2023

Drug Formulary

Formulario de Medicamentos

HMO – 1 Tier

Imperial Strong (HMO) 014

IMPERIAL HEALTH PLAN
OF CALIFORNIA

014 - Imperial Strong (HMO)

2023 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00023510, Version Number 15.

This formulary was updated on 09/19/2023. 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.

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Contents

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 09/19/2023. 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 plan 014) 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 09/19/2023. 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 200. 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 plan 014), or utilization restriction exception. **When you request a formulary, tier** (only for plan 014)**, 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 200.

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

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

014 - Imperial Strong (HMO)

Formulario para 2023
(Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 00023510, Version Number 15.

Este formulario se actualizó el 19/09/2023. 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.

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Contenido

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 19/09/2023. 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 el plan 014) 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 19/09/2023. 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 200. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

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

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, nivel (solo para el plan 014), o a la restricción de uso. **Cuando solicita una excepción al Formulario, nivel** (solo para el plan 014), **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 200

.

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

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

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

Imperial MAPD 2023 1-Tier (Lista de Medicamentos Cubiertos)
Lista de medicamentos por condición médica

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, segun 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 1-Tier (List of Covered Drugs)

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

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

Drug Name	Drug Tier	Requirements/Limits
*naproxen sodium oral tablet 275*mg*, 550*mg	1	MO
*oxaprozin oral tablet 600*mg	1	MO
*piroxicam oral capsule 10*mg*, 20*mg	1	MO
*sulindac oral tablet 150*mg*, 200*mg	1	MO
Opioid Analgesics, Long-Acting		
fentanyl transdermal patch 72-hour *100*mc*g/hr, 12*mc*g/hr, 25*mc*g/hr, 37.5*mc*g/hr, 50*mc*g/hr, 62.5*mc*g/hr, 75*mc*g/hr, 87.5*mc*g/hr*	1	PA; QL (10 EA per 30 days)
*methadone hcl oral tablet 10*mg*, 5*mg	1	QL (240 EA per 30 days)
*morphine sulfate er oral tablet extended release 100*mg*, 15*mg*, 200*mg*, 30*mg*, 60*mg	1	QL (90 EA per 30 days)
oxycodone hcl er oral tablet er 12-hour *abuse-deterrent 10*mg*, 20*mg	1	
Opioid Analgesics, Short-Acting		
*acetaminophen-codeine oral solution 120-12*mg*/5ml*	1	QL (5000ML per 30 days)
*acetaminophen-codeine oral tablet 300-15*mg*, 300-30*mg*, 300-60*mg	1	QL (360 EA per 30 days)
*codeine sulfate oral tablet 15*mg*, 30*mg*, 60*mg	1	QL (180 EA per 30 days)
*fentanyl citrate buccal lozenge on a handle 1200*mc*g, 1600*mc*g, 200*mc*g, 400*mc*g, 600*mc*g, 800*mc*g*	1	PA; QL (120 EA per 30 days)
*hydrocodone-acetaminophen oral solution 7.5-325*mg*/15ml*	1	QL (5500ML per 30 days)
*hydrocodone-acetaminophen oral tablet 10-325*mg*, 5-325*mg*, 7.5-325*mg	1	QL (360 EA per 30 days)
*hydrocodone-ibuprofen oral tablet 10-200*mg*, 5-200*mg*, 7.5-200*mg	1	QL (150 EA per 30 days)
*hydromorphone hcl oral liquid 1*mg*/ml*	1	QL (1920ML per 30 days)
*hydromorphone hcl oral tablet 2*mg*, 4*mg	1	QL (360 EA per 30 days)
*hydromorphone hcl oral tablet 8*mg	1	QL (240 EA per 30 days)
*morphine sulfate (concentrate) oral solution 20*mg*/ml*	1	QL (600ML per 30 days)
*morphine sulfate oral solution 10*mg*/5ml*	1	QL (1800ML per 30 days)
*morphine sulfate oral solution 20*mg*/5ml*	1	QL (1500ML per 30 days)
*morphine sulfate oral tablet 15*mg*, 30*mg	1	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
*oxycodone hcl oral concentrate 100*mg*/5ml*	1	QL (180ML per 30 days)
*oxycodone hcl oral solution 5*mg*/5ml*	1	QL (1080ML per 30 days)
*oxycodone hcl oral tablet 10*mg*, 15*mg*, 20*mg*, 30*mg*, 5*mg	1	QL (180 EA per 30 days)
*oxycodone-acetaminophen oral solution 5-325*mg*/5ml*	1	QL (1080ML per 30 days)
*oxycodone-acetaminophen oral tablet 10-325*mg*, 2.5-325*mg*, 5-325*mg*, 7.5-325*mg	1	QL (360 EA per 30 days)
*tramadol hcl oral tablet 100*mg	1	QL (120 EA per 30 days)
*tramadol hcl oral tablet 50*mg	1	QL (240 EA per 30 days)
*tramadol-acetaminophen oral tablet 37.5-325*mg	1	QL (240 EA per 30 days)
ANESTHETICS		
Local Anesthetics		
lidocaine external patch 5%	1	PA; QL (90 EA per 30 days)
lidocaine hcl external solution 4%	1	QL (50ML per 30 days)
lidocaine viscous hcl mouth/throat solution 2%	1	
lidocaine-prilocaine external cream 2.5-2.5%	1	QL (30GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
*acamprosate calcium oral tablet delayed release 333*mg	1	MO
*disulfiram oral tablet 250*mg	1	MO
*naltrexone hcl oral tablet 50*mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380MG	1	
Opioid Dependence		
*buprenorphine hcl sublingual tablet sublingual 2*mg*, 8*mg	1	
*buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5*mg*, 8-2*mg	1	
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	1	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8MG/0.1ML	1	

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Drug Name	Drug Tier	Requirements/Limits
*naloxone hcl injection solution 0.4*mg*/ml*	1	
*naloxone hcl injection solution cartridge 0.4*mg*/ml*	1	
*naloxone hcl injection solution prefilled syringe 2*mg*/2ml*	1	
*naloxone hcl nasal liquid 4*mg*/0.1ml*	1	
NARCAN NASAL LIQUID 4MG/0.1ML	1	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12-hour *150*mg	1	
NICOTROL INHALATION INHALER 10MG	1	
*varenicline tartrate oral tablet 0.5*mg*, 1*mg	1	
*varenicline tartrate oral tablet therapy pack 0.5*mg *x 11 & 1*mg *x 42*	1	
ANTIBACTERIALS		
Aminoglycosides		
*amikacin sulfate injection solution 500*mg*/2ml*	1	BvD
ARIKAYCE INHALATION SUSPENSION 590MG/8.4ML	1	PA
*gentamicin in saline intravenous solution 0.8-0.9*mg*/ml-%, 1-0.9*mg*/ml-%, 1.2-0.9*mg*/ml-%, 1.6-0.9*mg*/ml-%*	1	
gentamicin sulfate external cream 0.1%	1	
gentamicin sulfate external ointment 0.1%	1	
*gentamicin sulfate injection solution 40*mg*/ml*	1	
*neomycin sulfate oral tablet 500*mg	1	
*paromomycin sulfate oral capsule 250*mg	1	
*tobramycin sulfate injection solution 10*mg*/ml, 80*mg*/2ml*	1	BvD
ZEMDRI INTRAVENOUS SOLUTION 500MG/10ML	1	
Antibacterials, Other		
*aztreonam injection solution reconstituted 1*gm	1	

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Drug Name	Drug Tier	Requirements/Limits
*aztreonam injection solution reconstituted 2*gm	1	BvD
*clindamycin hcl oral capsule 150*mg*, 300*mg*, 75*mg	1	
*clindamycin palmitate hcl oral solution reconstituted 75*mg*/5ml*	1	
*clindamycin phosphate in d5w intravenous solution 300*mg*/50ml, 600*mg*/50ml, 900*mg*/50ml*	1	
*clindamycin phosphate injection solution 300*mg*/2ml, 600*mg*/4ml, 900*mg*/6ml*	1	BvD
clindamycin phosphate vaginal cream 2%	1	
*colistimethate sodium (cba) injection solution reconstituted 150*mg	1	BvD
*daptomycin intravenous solution reconstituted 350*mg*, 500*mg	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	1	
*linezolid intravenous solution 600*mg*/300ml*	1	PA
*linezolid oral tablet 600*mg	1	PA
*methenamine hippurate oral tablet 1*gm	1	
metronidazole external cream 0.75%	1	
metronidazole external gel 0.75%, 1%	1	
metronidazole external lotion 0.75%	1	
*metronidazole intravenous solution 500*mg*/100ml*	1	BvD
*metronidazole oral tablet 250*mg*, 500*mg	1	
metronidazole vaginal gel 0.75%	1	
*nitrofurantoin macrocrystal oral capsule 100*mg*, 25*mg*, 50*mg	1	
*nitrofurantoin monohyd macro oral capsule 100*mg	1	
*tigecycline intravenous solution reconstituted 50*mg	1	BvD
*tinidazole oral tablet 250*mg*, 500*mg	1	
*trimethoprim oral tablet 100*mg	1	
*vancomycin hcl intravenous solution reconstituted 1*gm*, 10*gm*, 500*mg*, 750*mg	1	
*vancomycin hcl oral capsule 125*mg*, 250*mg	1	

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Drug Name	Drug Tier	Requirements/Limits
*vancomycin hcl oral solution reconstituted 25*mg*/ml, 250*mg*/5ml*	1	
XIFAXAN ORAL TABLET 200MG	1	
XIFAXAN ORAL TABLET 550MG	1	MO
Beta-Lactam, Cephalosporins		
cefaclor er oral tablet extended release 12-hour *500*mg	1	
*cefaclor oral capsule 250*mg*, 500*mg	1	
*cefaclor oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml, 375*mg*/5ml*	1	
*cefadroxil oral capsule 500*mg	1	
*cefadroxil oral suspension reconstituted 250*mg*/5ml, 500*mg*/5ml*	1	
*cefadroxil oral tablet 1*gm	1	
*cefazolin sodium injection solution reconstituted 1*gm*, 10*gm*, 500*mg	1	
*cefdinir oral capsule 300*mg	1	
*cefdinir oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	
*cefepime hcl injection solution reconstituted 1*gm	1	
*cefepime hcl intravenous solution reconstituted 2*gm	1	
*cefixime oral capsule 400*mg	1	
*cefixime oral suspension reconstituted 100*mg*/5ml, 200*mg*/5ml*	1	
*cefotetan disodium injection solution reconstituted 1*gm*, 2*gm	1	BvD
*cefoxitin sodium intravenous solution reconstituted 1*gm*, 10*gm*, 2*gm	1	BvD
*cefpodoxime proxetil oral suspension reconstituted 100*mg*/5ml, 50*mg*/5ml*	1	
*cefpodoxime proxetil oral tablet 100*mg*, 200*mg	1	
*cefprozil oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	
*cefprozil oral tablet 250*mg*, 500*mg	1	

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

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Drug Name	Drug Tier	Requirements/Limits
*ampicillin sodium intravenous solution reconstituted 10*gm	1	BvD
*ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5)*gm*, 3 (2-1)*gm	1	
*ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5)*gm	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	1	
*dicloxacillin sodium oral capsule 250*mg*, 500*mg	1	
*nafcillin sodium injection solution reconstituted 1*gm*, 2*gm	1	BvD
*nafcillin sodium intravenous solution reconstituted 10*gm	1	BvD
*oxacillin sodium in dextrose intravenous solution 1*gm*/50ml, 2*gm*/50ml*	1	BvD
*oxacillin sodium injection solution reconstituted 1*gm*, 2*gm	1	BvD
*oxacillin sodium intravenous solution reconstituted 10*gm	1	BvD
*penicillin g pot in dextrose intravenous solution 40000*unit*/ml, 60000*unit*/ml*	1	
*penicillin g potassium injection solution reconstituted 20000000*unit	1	BvD
*penicillin g sodium injection solution reconstituted 5000000*unit	1	BvD
*penicillin v potassium oral solution reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	
*penicillin v potassium oral tablet 250*mg*, 500*mg	1	
*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	1	
Carbapenems		
*ertapenem sodium injection solution reconstituted 1*gm	1	
*imipenem-cilastatin intravenous solution reconstituted 250*mg*, 500*mg	1	

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Drug Name	Drug Tier	Requirements/Limits
*meropenem intravenous solution reconstituted 1*gm*, 500*mg	1	
Macrolides		
*azithromycin intravenous solution reconstituted 500*mg	1	BvD
*azithromycin oral packet 1*gm	1	
*azithromycin oral suspension reconstituted 100*mg*/5ml, 200*mg*/5ml*	1	
*azithromycin oral tablet 250*mg*, 250*mg *(6 pack), 500*mg*, 500*mg *(3 pack), 600*mg	1	
clarithromycin er oral tablet extended release 24-hour *500*mg	1	
*clarithromycin oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	
*clarithromycin oral tablet 250*mg*, 500*mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40MG/ML	1	PA; QL (136ML per 10 days)
DIFICID ORAL TABLET 200MG	1	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500MG	1	BvD
*erythromycin base oral capsule delayed release particles 250*mg	1	
*erythromycin base oral tablet 250*mg*, 500*mg	1	
*erythromycin ethylsuccinate oral suspension reconstituted 200*mg*/5ml, 400*mg*/5ml*	1	
*erythromycin ethylsuccinate oral tablet 400*mg	1	
*erythromycin oral tablet delayed release 250*mg*, 333*mg*, 500*mg	1	
Quinolones		
ciprofloxacin hcl ophthalmic solution 0.3%	1	
*ciprofloxacin hcl oral tablet 100*mg*, 250*mg*, 500*mg*, 750*mg	1	
*ciprofloxacin in d5w intravenous solution 200*mg*/100ml*	1	BvD
*levofloxacin in d5w intravenous solution 500*mg*/100ml, 750*mg*/150ml*	1	

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Drug Name	Drug Tier	Requirements/Limits
*levofloxacin oral solution 25*mg*/ml*	1	
*levofloxacin oral tablet 250*mg*, 500*mg*, 750*mg	1	
*moxifloxacin hcl in nacl intravenous solution 400*mg*/250ml*	1	BvD
*moxifloxacin hcl oral tablet 400*mg	1	
*ofloxacin oral tablet 300*mg*, 400*mg	1	
Sulfonamides		
sulfacetamide sodium (acne) external lotion 10%	1	
*sulfadiazine oral tablet 500*mg	1	
*sulfamethoxazole-trimethoprim oral suspension 200-40*mg*/5ml*	1	
*sulfamethoxazole-trimethoprim oral tablet 400-80*mg*, 800-160*mg	1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100MG	1	BvD
*doxycycline hyclate oral capsule 100*mg*, 50*mg	1	
*doxycycline hyclate oral tablet 100*mg*, 20*mg	1	
*doxycycline monohydrate oral capsule 100*mg*, 50*mg	1	
*doxycycline monohydrate oral tablet 100*mg*, 50*mg*, 75*mg	1	
*minocycline hcl oral capsule 100*mg*, 50*mg*, 75*mg	1	
*minocycline hcl oral tablet 100*mg*, 50*mg*, 75*mg	1	
*tetracycline hcl oral capsule 250*mg*, 500*mg	1	
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10MG/ML	1	MO; QL (600ML per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG	1	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG	1	PA; MO
DIACOMIT ORAL PACKET 250MG, 500MG	1	PA; MO
EPIDIOLEX ORAL SOLUTION 100MG/ML	1	PA; MO
*felbamate oral suspension 600*mg*/5ml*	1	

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

Drug Name	Drug Tier	Requirements/Limits
*felbamate oral tablet 400*mg*, 600*mg	1	MO
FINTEPLA ORAL SOLUTION 2.2MG/ML	1	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	1	ST; MO; QL (720ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	1	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	1	ST; MO; QL (30 EA per 30 days)
lamotrigine er oral tablet extended release 24-hour *100*mg*, 200*mg*, 25*mg*, 250*mg*, 300*mg*, 50*mg	1	MO
*lamotrigine oral kit 21 x 25*mg *& 7 x 50*mg*, 25 & 50 & 100*mg*, 42 x 50*mg *& 14x100*mg	1	
*lamotrigine oral tablet 100*mg*, 150*mg*, 200*mg*, 25*mg	1	MO
*lamotrigine oral tablet chewable 25*mg*, 5*mg	1	MO
*lamotrigine oral tablet dispersible 100*mg*, 200*mg*, 25*mg*, 50*mg	1	MO
*lamotrigine starter kit-blue oral kit 35 x 25*mg	1	
*lamotrigine starter kit-green oral kit 84 x 25*mg *& 14x100*mg	1	
*lamotrigine starter kit-orange oral kit 42 x 25*mg *& 7 x 100*mg	1	
levetiracetam er oral tablet extended release 24-hour *500*mg*, 750*mg	1	MO
*levetiracetam oral solution 100*mg*/ml*	1	MO
*levetiracetam oral tablet 1000*mg*, 250*mg*, 500*mg*, 750*mg	1	MO
*phenobarbital oral elixir 20*mg*/5ml*	1	MO; QL (1500ML per 30 days)
*phenobarbital oral tablet 100*mg*, 16.2*mg*, 32.4*mg*, 64.8*mg*, 97.2*mg	1	MO; QL (90 EA per 30 days)
*phenobarbital oral tablet 15*mg*, 60*mg	1	MO; QL (120 EA per 30 days)
*phenobarbital oral tablet 30*mg	1	MO; QL (300 EA per 30 days)
*primidone oral tablet 125*mg*, 250*mg*, 50*mg	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	1	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	1	ST; MO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
*valproic acid oral capsule 250*mg	1	MO
*valproic acid oral solution 250*mg*/5ml*	1	MO
XCOPRI (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150MG	1	MO; QL (56 EA per 28 days)
XCOPRI (350MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200MG	1	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5MG & 14 X 25MG, 14 X 150MG & 14 X200MG, 14 X 50MG & 14 X100MG	1	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50MG/ML	1	PA; QL (1100ML per 30 days)
Calcium Channel Modifying Agents		
*ethosuximide oral capsule 250*mg	1	MO
*ethosuximide oral solution 250*mg*/5ml*	1	MO
*methsuximide oral capsule 300*mg	1	MO
ZONISADE ORAL SUSPENSION 100MG/5ML	1	MO; QL (900ML per 30 days)
*zonisamide oral capsule 100*mg*, 25*mg*, 50*mg	1	MO
Gamma-Aminobutyric Acid (GABA) Augmenting Agents		
*clobazam oral suspension 2.5*mg*/ml*	1	MO; QL (480ML per 30 days)
*clobazam oral tablet 10*mg*, 20*mg	1	MO; QL (60 EA per 30 days)
*diazepam rectal gel 10*mg*, 2.5*mg*, 20*mg	1	
*gabapentin oral capsule 100*mg*, 300*mg*, 400*mg	1	MO; QL (270 EA per 30 days)
*gabapentin oral solution 250*mg*/5ml*	1	MO
*gabapentin oral tablet 600*mg*, 800*mg	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5MG/0.1ML	1	
SYMPAZAN ORAL FILM 10MG, 20MG	1	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5MG	1	ST; MO; QL (60 EA per 30 days)
*tiagabine hcl oral tablet 12*mg*, 16*mg*, 2*mg*, 4*mg	1	MO
VALTOCO 10MG DOSE NASAL LIQUID 10MG/0.1ML	1	ST
VALTOCO 15MG DOSE NASAL LIQUID THERAPY PACK 7.5MG/0.1ML	1	ST

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20MG DOSE NASAL LIQUID THERAPY PACK 10MG/0.1ML	1	ST
VALTOCO 5MG DOSE NASAL LIQUID 5MG/0.1ML	1	ST
*vigabatrin oral packet 500*mg	1	PA; QL (180 EA per 30 days)
*vigabatrin oral tablet 500*mg	1	PA; QL (180 EA per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200MG, 400MG, 800MG	1	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600MG	1	ST; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12-hour *100*mg*, 200*mg*, 300*mg	1	MO
carbamazepine er oral tablet extended release 12-hour *100*mg*, 200*mg*, 400*mg	1	MO
*carbamazepine oral suspension 100*mg*/5ml*	1	MO
*carbamazepine oral tablet 200*mg	1	MO
*carbamazepine oral tablet chewable 100*mg	1	MO
DILANTIN ORAL CAPSULE 30MG	1	ST; MO
EPITOL ORAL TABLET 200MG	1	MO
*lacosamide oral solution 10*mg*/ml*	1	MO; QL (1395ML per 30 days)
*lacosamide oral tablet 100*mg*, 150*mg*, 200*mg*, 50*mg	1	MO; QL (60 EA per 30 days)
*oxcarbazepine oral suspension 300*mg*/5ml*	1	MO
*oxcarbazepine oral tablet 150*mg*, 300*mg*, 600*mg	1	MO
*phenytoin oral suspension 125*mg*/5ml*	1	MO
*phenytoin oral tablet chewable 50*mg	1	MO
*phenytoin sodium extended oral capsule 100*mg*, 200*mg*, 300*mg	1	MO
*rufinamide oral suspension 40*mg*/ml*	1	QL (2760ML per 30 days)
*rufinamide oral tablet 200*mg	1	MO; QL (480 EA per 30 days)
*rufinamide oral tablet 400*mg	1	QL (240 EA per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
memantine hcl er oral capsule extended release 24-hour *14*mg*, 21*mg*, 28*mg*, 7*mg	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
*memantine hcl oral solution 2*mg*/ml*	1	MO; QL (360ML per 30 days)
*memantine hcl oral tablet 10*mg*, 5*mg	1	MO; QL (60 EA per 30 days)
*memantine hcl oral tablet 28 x 5*mg *& 21 x 10*mg	1	QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24-HOUR THERAPY PACK 7 & 14 & 21 &28 -10MG	1	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24-HOUR 14-10MG, 21-10MG, 28-10MG, 7-10MG	1	PA; MO
Cholinesterase Inhibitors		
*donepezil hcl oral tablet 10*mg	1	MO; QL (60 EA per 30 days)
*donepezil hcl oral tablet 23*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*donepezil hcl oral tablet dispersible 10*mg	1	MO; QL (60 EA per 30 days)
*donepezil hcl oral tablet dispersible 5*mg	1	MO; QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24-hour *16*mg*, 24*mg*, 8*mg	1	MO; QL (30 EA per 30 days)
*galantamine hydrobromide oral solution 4*mg*/ml*	1	MO; QL (200ML per 30 days)
*galantamine hydrobromide oral tablet 12*mg*, 4*mg*, 8*mg	1	MO; QL (60 EA per 30 days)
*rivastigmine tartrate oral capsule 1.5*mg*, 3*mg*, 4.5*mg*, 6*mg	1	MO; QL (60 EA per 30 days)
rivastigmine transdermal patch 24-hour *13.3*mg*/24hr, 4.6*mg*/24hr, 9.5*mg*/24hr*	1	MO; QL (30 EA per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105MG	1	ST; MO; QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12-hour *100*mg	1	MO; QL (120 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12-hour *150*mg	1	MO; QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12-hour *200*mg	1	MO; QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24-hour *150*mg	1	MO; QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24-hour *300*mg	1	MO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (xl) oral tablet extended release 24-hour *450*mg	1	MO; QL (30 EA per 30 days)
*bupropion hcl oral tablet 100*mg	1	MO; QL (180 EA per 30 days)
*bupropion hcl oral tablet 75*mg	1	MO; QL (120 EA per 30 days)
*mirtazapine oral tablet 15*mg*, 30*mg*, 45*mg	1	MO; QL (30 EA per 30 days)
*mirtazapine oral tablet 7.5*mg	1	MO; QL (45 EA per 30 days)
*mirtazapine oral tablet dispersible 15*mg*, 30*mg*, 45*mg	1	MO; QL (30 EA per 30 days)
*olanzapine-fluoxetine hcl oral capsule 12-25*mg*, 12-50*mg*, 6-50*mg	1	MO; QL (30 EA per 30 days)
*olanzapine-fluoxetine hcl oral capsule 3-25*mg*, 6-25*mg	1	MO; QL (90 EA per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	1	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10MG	1	ST; MO; QL (180 EA per 30 days)
*phenelzine sulfate oral tablet 15*mg	1	MO
*tranylcypromine sulfate oral tablet 10*mg	1	MO
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
*citalopram hydrobromide oral capsule 30*mg	1	MO; QL (30 EA per 30 days)
*citalopram hydrobromide oral solution 10*mg*/5ml*	1	MO; QL (600ML per 30 days)
*citalopram hydrobromide oral tablet 10*mg*, 40*mg	1	MO; QL (30 EA per 30 days)
*citalopram hydrobromide oral tablet 20*mg	1	MO; QL (60 EA per 30 days)
desvenlafaxine er oral tablet extended release 24-hour *100*mg*, 50*mg	1	MO; QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24-hour *100*mg*, 25*mg*, 50*mg	1	MO; QL (30 EA per 30 days)
*duloxetine hcl oral capsule delayed release particles 20*mg*, 30*mg*, 40*mg*, 60*mg	1	MO; QL (60 EA per 30 days)
*escitalopram oxalate oral solution 5*mg*/5ml*	1	MO; QL (600ML per 30 days)
*escitalopram oxalate oral tablet 10*mg	1	MO; QL (45 EA per 30 days)
*escitalopram oxalate oral tablet 20*mg	1	MO; QL (60 EA per 30 days)
*escitalopram oxalate oral tablet 5*mg	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	1	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	1	QL (28 EA per 28 days)
*fluoxetine hcl oral capsule 10*mg*, 20*mg*, 40*mg	1	MO; QL (60 EA per 30 days)
*fluoxetine hcl oral solution 20*mg*/5ml*	1	MO; QL (600ML per 30 days)
*fluoxetine hcl oral tablet 10*mg	1	MO; QL (60 EA per 30 days)
*fluoxetine hcl oral tablet 20*mg	1	MO; QL (120 EA per 30 days)
*fluvoxamine maleate oral tablet 100*mg*, 25*mg*, 50*mg	1	MO; QL (90 EA per 30 days)
*nefazodone hcl oral tablet 100*mg*, 150*mg*, 200*mg*, 250*mg*, 50*mg	1	MO
*paroxetine hcl oral suspension 10*mg*/5ml*	1	MO; QL (900ML per 30 days)
*paroxetine hcl oral tablet 10*mg*, 20*mg	1	MO; QL (30 EA per 30 days)
*paroxetine hcl oral tablet 30*mg*, 40*mg	1	MO; QL (60 EA per 30 days)
*sertraline hcl oral capsule 150*mg*, 200*mg	1	MO; QL (30 EA per 30 days)
*sertraline hcl oral concentrate 20*mg*/ml*	1	MO; QL (300ML per 30 days)
*sertraline hcl oral tablet 100*mg	1	MO; QL (60 EA per 30 days)
*sertraline hcl oral tablet 25*mg*, 50*mg	1	MO; QL (90 EA per 30 days)
*trazodone hcl oral tablet 100*mg*, 150*mg*, 300*mg*, 50*mg	1	MO
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG	1	ST; MO; QL (30 EA per 30 days)
venlafaxine besylate er oral tablet extended release 24-hour *112.5*mg	1	MO; QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24-hour *150*mg*, 37.5*mg*, 75*mg	1	MO; QL (60 EA per 30 days)
venlafaxine hcl er oral tablet extended release 24-hour *150*mg*, 225*mg*, 37.5*mg*, 75*mg	1	MO; QL (30 EA per 30 days)
*venlafaxine hcl oral tablet 100*mg*, 25*mg*, 37.5*mg*, 50*mg*, 75*mg	1	MO; QL (90 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20MG	1	QL (30 EA per 30 days)
*vilazodone hcl oral tablet 10*mg*, 20*mg*, 40*mg	1	MO; QL (30 EA per 30 days)
Tricyclics		
*amitriptyline hcl oral tablet 10*mg*, 100*mg*, 150*mg*, 25*mg*, 50*mg*, 75*mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
*amoxapine oral tablet 100*mg*, 150*mg*, 25*mg*, 50*mg	1	MO
*clomipramine hcl oral capsule 25*mg*, 50*mg*, 75*mg	1	MO
*desipramine hcl oral tablet 10*mg*, 100*mg*, 150*mg*, 25*mg*, 50*mg*, 75*mg	1	MO
*doxepin hcl oral capsule 10*mg*, 100*mg*, 150*mg*, 25*mg*, 50*mg*, 75*mg	1	MO
*doxepin hcl oral concentrate 10*mg*/ml*	1	MO
*imipramine hcl oral tablet 10*mg*, 25*mg*, 50*mg	1	MO
*nortriptyline hcl oral capsule 10*mg*, 25*mg*, 50*mg*, 75*mg	1	MO
*nortriptyline hcl oral solution 10*mg*/5ml*	1	MO
*protriptyline hcl oral tablet 10*mg*, 5*mg	1	MO
*trimipramine maleate oral capsule 100*mg*, 25*mg*, 50*mg	1	MO
ANTIEMETICS		
Antiemetics, Other		
*meclizine hcl oral tablet 12.5*mg*, 25*mg	1	
*prochlorperazine maleate oral tablet 10*mg*, 5*mg	1	BvD; MO
*prochlorperazine rectal suppository 25*mg	1	
*promethazine hcl oral syrup 6.25*mg*/5ml*	1	
*promethazine hcl oral tablet 12.5*mg*, 25*mg*, 50*mg	1	
*promethazine hcl rectal suppository 12.5*mg*, 25*mg	1	
scopolamine transdermal patch 72-hour *1*mg*/3days*	1	
Emetogenic Therapy Adjuncts		
*aprepitant oral capsule 125*mg*, 40*mg*, 80*mg	1	BvD; QL (30 EA per 30 days)
*aprepitant oral capsule 80 & 125*mg	1	BvD; QL (12 EA per 30 days)
*dronabinol oral capsule 10*mg*, 2.5*mg*, 5*mg	1	PA; QL (60 EA per 30 days)
*granisetron hcl oral tablet 1*mg	1	BvD; QL (60 EA per 30 days)
*ondansetron hcl oral solution 4*mg*/5ml*	1	BvD
*ondansetron hcl oral tablet 4*mg*, 8*mg	1	BvD
*ondansetron oral tablet dispersible 4*mg*, 8*mg	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
VARUBI (180MG DOSE) ORAL TABLET THERAPY PACK 2 X 90MG	1	BvD
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5MG/ML	1	BvD
*amphotericin b intravenous solution reconstituted 50*mg	1	BvD
*amphotericin b liposome intravenous suspension reconstituted 50*mg	1	BvD
*caspofungin acetate intravenous solution reconstituted 50*mg*, 70*mg	1	
ciclopirox olamine external cream 0.77%	1	
ciclopirox olamine external suspension 0.77%	1	
clotrimazole external cream 1%	1	
clotrimazole external solution 1%	1	
*clotrimazole mouth/throat troche 10*mg	1	
econazole nitrate external cream 1%	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100MG, 50MG	1	BvD
*fluconazole in sodium chloride intravenous solution 200-0.9*mg*/100ml-%, 400-0.9*mg*/200ml-%*	1	BvD
*fluconazole oral suspension reconstituted 10*mg*/ml, 40*mg*/ml*	1	
*fluconazole oral tablet 100*mg*, 150*mg*, 200*mg*, 50*mg	1	
*flucytosine oral capsule 250*mg*, 500*mg	1	
*griseofulvin microsize oral suspension 125*mg*/5ml*	1	
*griseofulvin microsize oral tablet 500*mg	1	
*griseofulvin ultramicrosize oral tablet 125*mg*, 250*mg	1	
*itraconazole oral capsule 100*mg	1	PA
*itraconazole oral solution 10*mg*/ml*	1	PA
JUBLIA EXTERNAL SOLUTION 10%	1	
ketoconazole external cream 2%	1	

Drug Name	Drug Tier	Requirements/Limits
ketoconazole external shampoo 2%	1	
*ketoconazole oral tablet 200*mg	1	
NOXAFIL ORAL PACKET 300MG	1	PA
NYAMYC EXTERNAL POWDER 100000UNIT/GM	1	
*nystatin external cream 100000*unit*/gm*	1	
*nystatin external ointment 100000*unit*/gm*	1	
*nystatin external powder 100000*unit*/gm*	1	
*nystatin mouth/throat suspension 100000*unit*/ml*	1	
*nystatin oral tablet 500000*unit	1	
NYSTOP EXTERNAL POWDER 100000UNIT/GM	1	
*posaconazole oral suspension 40*mg*/ml*	1	PA
*posaconazole oral tablet delayed release 100*mg	1	PA; MO
*terbinafine hcl oral tablet 250*mg	1	
terconazole vaginal cream 0.4%, 0.8%	1	
*terconazole vaginal suppository 80*mg	1	
*voriconazole intravenous solution reconstituted 200*mg	1	PA
*voriconazole oral suspension reconstituted 40*mg*/ml*	1	PA
*voriconazole oral tablet 200*mg*, 50*mg	1	PA
ANTIGOUT AGENTS		
Antigout Agents		
*allopurinol oral tablet 100*mg*, 300*mg	1	MO
*colchicine oral capsule 0.6*mg	1	
*colchicine oral tablet 0.6*mg	1	
*colchicine-probenecid oral tablet 0.5-500*mg	1	MO
*febuxostat oral tablet 40*mg*, 80*mg	1	PA; MO
*probenecid oral tablet 500*mg	1	MO
ANTIMIGRAINE AGENTS		
Ergot Alkaloids		
*dihydroergotamine mesylate nasal solution 4*mg*/ml*	1	

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Drug Name	Drug Tier	Requirements/Limits
*ergotamine-caffeine oral tablet 1-100*mg	1	QL (40 EA per 28 days)
Prophylactic		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA; MO
EPRONTIA ORAL SOLUTION 25MG/ML	1	MO
propranolol hcl er oral capsule extended release 24-hour *80*mg	1	MO
*propranolol hcl oral tablet 80*mg	1	MO
topiramate er oral capsule er 24-hour *sprinkle 100*mg*, 150*mg*, 200*mg*, 25*mg*, 50*mg	1	MO
*topiramate oral capsule sprinkle 15*mg*, 25*mg	1	MO
*topiramate oral tablet 100*mg*, 200*mg*, 25*mg*, 50*mg	1	MO
UBRELVY ORAL TABLET 100MG, 50MG	1	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
*naratriptan hcl oral tablet 1*mg*, 2.5*mg	1	QL (9 EA per 30 days)
*rizatriptan benzoate oral tablet 10*mg*, 5*mg	1	QL (12 EA per 30 days)
*rizatriptan benzoate oral tablet dispersible 10*mg*, 5*mg	1	QL (12 EA per 30 days)
*sumatriptan nasal solution 20*mg*/act*	1	QL (12 EA per 30 days)
*sumatriptan nasal solution 5*mg*/act*	1	QL (18 EA per 30 days)
*sumatriptan succinate oral tablet 100*mg*, 25*mg*, 50*mg	1	QL (9 EA per 30 days)
*sumatriptan succinate refill subcutaneous solution cartridge 4*mg*/0.5ml, 6*mg*/0.5ml*	1	QL (4ML per 30 days)
*sumatriptan succinate subcutaneous solution 6*mg*/0.5ml*	1	QL (4ML per 30 days)
*sumatriptan succinate subcutaneous solution auto-injector 4*mg*/0.5ml, 6*mg*/0.5ml*	1	QL (4ML per 30 days)
*zolmitriptan oral tablet 2.5*mg*, 5*mg	1	QL (6 EA per 30 days)
*zolmitriptan oral tablet dispersible 2.5*mg*, 5*mg	1	QL (6 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
*pyridostigmine bromide oral solution 60*mg*/5ml*	1	
*pyridostigmine bromide oral tablet 30*mg*, 60*mg	1	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
*dapsone oral tablet 100*mg*, 25*mg	1	MO
PRIFTIN ORAL TABLET 150MG	1	
*rifabutin oral capsule 150*mg	1	
Antituberculars		
*ethambutol hcl oral tablet 100*mg*, 400*mg	1	
*isoniazid oral syrup 50*mg*/5ml*	1	MO
*isoniazid oral tablet 100*mg*, 300*mg	1	MO
*pyrazinamide oral tablet 500*mg	1	
*rifampin intravenous solution reconstituted 600*mg	1	
*rifampin oral capsule 150*mg*, 300*mg	1	
SIRTURO ORAL TABLET 100MG, 20MG	1	PA
TRECATOR ORAL TABLET 250MG	1	
ANTINEOPLASTICS		
Alkylating Agents		
*cyclophosphamide oral capsule 25*mg*, 50*mg	1	BvD
*cyclophosphamide oral tablet 25*mg*, 50*mg	1	BvD
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	1	PA
LEUKERAN ORAL TABLET 2MG	1	
MATULANE ORAL CAPSULE 50MG	1	PA
VALCHLOR EXTERNAL GEL 0.016%	1	PA; QL (60GM per 14 days)
Antiandrogens		
*abiraterone acetate oral tablet 250*mg*, 500*mg	1	PA; QL (120 EA per 30 days)
*bicalutamide oral tablet 50*mg	1	
ERLEADA ORAL TABLET 240MG	1	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 60MG	1	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	1	
*nilutamide oral tablet 150*mg	1	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	1	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	1	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
*lenalidomide oral capsule 10*mg*, 15*mg*, 2.5*mg*, 20*mg*, 25*mg*, 5*mg	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	1	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	1	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140MG	1	
ORSERDU ORAL TABLET 345MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86MG	1	PA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10MG/5ML	1	PA; MO
*tamoxifen citrate oral tablet 10*mg*, 20*mg	1	MO
*toremifene citrate oral tablet 60*mg	1	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	1	MO
*hydroxyurea oral capsule 500*mg	1	
INQOVI ORAL TABLET 35-100MG	1	PA
*mercaptopurine oral tablet 50*mg	1	
ONUREG ORAL TABLET 200MG, 300MG	1	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	1	
TABLOID ORAL TABLET 40MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
Antineoplastics, Other		
IDHIFA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	1	PA; QL (60 EA per 30 days)
KISQALI FEMARA (200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
*leucovorin calcium oral tablet 10*mg*, 15*mg*, 25*mg*, 5*mg	1	
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	1	PA
LUMAKRAS ORAL TABLET 120MG	1	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320MG	1	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100MG	1	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	1	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400MG	1	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	1	PA
ORGOVYX ORAL TABLET 120MG	1	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	1	PA
WELIREG ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	1	BvD
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	1	PA
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	1	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (80MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
ZOLINZA ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3rd Generation		
*anastrozole oral tablet 1*mg	1	MO
*exemestane oral tablet 25*mg	1	MO
*letrozole oral tablet 2.5*mg	1	MO
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150MG	1	PA
ALUNBRIG ORAL TABLET 180MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30MG	1	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180MG	1	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3MG	1	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4MG	1	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5MG	1	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100MG	1	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	1	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80MG	1	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG	1	PA
CALQUENCE ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	1	PA; QL (56 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	1	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	1	PA
ERIVEDGE ORAL CAPSULE 150MG	1	PA
*erlotinib hcl oral tablet 100*mg*, 150*mg	1	PA; QL (30 EA per 30 days)
*erlotinib hcl oral tablet 25*mg	1	PA; QL (90 EA per 30 days)
*everolimus oral tablet 10*mg*, 2.5*mg*, 5*mg*, 7.5*mg	1	PA; QL (30 EA per 30 days)
*everolimus oral tablet soluble 2*mg*, 3*mg	1	PA; QL (30 EA per 30 days)
*everolimus oral tablet soluble 5*mg	1	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	1	PA
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
*gefitinib oral tablet 250*mg	1	PA
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	1	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	1	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	1	PA; QL (60 EA per 30 days)
*imatinib mesylate oral tablet 100*mg	1	PA; QL (90 EA per 30 days)
*imatinib mesylate oral tablet 400*mg	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	1	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML	1	PA; QL (240ML per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG	1	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	1	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50MG	1	PA; QL (30 EA per 30 days)
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KOSELUGO ORAL CAPSULE 10MG	1	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	1	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200MG	1	PA; QL (180 EA per 30 days)
*lapatinib ditosylate oral tablet 250*mg	1	PA; QL (180 EA per 30 days)
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	1	PA
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	1	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	1	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	1	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	1	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	1	PA
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	1	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	1	PA
LORBRENA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	1	PA; QL (120 EA per 30 days)
LYTGOBI (12MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (84 EA per 28 days)
LYTGOBI (16MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (112 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05MG/ML	1	PA; QL (1260ML per 30 days)
MEKINIST ORAL TABLET 0.5MG	1	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	1	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	1	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	1	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	1	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	1	PA
QINLOCK ORAL TABLET 50MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	1	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	1	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	1	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	1	PA
RYDAPT ORAL CAPSULE 25MG	1	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	1	PA
*sorafenib tosylate oral tablet 200*mg	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	1	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	1	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	1	PA; QL (84 EA per 28 days)
*sunitinib malate oral capsule 12.5*mg*, 25*mg*, 37.5*mg*, 50*mg	1	PA; QL (28 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TABRECTA ORAL TABLET 150MG, 200MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	1	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10MG	1	PA; QL (900 EA per 30 days)
TAGRISSO ORAL TABLET 40MG, 80MG	1	PA
TALZENNA ORAL CAPSULE 0.1MG, 0.35MG, 0.75MG, 1MG	1	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25MG	1	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	1	PA; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	1	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225MG	1	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	1	PA; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150MG, 50MG	1	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125MG	1	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 100MG, 50MG	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	1	PA
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	PA
VITRAKVI ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	1	PA; QL (310ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	1	PA
VOTRIENT ORAL TABLET 200MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100MG, 200MG, 300MG	1	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	1	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA ORAL TABLET 150MG	1	PA; QL (150 EA per 30 days)
Retinoids		
bexarotene external gel 1%	1	PA
*bexarotene oral capsule 75*mg	1	PA; QL (300 EA per 30 days)
*tretinoin oral capsule 10*mg	1	
ANTIPARASITICS		
Anthelmintics		
*albendazole oral tablet 200*mg	1	
EMVERM ORAL TABLET CHEWABLE 100MG	1	
*ivermectin oral tablet 3*mg	1	PA
Antiprotozoals		
*atovaquone oral suspension 750*mg*/5ml*	1	
*atovaquone-proguanil hcl oral tablet 250-100*mg*, 62.5-25*mg	1	
*benznidazole oral tablet 100*mg*, 12.5*mg	1	
*chloroquine phosphate oral tablet 250*mg*, 500*mg	1	MO
COARTEM ORAL TABLET 20-120MG	1	
*hydroxychloroquine sulfate oral tablet 100*mg*, 200*mg*, 300*mg*, 400*mg	1	MO
LAMPIT ORAL TABLET 120MG, 30MG	1	
*mefloquine hcl oral tablet 250*mg	1	MO
*nitazoxanide oral tablet 500*mg	1	QL (40 EA per 30 days)
*pentamidine isethionate inhalation solution reconstituted 300*mg	1	BvD
*pentamidine isethionate injection solution reconstituted 300*mg	1	BvD
*primaquine phosphate oral tablet 26.3 (15 base)*mg	1	
*quinine sulfate oral capsule 324*mg	1	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
*benztropine mesylate oral tablet 0.5*mg*, 1*mg*, 2*mg	1	MO
*trihexyphenidyl hcl oral solution 0.4*mg*/ml*	1	MO

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Drug Name	Drug Tier	Requirements/Limits
*trihexyphenidyl hcl oral tablet 2*mg*, 5*mg	1	MO
Antiparkinson Agents, Other		
*amantadine hcl oral capsule 100*mg	1	MO
*amantadine hcl oral solution 50*mg*/5ml*	1	MO
*amantadine hcl oral tablet 100*mg	1	MO
*carbidopa-levodopa-entacapone oral tablet 12.5-50-200*mg*, 18.75-75-200*mg*, 25-100-200*mg*, 31.25-125-200*mg*, 37.5-150-200*mg*, 50-200-200*mg	1	MO
*entacapone oral tablet 200*mg	1	MO
Dopamine Agonists		
*bromocriptine mesylate oral capsule 5*mg	1	MO
*bromocriptine mesylate oral tablet 2.5*mg	1	MO
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	1	MO
*pramipexole dihydrochloride oral tablet 0.125*mg*, 0.25*mg*, 0.5*mg*, 0.75*mg*, 1*mg*, 1.5*mg	1	MO
*ropinirole hcl oral tablet 0.25*mg*, 0.5*mg*, 1*mg*, 2*mg*, 3*mg*, 4*mg*, 5*mg	1	MO
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
*carbidopa oral tablet 25*mg	1	MO
*carbidopa-levodopa er oral tablet extended release 25-100*mg*, 50-200*mg	1	MO
*carbidopa-levodopa oral tablet 10-100*mg*, 25-100*mg*, 25-250*mg	1	MO
*carbidopa-levodopa oral tablet dispersible 10-100*mg*, 25-100*mg*, 25-250*mg	1	MO
INBRIJA INHALATION CAPSULE 42MG	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG	1	ST; MO
Monoamine Oxidase B (MAO-B) Inhibitors		
*rasagiline mesylate oral tablet 0.5*mg*, 1*mg	1	MO
*selegiline hcl oral capsule 5*mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
*selegiline hcl oral tablet 5*mg	1	MO
ANTIPSYCHOTICS		
1st Generation/Typical		
*chlorpromazine hcl oral concentrate 100*mg*/ml, 30*mg*/ml*	1	MO
*chlorpromazine hcl oral tablet 10*mg*, 25*mg	1	BvD; MO
*chlorpromazine hcl oral tablet 100*mg*, 200*mg*, 50*mg	1	MO
*fluphenazine decanoate injection solution 25*mg*/ml*	1	
*fluphenazine hcl injection solution 2.5*mg*/ml*	1	
*fluphenazine hcl oral concentrate 5*mg*/ml*	1	MO
*fluphenazine hcl oral elixir 2.5*mg*/5ml*	1	MO
*fluphenazine hcl oral tablet 1*mg*, 10*mg*, 2.5*mg*, 5*mg	1	MO
*haloperidol decanoate intramuscular solution 100*mg*/ml, 100*mg*/ml 1*ml*, 50*mg*/ml, 50*mg*/ml(1ml)*	1	
*haloperidol lactate injection solution 5*mg*/ml*	1	
*haloperidol lactate oral concentrate 2*mg*/ml*	1	MO
*haloperidol oral tablet 0.5*mg*, 1*mg*, 10*mg*, 2*mg*, 20*mg*, 5*mg	1	MO
*loxapine succinate oral capsule 10*mg*, 25*mg*, 5*mg*, 50*mg	1	MO
*molindone hcl oral tablet 10*mg*, 25*mg*, 5*mg	1	MO
*perphenazine oral tablet 16*mg*, 2*mg	1	MO
*perphenazine oral tablet 4*mg*, 8*mg	1	BvD; MO
*pimozide oral tablet 1*mg*, 2*mg	1	MO
*thioridazine hcl oral tablet 10*mg*, 100*mg*, 25*mg*, 50*mg	1	MO
*thiothixene oral capsule 1*mg*, 10*mg*, 2*mg*, 5*mg	1	MO
*trifluoperazine hcl oral tablet 1*mg*, 10*mg*, 2*mg*, 5*mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720MG/2.4ML, 960MG/3.2ML	1	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	1	
*aripiprazole oral solution 1*mg*/ml*	1	MO; QL (750ML per 30 days)
*aripiprazole oral tablet 10*mg*, 15*mg*, 2*mg*, 20*mg*, 30*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*aripiprazole oral tablet dispersible 10*mg	1	QL (90 EA per 30 days)
*aripiprazole oral tablet dispersible 15*mg	1	QL (60 EA per 30 days)
*asenapine maleate sublingual tablet sublingual 10*mg*, 2.5*mg*, 5*mg	1	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG	1	
FANAPT ORAL TABLET 1MG, 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	1	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	1	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 39MG/0.25ML, 78MG/0.5ML	1	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	1	
*lurasidone hcl oral tablet 120*mg*, 20*mg*, 40*mg*, 60*mg*, 80*mg	1	
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	1	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL TABLET 10MG	1	PA
*olanzapine intramuscular solution reconstituted 10*mg	1	QL (60 EA per 30 days)
*olanzapine oral tablet 10*mg*, 15*mg*, 2.5*mg*, 5*mg*, 7.5*mg	1	MO; QL (30 EA per 30 days)
*olanzapine oral tablet 20*mg	1	MO; QL (60 EA per 30 days)
*olanzapine oral tablet dispersible 10*mg*, 5*mg	1	MO; QL (60 EA per 30 days)
*olanzapine oral tablet dispersible 15*mg*, 20*mg	1	MO; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24-hour *1.5*mg*, 3*mg*, 9*mg	1	MO; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24-hour *6*mg	1	MO; QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24-hour *150*mg	1	MO; QL (90 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24-hour *200*mg*, 300*mg*, 400*mg	1	MO; QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24-hour *50*mg	1	MO; QL (120 EA per 30 days)
*quetiapine fumarate oral tablet 100*mg*, 150*mg*, 25*mg*, 300*mg*, 400*mg*, 50*mg	1	MO; QL (60 EA per 30 days)
*quetiapine fumarate oral tablet 200*mg	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG, 25MG, 37.5MG, 50MG	1	
*risperidone oral solution 1*mg*/ml*	1	MO; QL (480ML per 30 days)
*risperidone oral tablet 0.25*mg*, 1*mg*, 2*mg*, 3*mg*, 4*mg	1	MO; QL (60 EA per 30 days)
*risperidone oral tablet 0.5*mg	1	MO; QL (120 EA per 30 days)
*risperidone oral tablet dispersible 0.25*mg*, 1*mg*, 2*mg*, 3*mg	1	MO; QL (60 EA per 30 days)
*risperidone oral tablet dispersible 0.5*mg*, 4*mg	1	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	1	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	1	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	1	ST; QL (7 EA per 28 days)
*ziprasidone hcl oral capsule 20*mg*, 40*mg*, 60*mg*, 80*mg	1	MO; QL (60 EA per 30 days)
*ziprasidone mesylate intramuscular solution reconstituted 20*mg	1	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210MG	1	ST
Treatment-Resistant		
*clozapine oral tablet 100*mg*, 200*mg*, 25*mg*, 50*mg	1	QL (120 EA per 30 days)
*clozapine oral tablet dispersible 100*mg*, 12.5*mg*, 150*mg*, 200*mg*, 25*mg	1	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50MG/ML	1	ST; QL (540ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
*baclofen oral tablet 10*mg*, 20*mg*, 5*mg	1	
*tizanidine hcl oral tablet 2*mg*, 4*mg	1	
ANTIVIRALS		
Anti-Cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200MG	1	PA
PREVYMIS ORAL TABLET 240MG, 480MG	1	PA; QL (28 EA per 28 days)
*valganciclovir hcl oral solution reconstituted 50*mg*/ml*	1	MO
*valganciclovir hcl oral tablet 450*mg	1	MO
ZIRGAN OPHTHALMIC GEL 0.15%	1	
Anti-Hepatitis B (HBV) Agents		
*adefovir dipivoxil oral tablet 10*mg	1	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05MG/ML	1	QL (600ML per 30 days)
*entecavir oral tablet 0.5*mg*, 1*mg	1	MO; QL (30 EA per 30 days)
*lamivudine oral tablet 100*mg	1	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25MG	1	QL (30 EA per 30 days)
Anti-Hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
MAVYRET ORAL TABLET 100-40MG	1	PA
*ribavirin oral capsule 200*mg	1	
*ribavirin oral tablet 200*mg	1	
*sofosbuvir-velpatasvir oral tablet 400-100*mg	1	PA
VOSEVI ORAL TABLET 400-100-100MG	1	PA
Antiherpetic Agents		
*acyclovir oral capsule 200*mg	1	
*acyclovir oral suspension 200*mg*/5ml*	1	
*acyclovir oral tablet 400*mg*, 800*mg	1	
*acyclovir sodium intravenous solution 50*mg*/ml*	1	BvD
*famciclovir oral tablet 125*mg*, 250*mg*, 500*mg	1	
trifluridine ophthalmic solution 1%	1	
*valacyclovir hcl oral tablet 1*gm*, 500*mg	1	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300MG	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG	1	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100MG, 25MG	1	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG	1	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5MG	1	MO; QL (360 EA per 30 days)
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG	1	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25MG	1	QL (30 EA per 30 days)
*efavirenz oral capsule 200*mg	1	MO; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
*efavirenz oral capsule 50*mg	1	MO; QL (360 EA per 30 days)
*efavirenz oral tablet 600*mg	1	MO; QL (30 EA per 30 days)
*etravirine oral tablet 100*mg	1	QL (120 EA per 30 days)
*etravirine oral tablet 200*mg	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24-hour *100*mg	1	MO; QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24-hour *400*mg	1	MO; QL (30 EA per 30 days)
*nevirapine oral suspension 50*mg*/5ml*	1	MO; QL (1200ML per 30 days)
*nevirapine oral tablet 200*mg	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
*abacavir sulfate oral solution 20*mg*/ml*	1	MO; QL (960ML per 30 days)
*abacavir sulfate oral tablet 300*mg	1	MO; QL (60 EA per 30 days)
*abacavir sulfate-lamivudine oral tablet 600-300*mg	1	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG	1	QL (30 EA per 30 days)
*efavirenz-emtricitab-tenofo df oral tablet 600-200-300*mg	1	QL (30 EA per 30 days)
*efavirenz-lamivudine-tenofovir oral tablet 400-300-300*mg*, 600-300-300*mg	1	QL (30 EA per 30 days)
*emtricitabine oral capsule 200*mg	1	MO; QL (30 EA per 30 days)
*emtricitabine-tenofovir df oral tablet 100-150*mg*, 133-200*mg*, 167-250*mg*, 200-300*mg	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	1	MO; QL (680ML per 28 days)
JULUCA ORAL TABLET 50-25MG	1	QL (30 EA per 30 days)
*lamivudine oral solution 10*mg*/ml*	1	MO; QL (900ML per 30 days)
*lamivudine oral tablet 150*mg	1	MO; QL (60 EA per 30 days)
*lamivudine oral tablet 300*mg	1	MO; QL (30 EA per 30 days)
*lamivudine-zidovudine oral tablet 150-300*mg	1	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
*tenofovir disoproxil fumarate oral tablet 300*mg	1	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	1	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	1	QL (240GM per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG	1	QL (30 EA per 30 days)
*zidovudine oral capsule 100*mg	1	MO; QL (180 EA per 30 days)
*zidovudine oral syrup 50*mg*/5ml*	1	MO; QL (1680ML per 28 days)
*zidovudine oral tablet 300*mg	1	MO; QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	1	QL (60 EA per 30 days)
*maraviroc oral tablet 150*mg*, 300*mg	1	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	1	QL (1800ML per 30 days)
SELZENTRY ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	1	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300MG	1	QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300MG	1	QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150MG	1	MO; QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250MG	1	QL (120 EA per 30 days)
*atazanavir sulfate oral capsule 150*mg*, 200*mg	1	MO; QL (60 EA per 30 days)
*atazanavir sulfate oral capsule 300*mg	1	MO; QL (30 EA per 30 days)
*darunavir oral tablet 600*mg	1	QL (60 EA per 30 days)
*darunavir oral tablet 800*mg	1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	1	QL (30 EA per 30 days)
*fosamprenavir calcium oral tablet 700*mg	1	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	1	MO; QL (1575ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
*lopinavir-ritonavir oral solution 400-100*mg*/5ml*	1	MO; QL (400ML per 30 days)
*lopinavir-ritonavir oral tablet 100-25*mg	1	MO; QL (300 EA per 30 days)
*lopinavir-ritonavir oral tablet 200-50*mg	1	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	1	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150MG	1	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	1	QL (360ML per 30 days)
PREZISTA ORAL TABLET 150MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75MG	1	MO; QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50MG	1	MO; QL (180 EA per 30 days)
*ritonavir oral tablet 100*mg	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	1	QL (120 EA per 30 days)
Anti-Influenza Agents		
*oseltamivir phosphate oral capsule 30*mg*, 45*mg*, 75*mg	1	
*oseltamivir phosphate oral suspension reconstituted 6*mg*/ml*	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/ACT	1	
*rimantadine hcl oral tablet 100*mg	1	
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	1	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	1	
ANXIOLYTICS		
Anxiolytics, Other		
*buspirone hcl oral tablet 10*mg*, 15*mg*, 30*mg*, 5*mg*, 7.5*mg	1	
*hydroxyzine hcl oral syrup 10*mg*/5ml*	1	
*hydroxyzine hcl oral tablet 10*mg*, 25*mg*, 50*mg	1	
*hydroxyzine pamoate oral capsule 100*mg*, 25*mg*, 50*mg	1	
*oxazepam oral capsule 10*mg*, 15*mg*, 30*mg	1	QL (120 EA per 30 days)

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

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

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (2MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8MG/3ML	1	MO
*pioglitazone hcl oral tablet 15*mg*, 30*mg*, 45*mg	1	MO
*pioglitazone hcl-glimepiride oral tablet 30-2*mg*, 30-4*mg	1	MO
*pioglitazone hcl-metformin hcl oral tablet 15-500*mg*, 15-850*mg	1	MO
*repaglinide oral tablet 0.5*mg*, 1*mg*, 2*mg	1	MO
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	1	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	1	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	1	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	1	MO
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	1	
*diazoxide oral suspension 50*mg*/ml*	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	1	
*glucagon emergency injection kit 1*mg	1	
KORLYM ORAL TABLET 300MG	1	PA
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1ML	1	

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Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1ML	1	
cvs gauze sterile pad 2"x2"	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
FIASP INJECTION SOLUTION 100UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100UNIT/ML	1	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
NOVOLOG INJECTION SOLUTION 100UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	1	MO
*preferred plus insulin syringe 28g x 1/2" 0.5*ml	1	
RELI-ON INSULIN SYRINGE 29G 0.3ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	1	MO
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5MG	1	
ELIQUIS ORAL TABLET 2.5MG, 5MG	1	MO
*enoxaparin sodium injection solution prefilled syringe 100*mg*/ml, 150*mg*/ml*	1	QL (60ML per 30 days)
*enoxaparin sodium injection solution prefilled syringe 120*mg*/0.8ml, 80*mg*/0.8ml*	1	QL (48ML per 30 days)
*enoxaparin sodium injection solution prefilled syringe 30*mg*/0.3ml*	1	QL (18ML per 30 days)
*enoxaparin sodium injection solution prefilled syringe 40*mg*/0.4ml*	1	QL (24ML per 30 days)
*enoxaparin sodium injection solution prefilled syringe 60*mg*/0.6ml*	1	QL (36ML per 30 days)
*fondaparinux sodium subcutaneous solution 10*mg*/0.8ml*	1	QL (24ML per 30 days)
*fondaparinux sodium subcutaneous solution 2.5*mg*/0.5ml*	1	QL (15ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
*fondaparinux sodium subcutaneous solution 5*mg*/0.4ml*	1	QL (12ML per 30 days)
*fondaparinux sodium subcutaneous solution 7.5*mg*/0.6ml*	1	QL (18ML per 30 days)
*heparin sodium (porcine) injection solution 1000*unit*/ml, 10000*unit*/ml, 20000*unit*/ml, 5000*unit*/ml*	1	BvD
JANTOVEN ORAL TABLET 1MG, 10MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	MO
*warfarin sodium oral tablet 1*mg*, 10*mg*, 2*mg*, 2.5*mg*, 3*mg*, 4*mg*, 5*mg*, 6*mg*, 7.5*mg	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	1	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	1	
Blood Products and Modifiers, Other		
*anagrelide hcl oral capsule 0.5*mg*, 1*mg	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	1	PA
PROMACTA ORAL PACKET 12.5MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	1	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000UNIT/ML, 10000UNIT/ML(1ML), 20000UNIT/ML, 4000UNIT/ML, 40000UNIT/ML	1	PA; QL (12ML per 28 days)
RETACRIT INJECTION SOLUTION 2000UNIT/ML	1	PA; QL (23ML per 30 days)
RETACRIT INJECTION SOLUTION 3000UNIT/ML	1	PA; QL (16ML per 30 days)
*tranexamic acid oral tablet 650*mg	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12-hour *25-200*mg	1	MO
BRILINTA ORAL TABLET 60MG, 90MG	1	MO
CABLIVI INJECTION KIT 11MG	1	PA
*cilostazol oral tablet 100*mg*, 50*mg	1	MO
*clopidogrel bisulfate oral tablet 75*mg	1	MO
*prasugrel hcl oral tablet 10*mg*, 5*mg	1	MO
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
*clonidine hcl oral tablet 0.1*mg*, 0.2*mg*, 0.3*mg	1	MO
*clonidine transdermal patch weekly 0.1*mg*/24hr, 0.2*mg*/24hr, 0.3*mg*/24hr*	1	MO; QL (4 EA per 28 days)
*droxidopa oral capsule 100*mg*, 200*mg*, 300*mg	1	PA; QL (180 EA per 30 days)
*guanfacine hcl oral tablet 1*mg*, 2*mg	1	MO
*midodrine hcl oral tablet 10*mg*, 2.5*mg*, 5*mg	1	
Alpha-Adrenergic Blocking Agents		
*doxazosin mesylate oral tablet 1*mg*, 2*mg*, 4*mg*, 8*mg	1	MO
*prazosin hcl oral capsule 1*mg*, 2*mg*, 5*mg	1	MO
*terazosin hcl oral capsule 1*mg*, 10*mg*, 2*mg*, 5*mg	1	MO
Angiotensin II Receptor Antagonists		
*candesartan cilexetil oral tablet 16*mg*, 4*mg*, 8*mg	1	MO; QL (60 EA per 30 days)
*candesartan cilexetil oral tablet 32*mg	1	MO; QL (30 EA per 30 days)
*irbesartan oral tablet 150*mg*, 300*mg*, 75*mg	1	MO; QL (30 EA per 30 days)
*losartan potassium oral tablet 100*mg*, 25*mg	1	MO; QL (30 EA per 30 days)
*losartan potassium oral tablet 50*mg	1	MO; QL (60 EA per 30 days)
*olmesartan medoxomil oral tablet 20*mg*, 40*mg	1	MO; QL (30 EA per 30 days)
*olmesartan medoxomil oral tablet 5*mg	1	MO; QL (60 EA per 30 days)
*telmisartan oral tablet 20*mg*, 40*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
*valsartan oral tablet 160*mg	1	MO; QL (60 EA per 30 days)
*valsartan oral tablet 320*mg	1	MO; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
*valsartan oral tablet 40*mg*, 80*mg	1	MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (ACE) Inhibitors		
*benazepril hcl oral tablet 10*mg*, 20*mg*, 40*mg*, 5*mg	1	MO
*captopril oral tablet 100*mg*, 12.5*mg*, 25*mg*, 50*mg	1	MO
*enalapril maleate oral tablet 10*mg*, 2.5*mg*, 20*mg*, 5*mg	1	MO
*fosinopril sodium oral tablet 10*mg*, 20*mg*, 40*mg	1	MO
*lisinopril oral tablet 10*mg*, 2.5*mg*, 20*mg*, 30*mg*, 40*mg*, 5*mg	1	MO
*moexipril hcl oral tablet 15*mg*, 7.5*mg	1	MO
*perindopril erbumine oral tablet 2*mg*, 4*mg*, 8*mg	1	MO
*quinapril hcl oral tablet 10*mg*, 20*mg*, 40*mg*, 5*mg	1	MO
*ramipril oral capsule 1.25*mg*, 10*mg*, 2.5*mg*, 5*mg	1	MO
*trandolapril oral tablet 1*mg*, 2*mg*, 4*mg	1	MO
Antiarrhythmics		
*amiodarone hcl oral tablet 100*mg*, 200*mg*, 400*mg	1	MO
*disopyramide phosphate oral capsule 100*mg*, 150*mg	1	MO
*dofetilide oral capsule 125*mc*g, 250*mc*g, 500*mc*g*	1	MO
*flecainide acetate oral tablet 100*mg*, 150*mg*, 50*mg	1	MO
*mexiletine hcl oral capsule 150*mg*, 200*mg*, 250*mg	1	MO
MULTAQ ORAL TABLET 400MG	1	MO
*propafenone hcl oral tablet 150*mg*, 225*mg*, 300*mg	1	MO
*quinidine sulfate oral tablet 200*mg*, 300*mg	1	MO
*sotalol hcl (af) oral tablet 120*mg*, 160*mg*, 80*mg	1	MO
*sotalol hcl oral tablet 120*mg*, 160*mg*, 240*mg*, 80*mg	1	MO
Beta-Adrenergic Blocking Agents		
*acebutolol hcl oral capsule 200*mg*, 400*mg	1	MO
*atenolol oral tablet 100*mg*, 25*mg*, 50*mg	1	MO
*betaxolol hcl oral tablet 10*mg*, 20*mg	1	MO
*bisoprolol fumarate oral tablet 10*mg*, 5*mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
*carvedilol oral tablet 12.5*mg*, 25*mg*, 3.125*mg*, 6.25*mg	1	MO
*labetalol hcl oral tablet 100*mg*, 200*mg*, 300*mg	1	MO
metoprolol succinate er oral tablet extended release 24-hour *100*mg*, 200*mg*, 25*mg*, 50*mg	1	MO
*metoprolol tartrate oral tablet 100*mg*, 25*mg*, 37.5*mg*, 50*mg*, 75*mg	1	MO
*nadolol oral tablet 20*mg*, 40*mg*, 80*mg	1	MO
*nebivolol hcl oral tablet 10*mg*, 2.5*mg*, 20*mg*, 5*mg	1	MO
*pindolol oral tablet 10*mg*, 5*mg	1	MO
propranolol hcl er oral capsule extended release 24-hour *120*mg*, 160*mg*, 60*mg	1	MO
*propranolol hcl oral solution 20*mg*/5ml*, *40*mg*/5ml*	1	MO
*propranolol hcl oral tablet 10*mg*, 20*mg*, 40*mg*, 60*mg	1	MO
*timolol maleate oral tablet 10*mg*, 20*mg*, 5*mg	1	MO
Calcium Channel Blocking Agents, Dihydropyridines		
*amlodipine besylate oral tablet 10*mg*, 2.5*mg*, 5*mg	1	MO
felodipine er oral tablet extended release 24-hour *10*mg*, 2.5*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*isradipine oral capsule 2.5*mg*, 5*mg	1	MO
KATERZIA ORAL SUSPENSION 1MG/ML	1	MO
*nicardipine hcl oral capsule 20*mg*, 30*mg	1	MO
nifedipine er oral tablet extended release 24-hour *30*mg*, 60*mg	1	MO; QL (60 EA per 30 days)
nifedipine er oral tablet extended release 24-hour *90*mg	1	MO; QL (30 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24-hour *30*mg*, 60*mg	1	MO; QL (60 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24-hour *90*mg	1	MO; QL (30 EA per 30 days)
*nifedipine oral capsule 10*mg*, 20*mg	1	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	1	MO; QL (30 EA per 30 days)
diltiazem hcl er beads oral capsule extended release 24-hour *360*mg*, 420*mg	1	MO; QL (30 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24-hour *120*mg*, 180*mg*, 240*mg	1	MO; QL (60 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24-hour *300*mg	1	MO; QL (30 EA per 30 days)
diltiazem hcl er oral capsule extended release 12-hour *120*mg*, 60*mg*, 90*mg	1	MO
*diltiazem hcl oral tablet 120*mg*, 30*mg*, 60*mg*, 90*mg	1	MO
dilt-xr oral capsule extended release 24-hour *120*mg*, 180*mg*, 240*mg	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	1	MO; QL (30 EA per 30 days)
verapamil hcl er oral capsule extended release 24-hour *100*mg*, 120*mg*, 180*mg*, 200*mg*, 240*mg*, 300*mg*, 360*mg	1	MO
*verapamil hcl er oral tablet extended release 120*mg*, 180*mg*, 240*mg	1	MO
*verapamil hcl oral tablet 120*mg*, 40*mg*, 80*mg	1	MO
Cardiovascular Agents, Other		
*aliskiren fumarate oral tablet 150*mg*, 300*mg	1	MO; QL (30 EA per 30 days)
*amiloride-hydrochlorothiazide oral tablet 5-50*mg	1	MO
*amlodipine besy-benazepril hcl oral capsule 10-20*mg*, 10-40*mg*, 2.5-10*mg*, 5-10*mg*, 5-20*mg*, 5-40*mg	1	MO
*amlodipine besylate-valsartan oral tablet 10-160*mg*, 10-320*mg*, 5-160*mg*, 5-320*mg	1	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
*amlodipine-atorvastatin oral tablet 10-10*mg*, 10-20*mg*, 10-40*mg*, 10-80*mg*, 2.5-10*mg*, 2.5-20*mg*, 2.5-40*mg*, 5-10*mg*, 5-20*mg*, 5-40*mg*, 5-80*mg	1	MO; QL (30 EA per 30 days)
*amlodipine-olmesartan oral tablet 10-20*mg*, 10-40*mg*, 5-20*mg*, 5-40*mg	1	MO; QL (30 EA per 30 days)
*atenolol-chlorthalidone oral tablet 100-25*mg*, 50-25*mg	1	MO
*benazepril-hydrochlorothiazide oral tablet 10-12.5*mg*, 20-12.5*mg*, 20-25*mg*, 5-6.25*mg	1	MO
*bisoprolol-hydrochlorothiazide oral tablet 10-6.25*mg*, 2.5-6.25*mg*, 5-6.25*mg	1	MO
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	1	PA; QL (30 EA per 30 days)
*candesartan cilexetil-hctz oral tablet 16-12.5*mg*, 32-12.5*mg*, 32-25*mg	1	MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	1	PA; MO
*digoxin oral solution 0.05*mg*/ml*	1	MO; QL (255ML per 30 days)
*digoxin oral tablet 125*mc*g, 250*mc*g*	1	MO; QL (30 EA per 30 days)
*enalapril-hydrochlorothiazide oral tablet 10-25*mg*, 5-12.5*mg	1	MO
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	1	MO
FILSPARI ORAL TABLET 200MG, 400MG	1	PA; QL (30 EA per 30 days)
*fosinopril sodium-hctz oral tablet 10-12.5*mg*, 20-12.5*mg	1	MO
*irbesartan-hydrochlorothiazide oral tablet 150-12.5*mg*, 300-12.5*mg	1	MO; QL (30 EA per 30 days)
*isosorb dinitrate-hydralazine oral tablet 20-37.5*mg	1	MO
*lisinopril-hydrochlorothiazide oral tablet 10-12.5*mg*, 20-12.5*mg*, 20-25*mg	1	MO
*losartan potassium-hctz oral tablet 100-12.5*mg*, 100-25*mg*, 50-12.5*mg	1	MO; QL (30 EA per 30 days)
*metoprolol-hydrochlorothiazide oral tablet 100-25*mg*, 100-50*mg*, 50-25*mg	1	MO
*metyrosine oral capsule 250*mg	1	
*olmesartan medoxomil-hctz oral tablet 20-12.5*mg*, 40-12.5*mg*, 40-25*mg	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
*olmesartan-amlodipine-hctz oral tablet 20-5-12.5*mg*, 40-10-12.5*mg*, 40-10-25*mg*, 40-5-12.5*mg*, 40-5-25*mg	1	MO; QL (30 EA per 30 days)
*pentoxifylline er oral tablet extended release 400*mg	1	MO
ranolazine er oral tablet extended release 12-hour *1000*mg*, 500*mg	1	MO
*spironolactone-hctz oral tablet 25-25*mg	1	MO
*telmisartan-hctz oral tablet 40-12.5*mg*, 80-12.5*mg*, 80-25*mg	1	MO; QL (30 EA per 30 days)
*triamterene-hctz oral capsule 37.5-25*mg	1	MO
*triamterene-hctz oral tablet 37.5-25*mg*, 75-50*mg	1	MO
*valsartan-hydrochlorothiazide oral tablet 160-12.5*mg*, 160-25*mg*, 320-12.5*mg*, 320-25*mg*, 80-12.5*mg	1	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	1	PA; MO
Diuretics, Loop		
*bumetanide injection solution 0.25*mg*/ml*	1	
*bumetanide oral tablet 0.5*mg*, 1*mg*, 2*mg	1	MO
*furosemide injection solution 10*mg*/ml*	1	BvD
*furosemide oral solution 10*mg*/ml, 8*mg*/ml*	1	MO
*furosemide oral tablet 20*mg*, 40*mg*, 80*mg	1	MO
*torsemide oral tablet 10*mg*, 100*mg*, 20*mg*, 5*mg	1	MO
Diuretics, Potassium-Sparing		
*amiloride hcl oral tablet 5*mg	1	MO
*eplerenone oral tablet 25*mg*, 50*mg	1	MO
KERENDIA ORAL TABLET 10MG, 20MG	1	MO; QL (30 EA per 30 days)
*spironolactone oral tablet 100*mg*, 25*mg*, 50*mg	1	MO
Diuretics, Thiazide		
*chlorthalidone oral tablet 25*mg*, 50*mg	1	MO
*hydrochlorothiazide oral capsule 12.5*mg	1	MO
*hydrochlorothiazide oral tablet 12.5*mg*, 25*mg*, 50*mg	1	MO
*indapamide oral tablet 1.25*mg*, 2.5*mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
*metolazone oral tablet 10*mg*, 2.5*mg*, 5*mg	1	MO
Dyslipidemics, Fibric Acid Derivatives		
*fenofibrate micronized oral capsule 130*mg*, 134*mg*, 200*mg*, 67*mg	1	MO; QL (30 EA per 30 days)
*fenofibrate micronized oral capsule 43*mg	1	MO; QL (60 EA per 30 days)
*fenofibrate oral capsule 150*mg	1	MO; QL (30 EA per 30 days)
*fenofibrate oral capsule 50*mg	1	MO; QL (60 EA per 30 days)
*fenofibrate oral tablet 145*mg*, 160*mg	1	MO; QL (30 EA per 30 days)
*fenofibrate oral tablet 48*mg*, 54*mg	1	MO; QL (60 EA per 30 days)
*fenofibric acid oral capsule delayed release 135*mg*, 45*mg	1	MO; QL (30 EA per 30 days)
*gemfibrozil oral tablet 600*mg	1	MO; QL (60 EA per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors		
*atorvastatin calcium oral tablet 10*mg*, 20*mg*, 40*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1MG, 2MG, 4MG	1	MO; QL (30 EA per 30 days)
*lovastatin oral tablet 10*mg	1	MO; QL (45 EA per 30 days)
*lovastatin oral tablet 20*mg	1	MO; QL (30 EA per 30 days)
*lovastatin oral tablet 40*mg	1	MO; QL (60 EA per 30 days)
*pravastatin sodium oral tablet 10*mg*, 20*mg*, 40*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
*rosuvastatin calcium oral tablet 10*mg*, 20*mg*, 40*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*simvastatin oral tablet 10*mg*, 20*mg*, 40*mg*, 5*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	1	MO; QL (30 EA per 30 days)
Dyslipidemics, Other		
*cholestyramine light oral packet 4*gm	1	MO
*cholestyramine oral packet 4*gm	1	MO
*colestipol hcl oral packet 5*gm	1	MO
*colestipol hcl oral tablet 1*gm	1	MO
*ezetimibe oral tablet 10*mg	1	MO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
*niacin er (antihyperlipidemic) oral tablet extended release 1000*mg*, 500*mg*, 750*mg	1	MO
*omega-3-acid ethyl esters oral capsule 1*gm	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5GM, 1GM	1	MO
Vasodilators, Direct-Acting Arterial/ Venous		
*hydralazine hcl oral tablet 10*mg*, 100*mg*, 25*mg*, 50*mg	1	MO
*isosorbide dinitrate oral tablet 10*mg*, 20*mg*, 30*mg*, 5*mg	1	MO
isosorbide mononitrate er oral tablet extended release 24-hour *120*mg*, 30*mg*, 60*mg	1	MO
*isosorbide mononitrate oral tablet 10*mg*, 20*mg	1	MO
*minoxidil oral tablet 10*mg*, 2.5*mg	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2%	1	MO
*nitroglycerin sublingual tablet sublingual 0.3*mg*, 0.4*mg*, 0.6*mg	1	MO
nitroglycerin transdermal patch 24-hour *0.1*mg*/hr*, *0.2*mg*/hr*, *0.4*mg*/hr*, *0.6*mg*/hr*	1	MO
*nitroglycerin translingual solution 0.4*mg*/spray*	1	MO
RECTIV RECTAL OINTMENT 0.4%	1	
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
*amphetamine-dextroamphetamine oral tablet 10*mg*, 12.5*mg*, 15*mg*, 20*mg*, 5*mg*, 7.5*mg	1	MO; QL (90 EA per 30 days)
*amphetamine-dextroamphetamine oral tablet 30*mg	1	MO; QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24-hour *10*mg	1	MO; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate er oral capsule extended release 24-hour *15*mg	1	MO; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24-hour *5*mg	1	MO; QL (360 EA per 30 days)
*dextroamphetamine sulfate oral solution 5*mg*/5ml*	1	MO; QL (1800ML per 30 days)
*dextroamphetamine sulfate oral tablet 10*mg	1	MO; QL (180 EA per 30 days)
*dextroamphetamine sulfate oral tablet 15*mg	1	MO; QL (120 EA per 30 days)
*dextroamphetamine sulfate oral tablet 20*mg	1	MO; QL (90 EA per 30 days)
*dextroamphetamine sulfate oral tablet 30*mg	1	MO; QL (60 EA per 30 days)
*dextroamphetamine sulfate oral tablet 5*mg	1	MO; QL (150 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
*atomoxetine hcl oral capsule 10*mg*, 100*mg*, 18*mg*, 25*mg*, 40*mg*, 60*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
*dexmethylphenidate hcl oral tablet 10*mg	1	MO; QL (60 EA per 30 days)
*dexmethylphenidate hcl oral tablet 2.5*mg	1	MO; QL (240 EA per 30 days)
*dexmethylphenidate hcl oral tablet 5*mg	1	MO; QL (120 EA per 30 days)
guanfacine hcl er oral tablet extended release 24-hour *1*mg*, 2*mg*, 3*mg*, 4*mg	1	MO; QL (30 EA per 30 days)
*methylphenidate hcl oral tablet 10*mg*, 20*mg*, 5*mg	1	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	1	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 12MG, 6MG	1	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 24MG	1	PA; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24MG	1	PA; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200MG/ML	1	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	1	PA
NUEDEXTA ORAL CAPSULE 20-10MG	1	PA; MO
*riluzole oral tablet 50*mg	1	PA; MO
*tetrabenazine oral tablet 12.5*mg	1	PA; QL (240 EA per 30 days)
*tetrabenazine oral tablet 25*mg	1	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Fibromyalgia Agents		
*pregabalin oral capsule 100*mg*, 150*mg*, 200*mg*, 25*mg*, 50*mg	1	MO; QL (90 EA per 30 days)
*pregabalin oral capsule 225*mg*, 300*mg	1	MO; QL (60 EA per 30 days)
*pregabalin oral capsule 75*mg	1	MO; QL (120 EA per 30 days)
*pregabalin oral solution 20*mg*/ml*	1	MO; QL (900ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	1	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30MCG/0.5ML	1	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30MCG/0.5ML	1	PA
BETASERON SUBCUTANEOUS KIT 0.3MG	1	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20MG/ML, 40MG/ML	1	PA
dalfampridine er oral tablet extended release 12-hour *10*mg	1	PA; MO; QL (60 EA per 30 days)
*dimethyl fumarate oral capsule delayed release 120*mg*, 240*mg	1	PA
*dimethyl fumarate starter pack oral 120 & 240*mg	1	PA
*fingolimod hcl oral capsule 0.5*mg	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20MG/0.4ML	1	PA
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG	1	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25MG, 7 X 0.25MG	1	PA
DENTAL AND ORAL AGENTS		
Dental and Oral Agents		
chlorhexidine gluconate mouth/throat solution 0.12%	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12%	1	

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Drug Name	Drug Tier	Requirements/Limits
*pilocarpine hcl oral tablet 5*mg*, 7.5*mg	1	MO
triamcinolone acetonide mouth/throat paste 0.1%	1	
DERMATOLOGICAL AGENTS		
Acne and Rosacea Agents		
ACCUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	
*acitretin oral capsule 10*mg*, 17.5*mg*, 25*mg	1	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	1	
benzoyl peroxide-erythromycin external gel 5-3%	1	
CLARAVIS ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	
clindamycin phos-benzoyl perox external gel 1.2-5%	1	
*isotretinoin oral capsule 10*mg*, 20*mg*, 30*mg*, 40*mg	1	
tazarotene external cream 0.1%	1	PA
tazarotene external gel 0.05%, 0.1%	1	PA
TAZORAC EXTERNAL CREAM 0.05%	1	PA
tretinoin external cream 0.025%, 0.05%, 0.1%	1	PA
tretinoin external gel 0.01%, 0.025%, 0.05%	1	PA
Dermatitis and Pruitus Agents		
alclometasone dipropionate external cream 0.05%	1	
alclometasone dipropionate external ointment 0.05%	1	
amcinonide external ointment 0.1%	1	
ammonium lactate external cream 12%	1	
ammonium lactate external lotion 12%	1	
betamethasone dipropionate aug external cream 0.05%	1	
betamethasone dipropionate aug external lotion 0.05%	1	
betamethasone dipropionate aug external ointment 0.05%	1	

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Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate external cream 0.05%	1	
betamethasone dipropionate external lotion 0.05%	1	
betamethasone dipropionate external ointment 0.05%	1	
betamethasone valerate external cream 0.1%	1	
betamethasone valerate external lotion 0.1%	1	
betamethasone valerate external ointment 0.1%	1	
clobetasol propionate e external cream 0.05%	1	
clobetasol propionate external cream 0.05%	1	
clobetasol propionate external gel 0.05%	1	
clobetasol propionate external ointment 0.05%	1	
clobetasol propionate external solution 0.05%	1	
desonide external cream 0.05%	1	
desonide external lotion 0.05%	1	
desonide external ointment 0.05%	1	
desoximetasone external cream 0.05%, 0.25%	1	
desoximetasone external gel 0.05%	1	
desoximetasone external ointment 0.25%	1	
EUCRISA EXTERNAL OINTMENT 2%	1	
fluocinolone acetonide external cream 0.01%, 0.025%	1	
fluocinolone acetonide external ointment 0.025%	1	
fluocinolone acetonide external solution 0.01%	1	
fluocinonide emulsified base external cream 0.05%	1	
fluocinonide external gel 0.05%	1	
fluocinonide external ointment 0.05%	1	
fluocinonide external solution 0.05%	1	
fluticasone propionate external cream 0.05%	1	
fluticasone propionate external ointment 0.005%	1	
halobetasol propionate external cream 0.05%	1	
halobetasol propionate external ointment 0.05%	1	
hydrocortisone (perianal) external cream 2.5%	1	

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

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Drug Name	Drug Tier	Requirements/Limits
*nystatin-triamcinolone external cream 100000-0.1*unit*/gm-%*	1	
*nystatin-triamcinolone external ointment 100000-0.1*unit*/gm-%*	1	
PANRETIN EXTERNAL GEL 0.1%	1	PA
podofilox external solution 0.5%	1	
REGRANEX EXTERNAL GEL 0.01%	1	PA
SANTYL EXTERNAL OINTMENT 250UNIT/GM	1	
silver sulfadiazine external cream 1%	1	
SSD EXTERNAL CREAM 1%	1	
Pediculicides/Scabicides		
malathion external lotion 0.5%	1	
permethrin external cream 5%	1	
Topical Anti-Infectives		
ciclopirox external gel 0.77%	1	
ciclopirox external shampoo 1%	1	
ciclopirox external solution 8%	1	
clindamycin phosphate external gel 1%	1	
clindamycin phosphate external lotion 1%	1	
clindamycin phosphate external solution 1%	1	
ery external pad 2%	1	
erythromycin external gel 2%	1	
erythromycin external solution 2%	1	
mupirocin calcium external cream 2%	1	
mupirocin external ointment 2%	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
*carglumic acid oral tablet soluble 200*mg	1	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
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-%-%	1	BvD
kcl-lactated ringers-d5w intravenous solution 20 meq/l	1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
magnesium sulfate injection solution 50%, 50% (10ml syringe)	1	
multiple electro type 1 ph 5.5 intravenous solution	1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	MO
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	MO
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	BvD
*potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20*ml*), 20 meq/100ml*	1	BvD
potassium chloride oral packet 20 meq	1	MO
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	MO
*potassium citrate er oral tablet extended release 10 meq (1080*mg*), 15 meq (1620*mg*), 5 meq (540*mg*)*	1	

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Drug Name	Drug Tier	Requirements/Limits
potassium cl in dextrose 5% intravenous solution 20 meq/l	1	BvD
sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%	1	
sodium chloride irrigation solution 0.9%	1	
*sodium fluoride oral tablet 2.2 (1 f)*mg	1	
Electrolyte/Mineral/Metal Modifiers		
*deferasirox granules oral packet 180*mg*, 360*mg*, 90*mg	1	PA
*deferasirox oral tablet 180*mg*, 360*mg	1	PA
*deferasirox oral tablet 90*mg	1	PA; MO
*deferasirox oral tablet soluble 125*mg*, 250*mg*, 500*mg	1	PA
*deferiprone oral tablet 1000*mg*, 500*mg	1	PA
FERRIPROX ORAL SOLUTION 100MG/ML	1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	1	PA
LOKELMA ORAL PACKET 10GM, 5GM	1	MO
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15GM/60ML	1	
*tolvaptan oral tablet 15*mg	1	PA; QL (120 EA per 30 days)
*tolvaptan oral tablet 30*mg	1	PA; QL (60 EA per 30 days)
*trientine hcl oral capsule 250*mg	1	PA
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	1	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD
dextrose intravenous solution 10%, 5%	1	BvD
dextrose-nacl intravenous solution 10-0.2%, 10-0.45%, 2.5-0.45%	1	BvD
dextrose-nacl intravenous solution 5-0.2%, 5-0.45%, 5-0.9%	1	
DOJOLVI ORAL LIQUID 100%	1	PA
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	1	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvD
*levocarnitine oral solution 1*gm*/10ml*	1	MO
*levocarnitine oral tablet 330*mg	1	MO
NUTRILIPID INTRAVENOUS EMULSION 20%	1	BvD
PREMASOL INTRAVENOUS SOLUTION 10%	1	BvD
*prenatal oral tablet 27-1*mg	1	
PROSOL INTRAVENOUS SOLUTION 20%	1	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD
TRAVASOL INTRAVENOUS SOLUTION 10%	1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10%	1	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1GM 210MG(FE)	1	PA; MO
*calcium acetate (phos binder) oral capsule 667*mg	1	MO
*calcium acetate oral tablet 667*mg	1	MO
*sevelamer carbonate oral packet 0.8*gm	1	QL (540 EA per 30 days)
*sevelamer carbonate oral packet 2.4*gm	1	QL (180 EA per 30 days)
*sevelamer carbonate oral tablet 800*mg	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
*constulose oral solution 10*gm*/15ml*	1	MO
*enulose oral solution 10*gm*/15ml*	1	MO
*generlac oral solution 10*gm*/15ml*	1	MO
*lactulose oral solution 10*gm*/15ml*	1	MO
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	1	MO; QL (30 EA per 30 days)
*lubiprostone oral capsule 24*mc*g, 8*mc*g*	1	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	1	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
*alosetron hcl oral tablet 0.5*mg*, 1*mg	1	QL (60 EA per 30 days)
*diphenoxylate-atropine oral liquid 2.5-0.025*mg*/5ml*	1	
*diphenoxylate-atropine oral tablet 2.5-0.025*mg	1	
*loperamide hcl oral capsule 2*mg	1	
Antispasmodics, Gastrointestinal		
*dicyclomine hcl oral capsule 10*mg	1	
*dicyclomine hcl oral solution 10*mg*/5ml*	1	
*dicyclomine hcl oral tablet 20*mg	1	
*glycopyrrolate oral tablet 1*mg*, 2*mg	1	
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG, 600MCG	1	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	1	PA
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML, 10-3.5-12MG-GM -GM/175ML	1	
GATTEX SUBCUTANEOUS KIT 5MG	1	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	

Drug Name	Drug Tier	Requirements/Limits
LIVMARLI ORAL SOLUTION 9.5MG/ML	1	PA
*metoclopramide hcl oral solution 5*mg*/5ml*	1	
*metoclopramide hcl oral tablet 10*mg*, 5*mg	1	MO
*na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6*gm*/177ml*	1	
*peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420*gm	1	
*peg-3350/electrolytes oral solution reconstituted 236*gm	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	1	
SUTAB ORAL TABLET 1479-225-188MG	1	
*ursodiol oral capsule 300*mg	1	MO
*ursodiol oral tablet 250*mg*, 500*mg	1	MO
Histamine2 (H2) Receptor Antagonists		
*famotidine oral suspension reconstituted 40*mg*/5ml*	1	MO
*famotidine oral tablet 20*mg*, 40*mg	1	MO
*nizatidine oral capsule 150*mg*, 300*mg	1	MO
Protectants		
*misoprostol oral tablet 100*mcg*, 200*mcg	1	MO
*sucralfate oral suspension 1*gm*/10ml*	1	MO
*sucralfate oral tablet 1*gm	1	MO
Proton Pump Inhibitors		
*dexlansoprazole oral capsule delayed release 30*mg*, 60*mg	1	MO
*esomeprazole magnesium oral capsule delayed release 20*mg*, 40*mg	1	MO
*lansoprazole oral capsule delayed release 15*mg*, 30*mg	1	MO
*omeprazole oral capsule delayed release 10*mg*, 20*mg*, 40*mg	1	MO
*pantoprazole sodium oral tablet delayed release 20*mg*, 40*mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine oral powder	1	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000UNIT, 24000-76000UNIT, 3000-9500UNIT, 36000-114000UNIT, 6000-19000UNIT	1	MO
*cromolyn sodium oral concentrate 100*mg*/5ml*	1	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	1	PA; MO
ENDARI ORAL PACKET 5GM	1	PA
GALAFOLD ORAL CAPSULE 123MG	1	PA
*miglustat oral capsule 100*mg	1	PA
*nitisinone oral capsule 10*mg*, 2*mg*, 20*mg*, 5*mg	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	1	PA
RAVICTI ORAL LIQUID 1.1GM/ML	1	PA
*sapropterin dihydrochloride oral packet 100*mg*, 500*mg	1	PA
*sapropterin dihydrochloride oral tablet 100*mg	1	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	1	PA
VYNDAMAX ORAL CAPSULE 61MG	1	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000UNIT, 15000-47000UNIT, 20000-63000UNIT, 25000-79000UNIT, 3000-10000UNIT, 40000-126000UNIT, 5000-24000UNIT	1	MO
ZOKINVY ORAL CAPSULE 50MG, 75MG	1	PA
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24-hour *15*mg*, 7.5*mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
fesoterodine fumarate er oral tablet extended release 24-hour *4*mg*, 8*mg	1	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8MG/ML	1	MO; QL (300ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24-HOUR 25MG, 50MG	1	MO; QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24-hour *10*mg*, 15*mg*, 5*mg	1	MO; QL (60 EA per 30 days)
*oxybutynin chloride oral syrup 5*mg*/5ml*	1	MO; QL (600ML per 30 days)
*oxybutynin chloride oral tablet 5*mg	1	MO; QL (120 EA per 30 days)
*solifenacin succinate oral tablet 10*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24-hour *2*mg*, 4*mg	1	MO; QL (30 EA per 30 days)
*tolterodine tartrate oral tablet 1*mg*, 2*mg	1	MO; QL (60 EA per 30 days)
trospium chloride er oral capsule extended release 24-hour *60*mg	1	MO; QL (30 EA per 30 days)
*trospium chloride oral tablet 20*mg	1	MO; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24-hour *10*mg	1	MO; QL (30 EA per 30 days)
*dutasteride oral capsule 0.5*mg	1	MO; QL (30 EA per 30 days)
*dutasteride-tamsulosin hcl oral capsule 0.5-0.4*mg	1	MO; QL (30 EA per 30 days)
*finasteride oral tablet 5*mg	1	MO; QL (30 EA per 30 days)
*silodosin oral capsule 4*mg*, 8*mg	1	MO; QL (30 EA per 30 days)
*tamsulosin hcl oral capsule 0.4*mg	1	MO; QL (60 EA per 30 days)
Genitourinary Agents, Other		
*bethanechol chloride oral tablet 10*mg*, 25*mg*, 5*mg*, 50*mg	1	
ELMIRON ORAL CAPSULE 100MG	1	
*penicillamine oral tablet 250*mg	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
*dexamethasone oral solution 0.5*mg*/5ml*	1	

Drug Name	Drug Tier	Requirements/Limits
*dexamethasone oral tablet 0.5*mg*, 0.75*mg*, 1*mg*, 1.5*mg*, 2*mg*, 4*mg*, 6*mg	1	
*fludrocortisone acetate oral tablet 0.1*mg	1	MO
*hydrocortisone oral tablet 10*mg*, 20*mg*, 5*mg	1	
ISTURISA ORAL TABLET 1MG	1	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10MG	1	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5MG	1	PA; QL (120 EA per 30 days)
*methylprednisolone oral tablet 16*mg*, 32*mg*, 4*mg*, 8*mg	1	BvD
*methylprednisolone oral tablet therapy pack 4*mg	1	
*prednisolone oral solution 15*mg*/5ml*	1	BvD
*prednisolone sodium phosphate oral solution 10*mg*/5ml, 20*mg*/5ml, 25*mg*/5ml, 6.7 (5 base)*mg*/5ml*	1	BvD
*prednisolone sodium phosphate oral tablet dispersible 10*mg*, 15*mg*, 30*mg	1	BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5MG/ML	1	BvD
*prednisone oral solution 5*mg*/5ml*	1	BvD
*prednisone oral tablet 1*mg*, 10*mg*, 2.5*mg*, 20*mg*, 5*mg*, 50*mg	1	BvD
*prednisone oral tablet therapy pack 10*mg *(21), 10*mg *(48), 5*mg *(21), 5*mg *(48)*	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
*desmopressin acetate oral tablet 0.1*mg*, 0.2*mg	1	MO
desmopressin acetate spray nasal solution 0.01%	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40MG/4ML	1	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7MCG, 55.3MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10MG/1.5ML, 5MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
*danazol oral capsule 100*mg*, 200*mg*, 50*mg	1	
*testosterone cypionate intramuscular solution 100*mg*/ml, 200*mg*/ml, 200*mg*/ml (1*ml*)*	1	MO
*testosterone enanthate intramuscular solution 200*mg*/ml*	1	MO
*testosterone transdermal gel 10*mg*/act (2%), 12.5*mg*/act (1%), 20.25*mg*/1.25gm (1.62%), 20.25*mg*/act (1.62%), 25*mg*/2.5gm (1%), 40.5*mg*/2.5gm (1.62%), 50*mg*/5gm (1%)*	1	MO
*testosterone transdermal solution 30*mg*/act*	1	MO
Estrogens		
DUAVEE ORAL TABLET 0.45-20MG	1	MO
*estradiol oral tablet 0.5*mg*, 1*mg*, 2*mg	1	MO
*estradiol transdermal patch twice weekly 0.025*mg*/24hr, 0.0375*mg*/24hr, 0.05*mg*/24hr, 0.075*mg*/24hr, 0.1*mg*/24hr*	1	MO
*estradiol transdermal patch weekly 0.025*mg*/24hr, 0.0375*mg*/24hr, 0.05*mg*/24hr, 0.06*mg*/24hr, 0.075*mg*/24hr, 0.1*mg*/24hr*	1	MO
*estradiol vaginal cream 0.1*mg*/gm*	1	MO
*estradiol vaginal tablet 10*mcg*	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	1	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10MCG, 4MCG	1	MO
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	1	MO
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	1	MO
PREMARIN VAGINAL CREAM 0.625MG/GM	1	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA ORAL TABLET 0.15-30MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
*alyacen 1/35 oral tablet 1-35*mg-*mcg*	1	MO
APRI ORAL TABLET 0.15-30MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
*briellyn oral tablet 0.4-35*mg-*mcg*	1	MO
CRYSELLE-28 ORAL TABLET 0.3-30MG-MCG	1	MO
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	MO
*desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01*mg *(21/5), 0.15-30*mg-*mcg*	1	MO
*drospirenone-ethinyl estradiol oral tablet 3-0.02*mg*, 3-0.03*mg	1	MO
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	MO
*ethynodiol diac-eth estradiol oral tablet 1-35*mg-*mcg, 1-50*mg-*mcg*	1	MO
*etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015*mg*/24hr*	1	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	MO
HALOETTE VAGINAL RING 0.12-0.015MG/24HR	1	MO
ICLEVIA ORAL TABLET 0.15-0.03MG	1	MO
INTRAROSA VAGINAL INSERT 6.5MG	1	PA; MO
INTROVALE ORAL TABLET 0.15-0.03MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02MG	1	MO
JULEBER ORAL TABLET 0.15-30MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
*levonorgest-eth estrad 91-day oral tablet 0.15-0.03*mg	1	MO
*levonorgestrel-ethinyl estrad oral tablet 0.1-20*mg-*mcg, 0.15-30*mg-*mcg*	1	MO
*levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30*mc*g*	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20MG-MCG	1	MO
*marlissa oral tablet 0.15-30*mg-*mcg*	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MILI ORAL TABLET 0.25-35MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02MG	1	MO
*norethin ace-eth estrad-fe oral tablet 1-20*mg-*mcg*	1	MO
*norethindrone acet-ethinyl est oral tablet 1-20*mg-*mcg*	1	MO
*norethindrone-eth estradiol oral tablet 1-5*mg-*mcg*	1	MO
*norgestimate-eth estradiol oral tablet 0.25-35*mg-*mcg*	1	MO
*norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25*mg-*35*mc*g*	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYLIA 1/35 ORAL TABLET 1-35MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03MG	1	MO
OSPHENA ORAL TABLET 60MG	1	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
PORTIA-28 ORAL TABLET 0.15-30MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG	1	MO
RECLIPSEN ORAL TABLET 0.15-30MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SYEDA ORAL TABLET 3-0.03MG	1	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	1	MO
VESTURA ORAL TABLET 3-0.02MG	1	MO
VIENVA ORAL TABLET 0.1-20MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
Progestins		
CAMILA ORAL TABLET 0.35MG	1	MO
DEBLITANE ORAL TABLET 0.35MG	1	MO
ERRIN ORAL TABLET 0.35MG	1	MO
INCASSIA ORAL TABLET 0.35MG	1	MO
LYLEQ ORAL TABLET 0.35MG	1	MO
LYZA ORAL TABLET 0.35MG	1	MO
*medroxyprogesterone acetate intramuscular suspension 150*mg*/ml*	1	
*medroxyprogesterone acetate intramuscular suspension prefilled syringe 150*mg*/ml*	1	
*medroxyprogesterone acetate oral tablet 10*mg*, 2.5*mg*, 5*mg	1	MO
*megestrol acetate oral suspension 40*mg*/ml*	1	

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Drug Name	Drug Tier	Requirements/Limits
*megestrol acetate oral suspension 625*mg*/5ml*	1	MO
*megestrol acetate oral tablet 20*mg*, 40*mg	1	
NORA-BE ORAL TABLET 0.35MG	1	MO
*norethindrone acetate oral tablet 5*mg	1	MO
*norethindrone oral tablet 0.35*mg	1	MO
*progesterone oral capsule 100*mg*, 200*mg	1	MO
SHAROBEL ORAL TABLET 0.35MG	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO
*levothyroxine sodium oral tablet 100*mc*g, 112*mc*g, 125*mc*g, 137*mc*g, 150*mc*g, 175*mc*g, 200*mc*g, 25*mc*g, 300*mc*g, 50*mc*g, 75*mc*g, 88*mc*g*	1	MO
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO
*liothyronine sodium oral tablet 25*mc*g, 5*mc*g, 50*mc*g*	1	MO
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
Hormonal Agents, Suppressant (Pituitary)		
*cabergoline oral tablet 0.5*mg	1	
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	1	PA
*leuprolide acetate (3 month) intramuscular injectable 22.5*mg	1	PA
*leuprolide acetate injection kit 1*mg*/0.2ml*	1	PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	1	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5MG	1	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25MG (PED)	1	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45MG	1	PA
*octreotide acetate injection solution 100*mc*g/ml, 200*mc*g/ml, 50*mc*g/ml*	1	PA; MO
*octreotide acetate injection solution 1000*mc*g/ml, 500*mc*g/ml*	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	1	PA; QL (60ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	1	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	1	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
*methimazole oral tablet 10*mg*, 5*mg	1	MO
*propylthiouracil oral tablet 50*mg	1	MO
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30MG/3ML	1	PA
*icatibant acetate subcutaneous solution prefilled syringe 30*mg*/3ml*	1	PA

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Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 300MG/2ML	1	PA
Immunoglobulins		
PANZYGA INTRAVENOUS SOLUTION 1GM/10ML, 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	1	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20GM/200ML	1	BvD
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	1	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	1	PA
*leflunomide oral tablet 10*mg*, 20*mg	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180MG/1.2ML, 360MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS ORAL CAPSULE 10MG	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	1	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000UNIT/0.5ML	1	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	1	PA
Immunosuppressants		
AZASAN ORAL TABLET 100MG, 75MG	1	BvD; MO
*azathioprine oral tablet 100*mg*, 50*mg*, 75*mg	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200MG/ML	1	PA
*cyclosporine modified oral capsule 100*mg*, 25*mg*, 50*mg	1	BvD; MO
*cyclosporine modified oral solution 100*mg*/ml*	1	BvD; MO
*cyclosporine oral capsule 100*mg*, 25*mg	1	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25MG/0.5ML, 50MG/ML	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50MG/ML	1	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24-HOUR 0.75MG, 1MG, 4MG	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
*everolimus oral tablet 0.25*mg	1	BvD; MO; QL (60 EA per 30 days)
*everolimus oral tablet 0.5*mg	1	BvD; QL (120 EA per 30 days)
*everolimus oral tablet 0.75*mg*, 1*mg	1	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100MG, 25MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100MG/ML	1	BvD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	1	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML, 80MG/0.8ML	1	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML	1	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML	1	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	1	PA
LUPKYNIS ORAL CAPSULE 7.9MG	1	PA; QL (180 EA per 30 days)
*methotrexate sodium (pf) injection solution 50*mg*/2ml*	1	BvD
*methotrexate sodium injection solution 50*mg*/2ml*	1	BvD
*methotrexate sodium oral tablet 2.5*mg	1	BvD
*mycophenolate mofetil oral capsule 250*mg	1	BvD; MO
*mycophenolate mofetil oral suspension reconstituted 200*mg*/ml*	1	BvD
*mycophenolate mofetil oral tablet 500*mg	1	BvD; MO
*mycophenolate sodium oral tablet delayed release 180*mg*, 360*mg	1	BvD; MO
PROGRAF ORAL PACKET 0.2MG, 1MG	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
REZUROCK ORAL TABLET 200MG	1	PA
*sirolimus oral solution 1*mg*/ml*	1	BvD
*sirolimus oral tablet 0.5*mg*, 1*mg	1	BvD; MO
*sirolimus oral tablet 2*mg	1	BvD
*tacrolimus oral capsule 0.5*mg*, 1*mg*, 5*mg	1	BvD; MO
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	1	BvD
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120MCG/0.5ML	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120MCG/0.5ML	1	
*bcg vaccine injection solution reconstituted 50*mg	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	1	BvD
ENGERIX-B INJECTION SUSPENSION 20MCG/ML	1	BvD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/0.5ML, 20MCG/ML	1	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20MCG/0.5ML	1	BvD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5UNIT/ML	1	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5ML	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
*prehevbrio intramuscular suspension 10*mc*g/ml*	1	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION, (58 UNT/ML)	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/ML, 5MCG/0.5ML	1	BvD
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	BvD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 25UNIT/0.5ML 0.5ML, 50UNIT/ML, 50UNIT/ML 1ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
YF-VAX SUBCUTANEOUS INJECTABLE, (2.5ML IN 1 VIAL, MULTI-DOSE)	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
*balsalazide disodium oral capsule 750*mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
LIALDA ORAL TABLET DELAYED RELEASE 1.2GM	1	MO
*mesalamine er oral capsule extended release 24-*hour *0.375*gm	1	MO
*mesalamine oral capsule delayed release 400*mg	1	MO
*mesalamine oral tablet delayed release 800*mg	1	
*mesalamine rectal enema 4*gm	1	
*sulfasalazine oral tablet 500*mg	1	MO
*sulfasalazine oral tablet delayed release 500*mg	1	MO
Glucocorticoids		
*budesonide er oral tablet extended release 24-*hour *9*mg	1	
*budesonide oral capsule delayed release particles 3*mg	1	
*hydrocortisone rectal enema 100*mg*/60ml*	1	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
*alendronate sodium oral tablet 10*mg	1	MO; QL (30 EA per 30 days)
*alendronate sodium oral tablet 35*mg*, 70*mg	1	MO; QL (4 EA per 28 days)
*calcitonin (salmon) nasal solution 200*unit*/act*	1	BvD; MO; QL (4ML per 28 days)
*calcitriol oral capsule 0.25*mc*g, 0.5*mc*g*	1	BvD; MO
*calcitriol oral solution 1*mc*g/ml*	1	BvD; MO
*cinacalcet hcl oral tablet 30*mg	1	BvD; MO; QL (60 EA per 30 days)
*cinacalcet hcl oral tablet 60*mg	1	BvD; QL (60 EA per 30 days)
*cinacalcet hcl oral tablet 90*mg	1	BvD; QL (120 EA per 30 days)
*ibandronate sodium oral tablet 150*mg	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG, 25MCG, 50MCG, 75MCG	1	PA
*paricalcitol oral capsule 1*mc*g, 2*mc*g, 4*mc*g*	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60MG/ML	1	QL (1ML per 180 days)
*raloxifene hcl oral tablet 60*mg	1	MO
*risedronate sodium oral tablet 150*mg	1	MO; QL (1 EA per 28 days)
*risedronate sodium oral tablet 30*mg	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
*risedronate sodium oral tablet 35*mg*, 35*mg *(12 pack), 35*mg *(4 pack)*	1	MO; QL (4 EA per 28 days)
*risedronate sodium oral tablet 5*mg	1	MO; QL (30 EA per 30 days)
*teriparatide (recombinant) subcutaneous solution pen-injector 620*mc*g/2.48ml*	1	PA; QL (2.48ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120MCG/1.56ML	1	PA; QL (1.56ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	1	PA; QL (2ML per 28 days)
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1%	1	MO
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%	1	
cyclosporine ophthalmic emulsion 0.05%	1	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	1	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	1	PA
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
*polymyxin b-trimethoprim ophthalmic solution 10000-0.1*unit*/ml-%*	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23%	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%	1	
Ophthalmic Anti-Allergy Agents		
azelastine hcl ophthalmic solution 0.05%	1	
cromolyn sodium ophthalmic solution 4%	1	
olopatadine hcl ophthalmic solution 0.1%	1	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1%	1	
*bacitracin ophthalmic ointment 500*unit*/gm*	1	
*bacitracin-polymyxin b ophthalmic ointment 500-10000*unit*/gm*	1	
*erythromycin ophthalmic ointment 5*mg*/gm*	1	
gatifloxacin ophthalmic solution 0.5%	1	
gentamicin sulfate ophthalmic solution 0.3%	1	
moxifloxacin hcl ophthalmic solution 0.5%	1	
NATACYN OPHTHALMIC SUSPENSION 5%	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	
ofloxacin ophthalmic solution 0.3%	1	
sulfacetamide sodium ophthalmic solution 10%	1	
tobramycin ophthalmic solution 0.3%	1	
Ophthalmic Anti-Inflammatories		
bromfenac sodium (once-daily) ophthalmic solution 0.09%	1	
BROMSITE OPHTHALMIC SOLUTION 0.075%	1	
dexamethasone sodium phosphate ophthalmic solution 0.1%	1	
diclofenac sodium ophthalmic solution 0.1%	1	
DUREZOL OPHTHALMIC EMULSION 0.05%	1	
fluorometholone ophthalmic suspension 0.1%	1	
flurbiprofen sodium ophthalmic solution 0.03%	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3%	1	
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	
loteprednol etabonate ophthalmic suspension 0.5%	1	
prednisolone acetate ophthalmic suspension 1%	1	
prednisolone sodium phosphate ophthalmic solution 1%	1	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution 0.5%	1	MO
carteolol hcl ophthalmic solution 1%	1	MO
levobunolol hcl ophthalmic solution 0.5%	1	MO
timolol maleate (once-daily) ophthalmic solution 0.5%	1	MO
timolol maleate ophthalmic gel forming solution 0.25%, 0.5%	1	MO
timolol maleate ophthalmic solution 0.25%, 0.5%	1	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
*acetazolamide er oral capsule extended release 12-*hour *500*mg	1	MO
*acetazolamide oral tablet 125*mg*, 250*mg	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	1	MO
apraclonidine hcl ophthalmic solution 0.5%	1	
AZOPT OPHTHALMIC SUSPENSION 1%	1	MO
brimonidine tartrate ophthalmic solution 0.15%, 0.2%	1	MO
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	1	MO
dorzolamide hcl ophthalmic solution 2%	1	MO
*dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8*mg*/ml*	1	MO
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%	1	MO
*methazolamide oral tablet 25*mg*, 50*mg	1	MO
pilocarpine hcl ophthalmic solution 1%, 2%, 4%	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	1	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	1	MO

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost ophthalmic solution 0.005%	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01%	1	MO
travoprost (bak free) ophthalmic solution 0.004%	1	MO
OTIC AGENTS		
Otic Agents		
acetic acid otic solution 2%	1	
ciprofloxacin hcl otic solution 0.2%	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1%	1	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025%	1	
fluocinolone acetonide otic oil 0.01%	1	
neomycin-polymyxin-hc otic solution 1%	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
ofloxacin otic solution 0.3%	1	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
azelastine hcl nasal solution 0.1%	1	QL (30ML per 25 days)
*cetirizine hcl oral solution 1*mg*/ml*	1	
*cyproheptadine hcl oral syrup 2*mg*/5ml*	1	
*cyproheptadine hcl oral tablet 4*mg	1	
*levocetirizine dihydrochloride oral solution 2.5*mg*/5ml*	1	
*levocetirizine dihydrochloride oral tablet 5*mg	1	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	1	MO; QL (2 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/ACT, 220MCG/ACT	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (26GM per 30 days)
*budesonide inhalation suspension 0.25*mg*/2ml, 0.5*mg*/2ml, 1*mg*/2ml*	1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT, 50MCG/ACT	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	1	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	1	MO; QL (21.2GM per 30 days)
*flunisolide nasal solution 25*mc*g/act (0.025%)*	1	QL (50ML per 30 days)
*fluticasone propionate nasal suspension 50*mc*g/act*	1	QL (16GM per 30 days)
*mometasone furoate nasal suspension 50*mc*g/act*	1	QL (34GM per 30 days)
Antileukotrienes		
*montelukast sodium oral packet 4*mg	1	MO; QL (30 EA per 30 days)
*montelukast sodium oral tablet 10*mg	1	MO; QL (30 EA per 30 days)
*montelukast sodium oral tablet chewable 4*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*zafirlukast oral tablet 10*mg*, 20*mg	1	MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	1	MO; QL (26GM per 30 days)
ipratropium bromide inhalation solution 0.02%	1	BvD; MO
ipratropium bromide nasal solution 0.03%	1	MO; QL (60ML per 30 days)
ipratropium bromide nasal solution 0.06%	1	MO; QL (30ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	1	MO; QL (4GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Sympathomimetic		
*albuterol sulfate hfa inhalation aerosol solution 108 (90 base)*mc*g/act*	1	MO; QL (17GM per 30 days)
*albuterol sulfate hfa inhalation aerosol solution 108 (90 base)*mc*g/act (nda020503)*	1	MO; QL (13.4GM per 30 days)
*albuterol sulfate hfa inhalation aerosol solution 108 (90 base)*mc*g/act (nda020983)*	1	MO; QL (36GM per 30 days)
*albuterol sulfate inhalation nebulization solution (2.5*mg*/3ml) 0.083%, 0.63*mg*/3ml, 1.25*mg*/3ml, 2.5*mg*/0.5ml*	1	BvD; MO
*albuterol sulfate oral syrup 2*mg*/5ml*	1	MO
*albuterol sulfate oral tablet 2*mg*, 4*mg	1	MO
*epinephrine injection solution 0.3*mg*/0.3ml*	1	
*epinephrine injection solution auto-injector 0.15*mg*/0.15ml, 0.15*mg*/0.3ml, 0.3*mg*/0.3ml*	1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	1	MO; QL (60 EA per 30 days)
*terbutaline sulfate oral tablet 2.5*mg*, 5*mg	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE)MCG/ACT	1	MO; QL (36GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	1	PA
KALYDECO ORAL PACKET 13.4MG, 25MG, 50MG, 75MG	1	PA
KALYDECO ORAL TABLET 150MG	1	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG, 75-94MG	1	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	1	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	1	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	1	PA
TOBI PODHALER INHALATION CAPSULE 28MG	1	PA
*tobramycin inhalation nebulization solution 300*mg*/5ml*	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	1	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75MG, 80-40-60 & 59.5MG	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
*roflumilast oral tablet 250*mc*g, 500*mc*g*	1	MO; QL (30 EA per 30 days)
theophylline er oral tablet extended release 12-hour *300*mg*, 450*mg	1	MO
theophylline er oral tablet extended release 24-hour *400*mg*, 600*mg	1	MO
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	1	PA; QL (90 EA per 30 days)
*ambrisentan oral tablet 10*mg*, 5*mg	1	PA; QL (30 EA per 30 days)
*bosentan oral tablet 125*mg*, 62.5*mg	1	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	1	PA; QL (90 EA per 30 days)
*sildenafil citrate oral tablet 20*mg	1	PA; MO; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100MG, 150MG	1	PA
*pirfenidone oral capsule 267*mg	1	PA
*pirfenidone oral tablet 267*mg*, 534*mg*, 801*mg	1	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10%, 20%	1	BvD
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50MCG/ACT, 250-50MCG/ACT, 500-50MCG/ACT	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	1	MO; QL (12GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25MCG/ACT	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25MCG/ACT, 200-25MCG/ACT	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8MCG/ACT	1	MO; QL (10.7GM per 30 days)
*budesonide-formoterol fumarate inhalation aerosol 160-4.5*mc*g/act, 80-4.5*mc*g/act*	1	MO; QL (10.2GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	1	MO; QL (4GM per 20 days)
*cromolyn sodium inhalation nebulization solution 20*mg*/2ml*	1	BvD; MO
*fluticasone-salmeterol inhalation aerosol powder breath activated 100-50*mc*g/act, 250-50*mc*g/act, 500-50*mc*g/act*	1	MO; QL (60 EA per 30 days)
*fluticasone-salmeterol inhalation aerosol powder breath activated 113-14*mc*g/act, 232-14*mc*g/act, 55-14*mc*g/act*	1	MO; QL (1 EA per 30 days)
*ipratropium-albuterol inhalation solution 0.5-2.5 (3)*mg*/3ml*	1	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	1	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/ACT, 200-62.5-25MCG/ACT	1	MO; QL (60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
*chlorzoxazone oral tablet 250*mg*, 375*mg*, 500*mg*, 750*mg	1	
*cyclobenzaprine hcl oral tablet 10*mg*, 5*mg*, 7.5*mg	1	
*methocarbamol oral tablet 500*mg*, 750*mg	1	
orphenadrine citrate er oral tablet extended release 12-hour *100*mg	1	
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
*temazepam oral capsule 15*mg*, 22.5*mg*, 30*mg	1	QL (30 EA per 30 days)
*temazepam oral capsule 7.5*mg	1	QL (120 EA per 30 days)
*zaleplon oral capsule 10*mg*, 5*mg	1	QL (30 EA per 30 days)
*zolpidem tartrate oral tablet 10*mg*, 5*mg	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
*armodafinil oral tablet 150*mg*, 200*mg*, 250*mg*, 50*mg	1	PA; MO; QL (30 EA per 30 days)
*modafinil oral tablet 100*mg*, 200*mg	1	PA; MO; QL (60 EA per 30 days)
*sodium oxybate oral solution 500*mg*/ml*	1	PA; QL (540ML per 30 days)
SUNOSI ORAL TABLET 150MG, 75MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500MG/ML	1	PA; QL (540ML per 30 days)
XYWAV ORAL SOLUTION 500MG/ML	1	PA; QL (540 ML per 30 days)

Imperial MAPD 2023 1-Tier (Lista de medicamentos cubiertos)

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

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Profiláctico		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA; MO
EPRONTIA ORAL SOLUTION 25MG/ML	1	MO
propranolol hcl er oral capsule extended release 24-hour *80*mg	1	MO
*propranolol hcl oral tablet 80*mg	1	MO
topiramate er oral capsule er 24-hour *sprinkle 100*mg*, 150*mg*, 200*mg*, 25*mg*, 50*mg	1	MO
*topiramate oral capsule sprinkle 15*mg*, 25*mg	1	MO
*topiramate oral tablet 100*mg*, 200*mg*, 25*mg*, 50*mg	1	MO
UBRELVY ORAL TABLET 100MG, 50MG	1	PA; MO; QL (16 EA per 30 days)
AGENTES ANTIPARKINSON		
Agentes Antiparkinsonianos, Otros		
*amantadine hcl oral capsule 100*mg	1	MO
*amantadine hcl oral solution 50*mg*/5ml*	1	MO
*amantadine hcl oral tablet 100*mg	1	MO
*carbidopa-levodopa-entacapone oral tablet 12.5-50-200*mg*, 18.75-75-200*mg*, 25-100-200*mg*, 31.25-125-200*mg*, 37.5-150-200*mg*, 50-200-200*mg	1	MO
*entacapone oral tablet 200*mg	1	MO
Agonistas de la Dopamina		
*bromocriptine mesylate oral capsule 5*mg	1	MO
*bromocriptine mesylate oral tablet 2.5*mg	1	MO
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	1	MO
*pramipexole dihydrochloride oral tablet 0.125*mg*, 0.25*mg*, 0.5*mg*, 0.75*mg*, 1*mg*, 1.5*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*ropinirole hcl oral tablet 0.25*mg, *0.5*mg, *1*mg, *2*mg, *3*mg, *4*mg, *5*mg	1	MO
Anticolinérgicos		
*benztropine mesylate oral tablet 0.5*mg, *1*mg, *2*mg	1	MO
*trihexyphenidyl hcl oral solution 0.4*mg/*ml*	1	MO
*trihexyphenidyl hcl oral tablet 2*mg, *5*mg	1	MO
Inhibidores de la Monoaminooxidasa B (MAO-B)		
*rasagiline mesylate oral tablet 0.5*mg, *1*mg	1	MO
*selegiline hcl oral capsule 5*mg	1	MO
*selegiline hcl oral tablet 5*mg	1	MO
Precursores de Dopamina y/o Inhibidores de la Descarboxilasa de L-Aminoácidos		
*carbidopa oral tablet 25*mg	1	MO
*carbidopa-levodopa er oral tablet extended release 25-100*mg, *50-200*mg	1	MO
*carbidopa-levodopa oral tablet 10-100*mg, *25-100*mg, *25-250*mg	1	MO
*carbidopa-levodopa oral tablet dispersible 10-100*mg, *25-100*mg, *25-250*mg	1	MO
INBRIJA INHALATION CAPSULE 42MG	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG	1	ST; MO
AGENTES BIPOLARES		
Estabilizadores del Estado de Ánimo		
divalproex sodium er oral tablet extended release 24-hour *250*mg, *500*mg	1	MO
*divalproex sodium oral capsule delayed release sprinkle 125*mg	1	MO
*divalproex sodium oral tablet delayed release 125*mg, *250*mg, *500*mg	1	MO
*lithium carbonate er oral tablet extended release 300*mg, *450*mg	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*lithium carbonate oral capsule 150*mg*, 300*mg*, 600*mg	1	MO
*lithium carbonate oral tablet 300*mg	1	MO
AGENTES CARDIOVASCULARES		
Agentes Bloqueadores de los Canales de Calcio, Dihidropiridinas		
*amlodipine besylate oral tablet 10*mg*, 2.5*mg*, 5*mg	1	MO
felodipine er oral tablet extended release 24-hour *10*mg*, 2.5*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*isradipine oral capsule 2.5*mg*, 5*mg	1	MO
KATERZIA ORAL SUSPENSION 1MG/ML	1	MO
*nicardipine hcl oral capsule 20*mg*, 30*mg	1	MO
nifedipine er oral tablet extended release 24-hour *30*mg*, 60*mg	1	MO; QL (60 EA per 30 days)
nifedipine er oral tablet extended release 24-hour *90*mg	1	MO; QL (30 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24-hour *30*mg*, 60*mg	1	MO; QL (60 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24-hour *90*mg	1	MO; QL (30 EA per 30 days)
*nifedipine oral capsule 10*mg*, 20*mg	1	MO
Agentes Bloqueadores de los Canales de Calcio, No Dihidropiridinas		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	1	MO; QL (30 EA per 30 days)
diltiazem hcl er beads oral capsule extended release 24-hour *360*mg*, 420*mg	1	MO; QL (30 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24-hour *120*mg*, 180*mg*, 240*mg	1	MO; QL (60 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24-hour *300*mg	1	MO; QL (30 EA per 30 days)
diltiazem hcl er oral capsule extended release 12-hour *120*mg*, 60*mg*, 90*mg	1	MO
*diltiazem hcl oral tablet 120*mg*, 30*mg*, 60*mg*, 90*mg	1	MO

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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
dilt-xr oral capsule extended release 24-hour *120*mg*, 180*mg*, 240*mg	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	1	MO; QL (30 EA per 30 days)
verapamil hcl er oral capsule extended release 24-hour *100*mg*, 120*mg*, 180*mg*, 200*mg*, 240*mg*, 300*mg*, 360*mg	1	MO
*verapamil hcl er oral tablet extended release 120*mg*, 180*mg*, 240*mg	1	MO
*verapamil hcl oral tablet 120*mg*, 40*mg*, 80*mg	1	MO
Agentes Bloqueantes Beta-Adrenérgicos		
*acebutolol hcl oral capsule 200*mg*, 400*mg	1	MO
*atenolol oral tablet 100*mg*, 25*mg*, 50*mg	1	MO
*betaxolol hcl oral tablet 10*mg*, 20*mg	1	MO
*bisoprolol fumarate oral tablet 10*mg*, 5*mg	1	MO
*carvedilol oral tablet 12.5*mg*, 25*mg*, 3.125*mg*, 6.25*mg	1	MO
*labetalol hcl oral tablet 100*mg*, 200*mg*, 300*mg	1	MO
metoprolol succinate er oral tablet extended release 24-hour *100*mg*, 200*mg*, 25*mg*, 50*mg	1	MO
*metoprolol tartrate oral tablet 100*mg*, 25*mg*, 37.5*mg*, 50*mg*, 75*mg	1	MO
*nadolol oral tablet 20*mg*, 40*mg*, 80*mg	1	MO
*nebivolol hcl oral tablet 10*mg*, 2.5*mg*, 20*mg*, 5*mg	1	MO
*pindolol oral tablet 10*mg*, 5*mg	1	MO
propranolol hcl er oral capsule extended release 24-hour *120*mg*, 160*mg*, 60*mg	1	MO
*propranolol hcl oral solution 20*mg*/5ml, 40*mg*/5ml*	1	MO

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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*propranolol hcl oral tablet 10*mg*, 20*mg*, 40*mg*, 60*mg	1	MO
*timolol maleate oral tablet 10*mg*, 20*mg*, 5*mg	1	MO
Agentes Cardiovasculares, Otros		
*aliskiren fumarate oral tablet 150*mg*, 300*mg	1	MO; QL (30 EA per 30 days)
*amiloride-hydrochlorothiazide oral tablet 5-50*mg	1	MO
*amlodipine besy-benazepril hcl oral capsule 10-20*mg*, 10-40*mg*, 2.5-10*mg*, 5-10*mg*, 5-20*mg*, 5-40*mg	1	MO
*amlodipine besylate-valsartan oral tablet 10-160*mg*, 10-320*mg*, 5-160*mg*, 5-320*mg	1	MO; QL (30 EA per 30 days)
*amlodipine-atorvastatin oral tablet 10-10*mg*, 10-20*mg*, 10-40*mg*, 10-80*mg*, 2.5-10*mg*, 2.5-20*mg*, 2.5-40*mg*, 5-10*mg*, 5-20*mg*, 5-40*mg*, 5-80*mg	1	MO; QL (30 EA per 30 days)
*amlodipine-olmesartan oral tablet 10-20*mg*, 10-40*mg*, 5-20*mg*, 5-40*mg	1	MO; QL (30 EA per 30 days)
*atenolol-chlorthalidone oral tablet 100-25*mg*, 50-25*mg	1	MO
*benazepril-hydrochlorothiazide oral tablet 10-12.5*mg*, 20-12.5*mg*, 20-25*mg*, 5-6.25*mg	1	MO
*bisoprolol-hydrochlorothiazide oral tablet 10-6.25*mg*, 2.5-6.25*mg*, 5-6.25*mg	1	MO
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	1	PA; QL (30 EA per 30 days)
*candesartan cilexetil-hctz oral tablet 16-12.5*mg*, 32-12.5*mg*, 32-25*mg	1	MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	1	PA; MO
*digoxin oral solution 0.05*mg*/ml*	1	MO; QL (255ML per 30 days)
*digoxin oral tablet 125*mc*g, 250*mc*g*	1	MO; QL (30 EA per 30 days)
*enalapril-hydrochlorothiazide oral tablet 10-25*mg*, 5-12.5*mg	1	MO
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	1	MO
FILSPARI ORAL TABLET 200MG, 400MG	1	PA; QL (30 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*fosinopril sodium-hctz oral tablet 10-12.5*mg*, 20-12.5*mg	1	MO
*irbesartan-hydrochlorothiazide oral tablet 150-12.5*mg*, 300-12.5*mg	1	MO; QL (30 EA per 30 days)
*isosorb dinitrate-hydralazine oral tablet 20-37.5*mg	1	MO
*lisinopril-hydrochlorothiazide oral tablet 10-12.5*mg*, 20-12.5*mg*, 20-25*mg	1	MO
*losartan potassium-hctz oral tablet 100-12.5*mg*, 100-25*mg*, 50-12.5*mg	1	MO; QL (30 EA per 30 days)
*metoprolol-hydrochlorothiazide oral tablet 100-25*mg*, 100-50*mg*, 50-25*mg	1	MO
*metyrosine oral capsule 250*mg	1	
*olmesartan medoxomil-hctz oral tablet 20-12.5*mg*, 40-12.5*mg*, 40-25*mg	1	MO; QL (30 EA per 30 days)
*olmesartan-amlodipine-hctz oral tablet 20-5-12.5*mg*, 40-10-12.5*mg*, 40-10-25*mg*, 40-5-12.5*mg*, 40-5-25*mg	1	MO; QL (30 EA per 30 days)
*pentoxifylline er oral tablet extended release 400*mg	1	MO
ranolazine er oral tablet extended release 12-hour *1000*mg*, 500*mg	1	MO
*spironolactone-hctz oral tablet 25-25*mg	1	MO
*telmisartan-hctz oral tablet 40-12.5*mg*, 80-12.5*mg*, 80-25*mg	1	MO; QL (30 EA per 30 days)
*triamterene-hctz oral capsule 37.5-25*mg	1	MO
*triamterene-hctz oral tablet 37.5-25*mg*, 75-50*mg	1	MO
*valsartan-hydrochlorothiazide oral tablet 160-12.5*mg*, 160-25*mg*, 320-12.5*mg*, 320-25*mg*, 80-12.5*mg	1	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	1	PA; MO
Agentes para Dislipidemias, Derivados del Ácido Fíbrico		
*fenofibrate micronized oral capsule 130*mg*, 134*mg*, 200*mg*, 67*mg	1	MO; QL (30 EA per 30 days)
*fenofibrate micronized oral capsule 43*mg	1	MO; QL (60 EA per 30 days)
*fenofibrate oral capsule 150*mg	1	MO; QL (30 EA per 30 days)
*fenofibrate oral capsule 50*mg	1	MO; QL (60 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*fenofibrate oral tablet 145*mg*, 160*mg	1	MO; QL (30 EA per 30 days)
*fenofibrate oral tablet 48*mg*, 54*mg	1	MO; QL (60 EA per 30 days)
*fenofibric acid oral capsule delayed release 135*mg*, 45*mg	1	MO; QL (30 EA per 30 days)
*gemfibrozil oral tablet 600*mg	1	MO; QL (60 EA per 30 days)
Agentes para Dislipidemias, Inhibidores de la HMG COA Reductasa		
*atorvastatin calcium oral tablet 10*mg*, 20*mg*, 40*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1MG, 2MG, 4MG	1	MO; QL (30 EA per 30 days)
*lovastatin oral tablet 10*mg	1	MO; QL (45 EA per 30 days)
*lovastatin oral tablet 20*mg	1	MO; QL (30 EA per 30 days)
*lovastatin oral tablet 40*mg	1	MO; QL (60 EA per 30 days)
*pravastatin sodium oral tablet 10*mg*, 20*mg*, 40*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
*rosuvastatin calcium oral tablet 10*mg*, 20*mg*, 40*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*simvastatin oral tablet 10*mg*, 20*mg*, 40*mg*, 5*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	1	MO; QL (30 EA per 30 days)
Agentes para Dislipidemias, Otros		
*cholestyramine light oral packet 4*gm	1	MO
*cholestyramine oral packet 4*gm	1	MO
*colestipol hcl oral packet 5*gm	1	MO
*colestipol hcl oral tablet 1*gm	1	MO
*ezetimibe oral tablet 10*mg	1	MO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG	1	PA
*niacin er (antihyperlipidemic) oral tablet extended release 1000*mg*, 500*mg*, 750*mg	1	MO
*omega-3-acid ethyl esters oral capsule 1*gm	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420MG/3.5ML	1	PA; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5GM, 1GM	1	MO
Agonistas Alfa-Adrenérgicos		
*clonidine hcl oral tablet 0.1*mg*, 0.2*mg*, 0.3*mg	1	MO
*clonidine transdermal patch weekly 0.1*mg*/24hr, 0.2*mg*/24hr, 0.3*mg*/24hr*	1	MO; QL (4 EA per 28 days)
*droxidopa oral capsule 100*mg*, 200*mg*, 300*mg	1	PA; QL (180 EA per 30 days)
*guanfacine hcl oral tablet 1*mg*, 2*mg	1	MO
*midodrine hcl oral tablet 10*mg*, 2.5*mg*, 5*mg	1	MO
Antagonistas del Receptor de Angiotensina II		
*candesartan cilexetil oral tablet 16*mg*, 4*mg*, 8*mg	1	MO; QL (60 EA per 30 days)
*candesartan cilexetil oral tablet 32*mg	1	MO; QL (30 EA per 30 days)
*irbesartan oral tablet 150*mg*, 300*mg*, 75*mg	1	MO; QL (30 EA per 30 days)
*losartan potassium oral tablet 100*mg*, 25*mg	1	MO; QL (30 EA per 30 days)
*losartan potassium oral tablet 50*mg	1	MO; QL (60 EA per 30 days)
*olmesartan medoxomil oral tablet 20*mg*, 40*mg	1	MO; QL (30 EA per 30 days)
*olmesartan medoxomil oral tablet 5*mg	1	MO; QL (60 EA per 30 days)
*telmisartan oral tablet 20*mg*, 40*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
*valsartan oral tablet 160*mg	1	MO; QL (60 EA per 30 days)
*valsartan oral tablet 320*mg	1	MO; QL (30 EA per 30 days)
*valsartan oral tablet 40*mg*, 80*mg	1	MO; QL (90 EA per 30 days)
Antiarrítmicos		
*amiodarone hcl oral tablet 100*mg*, 200*mg*, 400*mg	1	MO
*disopyramide phosphate oral capsule 100*mg*, 150*mg	1	MO
*dofetilide oral capsule 125*mc*g, 250*mc*g, 500*mc*g*	1	MO
*flecainide acetate oral tablet 100*mg*, 150*mg*, 50*mg	1	MO
*mexiletine hcl oral capsule 150*mg*, 200*mg*, 250*mg	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
MULTAQ ORAL TABLET 400MG	1	MO
*propafenone hcl oral tablet 150*mg*, 225*mg*, 300*mg	1	MO
*quinidine sulfate oral tablet 200*mg*, 300*mg	1	MO
*sotalol hcl (af) oral tablet 120*mg*, 160*mg*, 80*mg	1	MO
*sotalol hcl oral tablet 120*mg*, 160*mg*, 240*mg*, 80*mg	1	MO
Bloqueadores Alfa-Adrenérgicos		
*doxazosin mesylate oral tablet 1*mg*, 2*mg*, 4*mg*, 8*mg	1	MO
*prazosin hcl oral capsule 1*mg*, 2*mg*, 5*mg	1	MO
*terazosin hcl oral capsule 1*mg*, 10*mg*, 2*mg*, 5*mg	1	MO
Diuréticos, Ahorradores de Potasio		
*amiloride hcl oral tablet 5*mg	1	MO
*eplerenone oral tablet 25*mg*, 50*mg	1	MO
KERENDIA ORAL TABLET 10MG, 20MG	1	MO; QL (30 EA per 30 days)
*spironolactone oral tablet 100*mg*, 25*mg*, 50*mg	1	MO
Diuréticos, Bucle		
*bumetanide injection solution 0.25*mg*/ml*	1	MO
*bumetanide oral tablet 0.5*mg*, 1*mg*, 2*mg	1	MO
*furosemide injection solution 10*mg*/ml*	1	BvD; MO
*furosemide oral solution 10*mg*/ml, 8*mg*/ml*	1	MO
*furosemide oral tablet 20*mg*, 40*mg*, 80*mg	1	MO
*torsemide oral tablet 10*mg*, 100*mg*, 20*mg*, 5*mg	1	MO
Diuréticos, Tiazidas		
*chlorthalidone oral tablet 25*mg*, 50*mg	1	MO
*hydrochlorothiazide oral capsule 12.5*mg	1	MO
*hydrochlorothiazide oral tablet 12.5*mg*, 25*mg*, 50*mg	1	MO
*indapamide oral tablet 1.25*mg*, 2.5*mg	1	MO
*metolazone oral tablet 10*mg*, 2.5*mg*, 5*mg	1	MO

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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Inhibidores de la Enzima Convertidora de Angiotensina (ECA)		
*benazepril hcl oral tablet 10*mg*, 20*mg*, 40*mg*, 5*mg	1	MO
*captopril oral tablet 100*mg*, 12.5*mg*, 25*mg*, 50*mg	1	MO
*enalapril maleate oral tablet 10*mg*, 2.5*mg*, 20*mg*, 5*mg	1	MO
*fosinopril sodium oral tablet 10*mg*, 20*mg*, 40*mg	1	MO
*lisinopril oral tablet 10*mg*, 2.5*mg*, 20*mg*, 30*mg*, 40*mg*, 5*mg	1	MO
*moexipril hcl oral tablet 15*mg*, 7.5*mg	1	MO
*perindopril erbumine oral tablet 2*mg*, 4*mg*, 8*mg	1	MO
*quinapril hcl oral tablet 10*mg*, 20*mg*, 40*mg*, 5*mg	1	MO
*ramipril oral capsule 1.25*mg*, 10*mg*, 2.5*mg*, 5*mg	1	MO
*trandolapril oral tablet 1*mg*, 2*mg*, 4*mg	1	MO
Vasodilatadores Arteriales/Venosos de Acción Directa		
*hydralazine hcl oral tablet 10*mg*, 100*mg*, 25*mg*, 50*mg	1	MO
*isosorbide dinitrate oral tablet 10*mg*, 20*mg*, 30*mg*, 5*mg	1	MO
isosorbide mononitrate er oral tablet extended release 24-hour *120*mg*, 30*mg*, 60*mg	1	MO
*isosorbide mononitrate oral tablet 10*mg*, 20*mg	1	MO
*minoxidil oral tablet 10*mg*, 2.5*mg	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2%	1	MO
*nitroglycerin sublingual tablet sublingual 0.3*mg*, 0.4*mg*, 0.6*mg	1	MO
nitroglycerin transdermal patch 24-hour *0.1*mg*/hr*, *0.2*mg*/hr*, *0.4*mg*/hr*, *0.6*mg*/hr*	1	MO
*nitroglycerin translingual solution 0.4*mg*/spray*	1	MO
RECTIV RECTAL OINTMENT 0.4%	1	MO
AGENTES DE ANTIDEMENCIA		
Agentes Antidemencia, Otros		
memantine hcl er oral capsule extended release 24-hour *14*mg*, 21*mg*, 28*mg*, 7*mg	1	MO; QL (30 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*memantine hcl oral solution 2*mg*/ml*	1	MO; QL (360ML per 30 days)
*memantine hcl oral tablet 10*mg*, 5*mg	1	MO; QL (60 EA per 30 days)
*memantine hcl oral tablet 28 x 5*mg *& 21 x 10*mg	1	MO; QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24-HOUR THERAPY PACK 7 & 14 & 21 &28 -10MG	1	PA; MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24-HOUR 14-10MG, 21-10MG, 28-10MG, 7-10MG	1	PA; MO
Inhibidores de Colinesterasa		
*donepezil hcl oral tablet 10*mg	1	MO; QL (60 EA per 30 days)
*donepezil hcl oral tablet 23*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*donepezil hcl oral tablet dispersible 10*mg	1	MO; QL (60 EA per 30 days)
*donepezil hcl oral tablet dispersible 5*mg	1	MO; QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24-hour *16*mg*, 24*mg*, 8*mg	1	MO; QL (30 EA per 30 days)
*galantamine hydrobromide oral solution 4*mg*/ml*	1	MO; QL (200ML per 30 days)
*galantamine hydrobromide oral tablet 12*mg*, 4*mg*, 8*mg	1	MO; QL (60 EA per 30 days)
*rivastigmine tartrate oral capsule 1.5*mg*, 3*mg*, 4.5*mg*, 6*mg	1	MO; QL (60 EA per 30 days)
rivastigmine transdermal patch 24-hour *13.3*mg*/24hr, 4.6*mg*/24hr, 9.5*mg*/24hr*	1	MO; QL (30 EA per 30 days)
AGENTES DEL SISTEMA NERVIOSO CENTRAL		
Agentes con Trastorno por Déficit de Atención e Hiperactividad, sin Anfetaminas		
*atomoxetine hcl oral capsule 10*mg*, 100*mg*, 18*mg*, 25*mg*, 40*mg*, 60*mg*, 80*mg	1	MO; QL (30 EA per 30 days)
*dexmethylphenidate hcl oral tablet 10*mg	1	MO; QL (60 EA per 30 days)
*dexmethylphenidate hcl oral tablet 2.5*mg	1	MO; QL (240 EA per 30 days)
*dexmethylphenidate hcl oral tablet 5*mg	1	MO; QL (120 EA per 30 days)
guanfacine hcl er oral tablet extended release 24-hour *1*mg*, 2*mg*, 3*mg*, 4*mg	1	MO; QL (30 EA per 30 days)
*methylphenidate hcl oral tablet 10*mg*, 20*mg*, 5*mg	1	MO; QL (90 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes de Esclerosis Múltiple		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30MCG/0.5ML	1	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30MCG/0.5ML	1	PA
BETASERON SUBCUTANEOUS KIT 0.3MG	1	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20MG/ML, 40MG/ML	1	PA
dalfampridine er oral tablet extended release 12-hour *10*mg	1	PA; MO; QL (60 EA per 30 days)
*dimethyl fumarate oral capsule delayed release 120*mg*, 240*mg	1	PA
*dimethyl fumarate starter pack oral 120 & 240*mg	1	PA
*fingolimod hcl oral capsule 0.5*mg	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20MG/0.4ML	1	PA
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG	1	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25MG	1	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25MG	1	PA; MO
Agentes de Fibromialgia		
*pregabalin oral capsule 100*mg*, 150*mg*, 200*mg*, 25*mg*, 50*mg	1	MO; QL (90 EA per 30 days)
*pregabalin oral capsule 225*mg*, 300*mg	1	MO; QL (60 EA per 30 days)
*pregabalin oral capsule 75*mg	1	MO; QL (120 EA per 30 days)
*pregabalin oral solution 20*mg*/ml*	1	MO; QL (900ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	1	MO; QL (55 EA per 28 days)
Agentes de Trastorno por Déficit de Atención con Hiperactividad, Anfetaminas		
*amphetamine-dextroamphetamine oral tablet 10*mg*, 12.5*mg*, 15*mg*, 20*mg*, 5*mg*, 7.5*mg	1	MO; QL (90 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*amphetamine-dextroamphetamine oral tablet 30*mg	1	MO; QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24-hour *10*mg	1	MO; QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24-hour *15*mg	1	MO; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24-hour *5*mg	1	MO; QL (360 EA per 30 days)
*dextroamphetamine sulfate oral solution 5*mg*/5ml*	1	MO; QL (1800ML per 30 days)
*dextroamphetamine sulfate oral tablet 10*mg	1	MO; QL (180 EA per 30 days)
*dextroamphetamine sulfate oral tablet 15*mg	1	MO; QL (120 EA per 30 days)
*dextroamphetamine sulfate oral tablet 20*mg	1	MO; QL (90 EA per 30 days)
*dextroamphetamine sulfate oral tablet 30*mg	1	MO; QL (60 EA per 30 days)
*dextroamphetamine sulfate oral tablet 5*mg	1	MO; QL (150 EA per 30 days)
Sistema Nervioso Central, Otros		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	1	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 12MG, 6MG	1	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 24MG	1	PA; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24MG	1	PA; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200MG/ML	1	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	1	PA
NUEDEXTA ORAL CAPSULE 20-10MG	1	PA; MO
*riluzole oral tablet 50*mg	1	PA; MO
*tetrabenazine oral tablet 12.5*mg	1	PA; QL (240 EA per 30 days)
*tetrabenazine oral tablet 25*mg	1	PA; QL (120 EA per 30 days)
AGENTES DENTALES Y ORALES		
Agentes Dentales y Orales		
chlorhexidine gluconate mouth/throat solution 0.12%	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
PERIOGARD MOUTH/THROAT SOLUTION 0.12%	1	MO
*pilocarpine hcl oral tablet 5*mg*, 7.5*mg	1	MO
triamcinolone acetonide mouth/throat paste 0.1%	1	MO
AGENTES DERMATOLÓGICOS		
Agentes Dermatológicos, Otros		
calcipotriene external solution 0.005%	1	MO
clotrimazole-betamethasone external cream 1-0.05%	1	MO
clotrimazole-betamethasone external lotion 1-0.05%	1	MO
diclofenac sodium external gel 3%	1	PA; MO
fluorouracil external cream 5%	1	MO
fluorouracil external solution 2%*, 5*%	1	MO
global alcohol prep ease pad 70%	1	MO
hydrocortisone ace-pramoxine external cream 1-1%	1	MO
HYFTOR EXTERNAL GEL 0.2%	1	PA; MO
imiquimod external cream 5%	1	MO
*nystatin-triamcinolone external cream 100000-0.1*unit*/gm-%*	1	MO
*nystatin-triamcinolone external ointment 100000-0.1*unit*/gm-%*	1	MO
PANRETIN EXTERNAL GEL 0.1%	1	PA
podofilox external solution 0.5%	1	MO
REGRANEX EXTERNAL GEL 0.01%	1	PA
SANTYL EXTERNAL OINTMENT 250UNIT/GM	1	MO
silver sulfadiazine external cream 1%	1	MO
SSD EXTERNAL CREAM 1%	1	MO
Agentes para Acné y Rosácea		
ACCUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	MO
*acitretin oral capsule 10*mg*, 17.5*mg*, 25*mg	1	PA; MO

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
betamethasone valerate external ointment 0.1%	1	MO
clobetasol propionate e external cream 0.05%	1	MO
clobetasol propionate external cream 0.05%	1	MO
clobetasol propionate external gel 0.05%	1	MO
clobetasol propionate external ointment 0.05%	1	MO
clobetasol propionate external solution 0.05%	1	MO
desonide external cream 0.05%	1	MO
desonide external lotion 0.05%	1	MO
desonide external ointment 0.05%	1	MO
desoximetasone external cream 0.05%, 0.25%	1	MO
desoximetasone external gel 0.05%	1	MO
desoximetasone external ointment 0.25%	1	MO
EUCRISA EXTERNAL OINTMENT 2%	1	MO
fluocinolone acetonide external cream 0.01%, 0.025%	1	MO
fluocinolone acetonide external ointment 0.025%	1	MO
fluocinolone acetonide external solution 0.01%	1	MO
fluocinonide emulsified base external cream 0.05%	1	MO
fluocinonide external gel 0.05%	1	MO
fluocinonide external ointment 0.05%	1	MO
fluocinonide external solution 0.05%	1	MO
fluticasone propionate external cream 0.05%	1	MO
fluticasone propionate external ointment 0.005%	1	MO
halobetasol propionate external cream 0.05%	1	MO
halobetasol propionate external ointment 0.05%	1	MO
hydrocortisone (perianal) external cream 2.5%	1	MO
hydrocortisone external cream 1%	1	MO
hydrocortisone external lotion 2.5%	1	MO
hydrocortisone external ointment 1%, 2.5%	1	MO
hydrocortisone valerate external cream 0.2%	1	MO
hydrocortisone valerate external ointment 0.2%	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
mometasone furoate external cream 0.1%	1	MO
mometasone furoate external ointment 0.1%	1	MO
mometasone furoate external solution 0.1%	1	MO
pimecrolimus external cream 1%	1	MO
PROCTO-MED HC EXTERNAL CREAM 2.5%	1	MO
PROCTOSOL HC EXTERNAL CREAM 2.5%	1	MO
PROCTOZONE-HC EXTERNAL CREAM 2.5%	1	MO
selenium sulfide external lotion 2.5%	1	MO
tacrolimus external ointment 0.03%, 0.1%	1	MO
triamcinolone acetonide external cream 0.025%, 0.1%, 0.5%	1	MO
triamcinolone acetonide external lotion 0.025%, 0.1%	1	MO
triamcinolone acetonide external ointment 0.025%, 0.1%, 0.5%	1	MO
Antiinfecciosos Tópicos		
ciclopirox external gel 0.77%	1	MO
ciclopirox external shampoo 1%	1	MO
ciclopirox external solution 8%	1	MO
clindamycin phosphate external gel 1%	1	MO
clindamycin phosphate external lotion 1%	1	MO
clindamycin phosphate external solution 1%	1	MO
ery external pad 2%	1	MO
erythromycin external gel 2%	1	MO
erythromycin external solution 2%	1	MO
mupirocin calcium external cream 2%	1	MO
mupirocin external ointment 2%	1	MO
Pediculicidas/Escabicidas		
malathion external lotion 0.5%	1	MO
permethrin external cream 5%	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES GASTROINTESTINALES		
Agentes Antidiarreicos		
*alosetron hcl oral tablet 0.5*mg*, 1*mg	1	QL (60 EA per 30 days)
*diphenoxylate-atropine oral liquid 2.5-0.025*mg*/5ml*	1	MO
*diphenoxylate-atropine oral tablet 2.5-0.025*mg	1	MO
*loperamide hcl oral capsule 2*mg	1	MO
Agentes Contra el Estreñimiento		
*constulose oral solution 10*gm*/15ml*	1	MO
*enulose oral solution 10*gm*/15ml*	1	MO
*generlac oral solution 10*gm*/15ml*	1	MO
*lactulose oral solution 10*gm*/15ml*	1	MO
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	1	MO; QL (30 EA per 30 days)
*lubiprostone oral capsule 24*mc*g, 8*mc*g*	1	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	1	MO; QL (30 EA per 30 days)
Agentes Gastrointestinales, Otros		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG, 600MCG	1	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	1	PA
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML, 10-3.5-12MG-GM -GM/175ML	1	MO
GATTEX SUBCUTANEOUS KIT 5MG	1	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	MO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	MO
LIVMARLI ORAL SOLUTION 9.5MG/ML	1	PA
*metoclopramide hcl oral solution 5*mg*/5ml*	1	MO
*metoclopramide hcl oral tablet 10*mg*, 5*mg	1	MO
*na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6*gm*/177ml*	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420*gm	1	MO
*peg-3350/electrolytes oral solution reconstituted 236*gm	1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	1	MO
SUTAB ORAL TABLET 1479-225-188MG	1	MO
*ursodiol oral capsule 300*mg	1	MO
*ursodiol oral tablet 250*mg*, 500*mg	1	MO
Antagonistas del Receptor de Histamina2 (H2)		
*famotidine oral suspension reconstituted 40*mg*/5ml*	1	MO
*famotidine oral tablet 20*mg*, 40*mg	1	MO
*nizatidine oral capsule 150*mg*, 300*mg	1	MO
Antiespasmódicos, Gastrointestinales		
*dicyclomine hcl oral capsule 10*mg	1	MO
*dicyclomine hcl oral solution 10*mg*/5ml*	1	MO
*dicyclomine hcl oral tablet 20*mg	1	MO
*glycopyrrolate oral tablet 1*mg*, 2*mg	1	MO
Inhibidores de la Bomba de Protones		
*dexlansoprazole oral capsule delayed release 30*mg*, 60*mg	1	MO
*esomeprazole magnesium oral capsule delayed release 20*mg*, 40*mg	1	MO
*lansoprazole oral capsule delayed release 15*mg*, 30*mg	1	MO
*omeprazole oral capsule delayed release 10*mg*, 20*mg*, 40*mg	1	MO
*pantoprazole sodium oral tablet delayed release 20*mg*, 40*mg	1	MO
Protectores		
*misoprostol oral tablet 100*mcg*, 200*mcg	1	MO
*sucralfate oral suspension 1*gm*/10ml*	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*sucralfate oral tablet 1*gm	1	MO
AGENTES GENITOURINARIOS		
Agentes Genitourinarios, Otros		
*bethanechol chloride oral tablet 10*mg*, 25*mg*, 5*mg*, 50*mg	1	MO
ELMIRON ORAL CAPSULE 100MG	1	MO
*penicillamine oral tablet 250*mg	1	
Agentes para Hipertrofia Prostática Benigna		
alfuzosin hcl er oral tablet extended release 24-hour *10*mg	1	MO; QL (30 EA per 30 days)
*dutasteride oral capsule 0.5*mg	1	MO; QL (30 EA per 30 days)
*dutasteride-tamsulosin hcl oral capsule 0.5-0.4*mg	1	MO; QL (30 EA per 30 days)
*finasteride oral tablet 5*mg	1	MO; QL (30 EA per 30 days)
*silodosin oral capsule 4*mg*, 8*mg	1	MO; QL (30 EA per 30 days)
*tamsulosin hcl oral capsule 0.4*mg	1	MO; QL (60 EA per 30 days)
Antiespasmódicos, Urinarios		
darifenacin hydrobromide er oral tablet extended release 24-hour *15*mg*, 7.5*mg	1	MO
fesoterodine fumarate er oral tablet extended release 24-hour *4*mg*, 8*mg	1	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8MG/ML	1	MO; QL (300ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24-HOUR 25MG, 50MG	1	MO; QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24-hour *10*mg*, 15*mg*, 5*mg	1	MO; QL (60 EA per 30 days)
*oxybutynin chloride oral syrup 5*mg*/5ml*	1	MO; QL (600ML per 30 days)
*oxybutynin chloride oral tablet 5*mg	1	MO; QL (120 EA per 30 days)
*solifenacin succinate oral tablet 10*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24-hour *2*mg*, 4*mg	1	MO; QL (30 EA per 30 days)
*tolterodine tartrate oral tablet 1*mg*, 2*mg	1	MO; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
trospium chloride er oral capsule extended release 24-hour *60*mg	1	MO; QL (30 EA per 30 days)
*trospium chloride oral tablet 20*mg	1	MO; QL (60 EA per 30 days)
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (HORMONAS SEXUALES/ MODIFICADORES)		
Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Hormonas Sexuales/ Modificadores)		
ALTAVERA ORAL TABLET 0.15-30MG-MCG	1	MO
*alyacen 1/35 oral tablet 1-35*mg-*mcg*	1	MO
APRI ORAL TABLET 0.15-30MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
*briellyn oral tablet 0.4-35*mg-*mcg*	1	MO
CRYSELLE-28 ORAL TABLET 0.3-30MG-MCG	1	MO
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	MO
*desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01*mg *(21/5), 0.15-30*mg-*mcg*	1	MO
*drospirenone-ethinyl estradiol oral tablet 3-0.02*mg*, 3-0.03*mg	1	MO
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	MO
*ethynodiol diac-eth estradiol oral tablet 1-35*mg-*mcg, 1-50*mg-*mcg*	1	MO
*etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015*mg*/24hr*	1	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
HALOETTE VAGINAL RING 0.12-0.015MG/24HR	1	MO
ICLEVIA ORAL TABLET 0.15-0.03MG	1	MO
INTRAROSA VAGINAL INSERT 6.5MG	1	PA; MO
INTROVALE ORAL TABLET 0.15-0.03MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02MG	1	MO
JULEBER ORAL TABLET 0.15-30MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
*levonorgest-eth estrad 91-day oral tablet 0.15-0.03*mg	1	MO
*levonorgestrel-ethinyl estrad oral tablet 0.1-20*mg-*mcg, 0.15-30*mg-*mcg*	1	MO
*levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30*mc*g*	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02MG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20MG-MCG	1	MO
*marlissa oral tablet 0.15-30*mg-*mcg*	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MILI ORAL TABLET 0.25-35MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02MG	1	MO
*norethin ace-eth estrad-fe oral tablet 1-20*mg-*mcg*	1	MO
*norethindrone acet-ethinyl est oral tablet 1-20*mg-*mcg*	1	MO
*norethindrone-eth estradiol oral tablet 1-5*mg-*mcg*	1	MO
*norgestimate-eth estradiol oral tablet 0.25-35*mg-*mcg*	1	MO
*norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25*mg-*35*mc*g*	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYLIA 1/35 ORAL TABLET 1-35MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35MG-MCG	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
OCELLA ORAL TABLET 3-0.03MG	1	MO
OSPHENA ORAL TABLET 60MG	1	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
PORTIA-28 ORAL TABLET 0.15-30MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG	1	MO
RECLIPSEN ORAL TABLET 0.15-30MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03MG	1	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	1	MO
VESTURA ORAL TABLET 3-0.02MG	1	MO
VIENVA ORAL TABLET 0.1-20MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Andrógenos		
*danazol oral capsule 100*mg*, 200*mg*, 50*mg	1	MO
*testosterone cypionate intramuscular solution 100*mg*/ml, 200*mg*/ml, 200*mg*/ml (1*ml*)*	1	MO
*testosterone enanthate intramuscular solution 200*mg*/ml*	1	MO
*testosterone transdermal gel 10*mg*/act (2%), 12.5*mg*/act (1%), 20.25*mg*/1.25gm (1.62%), 20.25*mg*/act (1.62%), 25*mg*/2.5gm (1%), 40.5*mg*/2.5gm (1.62%), 50*mg*/5gm (1%)*	1	MO
*testosterone transdermal solution 30*mg*/act*	1	MO
Estrógenos		
DUAVEE ORAL TABLET 0.45-20MG	1	MO
*estradiol oral tablet 0.5*mg*, 1*mg*, 2*mg	1	MO
*estradiol transdermal patch twice weekly 0.025*mg*/24hr, 0.0375*mg*/24hr, 0.05*mg*/24hr, 0.075*mg*/24hr, 0.1*mg*/24hr*	1	MO
*estradiol transdermal patch weekly 0.025*mg*/24hr, 0.0375*mg*/24hr, 0.05*mg*/24hr, 0.06*mg*/24hr, 0.075*mg*/24hr, 0.1*mg*/24hr*	1	MO
*estradiol vaginal cream 0.1*mg*/gm*	1	MO
*estradiol vaginal tablet 10*mcg*	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	1	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10MCG, 4MCG	1	MO
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	1	MO
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	1	MO
PREMARIN VAGINAL CREAM 0.625MG/GM	1	MO
Progestinas		
CAMILA ORAL TABLET 0.35MG	1	MO
DEBLITANE ORAL TABLET 0.35MG	1	MO
ERRIN ORAL TABLET 0.35MG	1	MO

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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
INCASSIA ORAL TABLET 0.35MG	1	MO
LYLEQ ORAL TABLET 0.35MG	1	MO
LYZA ORAL TABLET 0.35MG	1	MO
*medroxyprogesterone acetate intramuscular suspension 150*mg*/ml*	1	MO
*medroxyprogesterone acetate intramuscular suspension prefilled syringe 150*mg*/ml*	1	MO
*medroxyprogesterone acetate oral tablet 10*mg*, 2.5*mg*, 5*mg	1	MO
*megestrol acetate oral suspension 40*mg*/ml, 625*mg*/5ml*	1	MO
*megestrol acetate oral tablet 20*mg*, 40*mg	1	MO
NORA-BE ORAL TABLET 0.35MG	1	MO
*norethindrone acetate oral tablet 5*mg	1	MO
*norethindrone oral tablet 0.35*mg	1	MO
*progesterone oral capsule 100*mg*, 200*mg	1	MO
SHAROBEL ORAL TABLET 0.35MG	1	MO
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (PITUITARIA)		
Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Pituitaria)		
*desmopressin acetate oral tablet 0.1*mg*, 0.2*mg	1	MO
desmopressin acetate spray nasal solution 0.01%	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40MG/4ML	1	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7MCG, 55.3MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10MG/1.5ML, 5MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (SUPRARRENALES)		
Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Suprarrenales)		
*dexamethasone oral solution 0.5*mg*/5ml*	1	MO
*dexamethasone oral tablet 0.5*mg*, 0.75*mg*, 1*mg*, 1.5*mg*, 2*mg*, 4*mg*, 6*mg	1	MO
*fludrocortisone acetate oral tablet 0.1*mg	1	MO
*hydrocortisone oral tablet 10*mg*, 20*mg*, 5*mg	1	MO
ISTURISA ORAL TABLET 1MG	1	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10MG	1	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5MG	1	PA; QL (120 EA per 30 days)
*methylprednisolone oral tablet 16*mg*, 32*mg*, 4*mg*, 8*mg	1	BvD; MO
*methylprednisolone oral tablet therapy pack 4*mg	1	MO
*prednisolone oral solution 15*mg*/5ml*	1	BvD; MO
*prednisolone sodium phosphate oral solution 10*mg*/5ml, 20*mg*/5ml, 25*mg*/5ml, 6.7 (5 base)*mg*/5ml*	1	BvD; MO
*prednisolone sodium phosphate oral tablet dispersible 10*mg*, 15*mg*, 30*mg	1	BvD; MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5MG/ML	1	BvD; MO
*prednisone oral solution 5*mg*/5ml*	1	BvD; MO
*prednisone oral tablet 1*mg*, 10*mg*, 2.5*mg*, 20*mg*, 5*mg*, 50*mg	1	BvD; MO
*prednisone oral tablet therapy pack 10*mg *(21), 10*mg *(48),* 5mg *(21),* 5mg *(48)*	1	MO
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (TIROIDES)		
Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Tiroides)		
EUTHYROX ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*levothyroxine sodium oral tablet 100*mc*g, 112*mc*g, 125*mc*g, 137*mc*g, 150*mc*g, 175*mc*g, 200*mc*g, 25*mc*g, 300*mc*g, 50*mc*g, 75*mc*g, 88*mc*g*	1	MO
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO
*liothyronine sodium oral tablet 25*mc*g, 5*mc*g, 50*mc*g*	1	MO
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
AGENTES HORMONALES, SUPRESORES (PITUITARIA)		
Agentes Hormonales, Supresores (Pituitaria)		
*cabergoline oral tablet 0.5*mg	1	MO
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	1	PA; MO
*leuprolide acetate (3 month) intramuscular injectable 22.5*mg	1	PA; MO
*leuprolide acetate injection kit 1*mg*/0.2ml*	1	PA; MO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	1	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5MG	1	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25MG (PED)	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45MG	1	PA
*octreotide acetate injection solution 100*mc*g/ml, 200*mc*g/ml, 50*mc*g/ml*	1	PA; MO
*octreotide acetate injection solution 1000*mc*g/ml, 500*mc*g/ml*	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	1	PA; QL (60ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	1	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	1	PA
AGENTES HORMONALES, SUPRESORES (TIROIDES)		
Agentes Antitiroideos		
*methimazole oral tablet 10*mg*, 5*mg	1	MO
*propylthiouracil oral tablet 50*mg	1	MO
AGENTES INMUNOLÓGICOS		
Agentes de Angioedema		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30MG/3ML	1	PA
*icatibant acetate subcutaneous solution prefilled syringe 30*mg*/3ml*	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 300MG/2ML	1	PA
Agentes Inmunológicos, Otros		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	1	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	1	PA
*leflunomide oral tablet 10*mg*, 20*mg	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180MG/1.2ML, 360MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	1	PA
TAVNEOS ORAL CAPSULE 10MG	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	1	PA
Inmunoestimulantes		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000UNIT/0.5ML	1	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Inmunoglobulinas		
PANZYGA INTRAVENOUS SOLUTION 1GM/10ML, 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	1	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20GM/200ML	1	BvD
Inmunosupresores		
AZASAN ORAL TABLET 100MG, 75MG	1	BvD; MO
*azathioprine oral tablet 100*mg*, 50*mg*, 75*mg	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200MG/ML	1	PA
*cyclosporine modified oral capsule 100*mg*, 25*mg*, 50*mg	1	BvD; MO
*cyclosporine modified oral solution 100*mg*/ml*	1	BvD; MO
*cyclosporine oral capsule 100*mg*, 25*mg	1	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25MG/0.5ML, 50MG/ML	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50MG/ML	1	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24-HOUR 0.75MG, 1MG, 4MG	1	BvD; MO
*everolimus oral tablet 0.25*mg	1	BvD; MO; QL (60 EA per 30 days)
*everolimus oral tablet 0.5*mg	1	BvD; QL (120 EA per 30 days)
*everolimus oral tablet 0.75*mg*, 1*mg	1	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100MG, 25MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100MG/ML	1	BvD; MO

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

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*tacrolimus oral capsule 0.5*mg*, 1*mg*, 5*mg	1	BvD; MO
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	1	BvD; MO
Vacunas		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120MCG/0.5ML	1	MO
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	MO
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120MCG/0.5ML	1	MO
*bcg vaccine injection solution reconstituted 50*mg	1	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	MO
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	1	BvD; MO
ENGERIX-B INJECTION SUSPENSION 20MCG/ML	1	BvD; MO
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/0.5ML, 20MCG/ML	1	BvD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	MO
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20MCG/0.5ML	1	BvD; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
HIBERIX INJECTION SOLUTION RECONSTITUTED 10MCG	1	MO
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5UNIT/ML	1	BvD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	MO
IPOL INJECTION INJECTABLE	1	MO
IXIARO INTRAMUSCULAR SUSPENSION	1	MO
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5ML	1	MO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	1	MO
MENACTRA INTRAMUSCULAR SOLUTION	1	MO
MENQUADFI INTRAMUSCULAR SOLUTION	1	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	MO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	1	MO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	MO
*prehevbrio intramuscular suspension 10*mc*g/ml*	1	BvD; MO
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	MO
QUADRACEL INTRAMUSCULAR SUSPENSION, (58 UNT/ML)	1	MO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	1	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD; MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/ML, 5MCG/0.5ML	1	BvD; MO
ROTARIX ORAL SUSPENSION	1	MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	MO
ROTATEQ ORAL SOLUTION	1	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	1	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	BvD; MO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25MCG/0.5ML	1	MO
VAQTA INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 25UNIT/0.5ML 0.5ML, 50UNIT/ML, 50UNIT/ML 1ML	1	MO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	MO
YF-VAX SUBCUTANEOUS INJECTABLE, (2.5ML IN 1 VIAL, MULTI-DOSE)	1	MO
AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA		
Agentes Metabólicos para la Enfermedad Ósea		
*alendronate sodium oral tablet 10*mg	1	MO; QL (30 EA per 30 days)
*alendronate sodium oral tablet 35*mg*, 70*mg	1	MO; QL (4 EA per 28 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*calcitonin (salmon) nasal solution 200*unit*/act*	1	BvD; MO; QL (4ML per 28 days)
*calcitriol oral capsule 0.25*mc*g, 0.5*mc*g*	1	BvD; MO
*calcitriol oral solution 1*mc*g/ml*	1	BvD; MO
*cinacalcet hcl oral tablet 30*mg	1	BvD; MO; QL (60 EA per 30 days)
*cinacalcet hcl oral tablet 60*mg	1	BvD; QL (60 EA per 30 days)
*cinacalcet hcl oral tablet 90*mg	1	BvD; QL (120 EA per 30 days)
*ibandronate sodium oral tablet 150*mg	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG, 25MCG, 50MCG, 75MCG	1	PA
*paricalcitol oral capsule 1*mc*g, 2*mc*g, 4*mc*g*	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60MG/ML	1	MO; QL (1ML per 180 days)
*raloxifene hcl oral tablet 60*mg	1	MO
*risedronate sodium oral tablet 150*mg	1	MO; QL (1 EA per 28 days)
*risedronate sodium oral tablet 30*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*risedronate sodium oral tablet 35*mg*, 35*mg *(12 pack), 35*mg *(4 pack)*	1	MO; QL (4 EA per 28 days)
*teriparatide (recombinant) subcutaneous solution pen-injector 620*mc*g/2.48ml*	1	PA; QL (2.48ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120MCG/1.56ML	1	PA; QL (1.56ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	1	PA; QL (2ML per 28 days)
AGENTES OFTÁLMICOS		
Agentes Oftálmicos Antialérgicos		
azelastine hcl ophthalmic solution 0.05%	1	MO
cromolyn sodium ophthalmic solution 4%	1	MO
olopatadine hcl ophthalmic solution 0.1%	1	MO
Agentes Oftálmicos Bloqueadores Beta-Adrenérgicos		
betaxolol hcl ophthalmic solution 0.5%	1	MO
carteolol hcl ophthalmic solution 1%	1	MO
levobunolol hcl ophthalmic solution 0.5%	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
timolol maleate (once-daily) ophthalmic solution 0.5%	1	MO
timolol maleate ophthalmic gel forming solution 0.25%, 0.5%	1	MO
timolol maleate ophthalmic solution 0.25%, 0.5%	1	MO
Agentes Oftálmicos para Bajar la Presión Intraocular, Otros		
acetazolamide er oral capsule extended release 12-hour 500mg	1	MO
acetazolamide oral tablet 125mg, 250mg	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	1	MO
apraclonidine hcl ophthalmic solution 0.5%	1	MO
AZOPT OPHTHALMIC SUSPENSION 1%	1	MO
brimonidine tartrate ophthalmic solution 0.15%, 0.2%	1	MO
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	1	MO
dorzolamide hcl ophthalmic solution 2%	1	MO
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8mg/ml	1	MO
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%	1	MO
methazolamide oral tablet 25mg, 50mg	1	MO
pilocarpine hcl ophthalmic solution 1%, 2%, 4%	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	1	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	1	MO
Agentes Oftálmicos, Otros		
atropine sulfate ophthalmic solution 1%	1	MO
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%	1	MO
cyclosporine ophthalmic emulsion 0.05%	1	MO; QL (60 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	1	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	1	PA
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	MO
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	MO
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	MO
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	MO
*polymyxin b-trimethoprim ophthalmic solution 10000-0.1*unit*/ml-%*	1	MO
sulfacetamide-prednisolone ophthalmic solution 10-0.23%	1	MO
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%	1	MO
Análogos de Prostaglandina y Prostamida Oftálmicos		
latanoprost ophthalmic solution 0.005%	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01%	1	MO
travoprost (bak free) ophthalmic solution 0.004%	1	MO
Antiinfecciosos Oftálmicos		
AZASITE OPHTHALMIC SOLUTION 1%	1	MO
*bacitracin ophthalmic ointment 500*unit*/gm*	1	MO
*bacitracin-polymyxin b ophthalmic ointment 500-10000*unit*/gm*	1	MO
*erythromycin ophthalmic ointment 5*mg*/gm*	1	MO
gatifloxacin ophthalmic solution 0.5%	1	MO
gentamicin sulfate ophthalmic solution 0.3%	1	MO
moxifloxacin hcl ophthalmic solution 0.5%	1	MO
NATACYN OPHTHALMIC SUSPENSION 5%	1	MO
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	MO
ofloxacin ophthalmic solution 0.3%	1	MO
sulfacetamide sodium ophthalmic solution 10%	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
tobramycin ophthalmic solution 0.3%	1	MO
Antiinflamatorios Oftálmicos		
bromfenac sodium (once-daily) ophthalmic solution 0.09%	1	MO
BROMSITE OPHTHALMIC SOLUTION 0.075%	1	MO
dexamethasone sodium phosphate ophthalmic solution 0.1%	1	MO
diclofenac sodium ophthalmic solution 0.1%	1	MO
DUREZOL OPHTHALMIC EMULSION 0.05%	1	MO
fluorometholone ophthalmic suspension 0.1%	1	MO
flurbiprofen sodium ophthalmic solution 0.03%	1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3%	1	MO
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	MO
loteprednol etabonate ophthalmic suspension 0.5%	1	MO
prednisolone acetate ophthalmic suspension 1%	1	MO
prednisolone sodium phosphate ophthalmic solution 1%	1	MO
AGENTES ÓTICOS		
Agentes Óticos		
acetic acid otic solution 2%	1	MO
ciprofloxacin hcl otic solution 0.2%	1	MO
ciprofloxacin-dexamethasone otic suspension 0.3-0.1%	1	MO
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025%	1	MO
fluocinolone acetonide otic oil 0.01%	1	MO
neomycin-polymyxin-hc otic solution 1%	1	MO
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	MO
ofloxacin otic solution 0.3%	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA		
Aminosalicilatos		
*balsalazide disodium oral capsule 750*mg	1	MO
LIALDA ORAL TABLET DELAYED RELEASE 1.2GM	1	MO
mesalamine er oral capsule extended release 24-hour *0.375*gm	1	MO
*mesalamine oral capsule delayed release 400*mg	1	MO
*mesalamine oral tablet delayed release 800*mg	1	MO
*mesalamine rectal enema 4*gm	1	MO
*sulfasalazine oral tablet 500*mg	1	MO
*sulfasalazine oral tablet delayed release 500*mg	1	MO
Glucocorticoides		
budesonide er oral tablet extended release 24-hour *9*mg	1	MO
*budesonide oral capsule delayed release particles 3*mg	1	MO
*hydrocortisone rectal enema 100*mg*/60ml*	1	MO
AGENTES PARA TRASTORNO DEL SUEÑO		
Agentes Promotores de la Vigilia		
*armodafinil oral tablet 150*mg*, 200*mg*, 250*mg*, 50*mg	1	PA; MO; QL (30 EA per 30 days)
*modafinil oral tablet 100*mg*, 200*mg	1	PA; MO; QL (60 EA per 30 days)
*sodium oxybate oral solution 500*mg*/ml*	1	PA; QL (540ML per 30 days)
SUNOSI ORAL TABLET 150MG, 75MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500MG/ML	1	PA; QL (540ML per 30 days)
XYWAV ORAL SOLUTION 500MG/ML	1	PA; QL (540ML per 30 days)
Agentes Promotores del Sueño		
BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG	1	MO; QL (30 EA per 30 days)
*temazepam oral capsule 15*mg*, 22.5*mg*, 30*mg	1	MO; QL (30 EA per 30 days)
*temazepam oral capsule 7.5*mg	1	MO; QL (120 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*zaleplon oral capsule 10*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*zolpidem tartrate oral tablet 10*mg*, 5*mg	1	MO; 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		
betaine oral powder	1	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000UNIT, 24000-76000UNIT, 3000-9500UNIT, 36000-114000UNIT, 6000-19000UNIT	1	MO
*cromolyn sodium oral concentrate 100*mg*/5ml*	1	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	1	PA; MO
ENDARI ORAL PACKET 5GM	1	PA; MO
GALAFOLD ORAL CAPSULE 123MG	1	PA
*miglustat oral capsule 100*mg	1	PA
*nitisinone oral capsule 10*mg*, 2*mg*, 20*mg*, 5*mg	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	1	PA
RAVICTI ORAL LIQUID 1.1GM/ML	1	PA
*sapropterin dihydrochloride oral packet 100*mg*, 500*mg	1	PA
*sapropterin dihydrochloride oral tablet 100*mg	1	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	1	PA
VYNDAMAX ORAL CAPSULE 61MG	1	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000UNIT, 15000-47000UNIT, 20000-63000UNIT, 25000-79000UNIT, 3000-10000UNIT, 40000-126000UNIT, 5000-24000UNIT	1	MO
ZOKINVY ORAL CAPSULE 50MG, 75MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES PARA TRATAMIENTO DE ABUSO DE SUSTANCIAS/ANTI-ADICCIÓN		
Agentes para Dejar de Fumar		
bupropion hcl er (smoking det) oral tablet extended release 12-hour *150*mg	1	MO
NICOTROL INHALATION INHALER 10MG	1	MO
*varenicline tartrate oral tablet 0.5*mg*, 1*mg	1	MO
*varenicline tartrate oral tablet therapy pack 0.5*mg *x 11 & 1*mg *x 42*	1	MO
Agentes para la Reversión de Opioides		
KLOXXADO NASAL LIQUID 8MG/0.1ML	1	MO
*naloxone hcl injection solution 0.4*mg*/ml*	1	MO
*naloxone hcl injection solution cartridge 0.4*mg*/ml*	1	MO
*naloxone hcl injection solution prefilled syringe 2*mg*/2ml*	1	MO
*naloxone hcl nasal liquid 4*mg*/0.1ml*	1	MO
NARCAN NASAL LIQUID 4MG/0.1ML	1	MO
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	1	MO
Dependencia de Opioides		
*buprenorphine hcl sublingual tablet sublingual 2*mg*, 8*mg	1	MO
*buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5*mg*, 8-2*mg	1	MO
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	1	MO
Disuasivos de Alcohol/Anti-Deseo		
*acamprosate calcium oral tablet delayed release 333*mg	1	MO
*disulfiram oral tablet 250*mg	1	MO
*naltrexone hcl oral tablet 50*mg	1	MO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380MG	1	

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES PARA TRATAMIENTO DE LA GOTA		
Agentes para Tratamiento de la Gota		
*allopurinol oral tablet 100*mg*, 300*mg	1	MO
*colchicine oral capsule 0.6*mg	1	MO
*colchicine oral tablet 0.6*mg	1	MO
*colchicine-probenecid oral tablet 0.5-500*mg	1	MO
*febuxostat oral tablet 40*mg*, 80*mg	1	PA; MO
*probenecid oral tablet 500*mg	1	MO
AGENTES PULMONARES/ TRACTO RESPIRATORIO		
Agentes de Fibrosis Pulmonar		
OFEV ORAL CAPSULE 100MG, 150MG	1	PA
*pirfenidone oral capsule 267*mg	1	PA
*pirfenidone oral tablet 267*mg*, 534*mg*, 801*mg	1	PA
Agentes del Tracto Respiratorio, Otros		
acetylcysteine inhalation solution 10%, 20%	1	BvD; MO
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50MCG/ACT, 250-50MCG/ACT, 500-50MCG/ACT	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	1	MO; QL (12GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25MCG/ACT	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25MCG/ACT, 200-25MCG/ACT	1	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8MCG/ACT	1	MO; QL (10.7GM per 30 days)
*budesonide-formoterol fumarate inhalation aerosol 160-4.5*mc*g/act, 80-4.5*mc*g/act*	1	MO; QL (10.2GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	1	MO; QL (4GM per 20 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*cromolyn sodium inhalation nebulization solution 20*mg*/2ml*	1	BvD; MO
*fluticasone-salmeterol inhalation aerosol powder breath activated 100-50*mcg*/act, 250-50*mcg*/act, 500-50*mcg*/act*	1	MO; QL (60 EA per 30 days)
*fluticasone-salmeterol inhalation aerosol powder breath activated 113-14*mcg*/act, 232-14*mcg*/act, 55-14*mcg*/act*	1	MO; QL (1 EA per 30 days)
*ipratropium-albuterol inhalation solution 0.5-2.5 (3)*mg*/3ml*	1	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	1	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/ACT, 200-62.5-25MCG/ACT	1	MO; QL (60 EA per 30 days)
Agentes para Fibrosis Quística		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	1	PA
KALYDECO ORAL PACKET 13.4MG, 25MG, 50MG, 75MG	1	PA
KALYDECO ORAL TABLET 150MG	1	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG, 75-94MG	1	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	1	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	1	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	1	PA
TOBI PODHALER INHALATION CAPSULE 28MG	1	PA
*tobramycin inhalation nebulization solution 300*mg*/5ml*	1	BvD

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	1	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75MG, 80-40-60 & 59.5MG	1	PA
Antihipertensivos Pulmonares		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	1	PA; QL (90 EA per 30 days)
*ambrisentan oral tablet 10*mg*, 5*mg	1	PA; QL (30 EA per 30 days)
*bosentan oral tablet 125*mg*, 62.5*mg	1	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	1	PA; QL (90 EA per 30 days)
*sildenafil citrate oral tablet 20*mg	1	PA; MO; QL (90 EA per 30 days)
Antihistamínicos		
azelastine hcl nasal solution 0.1%	1	MO; QL (30ML per 25 days)
*cetirizine hcl oral solution 1*mg*/ml*	1	MO
*cyproheptadine hcl oral syrup 2*mg*/5ml*	1	MO
*cyproheptadine hcl oral tablet 4*mg	1	MO
*levocetirizine dihydrochloride oral solution 2.5*mg*/5ml*	1	MO
*levocetirizine dihydrochloride oral tablet 5*mg	1	MO
Antiinflamatorios, Corticosteroides Inhalados		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	1	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/ACT, 220MCG/ACT	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (26GM per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*budesonide inhalation suspension 0.25*mg*/2ml, 0.5*mg*/2ml, 1*mg*/2ml*	1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT, 50MCG/ACT	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	1	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	1	MO; QL (21.2GM per 30 days)
*flunisolide nasal solution 25*mc*g/act (0.025%)*	1	MO; QL (50ML per 30 days)
*fluticasone propionate nasal suspension 50*mc*g/act*	1	MO; QL (16GM per 30 days)
*mometasone furoate nasal suspension 50*mc*g/act*	1	MO; QL (34GM per 30 days)
Antileucotrienos		
*montelukast sodium oral packet 4*mg	1	MO; QL (30 EA per 30 days)
*montelukast sodium oral tablet 10*mg	1	MO; QL (30 EA per 30 days)
*montelukast sodium oral tablet chewable 4*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*zafirlukast oral tablet 10*mg*, 20*mg	1	MO; QL (60 EA per 30 days)
Broncodilatadores, Anticolinérgicos		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	1	MO; QL (26GM per 30 days)
ipratropium bromide inhalation solution 0.02%	1	BvD; MO
ipratropium bromide nasal solution 0.03%	1	MO; QL (60ML per 30 days)
ipratropium bromide nasal solution 0.06%	1	MO; QL (30ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	1	MO; QL (4GM per 30 days)
Broncodilatadores, Simpaticomiméticos		
*albuterol sulfate hfa inhalation aerosol solution 108 (90 base)*mc*g/act*	1	MO; QL (17GM per 30 days)
*albuterol sulfate hfa inhalation aerosol solution 108 (90 base)*mc*g/act (nda020503)*	1	MO; QL (13.4GM per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*albuterol sulfate hfa inhalation aerosol solution 108 (90 base)*mcg*/act (nda020983)*	1	MO; QL (36GM per 30 days)
*albuterol sulfate inhalation nebulization solution (2.5*mg*/3ml) 0.083%, 0.63*mg*/3ml, 1.25*mg*/3ml, 2.5*mg*/0.5ml*	1	BvD; MO
*albuterol sulfate oral syrup 2*mg*/5ml*	1	MO
*albuterol sulfate oral tablet 2*mg*, 4*mg	1	MO
*epinephrine injection solution 0.3*mg*/0.3ml*	1	MO
*epinephrine injection solution auto-injector 0.15*mg*/0.15ml, 0.15*mg*/0.3ml, 0.3*mg*/0.3ml*	1	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	1	MO; QL (60 EA per 30 days)
*terbutaline sulfate oral tablet 2.5*mg*, 5*mg	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE)MCG/ACT	1	MO; QL (36GM per 30 days)
Inhibidores de la Fosfodiesterasa, Enfermedad de las Vías Respiratorias		
*roflumilast oral tablet 250*mcg*, 500*mcg	1	MO; QL (30 EA per 30 days)
theophylline er oral tablet extended release 12-hour *300*mg*, 450*mg	1	MO
theophylline er oral tablet extended release 24-hour *400*mg*, 600*mg	1	MO
ANALGÉSICOS		
Analgésicos Opioides, de Acción Corta		
*acetaminophen-codeine oral solution 120-12*mg*/5ml*	1	MO; QL (5000ML per 30 days)
*acetaminophen-codeine oral tablet 300-15*mg*, 300-30*mg*, 300-60*mg	1	MO; QL (360 EA per 30 days)
*codeine sulfate oral tablet 15*mg*, 30*mg*, 60*mg	1	MO; QL (180 EA per 30 days)
*fentanyl citrate buccal lozenge on a handle 1200*mcg*, 1600*mcg*, 600*mcg*, 800*mcg	1	PA; QL (120 EA per 30 days)
*fentanyl citrate buccal lozenge on a handle 200*mcg*, 400*mcg	1	PA; MO; QL (120 EA per 30 days)
*hydrocodone-acetaminophen oral solution 7.5-325*mg*/15ml*	1	MO; QL (5500ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*hydrocodone-acetaminophen oral tablet 10-325*mg*, 5-325*mg*, 7.5-325*mg	1	MO; QL (360 EA per 30 days)
*hydrocodone-ibuprofen oral tablet 10-200*mg*, 5-200*mg*, 7.5-200*mg	1	MO; QL (150 EA per 30 days)
*hydromorphone hcl oral liquid 1*mg*/ml*	1	MO; QL (1920ML per 30 days)
*hydromorphone hcl oral tablet 2*mg*, 4*mg	1	MO; QL (360 EA per 30 days)
*hydromorphone hcl oral tablet 8*mg	1	MO; QL (240 EA per 30 days)
*morphine sulfate (concentrate) oral solution 20*mg*/ml*	1	MO; QL (600ML per 30 days)
*morphine sulfate oral solution 10*mg*/5ml*	1	MO; QL (1800ML per 30 days)
*morphine sulfate oral solution 20*mg*/5ml*	1	MO; QL (1500ML per 30 days)
*morphine sulfate oral tablet 15*mg*, 30*mg	1	MO; QL (180 EA per 30 days)
*oxycodone hcl oral concentrate 100*mg*/5ml*	1	MO; QL (180ML per 30 days)
*oxycodone hcl oral solution 5*mg*/5ml*	1	MO; QL (1080ML per 30 days)
*oxycodone hcl oral tablet 10*mg*, 15*mg*, 20*mg*, 30*mg*, 5*mg	1	MO; QL (180 EA per 30 days)
*oxycodone-acetaminophen oral solution 5-325*mg*/5ml*	1	MO; QL (1080ML per 30 days)
*oxycodone-acetaminophen oral tablet 10-325*mg*, 2.5-325*mg*, 5-325*mg*, 7.5-325*mg	1	MO; QL (360 EA per 30 days)
*tramadol hcl oral tablet 100*mg	1	MO; QL (120 EA per 30 days)
*tramadol hcl oral tablet 50*mg	1	MO; QL (240 EA per 30 days)
*tramadol-acetaminophen oral tablet 37.5-325*mg	1	MO; QL (240 EA per 30 days)
Analgésicos Opioides, de Acción Prolongada		
fentanyl transdermal patch 72-hour *100*mc*g/hr, 12*mc*g/hr, 25*mc*g/hr, 37.5*mc*g/hr, 50*mc*g/hr, 62.5*mc*g/hr, 75*mc*g/hr, 87.5*mc*g/hr*	1	PA; MO; QL (10 EA per 30 days)
*methadone hcl oral tablet 10*mg*, 5*mg	1	MO; QL (240 EA per 30 days)
*morphine sulfate er oral tablet extended release 100*mg*, 15*mg*, 200*mg*, 30*mg*, 60*mg	1	MO; QL (90 EA per 30 days)
oxycodone hcl er oral tablet er 12-hour *abuse-deterrent 10*mg*, 20*mg	1	MO
Analgésicos		
*butalbital-apap-caffeine oral tablet 50-325-40*mg	1	MO; QL (180 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*butalbital-asa-caff-codeine oral capsule 50-325-40-30*mg	1	MO; QL (180 EA per 30 days)
*butalbital-aspirin-caffeine oral capsule 50-325-40*mg	1	MO; QL (180 EA per 30 days)
Fármacos Anti-Inflamatorios No Esteroideos		
*celecoxib oral capsule 100*mg*, 200*mg*, 400*mg*, 50*mg	1	MO
*diclofenac potassium oral tablet 50*mg	1	MO
diclofenac sodium er oral tablet extended release 24-hour *100*mg	1	MO
diclofenac sodium external gel 1%	1	MO
*diclofenac sodium oral tablet delayed release 25*mg*, 50*mg*, 75*mg	1	MO
*diflunisal oral tablet 500*mg	1	MO
*etodolac oral capsule 200*mg*, 300*mg	1	MO
*etodolac oral tablet 400*mg*, 500*mg	1	MO
*flurbiprofen oral tablet 100*mg	1	MO
IBU ORAL TABLET 600MG, 800MG	1	MO
*ibuprofen oral suspension 100*mg*/5ml*	1	MO
*ibuprofen oral tablet 400*mg*, 600*mg*, 800*mg	1	MO
*indomethacin er oral capsule extended release 75*mg	1	MO
*indomethacin oral capsule 25*mg*, 50*mg	1	MO
*ketorolac tromethamine oral tablet 10*mg	1	MO
*meloxicam oral tablet 15*mg*, 7.5*mg	1	MO
*nabumetone oral tablet 500*mg*, 750*mg	1	MO
*naproxen oral suspension 125*mg*/5ml*	1	MO
*naproxen oral tablet 250*mg*, 375*mg*, 500*mg	1	MO
*naproxen oral tablet delayed release 375*mg*, 500*mg	1	MO
*naproxen sodium oral tablet 275*mg*, 550*mg	1	MO
*oxaprozin oral tablet 600*mg	1	MO
*piroxicam oral capsule 10*mg*, 20*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*sulindac oral tablet 150*mg*, 200*mg	1	MO
ANESTÉSICOS		
Anestésicos Locales		
lidocaine external patch 5%	1	PA; MO; QL (90 EA per 30 days)
lidocaine hcl external solution 4%	1	MO; QL (50ML per 30 days)
lidocaine viscous hcl mouth/throat solution 2%	1	MO
lidocaine-prilocaine external cream 2.5-2.5%	1	MO; QL (30GM per 30 days)
ANSIOLÍTICOS		
Ansiolíticos, Otros		
*buspirone hcl oral tablet 10*mg*, 15*mg*, 30*mg*, 5*mg*, 7.5*mg	1	MO
*hydroxyzine hcl oral syrup 10*mg*/5ml*	1	MO
*hydroxyzine hcl oral tablet 10*mg*, 25*mg*, 50*mg	1	MO
*hydroxyzine pamoate oral capsule 100*mg*, 25*mg*, 50*mg	1	MO
*oxazepam oral capsule 10*mg*, 15*mg*, 30*mg	1	MO; QL (120 EA per 30 days)
Benzodiacepinas		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	1	MO; QL (300ML per 30 days)
*alprazolam oral tablet 0.25*mg*, 0.5*mg	1	MO; QL (120 EA per 30 days)
*alprazolam oral tablet 1*mg	1	MO; QL (240 EA per 30 days)
*alprazolam oral tablet 2*mg	1	MO; QL (150 EA per 30 days)
*chlordiazepoxide hcl oral capsule 10*mg*, 25*mg*, 5*mg	1	MO; QL (120 EA per 30 days)
*clonazepam oral tablet 0.5*mg*, 1*mg	1	MO; QL (90 EA per 30 days)
*clonazepam oral tablet 2*mg	1	MO; QL (300 EA per 30 days)
*clonazepam oral tablet dispersible 0.125*mg*, 0.25*mg*, 0.5*mg*, 1*mg	1	MO; QL (90 EA per 30 days)
*clonazepam oral tablet dispersible 2*mg	1	MO; QL (300 EA per 30 days)
*clorazepate dipotassium oral tablet 15*mg*, 3.75*mg*, 7.5*mg	1	MO; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5MG/ML	1	MO; QL (240ML 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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*diazepam oral solution 5*mg*/5ml*	1	MO; QL (1200ML per 30 days)
*diazepam oral tablet 10*mg*, 2*mg	1	MO; QL (120 EA per 30 days)
*diazepam oral tablet 5*mg	1	MO; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2MG/ML	1	MO; QL (240ML per 30 days)
*lorazepam oral tablet 0.5*mg*, 1*mg*, 2*mg	1	MO; QL (150 EA per 30 days)
ANTIBACTERIANOS		
Aminoglucósidos		
*amikacin sulfate injection solution 500*mg*/2ml*	1	BvD; MO
ARIKAYCE INHALATION SUSPENSION 590MG/8.4ML	1	PA; MO
*gentamicin in saline intravenous solution 0.8-0.9*mg*/ml-%, 1-0.9*mg*/ml-%, 1.2-0.9*mg*/ml-%, 1.6-0.9*mg*/ml-%*	1	MO
gentamicin sulfate external cream 0.1%	1	MO
gentamicin sulfate external ointment 0.1%	1	MO
*gentamicin sulfate injection solution 40*mg*/ml*	1	MO
*neomycin sulfate oral tablet 500*mg	1	MO
*paromomycin sulfate oral capsule 250*mg	1	MO
*tobramycin sulfate injection solution 10*mg*/ml, 80*mg*/2ml*	1	BvD; MO
ZEMDRI INTRAVENOUS SOLUTION 500MG/10ML	1	
Antibacterianos, Otros		
*aztreonam injection solution reconstituted 1*gm	1	MO
*aztreonam injection solution reconstituted 2*gm	1	BvD; MO
*clindamycin hcl oral capsule 150*mg*, 300*mg*, 75*mg	1	MO
*clindamycin palmitate hcl oral solution reconstituted 75*mg*/5ml*	1	MO
*clindamycin phosphate in d5w intravenous solution 300*mg*/50ml, 600*mg*/50ml, 900*mg*/50ml*	1	MO
*clindamycin phosphate injection solution 300*mg*/2ml, 600*mg*/4ml, 900*mg*/6ml*	1	BvD; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
clindamycin phosphate vaginal cream 2%	1	MO
*colistimethate sodium (cba) injection solution reconstituted 150*mg	1	BvD; MO
*daptomycin intravenous solution reconstituted 350*mg	1	MO
*daptomycin intravenous solution reconstituted 500*mg	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	1	MO
*linezolid intravenous solution 600*mg*/300ml*	1	PA; MO
*linezolid oral tablet 600*mg	1	PA; MO
*methenamine hippurate oral tablet 1*gm	1	MO
metronidazole external cream 0.75%	1	MO
metronidazole external gel 0.75%, 1%	1	MO
metronidazole external lotion 0.75%	1	MO
*metronidazole intravenous solution 500*mg*/100ml*	1	BvD; MO
*metronidazole oral tablet 250*mg*, 500*mg	1	MO
metronidazole vaginal gel 0.75%	1	MO
*nitrofurantoin macrocrystal oral capsule 100*mg*, 25*mg*, 50*mg	1	MO
*nitrofurantoin monohyd macro oral capsule 100*mg	1	MO
*tigecycline intravenous solution reconstituted 50*mg	1	BvD
*tinidazole oral tablet 250*mg*, 500*mg	1	MO
*trimethoprim oral tablet 100*mg	1	MO
*vancomycin hcl intravenous solution reconstituted 1*gm*, 10*gm*, 500*mg*, 750*mg	1	MO
*vancomycin hcl oral capsule 125*mg*, 250*mg	1	MO
*vancomycin hcl oral solution reconstituted 25*mg*/ml, 250*mg*/5ml*	1	MO
XIFAXAN ORAL TABLET 200MG, 550MG	1	MO
Betalactámicos, Cefalosporinas		
cefaclor er oral tablet extended release 12-hour *500*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*cefaclor oral capsule 250*mg*, 500*mg	1	MO
*cefaclor oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml, 375*mg*/5ml*	1	MO
*cefadroxil oral capsule 500*mg	1	MO
*cefadroxil oral suspension reconstituted 250*mg*/5ml, 500*mg*/5ml*	1	MO
*cefadroxil oral tablet 1*gm	1	MO
*cefazolin sodium injection solution reconstituted 1*gm*, 10*gm*, 500*mg	1	MO
*cefdinir oral capsule 300*mg	1	MO
*cefdinir oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	MO
*cefepime hcl injection solution reconstituted 1*gm	1	MO
*cefepime hcl intravenous solution reconstituted 2*gm	1	MO
*cefixime oral capsule 400*mg	1	MO
*cefixime oral suspension reconstituted 100*mg*/5ml, 200*mg*/5ml*	1	MO
*cefotetan disodium injection solution reconstituted 1*gm*, 2*gm	1	BvD; MO
*cefoxitin sodium intravenous solution reconstituted 1*gm*, 10*gm*, 2*gm	1	BvD; MO
*cefpodoxime proxetil oral suspension reconstituted 100*mg*/5ml, 50*mg*/5ml*	1	MO
*cefpodoxime proxetil oral tablet 100*mg*, 200*mg	1	MO
*cefprozil oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	MO
*cefprozil oral tablet 250*mg*, 500*mg	1	MO
*ceftazidime injection solution reconstituted 1*gm*, 6*gm	1	MO
*ceftazidime intravenous solution reconstituted 2*gm	1	MO
*ceftriaxone sodium injection solution reconstituted 1*gm*, 2*gm*, 250*mg*, 500*mg	1	MO
*ceftriaxone sodium intravenous solution reconstituted 10*gm	1	MO

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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*cefuroxime axetil oral tablet 250*mg*, 500*mg	1	MO
*cefuroxime sodium injection solution reconstituted 750*mg	1	BvD; MO
*cefuroxime sodium intravenous solution reconstituted 1.5*gm	1	BvD; MO
*cephalexin oral capsule 250*mg*, 500*mg	1	MO
*cephalexin oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	MO
*cephalexin oral tablet 250*mg*, 500*mg	1	MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400MG, 600MG	1	BvD
Betalactámicos, Penicilinas		
*amoxicillin oral capsule 250*mg*, 500*mg	1	MO
*amoxicillin oral suspension reconstituted 125*mg*/5ml, 200*mg*/5ml, 250*mg*/5ml, 400*mg*/5ml*	1	MO
*amoxicillin oral tablet 500*mg*, 875*mg	1	MO
*amoxicillin oral tablet chewable 125*mg*, 250*mg	1	MO
amoxicillin-pot clavulanate er oral tablet extended release 12-hour *1000-62.5*mg	1	MO
*amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5*mg*/5ml, 250-62.5*mg*/5ml, 400-57*mg*/5ml, 600-42.9*mg*/5ml*	1	MO
*amoxicillin-pot clavulanate oral tablet 250-125*mg*, 500-125*mg*, 875-125*mg	1	MO
*amoxicillin-pot clavulanate oral tablet chewable 200-28.5*mg*, 400-57*mg	1	MO
*ampicillin oral capsule 500*mg	1	MO
*ampicillin sodium injection solution reconstituted 1*gm*, 125*mg	1	BvD; MO
*ampicillin sodium intravenous solution reconstituted 10*gm	1	BvD; MO
*ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5)*gm*, 3 (2-1)*gm	1	MO
*ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5)*gm	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	1	MO
*dicloxacillin sodium oral capsule 250*mg*, 500*mg	1	MO
*nafcillin sodium injection solution reconstituted 1*gm*, 2*gm	1	BvD; MO
*nafcillin sodium intravenous solution reconstituted 10*gm	1	BvD; MO
*oxacillin sodium in dextrose intravenous solution 1*gm*/50ml, 2*gm*/50ml*	1	BvD; MO
*oxacillin sodium injection solution reconstituted 1*gm*, 2*gm	1	BvD; MO
*oxacillin sodium intravenous solution reconstituted 10*gm	1	BvD; MO
*penicillin g pot in dextrose intravenous solution 40000*unit*/ml, 60000*unit*/ml*	1	MO
*penicillin g potassium injection solution reconstituted 20000000*unit	1	BvD; MO
*penicillin g sodium injection solution reconstituted 5000000*unit	1	BvD; MO
*penicillin v potassium oral solution reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	MO
*penicillin v potassium oral tablet 250*mg*, 500*mg	1	MO
*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	1	MO
Carbapenémicos		
*ertapenem sodium injection solution reconstituted 1*gm	1	MO
*imipenem-cilastatin intravenous solution reconstituted 250*mg*, 500*mg	1	MO
*meropenem intravenous solution reconstituted 1*gm*, 500*mg	1	MO
Macrólidos		
*azithromycin intravenous solution reconstituted 500*mg	1	BvD; MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*azithromycin oral packet 1*gm	1	MO
*azithromycin oral suspension reconstituted 100*mg*/5ml, 200*mg*/5ml*	1	MO
*azithromycin oral tablet 250*mg*, 250*mg *(6 pack), 500*mg*, 500*mg *(3 pack), 600*mg	1	MO
clarithromycin er oral tablet extended release 24-hour *500*mg	1	MO
*clarithromycin oral suspension reconstituted 125*mg*/5ml, 250*mg*/5ml*	1	MO
*clarithromycin oral tablet 250*mg*, 500*mg	1	MO
DIFICID ORAL SUSPENSION RECONSTITUTED 40MG/ML	1	PA; QL (136ML per 10 days)
DIFICID ORAL TABLET 200MG	1	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500MG	1	BvD; MO
*erythromycin base oral capsule delayed release particles 250*mg	1	MO
*erythromycin base oral tablet 250*mg*, 500*mg	1	MO
*erythromycin ethylsuccinate oral suspension reconstituted 200*mg*/5ml, 400*mg*/5ml*	1	MO
*erythromycin ethylsuccinate oral tablet 400*mg	1	MO
*erythromycin oral tablet delayed release 250*mg*, 333*mg*, 500*mg	1	MO
Quinolonas		
ciprofloxacin hcl ophthalmic solution 0.3%	1	MO
*ciprofloxacin hcl oral tablet 100*mg*, 250*mg*, 500*mg*, 750*mg	1	MO
*ciprofloxacin in d5w intravenous solution 200*mg*/100ml*	1	BvD; MO
*levofloxacin in d5w intravenous solution 500*mg*/100ml, 750*mg*/150ml*	1	MO
*levofloxacin oral solution 25*mg*/ml*	1	MO
*levofloxacin oral tablet 250*mg*, 500*mg*, 750*mg	1	MO
*moxifloxacin hcl in nacl intravenous solution 400*mg*/250ml*	1	BvD; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*moxifloxacin hcl oral tablet 400*mg	1	MO
*ofloxacin oral tablet 300*mg*, 400*mg	1	MO
Sulfonamidas		
sulfacetamide sodium (acne) external lotion 10%	1	MO
*sulfadiazine oral tablet 500*mg	1	MO
*sulfamethoxazole-trimethoprim oral suspension 200-40*mg*/5ml*	1	MO
*sulfamethoxazole-trimethoprim oral tablet 400-80*mg*, 800-160*mg	1	MO
Tetraciclinas		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100MG	1	BvD; MO
*doxycycline hyclate oral capsule 100*mg*, 50*mg	1	MO
*doxycycline hyclate oral tablet 100*mg*, 20*mg	1	MO
*doxycycline monohydrate oral capsule 100*mg*, 50*mg	1	MO
*doxycycline monohydrate oral tablet 100*mg*, 50*mg*, 75*mg	1	MO
*minocycline hcl oral capsule 100*mg*, 50*mg*, 75*mg	1	MO
*minocycline hcl oral tablet 100*mg*, 50*mg*, 75*mg	1	MO
*tetracycline hcl oral capsule 250*mg*, 500*mg	1	MO
ANTICONVULSIVOS		
Agentes de Aumento del Ácido Gamma-Aminobutírico (GABA)		
*clobazam oral suspension 2.5*mg*/ml*	1	MO; QL (480ML per 30 days)
*clobazam oral tablet 10*mg*, 20*mg	1	MO; QL (60 EA per 30 days)
*diazepam rectal gel 10*mg*, 2.5*mg*, 20*mg	1	MO
*gabapentin oral capsule 100*mg*, 300*mg*, 400*mg	1	MO; QL (270 EA per 30 days)
*gabapentin oral solution 250*mg*/5ml*	1	MO
*gabapentin oral tablet 600*mg*, 800*mg	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5MG/0.1ML	1	MO
SYMPAZAN ORAL FILM 10MG, 20MG	1	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5MG	1	ST; MO; QL (60 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*tiagabine hcl oral tablet 12*mg*, 16*mg*, 2*mg*, 4*mg	1	MO
VALTOCO 10MG DOSE NASAL LIQUID 10MG/0.1ML	1	ST; MO
VALTOCO 15MG DOSE NASAL LIQUID THERAPY PACK 7.5MG/0.1ML	1	ST; MO
VALTOCO 20MG DOSE NASAL LIQUID THERAPY PACK 10MG/0.1ML	1	ST; MO
VALTOCO 5MG DOSE NASAL LIQUID 5MG/0.1ML	1	ST; MO
*vigabatrin oral packet 500*mg	1	PA; QL (180 EA per 30 days)
*vigabatrin oral tablet 500*mg	1	PA; QL (180 EA per 30 days)
Agentes del Canal de Sodio		
APTIOM ORAL TABLET 200MG, 400MG, 800MG	1	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600MG	1	ST; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12-hour *100*mg*, 200*mg*, 300*mg	1	MO
carbamazepine er oral tablet extended release 12-hour *100*mg*, 200*mg*, 400*mg	1	MO
*carbamazepine oral suspension 100*mg*/5ml*	1	MO
*carbamazepine oral tablet 200*mg	1	MO
*carbamazepine oral tablet chewable 100*mg	1	MO
DILANTIN ORAL CAPSULE 30MG	1	ST; MO
EPITOL ORAL TABLET 200MG	1	MO
*lacosamide oral solution 10*mg*/ml*	1	MO; QL (1395ML per 30 days)
*lacosamide oral tablet 100*mg*, 150*mg*, 200*mg*, 50*mg	1	MO; QL (60 EA per 30 days)
*oxcarbazepine oral suspension 300*mg*/5ml*	1	MO
*oxcarbazepine oral tablet 150*mg*, 300*mg*, 600*mg	1	MO
*phenytoin oral suspension 125*mg*/5ml*	1	MO
*phenytoin oral tablet chewable 50*mg	1	MO
*phenytoin sodium extended oral capsule 100*mg*, 200*mg*, 300*mg	1	MO
*rufinamide oral suspension 40*mg*/ml*	1	QL (2760ML per 30 days)
*rufinamide oral tablet 200*mg	1	MO; QL (480 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*rufinamide oral tablet 400*mg	1	QL (240 EA per 30 days)
Agentes Modificadores de los Canales de Calcio		
*ethosuximide oral capsule 250*mg	1	MO
*ethosuximide oral solution 250*mg*/5ml*	1	MO
*methsuximide oral capsule 300*mg	1	MO
ZONISADE ORAL SUSPENSION 100MG/5ML	1	MO; QL (900ML per 30 days)
*zonisamide oral capsule 100*mg*, 25*mg*, 50*mg	1	MO
Anticonvulsivos, Otros		
BRIVIACT ORAL SOLUTION 10MG/ML	1	MO; QL (600ML per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG	1	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG	1	PA; MO
DIACOMIT ORAL PACKET 250MG, 500MG	1	PA; MO
EPIDIOLEX ORAL SOLUTION 100MG/ML	1	PA; MO
*felbamate oral suspension 600*mg*/5ml*	1	
*felbamate oral tablet 400*mg*, 600*mg	1	MO
FINTEPLA ORAL SOLUTION 2.2MG/ML	1	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	1	ST; MO; QL (720ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	1	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	1	ST; MO; QL (30 EA per 30 days)
lamotrigine er oral tablet extended release 24-hour *100*mg*, 200*mg*, 25*mg*, 250*mg*, 300*mg*, 50*mg	1	MO
*lamotrigine oral kit 21 x 25*mg *& 7 x 50*mg*, 25 & 50 & 100*mg*, 42 x 50*mg *& 14x100*mg	1	MO
*lamotrigine oral tablet 100*mg*, 150*mg*, 200*mg*, 25*mg	1	MO
*lamotrigine oral tablet chewable 25*mg*, 5*mg	1	MO
*lamotrigine oral tablet dispersible 100*mg*, 200*mg*, 25*mg*, 50*mg	1	MO
*lamotrigine starter kit-blue oral kit 35 x 25*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*lamotrigine starter kit-green oral kit 84 x 25*mg *& 14x100*mg	1	MO
*lamotrigine starter kit-orange oral kit 42 x 25*mg *& 7 x 100*mg	1	MO
levetiracetam er oral tablet extended release 24-hour *500*mg*, 750*mg	1	MO
*levetiracetam oral solution 100*mg*/ml*	1	MO
*levetiracetam oral tablet 1000*mg*, 250*mg*, 500*mg*, 750*mg	1	MO
*phenobarbital oral elixir 20*mg*/5ml*	1	MO; QL (1500ML per 30 days)
*phenobarbital oral tablet 100*mg*, 16.2*mg*, 32.4*mg*, 64.8*mg*, 97.2*mg	1	MO; QL (90 EA per 30 days)
*phenobarbital oral tablet 15*mg*, 60*mg	1	MO; QL (120 EA per 30 days)
*phenobarbital oral tablet 30*mg	1	MO; QL (300 EA per 30 days)
*primidone oral tablet 125*mg*, 250*mg*, 50*mg	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	1	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	1	ST; MO; QL (120 EA per 30 days)
*valproic acid oral capsule 250*mg	1	MO
*valproic acid oral solution 250*mg*/5ml*	1	MO
XCOPRI (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150MG	1	MO; QL (56 EA per 28 days)
XCOPRI (350MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200MG	1	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5MG & 14 X 25MG, 14 X 150MG & 14 X200MG, 14 X 50MG & 14 X100MG	1	MO; QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50MG/ML	1	PA; QL (1100ML per 30 days)
ANTIDEPRESIVOS		
Antidepresivos, Otros		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105MG	1	ST; MO; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
bupropion hcl er (sr) oral tablet extended release 12-hour *100*mg	1	MO; QL (120 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12-hour *150*mg	1	MO; QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12-hour *200*mg	1	MO; QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24-hour *150*mg	1	MO; QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24-hour *300*mg	1	MO; QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24-hour *450*mg	1	MO; QL (30 EA per 30 days)
*bupropion hcl oral tablet 100*mg	1	MO; QL (180 EA per 30 days)
*bupropion hcl oral tablet 75*mg	1	MO; QL (120 EA per 30 days)
*mirtazapine oral tablet 15*mg*, 30*mg*, 45*mg	1	MO; QL (30 EA per 30 days)
*mirtazapine oral tablet 7.5*mg	1	MO; QL (45 EA per 30 days)
*mirtazapine oral tablet dispersible 15*mg*, 30*mg*, 45*mg	1	MO; QL (30 EA per 30 days)
*olanzapine-fluoxetine hcl oral capsule 12-25*mg*, 12-50*mg*, 6-50*mg	1	MO; QL (30 EA per 30 days)
*olanzapine-fluoxetine hcl oral capsule 3-25*mg*, 6-25*mg	1	MO; QL (90 EA per 30 days)
Inhibidores de la Monoaminooxidasa		
EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	1	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10MG	1	ST; MO; QL (180 EA per 30 days)
*phenelzine sulfate oral tablet 15*mg	1	MO
*tranylcypromine sulfate oral tablet 10*mg	1	MO
ISRS/IRSN (Inhibidor Selectivo de la Recaptación de Serotonina/Inhibidor de la Recaptación de Serotonina y Norepinefrina)		
*citalopram hydrobromide oral capsule 30*mg	1	MO; QL (30 EA per 30 days)
*citalopram hydrobromide oral solution 10*mg*/5ml*	1	MO; QL (600ML per 30 days)
*citalopram hydrobromide oral tablet 10*mg*, 40*mg	1	MO; QL (30 EA per 30 days)
*citalopram hydrobromide oral tablet 20*mg	1	MO; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
desvenlafaxine er oral tablet extended release 24-hour *100*mg*, 50*mg	1	MO; QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24-hour *100*mg*, 25*mg*, 50*mg	1	MO; QL (30 EA per 30 days)
*duloxetine hcl oral capsule delayed release particles 20*mg*, 30*mg*, 40*mg*, 60*mg	1	MO; QL (60 EA per 30 days)
*escitalopram oxalate oral solution 5*mg*/5ml*	1	MO; QL (600ML per 30 days)
*escitalopram oxalate oral tablet 10*mg	1	MO; QL (45 EA per 30 days)
*escitalopram oxalate oral tablet 20*mg	1	MO; QL (60 EA per 30 days)
*escitalopram oxalate oral tablet 5*mg	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	1	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	1	MO; QL (28 EA per 28 days)
*fluoxetine hcl oral capsule 10*mg*, 20*mg*, 40*mg	1	MO; QL (60 EA per 30 days)
*fluoxetine hcl oral solution 20*mg*/5ml*	1	MO; QL (600ML per 30 days)
*fluoxetine hcl oral tablet 10*mg	1	MO; QL (60 EA per 30 days)
*fluoxetine hcl oral tablet 20*mg	1	MO; QL (120 EA per 30 days)
*fluvoxamine maleate oral tablet 100*mg*, 25*mg*, 50*mg	1	MO; QL (90 EA per 30 days)
*nefazodone hcl oral tablet 100*mg*, 150*mg*, 200*mg*, 250*mg*, 50*mg	1	MO
*paroxetine hcl oral suspension 10*mg*/5ml*	1	MO; QL (900ML per 30 days)
*paroxetine hcl oral tablet 10*mg*, 20*mg	1	MO; QL (30 EA per 30 days)
*paroxetine hcl oral tablet 30*mg*, 40*mg	1	MO; QL (60 EA per 30 days)
*sertraline hcl oral capsule 150*mg*, 200*mg	1	MO; QL (30 EA per 30 days)
*sertraline hcl oral concentrate 20*mg*/ml*	1	MO; QL (300ML per 30 days)
*sertraline hcl oral tablet 100*mg	1	MO; QL (60 EA per 30 days)
*sertraline hcl oral tablet 25*mg*, 50*mg	1	MO; QL (90 EA per 30 days)
*trazodone hcl oral tablet 100*mg*, 150*mg*, 300*mg*, 50*mg	1	MO
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG	1	ST; MO; QL (30 EA per 30 days)
venlafaxine besylate er oral tablet extended release 24-hour *112.5*mg	1	MO; QL (60 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*venlafaxine hcl er oral capsule extended release 24-*hour *150*mg*, 37.5*mg*, 75*mg	1	MO; QL (60 EA per 30 days)
*venlafaxine hcl er oral tablet extended release 24-*hour *150*mg*, 225*mg*, 37.5*mg*, 75*mg	1	MO; QL (30 EA per 30 days)
*venlafaxine hcl oral tablet 100*mg*, 25*mg*, 37.5*mg*, 50*mg*, 75*mg	1	MO; QL (90 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20MG	1	MO; QL (30 EA per 30 days)
*vilazodone hcl oral tablet 10*mg*, 20*mg*, 40*mg	1	MO; QL (30 EA per 30 days)
Tricíclicos		
*amitriptyline hcl oral tablet 10*mg*, 100*mg*, 150*mg*, 25*mg*, 50*mg*, 75*mg	1	MO
*amoxapine oral tablet 100*mg*, 150*mg*, 25*mg*, 50*mg	1	MO
*clomipramine hcl oral capsule 25*mg*, 50*mg*, 75*mg	1	MO
*desipramine hcl oral tablet 10*mg*, 100*mg*, 150*mg*, 25*mg*, 50*mg*, 75*mg	1	MO
*doxepin hcl oral capsule 10*mg*, 100*mg*, 150*mg*, 25*mg*, 50*mg*, 75*mg	1	MO
*doxepin hcl oral concentrate 10*mg*/ml*	1	MO
*imipramine hcl oral tablet 10*mg*, 25*mg*, 50*mg	1	MO
*nortriptyline hcl oral capsule 10*mg*, 25*mg*, 50*mg*, 75*mg	1	MO
*nortriptyline hcl oral solution 10*mg*/5ml*	1	MO
*protriptyline hcl oral tablet 10*mg*, 5*mg	1	MO
*trimipramine maleate oral capsule 100*mg*, 25*mg*, 50*mg	1	MO
ANTIEMÉTICOS		
Antieméticos, Otros		
*meclizine hcl oral tablet 12.5*mg*, 25*mg	1	MO
*prochlorperazine maleate oral tablet 10*mg*, 5*mg	1	BvD; MO
*prochlorperazine rectal suppository 25*mg	1	MO
*promethazine hcl oral syrup 6.25*mg*/5ml*	1	MO
*promethazine hcl oral tablet 12.5*mg*, 25*mg*, 50*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*promethazine hcl rectal suppository 12.5*mg*, 25*mg	1	MO
scopolamine transdermal patch 72-hour *1*mg*/3days*	1	MO
Complementos de Terapia Emetogénica		
*aprepitant oral capsule 125*mg*, 40*mg*, 80*mg	1	BvD; MO; QL (30 EA per 30 days)
*aprepitant oral capsule 80 & 125*mg	1	BvD; MO; QL (12 EA per 30 days)
*dronabinol oral capsule 10*mg*, 2.5*mg*, 5*mg	1	PA; MO; QL (60 EA per 30 days)
*granisetron hcl oral tablet 1*mg	1	BvD; MO; QL (60 EA per 30 days)
*ondansetron hcl oral solution 4*mg*/5ml*	1	BvD; MO
*ondansetron hcl oral tablet 4*mg*, 8*mg	1	BvD; MO
*ondansetron oral tablet dispersible 4*mg*, 8*mg	1	BvD; MO
VARUBI (180MG DOSE) ORAL TABLET THERAPY PACK 2 X 90MG	1	BvD; MO
ANTIMICOBACTERIANOS		
Antimicobacterianos, Otros		
*dapsone oral tablet 100*mg*, 25*mg	1	MO
PRIFTIN ORAL TABLET 150MG	1	MO
*rifabutin oral capsule 150*mg	1	MO
Antituberculosos		
*ethambutol hcl oral tablet 100*mg*, 400*mg	1	MO
*isoniazid oral syrup 50*mg*/5ml*	1	MO
*isoniazid oral tablet 100*mg*, 300*mg	1	MO
*pyrazinamide oral tablet 500*mg	1	MO
*rifampin intravenous solution reconstituted 600*mg	1	MO
*rifampin oral capsule 150*mg*, 300*mg	1	MO
SIRTURO ORAL TABLET 100MG, 20MG	1	PA
TRECATOR ORAL TABLET 250MG	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ANTIMICÓTICOS		
Antimicóticos		
ABELCET INTRAVENOUS SUSPENSION 5MG/ML	1	BvD; MO
*amphotericin b intravenous solution reconstituted 50*mg	1	BvD; MO
*amphotericin b liposome intravenous suspension reconstituted 50*mg	1	BvD
*caspofungin acetate intravenous solution reconstituted 50*mg	1	
*caspofungin acetate intravenous solution reconstituted 70*mg	1	MO
ciclopirox olamine external cream 0.77%	1	MO
ciclopirox olamine external suspension 0.77%	1	MO
clotrimazole external cream 1%	1	MO
clotrimazole external solution 1%	1	MO
*clotrimazole mouth/throat troche 10*mg	1	MO
econazole nitrate external cream 1%	1	MO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100MG	1	BvD
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50MG	1	BvD; MO
*fluconazole in sodium chloride intravenous solution 200-0.9*mg*/100ml-%, 400-0.9*mg*/200ml-%*	1	BvD; MO
*fluconazole oral suspension reconstituted 10*mg*/ml, 40*mg*/ml*	1	MO
*fluconazole oral tablet 100*mg*, 150*mg*, 200*mg*, 50*mg	1	MO
*flucytosine oral capsule 250*mg*, 500*mg	1	
*griseofulvin microsize oral suspension 125*mg*/5ml*	1	MO
*griseofulvin microsize oral tablet 500*mg	1	MO
*griseofulvin ultramicrosize oral tablet 125*mg*, 250*mg	1	MO
*itraconazole oral capsule 100*mg	1	PA; MO

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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*itraconazole oral solution 10*mg*/ml*	1	PA; MO
JUBLIA EXTERNAL SOLUTION 10%	1	MO
ketoconazole external cream 2%	1	MO
ketoconazole external shampoo 2%	1	MO
*ketoconazole oral tablet 200*mg	1	MO
NOXAFIL ORAL PACKET 300MG	1	PA
NYAMYC EXTERNAL POWDER 100000UNIT/GM	1	MO
*nystatin external cream 100000*unit*/gm*	1	MO
*nystatin external ointment 100000*unit*/gm*	1	MO
*nystatin external powder 100000*unit*/gm*	1	MO
*nystatin mouth/throat suspension 100000*unit*/ml*	1	MO
*nystatin oral tablet 500000*unit	1	MO
NYSTOP EXTERNAL POWDER 100000UNIT/GM	1	MO
*posaconazole oral suspension 40*mg*/ml*	1	PA
*posaconazole oral tablet delayed release 100*mg	1	PA; MO
*terbinafine hcl oral tablet 250*mg	1	MO
terconazole vaginal cream 0.4%, 0.8%	1	MO
*terconazole vaginal suppository 80*mg	1	MO
*voriconazole intravenous solution reconstituted 200*mg	1	PA
*voriconazole oral suspension reconstituted 40*mg*/ml*	1	PA
*voriconazole oral tablet 200*mg*, 50*mg	1	PA; MO
ANTINEOPLÁSICOS		
Agentes Alquilantes		
*cyclophosphamide oral capsule 25*mg*, 50*mg	1	BvD; MO
*cyclophosphamide oral tablet 25*mg*, 50*mg	1	BvD; MO
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	1	PA; MO
LEUKERAN ORAL TABLET 2MG	1	MO
MATULANE ORAL CAPSULE 50MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
VALCHLOR EXTERNAL GEL 0.016%	1	PA; QL (60GM per 14 days)
Agentes Antiangiogénicos		
*lenalidomide oral capsule 10*mg*, 15*mg*, 2.5*mg*, 20*mg*, 25*mg*, 5*mg	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	1	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	1	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
Antiandrógenos		
*abiraterone acetate oral tablet 250*mg*, 500*mg	1	PA; QL (120 EA per 30 days)
*bicalutamide oral tablet 50*mg	1	MO
ERLEADA ORAL TABLET 240MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60MG	1	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	1	
*nilutamide oral tablet 150*mg	1	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	1	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	1	PA; QL (120 EA per 30 days)
Antiestrógenos/Modificadores		
EMCYT ORAL CAPSULE 140MG	1	MO
ORSERDU ORAL TABLET 345MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86MG	1	PA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10MG/5ML	1	PA; MO
*tamoxifen citrate oral tablet 10*mg*, 20*mg	1	MO
*toremifene citrate oral tablet 60*mg	1	PA
Antimetabolitos		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	1	MO
*hydroxyurea oral capsule 500*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
INQOVI ORAL TABLET 35-100MG	1	PA
*mercaptopurine oral tablet 50*mg	1	MO
ONUREG ORAL TABLET 200MG, 300MG	1	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	1	MO
TABLOID ORAL TABLET 40MG	1	PA; MO
Antineoplásticos, Otros		
IDHIFA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	1	PA; QL (60 EA per 30 days)
KISQALI FEMARA (200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
*leucovorin calcium oral tablet 10*mg*, 15*mg*, 25*mg*, 5*mg	1	MO
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	1	PA
LUMAKRAS ORAL TABLET 120MG	1	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320MG	1	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100MG	1	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	1	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400MG	1	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	1	PA
ORGOVYX ORAL TABLET 120MG	1	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	1	PA
WELIREG ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	1	BvD; MO
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	1	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (80MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
ZOLINZA ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
Inhibidores de Aromatasa, 3ra Generación		
*anastrozole oral tablet 1*mg	1	MO
*exemestane oral tablet 25*mg	1	MO
*letrozole oral tablet 2.5*mg	1	MO
Inhibidores de Blanco Molecular		
ALECENSA ORAL CAPSULE 150MG	1	PA
ALUNBRIG ORAL TABLET 180MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30MG	1	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180MG	1	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3MG	1	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4MG	1	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5MG	1	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100MG	1	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	1	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80MG	1	PA; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG	1	PA
CALQUENCE ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	1	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	1	PA
ERIVEDGE ORAL CAPSULE 150MG	1	PA
*erlotinib hcl oral tablet 100*mg*, 150*mg	1	PA; QL (30 EA per 30 days)
*erlotinib hcl oral tablet 25*mg	1	PA; QL (90 EA per 30 days)
*everolimus oral tablet 10*mg*, 2.5*mg*, 5*mg*, 7.5*mg	1	PA; QL (30 EA per 30 days)
*everolimus oral tablet soluble 2*mg*, 3*mg	1	PA; QL (30 EA per 30 days)
*everolimus oral tablet soluble 5*mg	1	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	1	PA
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
*gefitinib oral tablet 250*mg	1	PA
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	1	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	1	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	1	PA; QL (60 EA per 30 days)
*imatinib mesylate oral tablet 100*mg	1	PA; QL (90 EA per 30 days)
*imatinib mesylate oral tablet 400*mg	1	PA; QL (60 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
IMBRUVICA ORAL CAPSULE 140MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	1	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML	1	PA; QL (240ML per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG	1	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	1	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50MG	1	PA; QL (30 EA per 30 days)
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KOSELUGO ORAL CAPSULE 10MG	1	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	1	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200MG	1	PA; QL (180 EA per 30 days)
*lapatinib ditosylate oral tablet 250*mg	1	PA; QL (180 EA per 30 days)
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	1	PA
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	1	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	1	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	1	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	1	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	1	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	1	PA
LORBRENA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	1	PA; QL (120 EA per 30 days)
LYTGOBI (12MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (84 EA per 28 days)
LYTGOBI (16MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (112 EA per 28 days)
LYTGOBI (20MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05MG/ML	1	PA; QL (1260ML per 30 days)
MEKINIST ORAL TABLET 0.5MG	1	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	1	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	1	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	1	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	1	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	1	PA
QINLOCK ORAL TABLET 50MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	1	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	1	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	1	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	1	PA

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
RYDAPT ORAL CAPSULE 25MG	1	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	1	PA
*sorafenib tosylate oral tablet 200*mg	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	1	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	1	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	1	PA; QL (84 EA per 28 days)
*sunitinib malate oral capsule 12.5*mg*, 25*mg*, 37.5*mg*, 50*mg	1	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150MG, 200MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	1	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10MG	1	PA; QL (900 EA per 30 days)
TAGRISSO ORAL TABLET 40MG, 80MG	1	PA
TALZENNA ORAL CAPSULE 0.1MG, 0.35MG, 0.75MG, 1MG	1	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25MG	1	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	1	PA; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	1	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225MG	1	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	1	PA; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150MG, 50MG	1	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125MG	1	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 50MG	1	PA; MO
VENCLEXTA ORAL TABLET 100MG	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	1	PA; MO
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	PA
VITRAKVI ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
VITRAKVI ORAL CAPSULE 25MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	1	PA; QL (310ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	1	PA
VOTRIENT ORAL TABLET 200MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100MG, 200MG, 300MG	1	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150MG	1	PA; QL (150 EA per 30 days)
Retinoides		
bexarotene external gel 1%	1	PA
*bexarotene oral capsule 75*mg	1	PA; QL (300 EA per 30 days)
*tretinoin oral capsule 10*mg	1	
ANTIPARASITARIOS		
Antihelmínticos		
*albendazole oral tablet 200*mg	1	MO
EMVERM ORAL TABLET CHEWABLE 100MG	1	
*ivermectin oral tablet 3*mg	1	PA; MO
Antiprotozoarios		
*atovaquone oral suspension 750*mg*/5ml*	1	
*atovaquone-proguanil hcl oral tablet 250-100*mg*, 62.5-25*mg	1	MO
*benznidazole oral tablet 100*mg*, 12.5*mg	1	MO
*chloroquine phosphate oral tablet 250*mg*, 500*mg	1	MO
COARTEM ORAL TABLET 20-120MG	1	MO
*hydroxychloroquine sulfate oral tablet 100*mg*, 200*mg*, 300*mg*, 400*mg	1	MO
LAMPIT ORAL TABLET 120MG, 30MG	1	MO

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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*mefloquine hcl oral tablet 250*mg	1	MO
*nitazoxanide oral tablet 500*mg	1	MO; QL (40 EA per 30 days)
*pentamidine isethionate inhalation solution reconstituted 300*mg	1	BvD; MO
*pentamidine isethionate injection solution reconstituted 300*mg	1	BvD; MO
*primaquine phosphate oral tablet 26.3 (15 base)*mg	1	MO
*quinine sulfate oral capsule 324*mg	1	PA; MO
ANTIPSICÓTICOS		
Atípico/2da Generación		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720MG/2.4ML, 960MG/3.2ML	1	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	1	
*aripiprazole oral solution 1*mg*/ml*	1	MO; QL (750ML per 30 days)
*aripiprazole oral tablet 10*mg*, 15*mg*, 2*mg*, 20*mg*, 30*mg*, 5*mg	1	MO; QL (30 EA per 30 days)
*aripiprazole oral tablet dispersible 10*mg	1	QL (90 EA per 30 days)
*aripiprazole oral tablet dispersible 15*mg	1	QL (60 EA per 30 days)
*asenapine maleate sublingual tablet sublingual 10*mg*, 2.5*mg*, 5*mg	1	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG	1	
FANAPT ORAL TABLET 1MG, 2MG, 4MG	1	ST; MO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10MG, 12MG, 6MG, 8MG	1	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	1	ST; MO; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39MG/0.25ML	1	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	1	
*lurasidone hcl oral tablet 120*mg*, 20*mg*, 40*mg*, 60*mg*, 80*mg	1	
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	1	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	1	PA
NUPLAZID ORAL TABLET 10MG	1	PA
*olanzapine intramuscular solution reconstituted 10*mg	1	MO; QL (60 EA per 30 days)
*olanzapine oral tablet 10*mg*, 15*mg*, 2.5*mg*, 5*mg*, 7.5*mg	1	MO; QL (30 EA per 30 days)
*olanzapine oral tablet 20*mg	1	MO; QL (60 EA per 30 days)
*olanzapine oral tablet dispersible 10*mg*, 5*mg	1	MO; QL (60 EA per 30 days)
*olanzapine oral tablet dispersible 15*mg*, 20*mg	1	MO; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24-hour *1.5*mg*, 3*mg*, 9*mg	1	MO; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24-hour *6*mg	1	MO; QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24-hour *150*mg	1	MO; QL (90 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24-hour *200*mg*, 300*mg*, 400*mg	1	MO; QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24-hour *50*mg	1	MO; QL (120 EA per 30 days)
*quetiapine fumarate oral tablet 100*mg*, 150*mg*, 25*mg*, 300*mg*, 400*mg*, 50*mg	1	MO; QL (60 EA per 30 days)
*quetiapine fumarate oral tablet 200*mg	1	MO; QL (30 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG	1	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25MG, 37.5MG, 50MG	1	
*risperidone oral solution 1*mg*/ml*	1	MO; QL (480ML per 30 days)
*risperidone oral tablet 0.25*mg*, 1*mg*, 2*mg*, 3*mg*, 4*mg	1	MO; QL (60 EA per 30 days)
*risperidone oral tablet 0.5*mg	1	MO; QL (120 EA per 30 days)
*risperidone oral tablet dispersible 0.25*mg*, 1*mg*, 2*mg*, 3*mg	1	MO; QL (60 EA per 30 days)
*risperidone oral tablet dispersible 0.5*mg*, 4*mg	1	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	1	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	1	ST; MO; QL (7 EA per 28 days)
*ziprasidone hcl oral capsule 20*mg*, 40*mg*, 60*mg*, 80*mg	1	MO; QL (60 EA per 30 days)
*ziprasidone mesylate intramuscular solution reconstituted 20*mg	1	MO; QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210MG	1	ST; MO
Resistente Al Tratamiento		
*clozapine oral tablet 100*mg*, 200*mg*, 25*mg*, 50*mg	1	MO; QL (120 EA per 30 days)
*clozapine oral tablet dispersible 100*mg*, 12.5*mg*, 150*mg*, 25*mg	1	MO; QL (120 EA per 30 days)
*clozapine oral tablet dispersible 200*mg	1	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50MG/ML	1	ST; QL (540ML per 30 days)
Típico/1ra Generación		
*chlorpromazine hcl oral concentrate 100*mg*/ml, 30*mg*/ml*	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*chlorpromazine hcl oral tablet 10*mg*, 25*mg	1	BvD; MO
*chlorpromazine hcl oral tablet 100*mg*, 200*mg*, 50*mg	1	MO
*fluphenazine decanoate injection solution 25*mg*/ml*	1	MO
*fluphenazine hcl injection solution 2.5*mg*/ml*	1	MO
*fluphenazine hcl oral concentrate 5*mg*/ml*	1	MO
*fluphenazine hcl oral elixir 2.5*mg*/5ml*	1	MO
*fluphenazine hcl oral tablet 1*mg*, 10*mg*, 2.5*mg*, 5*mg	1	MO
*haloperidol decanoate intramuscular solution 100*mg*/ml, 100*mg*/ml 1*ml*, 50*mg*/ml, 50*mg*/ml(1ml)*	1	MO
*haloperidol lactate injection solution 5*mg*/ml*	1	MO
*haloperidol lactate oral concentrate 2*mg*/ml*	1	MO
*haloperidol oral tablet 0.5*mg*, 1*mg*, 10*mg*, 2*mg*, 20*mg*, 5*mg	1	MO
*loxapine succinate oral capsule 10*mg*, 25*mg*, 5*mg*, 50*mg	1	MO
*molindone hcl oral tablet 10*mg*, 25*mg*, 5*mg	1	MO
*perphenazine oral tablet 16*mg*, 2*mg	1	MO
*perphenazine oral tablet 4*mg*, 8*mg	1	BvD; MO
*pimozide oral tablet 1*mg*, 2*mg	1	MO
*thioridazine hcl oral tablet 10*mg*, 100*mg*, 25*mg*, 50*mg	1	MO
*thiothixene oral capsule 1*mg*, 10*mg*, 2*mg*, 5*mg	1	MO
*trifluoperazine hcl oral tablet 1*mg*, 10*mg*, 2*mg*, 5*mg	1	MO
ANTIVIRALES		
Agentes Anti-Citomegalovirus (CMV)		
LIVTENCITY ORAL TABLET 200MG	1	PA
PREVYMIS ORAL TABLET 240MG, 480MG	1	PA; QL (28 EA per 28 days)
*valganciclovir hcl oral solution reconstituted 50*mg*/ml*	1	MO
*valganciclovir hcl oral tablet 450*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ZIRGAN OPHTHALMIC GEL 0.15%	1	MO
Agentes Antigripales		
*oseltamivir phosphate oral capsule 30*mg*, 45*mg*, 75*mg	1	MO
*oseltamivir phosphate oral suspension reconstituted 6*mg*/ml*	1	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/ACT	1	MO
*rimantadine hcl oral tablet 100*mg	1	MO
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	1	MO
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	1	MO
Agentes Antiherpéticos		
*acyclovir oral capsule 200*mg	1	MO
*acyclovir oral suspension 200*mg*/5ml*	1	MO
*acyclovir oral tablet 400*mg*, 800*mg	1	MO
*acyclovir sodium intravenous solution 50*mg*/ml*	1	BvD; MO
*famciclovir oral tablet 125*mg*, 250*mg*, 500*mg	1	MO
trifluridine ophthalmic solution 1%	1	MO
*valacyclovir hcl oral tablet 1*gm*, 500*mg	1	MO
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa de Nucleósidos y Nucleótidos (NRTI)		
*abacavir sulfate oral solution 20*mg*/ml*	1	MO; QL (960ML per 30 days)
*abacavir sulfate oral tablet 300*mg	1	MO; QL (60 EA per 30 days)
*abacavir sulfate-lamivudine oral tablet 600-300*mg	1	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG	1	QL (30 EA per 30 days)
*efavirenz-emtricitab-tenofo df oral tablet 600-200-300*mg	1	QL (30 EA per 30 days)
*efavirenz-lamivudine-tenofovir oral tablet 400-300-300*mg*, 600-300-300*mg	1	QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*emtricitabine oral capsule 200*mg	1	MO; QL (30 EA per 30 days)
*emtricitabine-tenofovir df oral tablet 100-150*mg*, 133-200*mg*, 167-250*mg*, 200-300*mg	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	1	MO; QL (680ML per 28 days)
JULUCA ORAL TABLET 50-25MG	1	QL (30 EA per 30 days)
*lamivudine oral solution 10*mg*/ml*	1	MO; QL (900ML per 30 days)
*lamivudine oral tablet 150*mg	1	MO; QL (60 EA per 30 days)
*lamivudine oral tablet 300*mg	1	MO; QL (30 EA per 30 days)
*lamivudine-zidovudine oral tablet 150-300*mg	1	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	1	QL (30 EA per 30 days)
*tenofovir disoproxil fumarate oral tablet 300*mg	1	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	1	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	1	QL (240GM per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG	1	QL (30 EA per 30 days)
*zidovudine oral capsule 100*mg	1	MO; QL (180 EA per 30 days)
*zidovudine oral syrup 50*mg*/5ml*	1	MO; QL (1680ML per 28 days)
*zidovudine oral tablet 300*mg	1	MO; QL (60 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Integrasa (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300MG	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG	1	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100MG, 25MG	1	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG	1	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5MG	1	MO; QL (360 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes Anti-VIH, Inhibidores de la Proteasa (PI)		
APTIVUS ORAL CAPSULE 250MG	1	QL (120 EA per 30 days)
*atazanavir sulfate oral capsule 150*mg*, 200*mg	1	MO; QL (60 EA per 30 days)
*atazanavir sulfate oral capsule 300*mg	1	MO; QL (30 EA per 30 days)
*darunavir oral tablet 600*mg	1	QL (60 EA per 30 days)
*darunavir oral tablet 800*mg	1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	1	QL (30 EA per 30 days)
*fosamprenavir calcium oral tablet 700*mg	1	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	1	MO; QL (1575ML per 28 days)
*lopinavir-ritonavir oral solution 400-100*mg*/5ml*	1	MO; QL (400ML per 30 days)
*lopinavir-ritonavir oral tablet 100-25*mg	1	MO; QL (300 EA per 30 days)
*lopinavir-ritonavir oral tablet 200-50*mg	1	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	1	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150MG	1	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	1	QL (360ML per 30 days)
PREZISTA ORAL TABLET 150MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75MG	1	MO; QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50MG	1	MO; QL (180 EA per 30 days)
*ritonavir oral tablet 100*mg	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	1	QL (120 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa No Nucleósidos (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG	1	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25MG	1	QL (30 EA per 30 days)
*efavirenz oral capsule 200*mg	1	MO; QL (120 EA per 30 days)
*efavirenz oral capsule 50*mg	1	MO; QL (360 EA per 30 days)
*efavirenz oral tablet 600*mg	1	MO; QL (30 EA per 30 days)
*etravirine oral tablet 100*mg	1	QL (120 EA per 30 days)
*etravirine oral tablet 200*mg	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
nevirapine er oral tablet extended release 24-hour *100*mg	1	MO; QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24-hour *400*mg	1	MO; QL (30 EA per 30 days)
*nevirapine oral suspension 50*mg*/5ml*	1	MO; QL (1200ML per 30 days)
*nevirapine oral tablet 200*mg	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	1	QL (30 EA per 30 days)
Agentes Anti-VIH, Otros		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	1	QL (60 EA per 30 days)
*maraviroc oral tablet 150*mg*, 300*mg	1	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	1	QL (1800ML per 30 days)
SELZENTRY ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	1	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300MG	1	QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300MG	1	QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150MG	1	MO; QL (30 EA per 30 days)
Agentes Contra la Hepatitis B (VHB)		
*adefovir dipivoxil oral tablet 10*mg	1	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05MG/ML	1	QL (600ML per 30 days)
*entecavir oral tablet 0.5*mg*, 1*mg	1	MO; QL (30 EA per 30 days)
*lamivudine oral tablet 100*mg	1	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25MG	1	QL (30 EA per 30 days)
Agentes Contra la Hepatitis C (VHC)		
MAVYRET ORAL PACKET 50-20MG	1	PA
MAVYRET ORAL TABLET 100-40MG	1	PA

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*ribavirin oral capsule 200*mg	1	MO
*ribavirin oral tablet 200*mg	1	MO
*sofosbuvir-velpatasvir oral tablet 400-100*mg	1	PA
VOSEVI ORAL TABLET 400-100-100MG	1	PA
ELECTROLITOS/MINERALES/METALES/VITAMINAS		
Electrolitos/Minerales/Metales/Vitaminas		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD; MO
dextrose intravenous solution 10%, 5%	1	BvD; MO
dextrose-nacl intravenous solution 10-0.2%, 10-0.45%, 2.5-0.45%	1	BvD; MO
dextrose-nacl intravenous solution 5-0.2%, 5-0.45%, 5-0.9%	1	MO
DOJOLVI ORAL LIQUID 100%	1	PA
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	1	BvD; MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvD; MO
*levocarnitine oral solution 1*gm*/10ml*	1	MO
*levocarnitine oral tablet 330*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NUTRILIPID INTRAVENOUS EMULSION 20%	1	BvD; MO
PREMASOL INTRAVENOUS SOLUTION 10%	1	BvD; MO
*prenatal oral tablet 27-1*mg	1	MO
PROSOL INTRAVENOUS SOLUTION 20%	1	BvD; MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD; MO
TRAVASOL INTRAVENOUS SOLUTION 10%	1	BvD; MO
TROPHAMINE INTRAVENOUS SOLUTION 10%	1	BvD; MO
Ligantes de Fosfato		
AURYXIA ORAL TABLET 1GM 210MG(FE)	1	PA; MO
*calcium acetate (phos binder) oral capsule 667*mg	1	MO
*calcium acetate oral tablet 667*mg	1	MO
*sevelamer carbonate oral packet 0.8*gm	1	QL (540 EA per 30 days)
*sevelamer carbonate oral packet 2.4*gm	1	QL (180 EA per 30 days)
*sevelamer carbonate oral tablet 800*mg	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	1	MO
Modificadores de Electrolitos/Minerales/Metales		
*deferasirox granules oral packet 180*mg*, 360*mg*, 90*mg	1	PA
*deferasirox oral tablet 180*mg*, 360*mg	1	PA
*deferasirox oral tablet 90*mg	1	PA; MO
*deferasirox oral tablet soluble 125*mg*, 250*mg*, 500*mg	1	PA
*deferiprone oral tablet 1000*mg*, 500*mg	1	PA
FERRIPROX ORAL SOLUTION 100MG/ML	1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	1	PA
LOKELMA ORAL PACKET 10GM, 5GM	1	MO
sodium polystyrene sulfonate oral powder	1	MO
SPS ORAL SUSPENSION 15GM/60ML	1	MO
*tolvaptan oral tablet 15*mg	1	PA; QL (120 EA per 30 days)
*tolvaptan oral tablet 30*mg	1	PA; QL (60 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*trientine hcl oral capsule 250*mg	1	PA
Reemplazo de Electrolitos/Minerales		
*carglumic acid oral tablet soluble 200*mg	1	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	BvD; MO
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-%-%	1	BvD; MO
kcl-lactated ringers-d5w intravenous solution 20 meq/l	1	BvD; MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
magnesium sulfate injection solution 50%, 50% (10ml syringe)	1	MO
multiple electro type 1 ph 5.5 intravenous solution	1	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD; MO
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	MO
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	MO
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	BvD; MO
*potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20*ml*), 20 meq/100ml*	1	BvD; MO

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.

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
potassium chloride oral packet 20 meq	1	MO
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	MO
*potassium citrate er oral tablet extended release 10 meq (1080*mg*), 15 meq (1620*mg*), 5 meq (540*mg*)*	1	MO
potassium cl in dextrose 5% intravenous solution 20 meq/l	1	BvD; MO
sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%	1	MO
sodium chloride irrigation solution 0.9%	1	MO
*sodium fluoride oral tablet 2.2 (1 f)*mg	1	MO
PRODUCTOS Y MODIFICADORES DE SANGRE		
Agentes Modificadores de Plaquetas		
*aspirin-dipyridamole er oral capsule extended release 12-*hour *25-200*mg	1	MO
BRILINTA ORAL TABLET 60MG, 90MG	1	MO
CABLIVI INJECTION KIT 11MG	1	PA
*cilostazol oral tablet 100*mg*, 50*mg	1	MO
*clopidogrel bisulfate oral tablet 75*mg	1	MO
*prasugrel hcl oral tablet 10*mg*, 5*mg	1	MO
Anticoagulantes		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5MG	1	MO
ELIQUIS ORAL TABLET 2.5MG, 5MG	1	MO
*enoxaparin sodium injection solution prefilled syringe 100*mg*/ml, 150*mg*/ml*	1	MO; QL (60ML per 30 days)
*enoxaparin sodium injection solution prefilled syringe 120*mg*/0.8ml, 80*mg*/0.8ml*	1	MO; QL (48ML per 30 days)
*enoxaparin sodium injection solution prefilled syringe 30*mg*/0.3ml*	1	MO; QL (18ML per 30 days)
*enoxaparin sodium injection solution prefilled syringe 40*mg*/0.4ml*	1	MO; QL (24ML per 30 days)
*enoxaparin sodium injection solution prefilled syringe 60*mg*/0.6ml*	1	MO; QL (36ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
*fondaparinux sodium subcutaneous solution 10*mg*/0.8ml*	1	QL (24ML per 30 days)
*fondaparinux sodium subcutaneous solution 2.5*mg*/0.5ml*	1	MO; QL (15ML per 30 days)
*fondaparinux sodium subcutaneous solution 5*mg*/0.4ml*	1	QL (12ML per 30 days)
*fondaparinux sodium subcutaneous solution 7.5*mg*/0.6ml*	1	QL (18ML per 30 days)
*heparin sodium (porcine) injection solution 1000*unit*/ml, 10000*unit*/ml, 20000*unit*/ml, 5000*unit*/ml*	1	BvD; MO
JANTOVEN ORAL TABLET 1MG, 10MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	MO
*warfarin sodium oral tablet 1*mg*, 10*mg*, 2*mg*, 2.5*mg*, 3*mg*, 4*mg*, 5*mg*, 6*mg*, 7.5*mg	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	1	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	1	MO
Productos y Modificadores de Sangre, Otros		
*anagrelide hcl oral capsule 0.5*mg*, 1*mg	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	1	PA
PROMACTA ORAL PACKET 12.5MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	1	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000UNIT/ML, 10000UNIT/ML(1ML), 20000UNIT/ML, 4000UNIT/ML, 40000UNIT/ML	1	PA; MO; QL (12ML per 28 days)
RETACRIT INJECTION SOLUTION 2000UNIT/ML	1	PA; MO; QL (23ML per 30 days)
RETACRIT INJECTION SOLUTION 3000UNIT/ML	1	PA; MO; QL (16ML per 30 days)
*tranexamic acid oral tablet 650*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	1	PA
REGULADORES DE GLUCOSA EN SANGRE		
Agentes Antidiabéticos		
*acarbose oral tablet 100*mg*, 25*mg*, 50*mg	1	MO
*glimepiride oral tablet 1*mg*, 2*mg*, 4*mg	1	MO
glipizide er oral tablet extended release 24-hour *10*mg*, 2.5*mg*, 5*mg	1	MO
*glipizide oral tablet 10*mg*, 5*mg	1	MO
*glipizide-metformin hcl oral tablet 2.5-250*mg*, 2.5-500*mg*, 5-500*mg	1	MO
*glyburide-metformin oral tablet 1.25-250*mg*, 2.5-500*mg*, 5-500*mg	1	MO
INVOKAMET ORAL TABLET 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	1	MO
INVOKANA ORAL TABLET 100MG, 300MG	1	MO
JANUMET ORAL TABLET 50-1000MG, 50-500MG	1	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 100-1000MG, 50-1000MG, 50-500MG	1	MO
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	1	MO
JARDIANCE ORAL TABLET 10MG, 25MG	1	MO
metformin hcl er oral tablet extended release 24-hour *500*mg*, 750*mg	1	MO
*metformin hcl oral tablet 1000*mg*, 500*mg*, 850*mg	1	MO
*miglitol oral tablet 100*mg*, 25*mg*, 50*mg	1	MO
*nateglinide oral tablet 120*mg*, 60*mg	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
OZEMPIC (0.25 OR 0.5MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2MG/3ML	1	MO
OZEMPIC (1MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4MG/3ML	1	MO
OZEMPIC (2MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8MG/3ML	1	MO
*pioglitazone hcl oral tablet 15*mg*, 30*mg*, 45*mg	1	MO
*pioglitazone hcl-glimepiride oral tablet 30-2*mg*, 30-4*mg	1	MO
*pioglitazone hcl-metformin hcl oral tablet 15-500*mg*, 15-850*mg	1	MO
*repaglinide oral tablet 0.5*mg*, 1*mg*, 2*mg	1	MO
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	1	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	1	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	1	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	1	MO
Agentes Glucémicos		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	1	MO
*diazoxide oral suspension 50*mg*/ml*	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	1	MO
*glucagon emergency injection kit 1*mg	1	MO

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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
KORLYM ORAL TABLET 300MG	1	PA
Insulinas		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1ML	1	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1ML	1	MO
cvs gauze sterile pad 2"x2"	1	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	MO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
FIASP INJECTION SOLUTION 100UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100UNIT/ML	1	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NOVOLOG INJECTION SOLUTION 100UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	1	MO
*preferred plus insulin syringe 28g x 1/2" 0.5*ml	1	MO
RELI-ON INSULIN SYRINGE 29G 0.3ML	1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	1	MO
RELAJANTES DEL MÚSCULO ESQUELÉTICO		
Relajantes del Músculo Esquelético		
*chlorzoxazone oral tablet 250*mg*, 375*mg*, 500*mg*, 750*mg	1	MO
*cyclobenzaprine hcl oral tablet 10*mg*, 5*mg*, 7.5*mg	1	MO
*methocarbamol oral tablet 500*mg*, 750*mg	1	MO
orphenadrine citrate er oral tablet extended release 12-hour 100mg	1	

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

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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.)

This formulary was updated on 09/19/2023. For more recent information or other questions, please contact Imperial Insurance Companies at 1-800-838-8271 October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. PST or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. PST, or visit www.imperialhealthplan.com.

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