
 rufinamide32, 172
 RUKOBIA.....56, 195
 RYBELSUS60, 202
 RYDAPT46, 186
 RYTARY49, 114

S

SANTYL79, 127
 sapropterin dihydrochloride
85, 154
 SAVELLA75, 125
 SAVELLA TITRATION PACK.....
75, 125
 SCEMBLIX.....46, 186
 scopolamine36, 177
 SECUADO53, 190
 selegiline hcl.....49, 114
 selenium sulfide78, 129
 SELZENTRY56, 195
 SEREVENT DISKUS.....108, 160

sertraline hcl.....35, 176
 SETLAKIN.....92, 136
 sevelamer carbonate
 82, 83, 197
 SHAROBEL93, 139
 SHINGRIX..... 101, 147
 SIGNIFOR.....95, 141
 sildenafil citrate
 83, 109, 158, 196
 silodosin86, 132
 silver sulfadiazine79, 127
 SIMBRINZA 105, 150
 simvastatin72, 119
 sirolimus.....98, 145
 SIRTURO.....40, 178
 SKYRIZI.....96, 143
 SKYRIZI PEN.....96, 142
 sodium chloride81, 199
 sodium fluoride.....81, 199
 sodium polystyrene sulfonate
81, 198
 sofosbuvir-velpatasvir.....54, 196
 solifenacin succinate86, 133
 SOLIQUA.....63, 206
 SOLTAMOX.....41, 181
 SOMAVERT.....95, 141
 sorafenib tosylate46, 186
 sotalol hcl.....67, 121
 sotalol hcl (af).....67, 121
 SPIRIVA HANDIHALER
 107, 159
 SPIRIVA RESPIMAT 107, 159
 spironolactone71, 121
 spironolactone-hctz71, 118
 SPRINTEC 2892, 136
 SPRITAM.....30, 173
 SPRYCEL46, 186
 SPS.....81, 198
 SRONYX.....92, 136
 SSD79, 127
 STELARA.....96, 143
 STIVARGA.....46, 186
 STRIBILD.....54, 194
 SUBOXONE.....22, 155
 sucralfate84, 132
 sulfacetamide sodium 104, 151
 sulfacetamide sodium (acne).....
28, 170
 sulfacetamide-prednisolone.....
 103, 151
 sulfadiazine28, 170
 sulfamethoxazole-trimethoprim
28, 170

sulfasalazine 101, 153
 sulindac.....20, 162
 sumatriptan39, 112
 sumatriptan succinate
 39, 40, 112
 sumatriptan succinate refill
39, 112
 sunitinib malate46, 186
 SUNOSI 111, 153
 SUPREP BOWEL PREP KIT.....
84, 131
 SUTAB.....84, 131
 SYEDA.....92, 136
 SYMDEKO 108, 157
 SYMLINPEN 120.....60, 203
 SYMLINPEN 6060, 203
 SYMPAZAN31, 171
 SYMTUZA.....54, 194
 SYNAREL95, 141
 SYNJARDY60, 203
 SYNJARDY XR60, 203
 SYNRIBO.....42, 182
 SYNTHROID.....94, 141

T

TABLOID.....42, 181
 TABRECTA46, 186
 tacrolimus..... 78, 99, 129, 145
 TAFINLAR.....46, 186
 TAGRISSO46, 186
 TAKHZYRO95, 142
 TALZENNA46, 186
 tamoxifen citrate41, 181
 tamsulosin hcl86, 132
 TARINA FE 1/20 EQ92, 136
 TASIGNA46, 186
 TAVNEOS.....96, 143
 tazarotene76, 127
 TAZORAC.....76, 127
 TAZTIA XT69, 116
 TAZVERIK46, 186
 TDVAX..... 101, 147
 TEFLARO25, 167
 TEGSEDI85, 154
 telmisartan66, 120
 telmisartan-hctz.....71, 118
 temazepam 110, 153
 TENIVAC 101, 147
 tenofovir disoproxil fumarate.....
56, 193
 TEPMETKO46, 186
 terazosin hcl.....66, 121

terbinafine hcl.....38, 180
 terbutaline sulfate 108, 160
 terconazole38, 180
 teriparatide (recombinant)
 102, 149
 testosterone88, 137
 testosterone cypionate88, 137
 testosterone enanthate....88, 137
 tetrabenazine74, 126
 tetracycline hcl29, 170
 THALOMID41, 180
 theophylline er..... 108, 109, 160
 thioridazine hcl50, 191
 thiothixene.....50, 192
 TIADYLT ER69, 116
 tiagabine hcl.....31, 171
 TIBSOVO.....47, 186
 TICOVAC..... 101, 148
 tigecycline24, 165
 timolol maleate
 68, 104, 105, 117, 149
 timolol maleate (once-daily).....
 104, 149
 tinidazole.....24, 165
 TIVICAY.....54, 55, 194
 TIVICAY PD55, 194
 tizanidine hcl53, 112
 TOBI PODHALER 108, 157
 tobramycin 104, 108, 151, 157
 tobramycin sulfate23, 164
 tobramycin-dexamethasone
 103, 151
 tolterodine tartrate86, 133
 tolterodine tartrate er86, 133
 tolvaptan81, 198
 topiramate39, 113
 topiramate er39, 113
 toremifene citrate.....41, 181
 torsemide71, 122
 TOUJEO MAX SOLOSTAR.....
63, 206
 TOUJEO SOLOSTAR63, 206
 TPN ELECTROLYTES....82, 197
 tramadol hcl21, 161
 tramadol-acetaminophen.....
21, 161
 trandolapril67, 122
 tranexamic acid65, 201
 tranlycypromine sulfate....34, 175
 TRAVASOL82, 197
 travoprost (bak free) 105, 151
 trazodone hcl.....35, 176
 TRECATOR40, 178

TRELEGY ELLIPTA 110, 157
TRELSTAR MIXJECT 95, 141
TRESIBA..... 63, 206
TRESIBA FLEXTOUCH .. 63, 206
tretinoin 47, 76, 127, 187
TREXALL..... 99, 145
triamcinolone acetonide.....
..... 75, 78, 126, 129
triamterene-hctz 71, 118
trientine hcl..... 81, 198
TRI-ESTARYLLA..... 92, 137
trifluoperazine hcl 50, 192
trifluridine 54, 192
trihexyphenidyl hcl..... 48, 114
TRIKAFTA..... 108, 157
trimethoprim 24, 165
TRI-MILI 92, 137
trimipramine maleate 36, 177
TRINTELLIX..... 35, 176
TRI-NYMYO 92, 137
TRI-SPRINTEC 92, 137
TRIUMEQ 56, 195
TRIUMEQ PD..... 56, 195
TRIVORA (28)..... 93, 137
TRI-VYLIBRA 93, 137
TRIZIVIR 56, 193
TROPHAMINE 82, 197
trospium chloride 86, 133
trospium chloride er 86, 133
TRULICITY 60, 203
TRUMENBA 101, 148
TRUSELTIQ (100MG DAILY
DOSE) 47, 186
TRUSELTIQ (125MG DAILY
DOSE) 47, 186
TRUSELTIQ (50MG DAILY
DOSE) 47, 186
TRUSELTIQ (75MG DAILY
DOSE) 47, 186
TUKYSA..... 47, 186
TURALIO 47, 187
TWINRIX..... 101, 148
TYBOST..... 56, 196
TYMLOS 102, 149
TYPHIM VI..... 101, 148

U

UBRELVY 39, 113
UNITHROID 94, 141
ursodiol 84, 131

V

valacyclovir hcl 54, 192
VALCHLOR 40, 180
valganciclovir hcl 53, 192
valproic acid 30, 173
valsartan 66, 120
valsartan-hydrochlorothiazide.....
..... 71, 118
VALTOCO 10 MG DOSE
..... 31, 171
VALTOCO 15 MG DOSE
..... 31, 171
VALTOCO 20 MG DOSE
..... 31, 171
VALTOCO 5 MG DOSE
..... 31, 171
vancomycin hcl..... 24, 165
VAQTA..... 101, 148
varenicline tartrate... 22, 154, 155
VARIVAX 101, 148
VARUBI (180 MG DOSE).....
..... 36, 177
VASCEPA 73, 120
VELIVET 93, 137
VELPHORO 83, 197
VEMLIDY 54, 196
VENCLEXTA..... 47, 187
VENCLEXTA STARTING PACK
..... 47, 187
venlafaxine besylate er... 35, 176
venlafaxine hcl 35, 176
venlafaxine hcl er 35, 176
VENTOLIN HFA 108, 160
verapamil hcl 69, 116
verapamil hcl er 69, 116
VERQUVO 71, 119
VERSACLOZ 53, 191
VERZENIO..... 47, 187
VESTURA 93, 137
VICTOZA 60, 203
VIENVA..... 93, 137
vigabatrin 31, 171
VIIBRYD STARTER PACK.....
..... 35, 176
VIJOICE 85, 154
vilazodone hcl 35, 176
VIRACEPT 57, 195
VIREAD..... 56, 193
VITRAKVI..... 47, 187
VIVITROL..... 21, 155
VIZIMPRO..... 47, 187
VONJO 47, 187

voriconazole 38, 180
VOSEVI..... 54, 196
VOTRIENT 47, 187
VRAYLAR 53, 190
VYFEMLA 93, 137
VYLIBRA..... 93, 137
VYNDAMAX..... 85, 154

W

warfarin sodium 64, 200
WELIREG 42, 182

X

XALKORI 47, 187
XARELTO 64, 201
XARELTO STARTER PACK
..... 64, 201
XATMEP 42, 182
XCOPRI 30, 174
XCOPRI (250 MG DAILY DOSE)
..... 30, 173
XCOPRI (350 MG DAILY DOSE)
..... 30, 173
XGEVA 102, 149
XIFAXAN..... 24, 165
XOFLUZA (40 MG DOSE).....
..... 57, 192
XOFLUZA (80 MG DOSE).....
..... 57, 192
XOLAIR..... 96, 143
XOSPATA 47, 187
XPOVIO (100 MG ONCE
WEEKLY)..... 42, 182
XPOVIO (40 MG ONCE
WEEKLY)..... 42, 182
XPOVIO (40 MG TWICE
WEEKLY)..... 42, 182
XPOVIO (60 MG ONCE
WEEKLY)..... 42, 182
XPOVIO (60 MG TWICE
WEEKLY)..... 42, 182
XPOVIO (80 MG ONCE
WEEKLY)..... 43, 182
XPOVIO (80 MG TWICE
WEEKLY)..... 43, 182
XTANDI..... 41, 181
XULTOPHY 60, 203
XURIDEN..... 85, 154
XYREM 111, 153
XYWAV 111, 153

Y

YF-VAX..... 101, 148
YONSA41, 181

Z

zafirlukast..... 107, 159
zaleplon..... 110, 153
ZARXIO.....65, 201

ZEJULA.....47, 187
ZELBORAF47, 187
ZEMDRI23, 164
ZENPEP.....86, 154
zidovudine.....56, 193
ZIEXTENZO.....65, 201
ZIMHI22, 155
ziprasidone hcl53, 190
ziprasidone mesylate.....53, 190
ZIRGAN53, 192

ZOLINZA.....43, 182
zolmitriptan.....40, 112
zolpidem tartrate 110, 153
ZONISADE.....30, 172
zonisamide.....30, 172
ZOVIA 1/35 (28)93, 137
ZYDELIG.....47, 187
ZYKADIA.....47, 187
ZYPITAMAG72, 119
ZYPREXA RELPREVV....53, 190

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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