

2023

Drug Formulary

Formulario de Medicamentos

C-SNP

Imperial Senior Value (HMO C-SNP) 005



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Senior Value (HMO C-SNP)

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 00023516, 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. 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. Select Insulins on Tier 3 are available for \$0. These will be marked with the letters "SSM" in the drug list.

IR_343 H5496 Drug Formulary 6T_C ENG 09/16/22

Contents

What is the Imperial Health Plan Formulary?	3
Can the Formulary (drug list) change?	3
How do I use the Formulary?	4
What are generic drugs?.....	4
Are there any restrictions on my coverage?	4
What if my drug is not on the Formulary?	5
How do I request an exception to the Imperial Health Plan Formulary?	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	5
For more information	6
Imperial Senior Value's Formulary	6
Index of Drugs	203

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 Senior Value (HMO C-SNP).

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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP) Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier (only for plans 005) 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 Senior Value (HMO C-SNP) 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 203. 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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP) 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, or utilization restriction exception. **When you request a formulary, tier, 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 Senior Value (HMO C-SNP), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Imperial Senior Value's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 203.

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.

Imperial Senior Value (HMO C-SNP)

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 00023516, 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. 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. Las Select Insulins del Nivel 3 están disponibles por \$0. Estos estarán marcados con las letras "SSM" en la lista de medicamentos.

IR_343 H5496 Drug Formulary 6T_C ENG 09/16/22

Contenido

¿Qué es el Formulario de Imperial Health Plan?	9
¿Puede cambiar el Formulario (lista de medicamentos)?	9
¿Cómo utilizo el Formulario?	10
¿Qué son los medicamentos genéricos?	10
¿Hay alguna restricción en mi cobertura?	11
¿Qué pasa si mi medicamento no está en el Formulario?	11
¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan?	11
¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?	12
Para obtener más información.....	13
Formulario de Imperial Senior Value.....	13
Índice de drogas	203

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 Senior Value (HMO C-SNP).

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 Senior Value (HMO C-SNP)?

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 Senior Value (HMO C-SNP) 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 Senior Value (HMO C-SNP)?”
- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario, o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente (solo para los planes 005) 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 Senior Value (HMO C-SNP)?”

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 203. 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 Senior Value (HMO C-SNP)?” 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, muéstresele 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 Senior Value (HMO C-SNP)?

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, o a la restricción de uso. **Cuando solicita una excepción al Formulario, nivel, 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 Senior Value (HMO C-SNP), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

Formulario de Imperial Senior Value

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por nuestro plan. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 203.

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 CSNP 2023 6-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS.....	20
ANESTHETICS.....	22
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS.....	22
ANTIBACTERIALS	23
ANTICONVULSANTS	29
ANTIDEMENTIA AGENTS.....	32
ANTIDEPRESSANTS	33
ANTIEMETICS.....	36
ANTIFUNGALS	37
ANTIGOUT AGENTS	38
ANTIMIGRAINE AGENTS	39
ANTIMYASTHENIC AGENTS	40
ANTIMYCOBACTERIALS	40
ANTINEOPLASTICS.....	40
ANTIPARASITICS.....	48
ANTIPARKINSON AGENTS.....	48
ANTIPSYCHOTICS	49
ANTISPASTICITY AGENTS	53
ANTIVIRALS.....	53
ANXIOLYTICS.....	57
BIPOLAR AGENTS.....	58
BLOOD GLUCOSE REGULATORS	58
BLOOD PRODUCTS AND MODIFIERS	63
CARDIOVASCULAR AGENTS	65
CENTRAL NERVOUS SYSTEM AGENTS	73
DENTAL AND ORAL AGENTS.....	75
DERMATOLOGICAL AGENTS	75
ELECTROLYTES/MINERALS/METALS/VITAMINS	79
EXCLUDED DRUG COVERAGE.....	82
GASTROINTESTINAL AGENTS.....	82

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	84
GENITOURINARY AGENTS	85
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	86
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY).....	87
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	87
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID).....	92
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	93
HORMONAL AGENTS, SUPPRESSANT (THYROID)	94
IMMUNOLOGICAL AGENTS	94
INFLAMMATORY BOWEL DISEASE AGENTS.....	100
METABOLIC BONE DISEASE AGENTS.....	100
OPHTHALMIC AGENTS.....	101
OTIC AGENTS	104
RESPIRATORY TRACT/ PULMONARY AGENTS.....	104
SKELETAL MUSCLE RELAXANTS	109
SLEEP DISORDER AGENTS.....	109

Imperial CSNP 2023 6-Tier (Lista de Medicamentos Cubiertos)

Lista de medicamentos por condición médica

AGENTES ANTIESPASTICIDAD	110
AGENTES ANTIMIASTENICOS.....	110
AGENTES ANTIMIGRAÑOSOS.....	110
AGENTES ANTIPARKINSON	111
AGENTES BIPOLARES	112
AGENTES CARDIOVASCULARES	113
AGENTES DE ANTIDEMENCIA.....	121
AGENTES DEL SISTEMA NERVIOSO CENTRAL	122
AGENTES DENTALES Y ORALES	124
AGENTES DERMATOLÓGICOS	124
AGENTES GASTROINTESTINALES.....	128
AGENTES GENITOURINARIOS	130
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (HORMONAS SEXUALES/ MODIFICADORES)	131
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (PITUITARIA)	136
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (SUPRARRENALES)	137
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (TIROIDES).....	138
AGENTES HORMONALES, SUPRESORES (PITUITARIA).....	138
AGENTES HORMONALES, SUPRESORES (TIROIDES)	139
AGENTES INMUNOLÓGICOS	139
AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA	146
AGENTES OFTÁLMICOS.....	146
AGENTES ÓTICOS.....	149
AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA	150
AGENTES PARA TRASTORNO DEL SUEÑO	150
AGENTES PARA TRASTORNO GENÉTICO, DE ENZIMAS o PROTEÍNAS: REEMPLAZO, MODIFICADORES, TRATAMIENTO.....	151
AGENTES PARA TRATAMIENTO DE ABUSO DE SUSTANCIAS/ANTI-ADICCIÓN	152
AGENTES PARA TRATAMIENTO DE LA GOTA	153
AGENTES PULMONARES/ TRACTO RESPIRATORIO.....	153

ANALGÉSICOS.....	157
ANESTÉSICOS	159
ANSIOLÍTICOS	160
ANTIBACTERIANOS	161
ANTICONVULSIVOS	167
ANTIDEPRESIVOS	170
ANTIEMÉTICOS.....	173
ANTIMICOBACTERIANOS.....	174
ANTIMICÓTICOS	174
ANTINEOPLÁSICOS	176
ANTIPARASITARIOS	184
ANTIPSICÓTICOS	184
ANTIVIRALES	188
DROGAS EXCLUÍDAS	192
ELECTROLITOS/MINERALES/METALES/VITAMINAS	192
PRODUCTOS Y MODIFICADORES DE SANGRE.....	196
REGULADORES DE GLUCOSA EN SANGRE.....	197
RELAJANTES DEL MÚSCULO ESQUELÉTICO	202

The following legend describes the abbreviations used in the Drug List Table.

Legend

1: Preferred Generics

2: Generics

2 - E: Excluded Drug - This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply and this drug may be covered during the gap period per individual plan design.

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

6: Select Care

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.

GC: Gap Coverage- We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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.

SSM: The Senior Savings Model program is offered for this medication. Model insulin will be available at a set copay for a 30-days' supply. This program is offered to members who do not currently receive low-income subsidies (non-LIS).

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 siguiente leyenda describe las abreviaturas usados en la Tabla de la Lista de medicamentos.

La leyenda

1: Genéricos preferidos

2: Genéricos

2 - E: Medicamento excluido: este medicamento recetado normalmente no está cubierto por un plan de medicamentos recetados de Medicare y se considera una cobertura mejorada. El monto que paga cuando obtiene una receta para este medicamento no cuenta para los costos totales de sus medicamentos (es decir, el monto que paga no lo ayuda a calificar para la cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar sus recetas, no recibirá ninguna ayuda adicional para pagar este medicamento. Se aplican límites de cantidad y este medicamento puede estar cubierto durante el período de brecha según el diseño del plan individual.

3: Marcas preferidas

4: Medicamentos no preferidos

5: Especialidad

6: Seleccione Atención

BvD: Parte B vs. Parte D: este medicamento recetado puede estar cubierto por la Parte B o D de Medicare, según las circunstancias. Es posible que se deba presentar información que describa el uso y la configuración del medicamento para tomar la determinación.

GC: Brecha de cobertura: proporcionamos cobertura adicional de este medicamento recetado en la brecha de cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura.

MO: Elegible para pedido por correo: esta receta también puede estar disponible por correo.

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

QL: Límite de cantidad: existe un límite en la cantidad de este medicamento que se cubre por receta o dentro de un período de tiempo específico.

SSM: El programa Senior Savings Model se ofrece para este medicamento. La insulina modelo estará disponible con un copago fijo para un suministro de 30 días. Este programa se ofrece a los afiliados que actualmente no reciben subsidios por bajos ingresos (no LIS).

ST: Terapia escalonada: en algunos casos, es posible que deba probar primero ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección.

Imperial Standard CSNP 2023 6-Tier (List of Covered Drugs)

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet delayed release 375mg, 500mg</i>	2	MO; GC
<i>naproxen sodium oral tablet 275mg, 550mg</i>	2	MO; GC
<i>oxaprozin oral tablet 600mg</i>	2	MO; GC
<i>piroxicam oral capsule 10mg, 20mg</i>	2	MO; GC
<i>sulindac oral tablet 150mg, 200mg</i>	1	MO; GC
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72-hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10mg, 5mg</i>	2	GC; QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	2	GC; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12-hour abuse-deterrent 10mg, 20mg</i>	4	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12mg/5ml</i>	2	GC; QL (5000ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15mg, 300-30mg, 300-60mg</i>	2	GC; QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15mg, 30mg, 60mg</i>	2	GC; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200mcg, 1600mcg, 600mcg, 800mcg</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200mcg, 400mcg</i>	4	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325mg/15ml</i>	2	GC; QL (5500ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg</i>	2	GC; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg</i>	2	GC; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1mg/ml</i>	4	QL (1920ML per 30 days)
<i>hydromorphone hcl oral tablet 2mg, 4mg</i>	2	GC; QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8mg</i>	2	GC; QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20mg/ml</i>	2	GC; QL (600ML per 30 days)
<i>morphine sulfate oral solution 10mg/5ml</i>	2	GC; QL (1800ML per 30 days)

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

ANESTHETICS

Local Anesthetics

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

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

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

Opioid Dependence

<i>buprenorphine hcl sublingual tablet sublingual 2mg, 8mg</i>	2	GC
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5mg, 8-2mg</i>	2	GC
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	4	

Drug Name	Drug Tier	Requirements/Limits
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4mg/ml</i>	2	GC
<i>naloxone hcl injection solution cartridge 0.4mg/ml</i>	2	GC
<i>naloxone hcl injection solution prefilled syringe 2mg/2ml</i>	2	GC
<i>naloxone hcl nasal liquid 4mg/0.1ml</i>	2	GC
NARCAN NASAL LIQUID 4MG/0.1ML	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12-hour 150mg</i>	1	GC
NICOTROL INHALATION INHALER 10MG	4	
<i>varenicline tartrate oral tablet 0.5mg, 1mg</i>	3	
<i>varenicline tartrate oral tablet therapy pack 0.5mg x 11 & 1mg x 42</i>	3	
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500mg/2ml</i>	4	BvD
ARIKAYCE INHALATION SUSPENSION 590MG/8.4ML	4	PA
<i>gentamicin in saline intravenous solution 0.8-0.9mg/ml-%, 1-0.9mg/ml-%, 1.2-0.9mg/ml-%, 1.6-0.9mg/ml-%</i>	2	GC
<i>gentamicin sulfate external cream 0.1%</i>	2	GC
<i>gentamicin sulfate external ointment 0.1%</i>	2	GC
<i>gentamicin sulfate injection solution 40mg/ml</i>	2	GC
<i>neomycin sulfate oral tablet 500mg</i>	2	GC
<i>paromomycin sulfate oral capsule 250mg</i>	4	
<i>tobramycin sulfate injection solution 10mg/ml, 80mg/2ml</i>	4	BvD
ZEMDRI INTRAVENOUS SOLUTION 500MG/10ML	5	

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

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl intravenous solution reconstituted 1gm, 10gm, 500mg, 750mg	4	
vancomycin hcl oral capsule 125mg, 250mg	4	
vancomycin hcl oral solution reconstituted 25mg/ml, 250mg/5ml	4	
XIFAXAN ORAL TABLET 200MG	4	
XIFAXAN ORAL TABLET 550MG	4	MO
Beta-Lactam, Cephalosporins		
cefaclor er oral tablet extended release 12-hour 500mg	4	
cefaclor oral capsule 250mg, 500mg	2	GC
cefaclor oral suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
cefadroxil oral capsule 500mg	1	GC
cefadroxil oral suspension reconstituted 250mg/5ml, 500mg/5ml	2	GC
cefadroxil oral tablet 1gm	2	GC
cefazolin sodium injection solution reconstituted 1gm, 10gm, 500mg	4	
cefdinir oral capsule 300mg	2	GC
cefdinir oral suspension reconstituted 125mg/5ml, 250mg/5ml	2	GC
cefepime hcl injection solution reconstituted 1gm	4	
cefepime hcl intravenous solution reconstituted 2gm	4	
cefixime oral capsule 400mg	4	
cefixime oral suspension reconstituted 100mg/5ml, 200mg/5ml	4	
cefotetan disodium injection solution reconstituted 1gm, 2gm	4	BvD
cefoxitin sodium intravenous solution reconstituted 1gm, 10gm, 2gm	4	BvD
cefpodoxime proxetil oral suspension reconstituted 100mg/5ml, 50mg/5ml	4	
cefpodoxime proxetil oral tablet 100mg, 200mg	4	
cefprozil oral suspension reconstituted 125mg/5ml, 250mg/5ml	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium intravenous solution reconstituted 10gm</i>	4	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5)gm, 3 (2-1)gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5)gm</i>	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250mg, 500mg</i>	2	GC
<i>nafcillin sodium injection solution reconstituted 1gm, 2gm</i>	4	BvD
<i>nafcillin sodium intravenous solution reconstituted 10gm</i>	4	BvD
<i>oxacillin sodium in dextrose intravenous solution 1gm/50ml, 2gm/50ml</i>	4	BvD
<i>oxacillin sodium injection solution reconstituted 1gm, 2gm</i>	4	BvD
<i>oxacillin sodium intravenous solution reconstituted 10gm</i>	4	BvD
<i>penicillin g pot in dextrose intravenous solution 40000unit/ml, 60000unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000unit</i>	4	BvD
<i>penicillin g sodium injection solution reconstituted 5000000unit</i>	4	BvD
<i>penicillin v potassium oral solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>penicillin v potassium oral tablet 250mg, 500mg</i>	1	GC
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25)gm, 3.375 (3-0.375)gm, 4.5 (4-0.5)gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250mg, 500mg</i>	4	
<i>meropenem intravenous solution reconstituted 1gm, 500mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
Macrolides		
<i>azithromycin intravenous solution reconstituted 500mg</i>	2	BvD; GC
<i>azithromycin oral packet 1gm</i>	2	GC
<i>azithromycin oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	GC
<i>azithromycin oral tablet 250mg, 250mg (6 pack)</i>	1	GC
<i>azithromycin oral tablet 500mg, 500mg (3 pack), 600mg</i>	2	GC
<i>clarithromycin er oral tablet extended release 24-hour 500mg</i>	2	GC
<i>clarithromycin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>clarithromycin oral tablet 250mg, 500mg</i>	2	GC
DIFICID ORAL SUSPENSION RECONSTITUTED 40MG/ML	5	PA; QL (136ML per 10 days)
DIFICID ORAL TABLET 200MG	5	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500MG	4	BvD
<i>erythromycin base oral capsule delayed release particles 250mg</i>	4	
<i>erythromycin base oral tablet 250mg, 500mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200mg/5ml, 400mg/5ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400mg</i>	4	
<i>erythromycin oral tablet delayed release 250mg, 333mg, 500mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3%</i>	1	GC
<i>ciprofloxacin hcl oral tablet 100mg, 750mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250mg, 500mg</i>	1	GC
<i>ciprofloxacin in d5w intravenous solution 200mg/100ml</i>	4	BvD
<i>levofloxacin in d5w intravenous solution 500mg/100ml, 750mg/150ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral tablet 250mg, 500mg, 750mg</i>	2	GC
<i>moxifloxacin hcl in nacl intravenous solution 400mg/250ml</i>	4	BvD
<i>moxifloxacin hcl oral tablet 400mg</i>	4	
<i>ofloxacin oral tablet 300mg, 400mg</i>	2	GC
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10%</i>	2	GC
<i>sulfadiazine oral tablet 500mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80mg, 800-160mg</i>	1	GC
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100MG	4	BvD
<i>doxycycline hyclate oral capsule 100mg, 50mg</i>	2	GC
<i>doxycycline hyclate oral tablet 100mg, 20mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100mg, 50mg</i>	1	GC
<i>doxycycline monohydrate oral tablet 100mg, 50mg, 75mg</i>	2	GC
<i>minocycline hcl oral capsule 100mg, 50mg, 75mg</i>	2	GC
<i>minocycline hcl oral tablet 100mg, 50mg, 75mg</i>	2	GC
<i>tetracycline hcl oral capsule 250mg, 500mg</i>	2	GC
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10MG/ML	4	MO; QL (600ML per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG	4	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG	4	PA; MO
DIACOMIT ORAL PACKET 250MG, 500MG	4	PA; MO
EPIDIOLEX ORAL SOLUTION 100MG/ML	4	PA; MO
<i>felbamate oral suspension 600mg/5ml</i>	5	
<i>felbamate oral tablet 400mg, 600mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA ORAL SOLUTION 2.2MG/ML	4	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	4	ST; MO; QL (720ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	5	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	4	ST; MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 250mg, 300mg, 50mg</i>	4	MO
<i>lamotrigine oral kit 21 x 25mg & 7 x 50mg, 25 & 50 & 100mg, 42 x 50mg & 14x100mg</i>	2	GC
<i>lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO; GC
<i>lamotrigine oral tablet chewable 25mg, 5mg</i>	2	MO; GC
<i>lamotrigine oral tablet dispersible 100mg, 200mg, 25mg, 50mg</i>	4	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25mg</i>	2	GC
<i>lamotrigine starter kit-green oral kit 84 x 25mg & 14x100mg</i>	2	GC
<i>lamotrigine starter kit-orange oral kit 42 x 25mg & 7 x 100mg</i>	2	GC
<i>levetiracetam er oral tablet extended release 24-hour 500mg, 750mg</i>	2	MO; GC
<i>levetiracetam oral solution 100mg/ml</i>	2	MO; GC
<i>levetiracetam oral tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO; GC
<i>phenobarbital oral elixir 20mg/5ml</i>	2	MO; GC; QL (1500ML per 30 days)
<i>phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15mg, 60mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30mg</i>	2	MO; GC; QL (300 EA per 30 days)
<i>primidone oral tablet 125mg, 250mg, 50mg</i>	1	MO; GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	4	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	4	ST; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250mg</i>	2	MO; GC
<i>valproic acid oral solution 250mg/5ml</i>	2	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin oral packet 500mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500mg</i>	5	PA; QL (180 EA per 30 days)
Sodium Channel Agents		
APTOM ORAL TABLET 200MG, 400MG, 800MG	5	ST; QL (30 EA per 30 days)
APTOM ORAL TABLET 600MG	5	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12-hour 100mg, 200mg, 300mg</i>	2	MO; GC
<i>carbamazepine er oral tablet extended release 12-hour 100mg, 200mg, 400mg</i>	2	MO; GC
<i>carbamazepine oral suspension 100mg/5ml</i>	2	MO; GC
<i>carbamazepine oral tablet 200mg</i>	2	MO; GC
<i>carbamazepine oral tablet chewable 100mg</i>	1	MO; GC
DILANTIN ORAL CAPSULE 30MG	4	ST; MO
EPITOL ORAL TABLET 200MG	2	MO; GC
<i>lacosamide oral solution 10mg/ml</i>	4	MO; QL (1395ML per 30 days)
<i>lacosamide oral tablet 100mg, 150mg, 200mg, 50mg</i>	4	MO; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300mg/5ml</i>	4	MO
<i>oxcarbazepine oral tablet 150mg, 300mg, 600mg</i>	1	MO; GC
<i>phenytoin oral suspension 125mg/5ml</i>	1	MO; GC
<i>phenytoin oral tablet chewable 50mg</i>	1	MO; GC
<i>phenytoin sodium extended oral capsule 100mg, 200mg</i>	1	MO; GC
<i>phenytoin sodium extended oral capsule 300mg</i>	2	MO; GC
<i>rufinamide oral suspension 40mg/ml</i>	5	QL (2760ML per 30 days)
<i>rufinamide oral tablet 200mg</i>	4	MO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400mg</i>	5	QL (240 EA per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
<i>memantine hcl er oral capsule extended release 24-hour 14mg, 21mg, 28mg, 7mg</i>	3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2mg/ml</i>	2	MO; GC; QL (360ML per 30 days)
<i>memantine hcl oral tablet 10mg, 5mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5mg & 21 x 10mg</i>	2	GC; QL (49 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE ER 24-HOUR THERAPY PACK 7 & 14 & 21 & 28 -10MG	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24-HOUR 14-10MG, 21-10MG, 28-10MG, 7-10MG	3	PA; MO
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24-hour 16mg, 24mg, 8mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4mg/ml</i>	2	MO; GC; QL (200ML per 30 days)
<i>galantamine hydrobromide oral tablet 12mg, 4mg, 8mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24-hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	2	MO; GC; QL (30 EA per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105MG	4	ST; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 100mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 150mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 200mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 150mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 300mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 450mg</i>	3	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100mg</i>	1	MO; GC; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet 75mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15mg, 30mg, 45mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15mg, 30mg, 45mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25mg, 12-50mg, 6-50mg</i>	4	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25mg, 6-25mg</i>	4	MO; QL (90 EA per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10MG	4	ST; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15mg</i>	2	MO; GC
<i>tranylcypromine sulfate oral tablet 10mg</i>	4	MO
SSRIS/SNRIS (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral capsule 30mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10mg/5ml</i>	2	MO; GC; QL (600ML per 30 days)
<i>citalopram hydrobromide oral tablet 10mg, 40mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24-hour 100mg, 50mg</i>	4	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	4	MO; QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20mg, 30mg, 40mg, 60mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5mg/5ml</i>	2	MO; GC; QL (600ML per 30 days)
<i>escitalopram oxalate oral tablet 10mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	3	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	3	QL (28 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral capsule 10mg, 20mg, 40mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20mg/5ml</i>	2	MO; GC; QL (600ML per 30 days)
<i>fluoxetine hcl oral tablet 10mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100mg, 25mg, 50mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	MO
<i>paroxetine hcl oral suspension 10mg/5ml</i>	4	MO; QL (900ML per 30 days)
<i>paroxetine hcl oral tablet 10mg, 20mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30mg, 40mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150mg, 200mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20mg/ml</i>	1	MO; GC; QL (300ML per 30 days)
<i>sertraline hcl oral tablet 100mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25mg, 50mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100mg, 150mg, 50mg</i>	1	MO; GC
<i>trazodone hcl oral tablet 300mg</i>	2	MO; GC
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG	4	ST; MO; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24-hour 112.5mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24-hour 150mg, 37.5mg, 75mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 150mg, 37.5mg, 75mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 225mg</i>	4	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO; GC; QL (90 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20MG	3	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10mg, 20mg, 40mg</i>	3	MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	MO; GC
<i>amoxapine oral tablet 100mg, 150mg, 25mg, 50mg</i>	2	MO; GC
<i>clomipramine hcl oral capsule 25mg, 50mg, 75mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	MO; GC
<i>doxepin hcl oral capsule 10mg</i>	1	MO; GC
<i>doxepin hcl oral capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	MO; GC
<i>doxepin hcl oral concentrate 10mg/ml</i>	2	MO; GC
<i>imipramine hcl oral tablet 10mg, 50mg</i>	2	MO; GC
<i>imipramine hcl oral tablet 25mg</i>	1	MO; GC
<i>nortriptyline hcl oral capsule 10mg, 25mg, 50mg, 75mg</i>	1	MO; GC
<i>nortriptyline hcl oral solution 10mg/5ml</i>	2	MO; GC
<i>protriptyline hcl oral tablet 10mg, 5mg</i>	4	MO
<i>trimipramine maleate oral capsule 100mg, 25mg, 50mg</i>	4	MO

ANTIEMETICS

Antiemetics, Other

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

Emetogenic Therapy Adjuncts

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

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5MG/ML	4	BvD
<i>amphotericin b intravenous solution reconstituted 50mg</i>	4	BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50mg</i>	5	BvD
<i>caspofungin acetate intravenous solution reconstituted 50mg</i>	5	
<i>caspofungin acetate intravenous solution reconstituted 70mg</i>	4	
<i>ciclopirox olamine external cream 0.77%</i>	2	GC
<i>ciclopirox olamine external suspension 0.77%</i>	2	GC
<i>clotrimazole external cream 1%</i>	1	GC
<i>clotrimazole external solution 1%</i>	2	GC
<i>clotrimazole mouth/throat troche 10mg</i>	2	GC
<i>econazole nitrate external cream 1%</i>	2	GC
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100MG	5	BvD
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50MG	4	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9mg/100ml-%, 400-0.9mg/200ml-%</i>	2	BvD; GC
<i>fluconazole oral suspension reconstituted 10mg/ml, 40mg/ml</i>	2	GC
<i>fluconazole oral tablet 100mg, 150mg, 200mg, 50mg</i>	2	GC
<i>flucytosine oral capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize oral suspension 125mg/5ml</i>	2	GC
<i>griseofulvin microsize oral tablet 500mg</i>	2	GC
<i>griseofulvin ultramicrosize oral tablet 125mg, 250mg</i>	2	GC
<i>itraconazole oral capsule 100mg</i>	4	PA
<i>itraconazole oral solution 10mg/ml</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole external cream 2%</i>	2	GC
<i>ketoconazole external shampoo 2%</i>	1	GC
<i>ketoconazole oral tablet 200mg</i>	1	GC
NOXAFIL ORAL PACKET 300MG	5	PA
NYAMYC EXTERNAL POWDER 100000UNIT/GM	3	
<i>nystatin external cream 100000unit/gm</i>	1	GC
<i>nystatin external ointment 100000unit/gm</i>	1	GC
<i>nystatin external powder 100000unit/gm</i>	2	GC
<i>nystatin mouth/throat suspension 100000unit/ml</i>	2	GC
<i>nystatin oral tablet 500000unit</i>	2	GC
NYSTOP EXTERNAL POWDER 100000UNIT/GM	3	
<i>posaconazole oral suspension 40mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100mg</i>	4	PA; MO
<i>terbinafine hcl oral tablet 250mg</i>	2	GC
<i>terconazole vaginal cream 0.4%, 0.8%</i>	2	GC
<i>terconazole vaginal suppository 80mg</i>	2	GC
<i>voriconazole intravenous solution reconstituted 200mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40mg/ml</i>	5	PA
<i>voriconazole oral tablet 200mg, 50mg</i>	4	PA

ANTIGOUT AGENTS

Antigout Agents

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

Drug Name	Drug Tier	Requirements/Limits
ANTIMIGRAINE AGENTS		
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	5	
<i>ergotamine-caffeine oral tablet 1-100mg</i>	2	GC; QL (40 EA per 28 days)
Prophylactic		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120MG/ML	3	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	3	PA; MO
EPRONTIA ORAL SOLUTION 25MG/ML	3	MO
<i>propranolol hcl er oral capsule extended release 24-hour 80mg</i>	2	MO; GC
<i>propranolol hcl oral tablet 80mg</i>	6	MO
<i>topiramate er oral capsule er 24-hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	4	MO
<i>topiramate oral capsule sprinkle 15mg, 25mg</i>	2	MO; GC
<i>topiramate oral tablet 100mg, 200mg, 25mg, 50mg</i>	1	MO; GC
UBRELVY ORAL TABLET 100MG, 50MG	4	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl oral tablet 1mg, 2.5mg</i>	2	GC; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10mg, 5mg</i>	2	GC; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10mg, 5mg</i>	2	GC; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5mg/act</i>	4	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100mg, 25mg, 50mg</i>	1	GC; QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4mg/0.5ml, 6mg/0.5ml</i>	2	GC; QL (4ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6mg/0.5ml</i>	2	GC; QL (4ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4mg/0.5ml, 6mg/0.5ml</i>	2	GC; QL (4ML per 30 days)
<i>zolmitriptan oral tablet 2.5mg, 5mg</i>	2	GC; QL (6 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan oral tablet dispersible 2.5mg, 5mg	2	GC; QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
pyridostigmine bromide oral solution 60mg/5ml	2	GC
pyridostigmine bromide oral tablet 30mg, 60mg	2	GC
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
dapsone oral tablet 100mg, 25mg	2	MO; GC
PRIFTIN ORAL TABLET 150MG	4	
rifabutin oral capsule 150mg	4	
Antituberculars		
ethambutol hcl oral tablet 100mg, 400mg	2	GC
isoniazid oral syrup 50mg/5ml	1	MO; GC
isoniazid oral tablet 100mg, 300mg	1	MO; GC
pyrazinamide oral tablet 500mg	2	GC
rifampin intravenous solution reconstituted 600mg	4	
rifampin oral capsule 150mg, 300mg	2	GC
SIRTURO ORAL TABLET 100MG, 20MG	5	PA
TRECATOR ORAL TABLET 250MG	4	
ANTINEOPLASTICS		
Alkylating Agents		
cyclophosphamide oral capsule 25mg, 50mg	4	BvD
cyclophosphamide oral tablet 25mg, 50mg	2	BvD; GC
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	4	PA
LEUKERAN ORAL TABLET 2MG	4	
MATULANE ORAL CAPSULE 50MG	5	PA
VALCHLOR EXTERNAL GEL 0.016%	5	PA; QL (60GM per 14 days)
Antiandrogens		
abiraterone acetate oral tablet 250mg, 500mg	5	PA; QL (120 EA per 30 days)
bicalutamide oral tablet 50mg	1	GC
ERLEADA ORAL TABLET 240MG	5	PA; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics, Other		
IDHIFA ORAL TABLET 100MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	5	PA; QL (60 EA per 30 days)
KISQALI FEMARA (200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
<i>leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg</i>	2	GC
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	5	PA
LUMAKRAS ORAL TABLET 120MG	5	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100MG	5	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	5	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400MG	5	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	5	PA
ORGOVYX ORAL TABLET 120MG	5	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	5	PA
WELIREG ORAL TABLET 40MG	5	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	4	BvD
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	5	PA
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	5	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	5	PA
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	5	PA
ZOLINZA ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1mg</i>	1	MO; GC
<i>exemestane oral tablet 25mg</i>	4	MO
<i>letrozole oral tablet 2.5mg</i>	1	MO; GC
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150MG	5	PA
ALUNBRIG ORAL TABLET 180MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30MG	5	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180MG	5	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3MG	5	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4MG	5	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80MG	5	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG	5	PA
CALQUENCE ORAL CAPSULE 100MG	5	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	5	PA; QL (84 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA ORAL CAPSULE 15MG, 25MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	5	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	5	PA
ERIVEDGE ORAL CAPSULE 150MG	5	PA
<i>erlotinib hcl oral tablet 100mg, 150mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2mg, 3mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5mg</i>	5	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	5	PA
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250mg</i>	5	PA
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	5	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	5	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	5	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100mg</i>	5	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	5	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML	5	PA; QL (240ML per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG	5	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	5	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50MG	5	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KOSELUGO ORAL CAPSULE 10MG	5	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	5	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200MG	5	PA; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	5	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	5	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	5	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	5	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	5	PA
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	5	PA
LORBRENA ORAL TABLET 100MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	5	PA; QL (120 EA per 30 days)
LYTGOBI (12MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	5	PA; QL (84 EA per 28 days)
LYTGOBI (16MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	5	PA; QL (112 EA per 28 days)
LYTGOBI (20MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	5	PA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05MG/ML	5	PA; QL (1260ML per 30 days)
MEKINIST ORAL TABLET 0.5MG	5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	5	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI ORAL TABLET 15MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	5	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	5	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	5	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	5	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	5	PA
QINLOCK ORAL TABLET 50MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	5	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	5	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150MG	5	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	5	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	5	PA
RYDAPT ORAL CAPSULE 25MG	5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	5	PA
<i>sorafenib tosylate oral tablet 200mg</i>	5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150MG, 200MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	5	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10MG	5	PA; QL (900 EA per 30 days)
TAGRISSO ORAL TABLET 40MG, 80MG	5	PA
TALZENNA ORAL CAPSULE 0.1MG, 0.35MG, 0.75MG, 1MG	5	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.25MG	5	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	5	PA; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	5	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	5	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225MG	5	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	5	PA; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150MG, 50MG	5	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125MG	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 50MG	4	PA
VENCLEXTA ORAL TABLET 100MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	3	PA
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI ORAL CAPSULE 100MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	5	PA; QL (310ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	5	PA
VOTRIENT ORAL TABLET 200MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100MG, 200MG, 300MG	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150MG	5	PA; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1%</i>	5	PA
<i>bexarotene oral capsule 75mg</i>	5	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARASITICS		
<i>Anthelmintics</i>		
<i>albendazole oral tablet 200mg</i>	4	
EMVERM ORAL TABLET CHEWABLE 100MG	5	
<i>ivermectin oral tablet 3mg</i>	2	PA; GC
<i>Antiprotozoals</i>		
<i>atovaquone oral suspension 750mg/5ml</i>	5	
<i>atovaquone-proguanil hcl oral tablet 250-100mg, 62.5-25mg</i>	2	GC
<i>benznidazole oral tablet 100mg, 12.5mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250mg, 500mg</i>	2	MO; GC
COARTEM ORAL TABLET 20-120MG	4	
<i>hydroxychloroquine sulfate oral tablet 100mg, 200mg, 300mg, 400mg</i>	2	MO; GC
LAMPIT ORAL TABLET 120MG, 30MG	4	
<i>mefloquine hcl oral tablet 250mg</i>	2	MO; GC
<i>nitazoxanide oral tablet 500mg</i>	4	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	4	BvD
<i>pentamidine isethionate injection solution reconstituted 300mg</i>	4	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base)mg</i>	4	
<i>quinine sulfate oral capsule 324mg</i>	2	PA; GC
ANTIPARKINSON AGENTS		
<i>Anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5mg, 1mg, 2mg</i>	1	MO; GC
<i>trihexyphenidyl hcl oral solution 0.4mg/ml</i>	1	MO; GC
<i>trihexyphenidyl hcl oral tablet 2mg, 5mg</i>	1	MO; GC
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule 100mg</i>	2	MO; GC
<i>amantadine hcl oral solution 50mg/5ml</i>	2	MO; GC
<i>amantadine hcl oral tablet 100mg</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200mg, 18.75-75-200mg, 25-100-200mg, 31.25-125-200mg, 37.5-150-200mg, 50-200-200mg</i>	2	MO; GC
<i>entacapone oral tablet 200mg</i>	2	MO; GC
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5mg</i>	2	MO; GC
<i>bromocriptine mesylate oral tablet 2.5mg</i>	2	MO; GC
NEUPRO TRANSDERMAL PATCH 24-HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	4	MO
<i>pramipexole dihydrochloride oral tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg</i>	1	MO; GC
<i>ropinirole hcl oral tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	MO; GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25mg</i>	2	MO; GC
<i>carbidopa-levodopa er oral tablet extended release 25-100mg, 50-200mg</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet 10-100mg, 25-100mg, 25-250mg</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet dispersible 10-100mg, 25-100mg, 25-250mg</i>	2	MO; GC
INBRIJA INHALATION CAPSULE 42MG	5	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG	4	ST; MO
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5mg, 1mg</i>	4	MO
<i>selegiline hcl oral capsule 5mg</i>	2	MO; GC
<i>selegiline hcl oral tablet 5mg</i>	2	MO; GC
ANTIPSYCHOTICS		
1st Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100mg/ml, 30mg/ml</i>	4	MO
<i>chlorpromazine hcl oral tablet 10mg, 25mg</i>	4	BvD; MO

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl oral tablet 100mg, 200mg, 50mg</i>	4	MO
<i>fluphenazine decanoate injection solution 25mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5mg/ml</i>	2	MO; GC
<i>fluphenazine hcl oral elixir 2.5mg/5ml</i>	2	MO; GC
<i>fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg</i>	2	MO; GC
<i>haloperidol decanoate intramuscular solution 100mg/ml, 100mg/ml 1ml, 50mg/ml, 50mg/ml(1ml)</i>	2	GC
<i>haloperidol lactate injection solution 5mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2mg/ml</i>	1	MO; GC
<i>haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg</i>	1	MO; GC
<i>loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg</i>	2	MO; GC
<i>molindone hcl oral tablet 10mg, 25mg, 5mg</i>	2	MO; GC
<i>perphenazine oral tablet 16mg, 2mg</i>	2	MO; GC
<i>perphenazine oral tablet 4mg, 8mg</i>	2	BvD; MO; GC
<i>pimozide oral tablet 1mg, 2mg</i>	2	MO; GC
<i>thioridazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	2	MO; GC
<i>thiothixene oral capsule 1mg, 10mg, 2mg, 5mg</i>	2	MO; GC
<i>trifluoperazine hcl oral tablet 1mg, 10mg, 2mg, 5mg</i>	1	MO; GC
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720MG/2.4ML, 960MG/3.2ML	5	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	5	
<i>aripiprazole oral solution 1mg/ml</i>	4	MO; QL (750ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg</i>	4	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10mg</i>	5	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15mg</i>	5	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10mg, 2.5mg, 5mg</i>	4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG	5	
FANAPT ORAL TABLET 1MG, 2MG, 4MG	4	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10MG, 12MG, 6MG, 8MG	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	4	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
<i>lurasidone hcl oral tablet 120mg, 20mg, 40mg, 60mg, 80mg</i>	5	
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	5	PA
NUPLAZID ORAL TABLET 10MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10mg, 5mg</i>	4	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet dispersible 15mg, 20mg</i>	4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 1.5mg, 3mg, 9mg</i>	4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 6mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 150mg</i>	4	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 200mg, 300mg, 400mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 50mg</i>	4	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100mg, 150mg, 25mg, 300mg, 400mg, 50mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200mg</i>	1	MO; GC; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25MG, 37.5MG, 50MG	5	
<i>risperidone oral solution 1mg/ml</i>	2	MO; GC; QL (480ML per 30 days)
<i>risperidone oral tablet 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25mg, 1mg, 2mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 3mg</i>	4	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4mg</i>	4	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	5	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	4	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg</i>	2	MO; GC; QL (60 EA per 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 25MG	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 100mg</i>	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 400mg</i>	4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50mg/5ml</i>	4	MO; QL (1200ML per 30 days)
<i>nevirapine oral tablet 200mg</i>	2	MO; GC; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20mg/ml</i>	4	MO; QL (960ML per 30 days)
<i>abacavir sulfate oral tablet 300mg</i>	4	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300mg</i>	4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300mg, 600-300-300mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200mg</i>	4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150mg, 133-200mg, 167-250mg, 200-300mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	4	MO; QL (680ML per 28 days)
JULUCA ORAL TABLET 50-25MG	5	QL (30 EA per 30 days)
<i>lamivudine oral solution 10mg/ml</i>	4	MO; QL (900ML per 30 days)
<i>lamivudine oral tablet 150mg</i>	3	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300mg</i>	3	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300mg</i>	4	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300mg</i>	4	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	5	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	5	QL (240GM per 30 days)
VIREAD ORAL TABLET 150MG, 200MG, 250MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100mg</i>	2	MO; GC; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral syrup 50mg/5ml</i>	2	MO; GC; QL (1680ML per 28 days)
<i>zidovudine oral tablet 300mg</i>	2	MO; GC; QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150mg, 300mg</i>	5	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	5	QL (1800ML per 30 days)
SELZENTRY ORAL TABLET 25MG	3	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	5	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300MG	5	QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300MG	5	QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	5	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150MG	3	MO; QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150mg, 200mg</i>	4	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300mg</i>	4	MO; QL (30 EA per 30 days)
<i>darunavir oral tablet 600mg</i>	5	QL (60 EA per 30 days)
<i>darunavir oral tablet 800mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700mg</i>	5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	4	MO; QL (1575ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100mg/5ml</i>	4	MO; QL (400ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25mg</i>	4	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50mg</i>	4	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	4	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	5	QL (360ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150MG	4	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75MG	4	MO; QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50MG	4	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100mg</i>	3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	5	QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30mg, 45mg, 75mg</i>	2	GC
<i>oseltamivir phosphate oral suspension reconstituted 6mg/ml</i>	2	GC
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/ACT	4	
<i>rimantadine hcl oral tablet 100mg</i>	2	GC
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	3	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	3	
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg</i>	1	GC
<i>hydroxyzine hcl oral syrup 10mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10mg, 25mg</i>	1	GC
<i>hydroxyzine hcl oral tablet 50mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 100mg, 25mg, 50mg</i>	2	GC
<i>oxazepam oral capsule 10mg, 15mg, 30mg</i>	2	GC; QL (120 EA per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	2	GC; QL (300ML per 30 days)
<i>alprazolam oral tablet 0.25mg, 0.5mg</i>	2	GC; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1mg</i>	2	GC; QL (240 EA per 30 days)
<i>alprazolam oral tablet 2mg</i>	2	GC; QL (150 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg</i>	2	GC; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5mg, 1mg</i>	1	GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2mg</i>	1	GC; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2mg</i>	2	GC; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg</i>	2	GC; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5MG/ML	2	GC; QL (240ML per 30 days)
<i>diazepam oral solution 5mg/5ml</i>	2	GC; QL (1200ML per 30 days)
<i>diazepam oral tablet 10mg, 2mg</i>	1	GC; QL (120 EA per 30 days)
<i>diazepam oral tablet 5mg</i>	1	GC; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2MG/ML	2	GC; QL (240ML per 30 days)
<i>lorazepam oral tablet 0.5mg, 1mg, 2mg</i>	2	GC; QL (150 EA per 30 days)

BIPOLAR AGENTS

Mood Stabilizers

<i>divalproex sodium er oral tablet extended release 24-hour 250mg, 500mg</i>	2	MO; GC
<i>divalproex sodium oral capsule delayed release sprinkle 125mg</i>	2	MO; GC
<i>divalproex sodium oral tablet delayed release 125mg, 250mg, 500mg</i>	1	MO; GC
<i>lithium carbonate er oral tablet extended release 300mg, 450mg</i>	1	MO; GC
<i>lithium carbonate oral capsule 150mg, 300mg, 600mg</i>	1	MO; GC
<i>lithium carbonate oral tablet 300mg</i>	1	MO; GC

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose oral tablet 100mg, 25mg, 50mg</i>	2	MO; GC
<i>glimepiride oral tablet 1mg, 2mg, 4mg</i>	1	MO; GC
<i>glipizide er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet 10mg, 5mg</i>	1	MO; GC
<i>glipizide-metformin hcl oral tablet 2.5-250mg, 2.5-500mg, 5-500mg</i>	6	MO
<i>glyburide micronized oral tablet 1.5mg, 3mg, 6mg</i>	1	MO; GC
<i>glyburide oral tablet 1.25mg, 2.5mg, 5mg</i>	1	MO; GC
<i>glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg</i>	1	MO; GC
INVOKAMET ORAL TABLET 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	3	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	3	MO
INVOKANA ORAL TABLET 100MG, 300MG	3	MO
JANUMET ORAL TABLET 50-1000MG, 50-500MG	3	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 100-1000MG, 50-1000MG, 50-500MG	3	MO
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	3	MO
JARDIANCE ORAL TABLET 10MG, 25MG	3	MO
<i>metformin hcl er oral tablet extended release 24-hour 500mg, 750mg</i>	1	MO; GC
<i>metformin hcl oral tablet 1000mg, 500mg, 850mg</i>	1	MO; GC
<i>miglitol oral tablet 100mg</i>	6	MO
<i>miglitol oral tablet 25mg, 50mg</i>	1	MO; GC
<i>nateglinide oral tablet 120mg, 60mg</i>	1	MO; GC
OZEMPIC (0.25 OR 0.5MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2MG/3ML	3	MO
OZEMPIC (1MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4MG/3ML	3	MO
OZEMPIC (2MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8MG/3ML	3	MO
<i>pioglitazone hcl oral tablet 15mg, 30mg, 45mg</i>	6	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2mg, 30-4mg</i>	1	MO; GC
<i>pioglitazone hcl-metformin hcl oral tablet 15-500mg, 15-850mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide oral tablet 0.5mg, 1mg, 2mg</i>	1	MO; GC
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	3	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	4	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	4	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	3	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	3	MO; SSM
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	3	MO;
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	3	
<i>diazoxide oral suspension 50mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	3	
<i>glucagon emergency injection kit 1mg</i>	3	
KORLYM ORAL TABLET 300MG	5	PA
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1ML	6	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1ML	6	
<i>cvs gauze sterile pad 2"x2"</i>	6	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	6	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO;
FIASP INJECTION SOLUTION 100UNIT/ML	3	MO; SSM
FIASP INJECTION SOLUTION 100UNIT/ML	3	MO;
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; SSM
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO;
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO;
LANTUS SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM
LANTUS SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO;
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO;
LEVEMIR SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM
LEVEMIR SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO;
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; SSM
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO;
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; SSM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO;
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	3	MO; SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	3	MO;

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	3	MO; SSM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	3	MO;
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO;
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	3	MO; SSM
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	3	MO;
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO;
NOVOLOG INJECTION SOLUTION 100UNIT/ML	3	MO; SSM
NOVOLOG INJECTION SOLUTION 100UNIT/ML	3	MO;
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; SSM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO;
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; SSM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO;
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; SSM
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO;
<i>preferred plus insulin syringe 28g x 1/2" 0.5ml</i>	6	
RELI-ON INSULIN SYRINGE 29G 0.3ML	6	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO; SSM
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO;

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; SSM
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO;
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; SSM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO;
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	3	MO; SSM
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	3	MO;
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO;

BLOOD PRODUCTS AND MODIFIERS

Anticoagulants

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5MG	3	
ELIQUIS ORAL TABLET 2.5MG, 5MG	3	MO
<i>enoxaparin sodium injection solution prefilled syringe 100mg/ml, 150mg/ml</i>	4	QL (60ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (48ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30mg/0.3ml</i>	4	QL (18ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40mg/0.4ml</i>	4	QL (24ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60mg/0.6ml</i>	4	QL (36ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10mg/0.8ml</i>	5	QL (24ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5mg/0.5ml</i>	4	QL (15ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5mg/0.4ml</i>	5	QL (12ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 7.5mg/0.6ml</i>	5	QL (18ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000unit/ml, 10000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	BvD; GC
JANTOVEN ORAL TABLET 1MG, 10MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	MO; GC
<i>warfarin sodium oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO; GC
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	3	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	3	
Blood Products and Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5mg, 1mg</i>	2	MO; GC
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	5	PA
PROMACTA ORAL PACKET 12.5MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	5	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000UNIT/ML, 10000UNIT/ML(1ML), 20000UNIT/ML, 4000UNIT/ML, 40000UNIT/ML	4	PA; QL (12ML per 28 days)
RETACRIT INJECTION SOLUTION 2000UNIT/ML	4	PA; QL (23ML per 30 days)
RETACRIT INJECTION SOLUTION 3000UNIT/ML	4	PA; QL (16ML per 30 days)
<i>tranexamic acid oral tablet 650mg</i>	2	GC
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	5	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	5	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12-hour 25-200mg</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
BRILINTA ORAL TABLET 60MG, 90MG	3	MO
CABLIVI INJECTION KIT 11MG	5	PA
<i>cilostazol oral tablet 100mg, 50mg</i>	2	MO; GC
<i>clopidogrel bisulfate oral tablet 75mg</i>	2	MO; GC
<i>prasugrel hcl oral tablet 10mg, 5mg</i>	4	MO
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg</i>	1	MO; GC
<i>clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	2	MO; GC; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100mg, 200mg, 300mg</i>	5	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1mg, 2mg</i>	1	MO; GC
<i>midodrine hcl oral tablet 10mg, 2.5mg, 5mg</i>	2	GC
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1mg, 2mg, 4mg, 8mg</i>	1	MO; GC
<i>prazosin hcl oral capsule 1mg, 2mg</i>	1	MO; GC
<i>prazosin hcl oral capsule 5mg</i>	2	MO; GC
<i>terazosin hcl oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	MO; GC
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16mg, 4mg, 8mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150mg, 300mg, 75mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100mg, 25mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20mg, 40mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20mg, 40mg, 80mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>valsartan oral tablet 160mg</i>	6	MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320mg</i>	6	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40mg, 80mg</i>	6	MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>captopril oral tablet 100mg, 12.5mg, 25mg, 50mg</i>	2	MO; GC
<i>enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO; GC
<i>fosinopril sodium oral tablet 10mg, 20mg, 40mg</i>	1	MO; GC
<i>lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO; GC
<i>moexipril hcl oral tablet 15mg, 7.5mg</i>	6	MO
<i>perindopril erbumine oral tablet 2mg, 4mg, 8mg</i>	6	MO
<i>quinapril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; GC
<i>ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO; GC
<i>trandolapril oral tablet 1mg, 2mg, 4mg</i>	6	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100mg, 200mg, 400mg</i>	2	MO; GC
<i>disopyramide phosphate oral capsule 100mg, 150mg</i>	2	MO; GC
<i>dofetilide oral capsule 125mcg, 250mcg, 500mcg</i>	4	MO
<i>flecainide acetate oral tablet 100mg, 150mg, 50mg</i>	1	MO; GC
<i>mexiletine hcl oral capsule 150mg, 200mg, 250mg</i>	2	MO; GC
MULTAQ ORAL TABLET 400MG	3	MO
<i>propafenone hcl oral tablet 150mg, 225mg, 300mg</i>	2	MO; GC
<i>quinidine sulfate oral tablet 200mg, 300mg</i>	1	MO; GC
<i>sotalol hcl (af) oral tablet 120mg, 160mg</i>	2	MO; GC
<i>sotalol hcl (af) oral tablet 80mg</i>	1	MO; GC
<i>sotalol hcl oral tablet 120mg, 160mg, 240mg, 80mg</i>	1	MO; GC
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200mg</i>	1	MO; GC
<i>acebutolol hcl oral capsule 400mg</i>	6	MO
<i>atenolol oral tablet 100mg, 25mg, 50mg</i>	1	MO; GC
<i>betaxolol hcl oral tablet 10mg, 20mg</i>	6	MO
<i>bisoprolol fumarate oral tablet 10mg, 5mg</i>	1	MO; GC
<i>carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate er oral capsule extended release 24-hour 10mg, 20mg, 40mg, 80mg</i>	2	MO; GC
<i>labetalol hcl oral tablet 100mg, 200mg, 300mg</i>	6	MO
<i>metoprolol succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	1	MO; GC
<i>metoprolol succinate er oral tablet extended release 24-hour 200mg</i>	2	MO; GC
<i>metoprolol tartrate oral tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	MO; GC
<i>metoprolol tartrate oral tablet 75mg</i>	6	MO
<i>nadolol oral tablet 20mg, 40mg, 80mg</i>	2	MO; GC
<i>nebivolol hcl oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	4	MO
<i>pindolol oral tablet 10mg, 5mg</i>	2	MO; GC
<i>propranolol hcl er oral capsule extended release 24-hour 120mg, 160mg, 60mg</i>	2	MO; GC
<i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml</i>	2	MO; GC
<i>propranolol hcl oral tablet 10mg, 20mg, 40mg</i>	1	MO; GC
<i>propranolol hcl oral tablet 60mg</i>	6	MO
<i>timolol maleate oral tablet 10mg, 5mg</i>	6	MO
<i>timolol maleate oral tablet 20mg</i>	2	MO; GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO; GC
<i>felodipine er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5mg</i>	6	MO
<i>isradipine oral capsule 5mg</i>	2	MO; GC
KATERZIA ORAL SUSPENSION 1MG/ML	4	MO
<i>nicardipine hcl oral capsule 20mg, 30mg</i>	2	MO; GC
<i>nifedipine er oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24-hour 90mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 90mg</i>	1	MO; GC; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral capsule 10mg, 20mg</i>	2	MO; GC
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	MO; GC; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24-hour 360mg, 420mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 300mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12-hour 120mg, 60mg, 90mg</i>	2	MO; GC
<i>diltiazem hcl er oral tablet extended release 24-hour 180mg, 240mg, 300mg, 360mg</i>	2	MO; GC
<i>diltiazem hcl oral tablet 120mg, 90mg</i>	2	MO; GC
<i>diltiazem hcl oral tablet 30mg, 60mg</i>	1	MO; GC
<i>dilt-xr oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	2	MO; GC; QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24-HOUR 180MG, 240MG, 300MG, 360MG, 420MG	2	MO; GC
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	MO; GC; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	2	MO; GC; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	MO; GC; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	2	MO; GC; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24-hour 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg</i>	2	MO; GC
<i>verapamil hcl er oral tablet extended release 120mg, 180mg, 240mg</i>	6	MO
<i>verapamil hcl oral tablet 120mg, 40mg, 80mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150mg, 300mg</i>	3	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50mg</i>	1	MO; GC
<i>amlodipine besy-benazepril hcl oral capsule 10-20mg, 10-40mg, 2.5-10mg, 5-10mg, 5-20mg, 5-40mg</i>	1	MO; GC
<i>amlodipine besylate-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 2.5-10mg, 2.5-20mg, 2.5-40mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25mg, 50-25mg</i>	1	MO; GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg, 5-6.25mg</i>	1	MO; GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg</i>	1	MO; GC
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5mg, 32-12.5mg, 32-25mg</i>	1	MO; GC; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	4	PA; MO
<i>digoxin oral solution 0.05mg/ml</i>	2	MO; GC; QL (255ML per 30 days)
<i>digoxin oral tablet 125mcg, 250mcg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5mcg</i>	4	MO; QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25mg, 5-12.5mg</i>	1	MO; GC
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	3	MO
FILSPARI ORAL TABLET 200MG, 400MG	5	PA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5mg, 20-12.5mg</i>	6	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5mg</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
LANOXIN ORAL TABLET 125MCG	4	MO; QL (30 EA per 30 days)
LANOXIN ORAL TABLET 250MCG	4	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	MO; GC
<i>losartan potassium-hctz oral tablet 100-12.5mg, 100-25mg, 50-12.5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25mg, 100-50mg, 50-25mg</i>	6	MO
<i>metyrosine oral capsule 250mg</i>	5	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5mg, 40-12.5mg, 40-25mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg</i>	6	MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400mg</i>	1	MO; GC
<i>ranolazine er oral tablet extended release 12-hour 1000mg, 500mg</i>	3	MO
<i>spironolactone-hctz oral tablet 25-25mg</i>	1	MO; GC
<i>telmisartan-amlodipine oral tablet 40-10mg, 40-5mg, 80-10mg, 80-5mg</i>	1	MO; GC
<i>telmisartan-hctz oral tablet 40-12.5mg, 80-12.5mg, 80-25mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240mg, 2-180mg, 2-240mg, 4-240mg</i>	1	MO; GC
<i>triamterene-hctz oral capsule 37.5-25mg</i>	1	MO; GC
<i>triamterene-hctz oral tablet 37.5-25mg, 75-50mg</i>	1	MO; GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg</i>	6	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	4	PA; MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25mg/ml</i>	2	GC
<i>bumetanide oral tablet 0.5mg, 1mg, 2mg</i>	2	MO; GC
<i>furosemide injection solution 10mg/ml</i>	2	BvD; GC
<i>furosemide oral solution 10mg/ml, 8mg/ml</i>	6	MO
<i>furosemide oral tablet 20mg, 40mg, 80mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>torsemide oral tablet 10mg, 100mg, 20mg, 5mg</i>	1	MO; GC
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5mg</i>	6	MO
<i>eplerenone oral tablet 25mg, 50mg</i>	2	MO; GC
KERENDIA ORAL TABLET 10MG, 20MG	4	MO; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100mg, 25mg, 50mg</i>	1	MO; GC
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25mg, 50mg</i>	6	MO
<i>hydrochlorothiazide oral capsule 12.5mg</i>	1	MO; GC
<i>hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg</i>	1	MO; GC
<i>indapamide oral tablet 1.25mg, 2.5mg</i>	1	MO; GC
<i>metolazone oral tablet 10mg, 2.5mg, 5mg</i>	6	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145mg, 160mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48mg, 54mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135mg, 45mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600mg</i>	1	MO; GC; QL (60 EA per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24-hour 80mg</i>	2	MO; GC
<i>fluvastatin sodium oral capsule 20mg, 40mg</i>	1	MO; GC
LIVALO ORAL TABLET 1MG, 2MG, 4MG	3	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40mg</i>	1	MO; GC; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	MO; GC; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	3	MO; QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4gm</i>	2	MO; GC
<i>cholestyramine oral packet 4gm</i>	2	MO; GC
<i>colestipol hcl oral packet 5gm</i>	2	MO; GC
<i>colestipol hcl oral tablet 1gm</i>	2	MO; GC
<i>ezetimibe oral tablet 10mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg</i>	2	MO; GC
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000mg, 500mg, 750mg</i>	2	MO; GC
<i>omega-3-acid ethyl esters oral capsule 1gm</i>	2	MO; GC
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420MG/3.5ML	3	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140MG/ML	3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140MG/ML	3	PA; MO
VASCEPA ORAL CAPSULE 0.5GM, 1GM	3	MO
Vasodilators, Direct-Acting Arterial/ Venous		
<i>hydralazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	MO; GC
<i>isosorbide dinitrate oral tablet 10mg, 20mg, 30mg, 5mg</i>	6	MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 120mg</i>	6	MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet 10mg, 20mg</i>	1	MO; GC
<i>minoxidil oral tablet 10mg, 2.5mg</i>	1	MO; GC
NITRO-BID TRANSDERMAL OINTMENT 2%	3	MO
<i>nitroglycerin sublingual tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	6	MO
<i>nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	6	MO
<i>nitroglycerin translingual solution 0.4mg/spray</i>	2	MO; GC
RECTIV RECTAL OINTMENT 0.4%	4	

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine-dextroamphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 10mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 15mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 5mg</i>	4	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5mg/5ml</i>	4	MO; QL (1800ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20mg</i>	4	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30mg</i>	4	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5mg</i>	4	MO; QL (150 EA per 30 days)

Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet 10mg, 20mg, 5mg</i>	2	MO; GC; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 12MG, 6MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 24MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24MG	5	PA; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200MG/ML	5	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	5	PA
NUEDEXTA ORAL CAPSULE 20-10MG	4	PA; MO
<i>riluzole oral tablet 50mg</i>	4	PA; MO
<i>tetrabenazine oral tablet 12.5mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25mg</i>	5	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225mg, 300mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>pregabalin oral solution 20mg/ml</i>	2	MO; GC; QL (900ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	3	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30MCG/0.5ML	5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30MCG/0.5ML	5	PA
BETASERON SUBCUTANEOUS KIT 0.3MG	5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20MG/ML, 40MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine er oral tablet extended release 12-hour 10mg</i>	3	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120mg, 240mg</i>	5	PA
<i>dimethyl fumarate starter pack oral 120 & 240mg</i>	5	PA
<i> fingolimod hcl oral capsule 0.5mg</i>	5	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20MG/0.4ML	5	PA
MAYZENT ORAL TABLET 0.25MG, 1MG, 2MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25MG	4	PA

DENTAL AND ORAL AGENTS

Dental and Oral Agents

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

DERMATOLOGICAL AGENTS

Acne and Rosacea Agents

ACCUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	3	
<i>acitretin oral capsule 10mg, 17.5mg, 25mg</i>	4	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	4	
<i>benzoyl peroxide-erythromycin external gel 5-3%</i>	2	GC
CLARAVIS ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5%</i>	2	GC
<i>isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>tazarotene external cream 0.1%</i>	2	PA; GC

Drug Name	Drug Tier	Requirements/Limits
tazarotene external gel 0.05%, 0.1%	4	PA
TAZORAC EXTERNAL CREAM 0.05%	4	PA
tretinoin external cream 0.025%, 0.05%, 0.1%	2	PA; GC
tretinoin external gel 0.01%, 0.025%, 0.05%	2	PA; GC
Dermatitis and Pruitus Agents		
alclometasone dipropionate external cream 0.05%	2	GC
alclometasone dipropionate external ointment 0.05%	2	GC
amcinonide external ointment 0.1%	4	
ammonium lactate external cream 12%	1	GC
ammonium lactate external lotion 12%	1	GC
betamethasone dipropionate aug external cream 0.05%	1	GC
betamethasone dipropionate aug external lotion 0.05%	2	GC
betamethasone dipropionate aug external ointment 0.05%	2	GC
betamethasone dipropionate external cream 0.05%	2	GC
betamethasone dipropionate external lotion 0.05%	2	GC
betamethasone dipropionate external ointment 0.05%	2	GC
betamethasone valerate external cream 0.1%	2	GC
betamethasone valerate external lotion 0.1%	2	GC
betamethasone valerate external ointment 0.1%	2	GC
clobetasol propionate e external cream 0.05%	4	
clobetasol propionate external cream 0.05%	4	
clobetasol propionate external gel 0.05%	4	
clobetasol propionate external ointment 0.05%	4	
clobetasol propionate external solution 0.05%	2	GC
desonide external cream 0.05%	4	
desonide external lotion 0.05%	4	
desonide external ointment 0.05%	2	GC
desoximetasone external cream 0.05%, 0.25%	4	
desoximetasone external gel 0.05%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone external ointment 0.25%</i>	4	
EUCRISA EXTERNAL OINTMENT 2%	4	
<i>fluocinolone acetonide external cream 0.01%, 0.025%</i>	2	GC
<i>fluocinolone acetonide external ointment 0.025%</i>	2	GC
<i>fluocinolone acetonide external solution 0.01%</i>	4	
<i>fluocinonide emulsified base external cream 0.05%</i>	2	GC
<i>fluocinonide external gel 0.05%</i>	4	
<i>fluocinonide external ointment 0.05%</i>	2	GC
<i>fluocinonide external solution 0.05%</i>	2	GC
<i>fluticasone propionate external cream 0.05%</i>	1	GC
<i>fluticasone propionate external ointment 0.005%</i>	1	GC
<i>halobetasol propionate external cream 0.05%</i>	4	
<i>halobetasol propionate external ointment 0.05%</i>	2	GC
<i>hydrocortisone (perianal) external cream 2.5%</i>	1	GC
<i>hydrocortisone external cream 1%</i>	1	GC
<i>hydrocortisone external lotion 2.5%</i>	1	GC
<i>hydrocortisone external ointment 1%</i>	2	GC
<i>hydrocortisone external ointment 2.5%</i>	1	GC
<i>hydrocortisone valerate external cream 0.2%</i>	2	GC
<i>hydrocortisone valerate external ointment 0.2%</i>	2	GC
<i>mometasone furoate external cream 0.1%</i>	2	GC
<i>mometasone furoate external ointment 0.1%</i>	2	GC
<i>mometasone furoate external solution 0.1%</i>	2	GC
<i>pimecrolimus external cream 1%</i>	4	
PROCTO-MED HC EXTERNAL CREAM 2.5%	4	
PROCTOSOL HC EXTERNAL CREAM 2.5%	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5%	3	
<i>selenium sulfide external lotion 2.5%</i>	1	GC
<i>tacrolimus external ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide external cream 0.025%, 0.1%, 0.5%</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external lotion 0.025%, 0.1%</i>	2	GC
<i>triamcinolone acetonide external ointment 0.025%, 0.1%, 0.5%</i>	1	GC
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005%</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05%</i>	2	GC
<i>clotrimazole-betamethasone external lotion 1-0.05%</i>	2	GC
<i>diclofenac sodium external gel 3%</i>	4	PA
<i>fluorouracil external cream 5%</i>	3	
<i>fluorouracil external solution 2%, 5%</i>	2	GC
<i>global alcohol prep ease pad 70%</i>	6	
<i>hydrocortisone ace-pramoxine external cream 1-1%</i>	2	GC
<i>HYFTOR EXTERNAL GEL 0.2%</i>	4	PA
<i>imiquimod external cream 5%</i>	2	GC
<i>nystatin-triamcinolone external cream 100000-0.1unit/gm-%</i>	2	GC
<i>nystatin-triamcinolone external ointment 100000-0.1unit/gm-%</i>	2	GC
<i>PANRETIN EXTERNAL GEL 0.1%</i>	5	PA
<i>podofilox external solution 0.5%</i>	2	GC
<i>REGRANEX EXTERNAL GEL 0.01%</i>	5	PA
<i>SANTYL EXTERNAL OINTMENT 250UNIT/GM</i>	4	
<i>silver sulfadiazine external cream 1%</i>	2	GC
<i>SSD EXTERNAL CREAM 1%</i>	1	GC
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5%</i>	4	
<i>permethrin external cream 5%</i>	2	GC
<i>Topical Anti-Infectives</i>		
<i>ciclopirox external gel 0.77%</i>	2	GC
<i>ciclopirox external shampoo 1%</i>	2	GC
<i>ciclopirox external solution 8%</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate external gel 1%</i>	2	GC
<i>clindamycin phosphate external lotion 1%</i>	2	GC
<i>clindamycin phosphate external solution 1%</i>	2	GC
<i>ery external pad 2%</i>	3	
<i>erythromycin external gel 2%</i>	2	GC
<i>erythromycin external solution 2%</i>	2	GC
<i>mupirocin calcium external cream 2%</i>	4	
<i>mupirocin external ointment 2%</i>	1	GC

ELECTROLYTES/MINERALS/METALS/VITAMINS

Electrolyte/ Mineral Replacement

<i>carglumic acid oral tablet soluble 200mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	2	BvD; GC
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD; GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO; GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO; GC
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO; GC
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO; GC
KLOR-CON ORAL PACKET 20 MEQ	2	MO; GC
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO; GC
<i>magnesium sulfate injection solution 50%, 50% (10ml syringe)</i>	2	GC
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	3	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	MO; GC
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO; GC
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20ml), 20 meq/100ml</i>	2	BvD; GC
<i>potassium chloride intravenous solution 40 meq/100ml</i>	2	GC
<i>potassium chloride oral packet 20 meq</i>	2	MO; GC
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	MO; GC
<i>potassium citrate er oral tablet extended release 10 meq (1080mg), 15 meq (1620mg), 5 meq (540mg)</i>	2	GC
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	BvD; GC
<i>sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%</i>	2	GC
<i>sodium chloride irrigation solution 0.9%</i>	1	GC
<i>sodium fluoride oral tablet 2.2 (1 f)mg</i>	2	GC
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules oral packet 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox oral tablet 180mg, 360mg</i>	5	PA
<i>deferasirox oral tablet 90mg</i>	4	PA; MO
<i>deferasirox oral tablet soluble 125mg, 250mg, 500mg</i>	5	PA
<i>deferiprone oral tablet 1000mg, 500mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100MG/ML	5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	5	PA
LOKELMA ORAL PACKET 10GM, 5GM	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
SPS ORAL SUSPENSION 15GM/60ML	3	
<i>tolvaptan oral tablet 15mg</i>	5	PA; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan oral tablet 30mg</i>	5	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250mg</i>	5	PA
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	3	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	3	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	3	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	3	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	3	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	4	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	4	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	4	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	4	BvD
<i>dextrose intravenous solution 10%, 5%</i>	2	BvD; GC
<i>dextrose-nacl intravenous solution 10-0.2%, 10-0.45%, 2.5-0.45%</i>	3	BvD
<i>dextrose-nacl intravenous solution 5-0.2%, 5-0.45%, 5-0.9%</i>	3	
DOJOLVI ORAL LIQUID 100%	5	PA
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	4	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD
<i>levocarnitine oral solution 1gm/10ml</i>	2	MO; GC
<i>levocarnitine oral tablet 330mg</i>	2	MO; GC
NUTRILIPID INTRAVENOUS EMULSION 20%	4	BvD
PREMASOL INTRAVENOUS SOLUTION 10%	4	BvD
<i>prenatal oral tablet 27-1mg</i>	2	GC
PROSOL INTRAVENOUS SOLUTION 20%	4	BvD

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD; GC
TRAVASOL INTRAVENOUS SOLUTION 10%	4	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10%	4	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1GM 210MG(FE)	4	PA; MO
<i>calcium acetate (phos binder) oral capsule 667mg</i>	2	MO; GC
<i>calcium acetate oral tablet 667mg</i>	2	MO; GC
<i>sevelamer carbonate oral packet 0.8gm</i>	5	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4gm</i>	5	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800mg</i>	4	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	4	MO
EXCLUDED DRUG COVERAGE		
Non-Part D Enhancement		
<i>sildenafil citrate oral tablet 100mg, 25mg, 50mg</i>	2	E; GC; QL (6 EA per 30 days)
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10gm/15ml</i>	1	MO; GC
<i>enulose oral solution 10gm/15ml</i>	1	MO; GC
<i>generlac oral solution 10gm/15ml</i>	1	MO; GC
<i>lactulose oral solution 10gm/15ml</i>	1	MO; GC
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24mcg, 8mcg</i>	3	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5mg, 1mg</i>	5	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025mg</i>	2	GC
<i>loperamide hcl oral capsule 2mg</i>	1	GC
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10mg</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral solution 10mg/5ml</i>	2	GC
<i>dicyclomine hcl oral tablet 20mg</i>	1	GC
<i>glycopyrrolate oral tablet 1mg, 2mg</i>	2	GC
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG, 600MCG	5	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	5	PA
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML, 10-3.5-12MG-GM -GM/175ML	4	
GATTEX SUBCUTANEOUS KIT 5MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	GC
LIVMARLI ORAL SOLUTION 9.5MG/ML	5	PA
<i>metoclopramide hcl oral solution 5mg/5ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10mg, 5mg</i>	1	MO; GC
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6gm/177ml</i>	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420gm</i>	2	GC
<i>peg-3350/electrolytes oral solution reconstituted 236gm</i>	2	GC
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	4	
SUTAB ORAL TABLET 1479-225-188MG	4	
<i>ursodiol oral capsule 300mg</i>	2	MO; GC
<i>ursodiol oral tablet 250mg, 500mg</i>	2	MO; GC
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40mg/5ml</i>	2	MO; GC
<i>famotidine oral tablet 20mg, 40mg</i>	1	MO; GC
<i>nizatidine oral capsule 150mg, 300mg</i>	2	MO; GC
Protectants		
<i>misoprostol oral tablet 100mcg, 200mcg</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral suspension 1gm/10ml</i>	4	MO
<i>sucralfate oral tablet 1gm</i>	1	MO; GC
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release 30mg, 60mg</i>	3	MO
<i>esomeprazole magnesium oral capsule delayed release 20mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40mg</i>	2	MO; GC
<i>lansoprazole oral capsule delayed release 15mg, 30mg</i>	2	MO; GC
<i>omeprazole oral capsule delayed release 10mg, 20mg, 40mg</i>	1	MO; GC
<i>pantoprazole sodium oral tablet delayed release 20mg, 40mg</i>	1	MO; GC
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine oral powder</i>	5	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000UNIT, 24000-76000UNIT, 3000-9500UNIT, 36000-114000UNIT, 6000-19000UNIT	3	MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	4	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	4	PA; MO
ENDARI ORAL PACKET 5GM	4	PA
GALAFOLD ORAL CAPSULE 123MG	5	PA
<i>miglustat oral capsule 100mg</i>	5	PA
<i>nitisinone oral capsule 10mg, 2mg, 20mg, 5mg</i>	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	5	PA
RAVICTI ORAL LIQUID 1.1GM/ML	5	PA
<i>sapropterin dihydrochloride oral packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100mg</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	5	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	5	PA
VYNDAMAX ORAL CAPSULE 61MG	5	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000UNIT, 15000-47000UNIT, 20000-63000UNIT, 25000-79000UNIT, 3000-10000UNIT, 40000-126000UNIT, 5000-24000UNIT	3	MO
ZOKINVY ORAL CAPSULE 50MG, 75MG	5	PA

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24-hour 15mg, 7.5mg</i>	4	MO
<i>fesoterodine fumarate er oral tablet extended release 24-hour 4mg, 8mg</i>	4	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8MG/ML	3	MO; QL (300ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24-HOUR 25MG, 50MG	3	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24-hour 10mg, 15mg, 5mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5mg/5ml</i>	2	MO; GC; QL (600ML per 30 days)
<i>oxybutynin chloride oral tablet 5mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10mg, 5mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24-hour 2mg, 4mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1mg, 2mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>trospium chloride er oral capsule extended release 24-hour 60mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20mg</i>	2	MO; GC; QL (60 EA per 30 days)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er oral tablet extended release 24-hour 10mg</i>	1	MO; GC; QL (30 EA per 30 days)
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Drug Name	Drug Tier	Requirements/Limits
CARDURA XL ORAL TABLET EXTENDED RELEASE 24-HOUR 4MG, 8MG	3	MO
<i>dutasteride oral capsule 0.5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>finasteride oral tablet 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>silodosin oral capsule 4mg, 8mg</i>	4	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4mg</i>	1	MO; GC; QL (60 EA per 30 days)
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10mg, 25mg, 5mg, 50mg</i>	2	GC
ELMIRON ORAL CAPSULE 100MG	4	
<i>penicillamine oral tablet 250mg</i>	5	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>dexamethasone oral solution 0.5mg/5ml</i>	2	GC
<i>dexamethasone oral tablet 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	GC
<i>fludrocortisone acetate oral tablet 0.1mg</i>	1	MO; GC
<i>hydrocortisone oral tablet 10mg, 20mg, 5mg</i>	1	GC
ISTURISA ORAL TABLET 1MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10MG	5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5MG	5	PA; QL (120 EA per 30 days)
<i>methylprednisolone oral tablet 16mg, 32mg, 4mg, 8mg</i>	2	BvD; GC
<i>methylprednisolone oral tablet therapy pack 4mg</i>	2	GC
<i>prednisolone oral solution 15mg/5ml</i>	2	BvD; GC
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml, 25mg/5ml, 6.7 (5 base)mg/5ml</i>	4	BvD
<i>prednisolone sodium phosphate oral tablet dispersible 10mg, 15mg, 30mg</i>	2	BvD; GC
PREDNISONE INTENSOL ORAL CONCENTRATE 5MG/ML	2	BvD; GC
<i>prednisone oral solution 5mg/5ml</i>	2	BvD; GC

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg</i>	1	BvD; GC
<i>prednisone oral tablet therapy pack 10mg (21), 10mg (48), 5mg (21), 5mg (48)</i>	1	GC

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

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

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

Androgens

<i>danazol oral capsule 100mg, 50mg</i>	2	GC
<i>danazol oral capsule 200mg</i>	4	
<i>testosterone cypionate intramuscular solution 100mg/ml, 200mg/ml, 200mg/ml (1ml)</i>	2	MO; GC
<i>testosterone enanthate intramuscular solution 200mg/ml</i>	2	MO; GC
<i>testosterone transdermal gel 10mg/act (2%), 12.5mg/act (1%), 20.25mg/1.25gm (1.62%), 20.25mg/act (1.62%), 25mg/2.5gm (1%), 40.5mg/2.5gm (1.62%), 50mg/5gm (1%)</i>	3	MO
<i>testosterone transdermal solution 30mg/act</i>	3	MO

Estrogens

DUA VEE ORAL TABLET 0.45-20MG	3	MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	MO; GC
<i>estradiol transdermal patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	MO; GC
<i>estradiol vaginal cream 0.1mg/gm</i>	4	MO
<i>estradiol vaginal tablet 10mcg</i>	4	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	4	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10MCG, 4MCG	4	MO
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	4	MO
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMARIN VAGINAL CREAM 0.625MG/GM	3	MO
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30MG-MCG	1	MO; GC
<i>alyacen 1/35 oral tablet 1-35mg-mcg</i>	1	MO; GC
APRI ORAL TABLET 0.15-30MG-MCG	1	MO; GC
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	2	MO; GC
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	MO; GC
AVIANE ORAL TABLET 0.1-20MG-MCG	1	MO; GC
BALZIVA ORAL TABLET 0.4-35MG-MCG	2	MO; GC
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO; GC
<i>briellyn oral tablet 0.4-35mg-mcg</i>	2	MO; GC
CRYSSELLE-28 ORAL TABLET 0.3-30MG-MCG	2	MO; GC
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	MO; GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01mg (21/5)</i>	2	MO; GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30mg-mcg</i>	1	MO; GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02mg, 3-0.03mg</i>	2	MO; GC
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	4	MO

Drug Name	Drug Tier	Requirements/Limits
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO; GC
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	MO; GC
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	MO; GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35mg-mcg, 1-50mg-mcg</i>	2	MO; GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015mg/24hr</i>	4	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	MO; GC
HALOETTE VAGINAL RING 0.12-0.015MG/24HR	4	MO
ICLEVIA ORAL TABLET 0.15-0.03MG	2	MO; GC
INTRAROSA VAGINAL INSERT 6.5MG	3	PA; MO
INTROVALE ORAL TABLET 0.15-0.03MG	2	MO; GC
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	MO; GC
JASMIEL ORAL TABLET 3-0.02MG	2	MO; GC
JULEBER ORAL TABLET 0.15-30MG-MCG	1	MO; GC
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	MO; GC
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO; GC
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	2	MO; GC
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	MO; GC
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	MO; GC
KURVELO ORAL TABLET 0.15-30MG-MCG	1	MO; GC
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	MO; GC
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO; GC
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	2	MO; GC
LESSINA ORAL TABLET 0.1-20MG-MCG	1	MO; GC
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO; GC
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03mg</i>	2	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg, 0.15-30mg-mcg</i>	1	MO; GC
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30mcg</i>	1	MO; GC
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	MO; GC
LORYNA ORAL TABLET 3-0.02MG	2	MO; GC
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	2	MO; GC
LUTERA ORAL TABLET 0.1-20MG-MCG	1	MO; GC
<i>marlissa oral tablet 0.15-30mg-mcg</i>	1	MO; GC
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	MO; GC
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	MO; GC
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
MILI ORAL TABLET 0.25-35MG-MCG	1	MO; GC
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	2	MO; GC
NIKKI ORAL TABLET 3-0.02MG	2	MO; GC
<i>norethin ace-eth estrad-fe oral tablet 1-20mg-mcg</i>	1	MO; GC
<i>norethindrone acet-ethinyl est oral tablet 1-20mg-mcg</i>	2	MO; GC
<i>norethindrone-eth estradiol oral tablet 1-5mg-mcg</i>	2	MO; GC
<i>norgestimate-eth estradiol oral tablet 0.25-35mg-mcg</i>	1	MO; GC
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25mg-35mcg</i>	1	MO; GC
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	2	MO; GC
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	MO; GC
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
VYFEMLA ORAL TABLET 0.4-35MG-MCG	2	MO; GC
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	MO; GC
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO; GC
Progestins		
CAMILA ORAL TABLET 0.35MG	1	MO; GC
DEBLITANE ORAL TABLET 0.35MG	1	MO; GC
ERRIN ORAL TABLET 0.35MG	1	MO; GC
INCASSIA ORAL TABLET 0.35MG	1	MO; GC
LYLEQ ORAL TABLET 0.35MG	1	MO; GC
LYZA ORAL TABLET 0.35MG	1	MO; GC
<i>medroxyprogesterone acetate intramuscular suspension 150mg/ml</i>	2	GC
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150mg/ml</i>	2	GC
<i>medroxyprogesterone acetate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO; GC
<i>megestrol acetate oral suspension 40mg/ml</i>	2	GC
<i>megestrol acetate oral suspension 625mg/5ml</i>	4	MO
<i>megestrol acetate oral tablet 20mg, 40mg</i>	1	GC
NORA-BE ORAL TABLET 0.35MG	1	MO; GC
<i>norethindrone acetate oral tablet 5mg</i>	2	MO; GC
<i>norethindrone oral tablet 0.35mg</i>	1	MO; GC
<i>progesterone oral capsule 100mg, 200mg</i>	2	MO; GC
SHAROBEL ORAL TABLET 0.35MG	1	MO; GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>		
EUTHYROX ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO; GC
<i>levothyroxine sodium oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO; GC
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium oral tablet 25mcg, 5mcg, 50mcg</i>	1	MO; GC
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline oral tablet 0.5mg</i>	2	GC
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	4	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5mg</i>	4	PA
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25MG (PED)	5	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45MG	5	PA
<i>octreotide acetate injection solution 100mcg/ml, 50mcg/ml</i>	2	PA; MO; GC
<i>octreotide acetate injection solution 1000mcg/ml, 500mcg/ml</i>	5	PA
<i>octreotide acetate injection solution 200mcg/ml</i>	4	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; QL (60ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	5	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
<i>methimazole oral tablet 10mg, 5mg</i>	1	MO; GC
<i>propylthiouracil oral tablet 50mg</i>	1	MO; GC
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30MG/3ML	5	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30mg/3ml</i>	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 300MG/2ML	5	PA
Immunoglobulins		
PANZYGA INTRAVENOUS SOLUTION 1GM/10ML, 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20GM/200ML	5	BvD
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	5	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	5	PA
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	5	PA
<i>leflunomide oral tablet 10mg, 20mg</i>	2	MO; GC
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180MG/1.2ML, 360MG/2.4ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	5	PA
TAVNEOS ORAL CAPSULE 10MG	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	5	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000UNIT/0.5ML	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	5	PA
Immunosuppressants		
AZASAN ORAL TABLET 100MG, 75MG	3	BvD; MO
<i>azathioprine oral tablet 100mg, 75mg</i>	3	BvD; MO
<i>azathioprine oral tablet 50mg</i>	2	BvD; MO; GC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
LUPKYNIS ORAL CAPSULE 7.9MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50mg/2ml</i>	1	BvD; GC
<i>methotrexate sodium injection solution 50mg/2ml</i>	1	BvD; GC
<i>methotrexate sodium oral tablet 2.5mg</i>	2	BvD; GC
<i>mycophenolate mofetil oral capsule 250mg</i>	4	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200mg/ml</i>	5	BvD
<i>mycophenolate mofetil oral tablet 500mg</i>	2	BvD; MO; GC
<i>mycophenolate sodium oral tablet delayed release 180mg, 360mg</i>	2	BvD; MO; GC
PROGRAF ORAL PACKET 0.2MG, 1MG	4	BvD; MO
REZUROCK ORAL TABLET 200MG	5	PA
<i>sirolimus oral solution 1mg/ml</i>	5	BvD
<i>sirolimus oral tablet 0.5mg, 1mg</i>	4	BvD; MO
<i>sirolimus oral tablet 2mg</i>	5	BvD
<i>tacrolimus oral capsule 0.5mg</i>	2	BvD; MO; GC
<i>tacrolimus oral capsule 1mg, 5mg</i>	4	BvD; MO
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	4	BvD
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120MCG/0.5ML	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120MCG/0.5ML	3	
<i>bcg vaccine injection solution reconstituted 50mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD
ENGRIX-B INJECTION SUSPENSION 20MCG/ML	3	BvD
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/0.5ML, 20MCG/ML	3	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20MCG/0.5ML	3	BvD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5UNIT/ML	3	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5ML	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	4	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/Limits
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
<i>prehevbrio intramuscular suspension 10mcg/ml</i>	3	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION, (58 UNT/ML)	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/ML, 5MCG/0.5ML	3	BvD
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

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

INFLAMMATORY BOWEL DISEASE AGENTS

Aminosalicylates

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

Glucocorticoids

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

METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

<i>alendronate sodium oral tablet 10mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35mg, 70mg</i>	1	MO; GC; QL (4 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) nasal solution 200unit/act</i>	2	BvD; MO; GC; QL (4ML per 28 days)
<i>calcitriol oral capsule 0.25mcg, 0.5mcg</i>	1	BvD; MO; GC
<i>calcitriol oral solution 1mcg/ml</i>	4	BvD; MO
<i>cinacalcet hcl oral tablet 30mg</i>	4	BvD; MO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60mg</i>	5	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90mg</i>	5	BvD; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150mg</i>	1	MO; GC; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG, 25MCG, 50MCG, 75MCG	5	PA
<i>paricalcitol oral capsule 1mcg, 2mcg, 4mcg</i>	4	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60MG/ML	4	QL (1ML per 180 days)
<i>raloxifene hcl oral tablet 60mg</i>	2	MO; GC
<i>risedronate sodium oral tablet 150mg</i>	2	MO; GC; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30mg</i>	2	GC; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35mg, 35mg (12 pack), 35mg (4 pack)</i>	2	MO; GC; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release 35mg</i>	2	MO; GC; QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620mcg/2.48ml</i>	5	PA; QL (2.48ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120MCG/1.56ML	5	PA; QL (1.56ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	5	PA; QL (2ML per 28 days)

OPHTHALMIC AGENTS

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic solution 1%</i>	2	MO; GC
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%</i>	2	GC
<i>cyclosporine ophthalmic emulsion 0.05%</i>	3	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	GC
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	GC
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1unit/ml-%</i>	1	GC
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23%</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%</i>	2	GC
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	GC
<i>cromolyn sodium ophthalmic solution 4%</i>	1	GC
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	
Ophthalmic Anti-Infectives		
<i>AZASITE OPHTHALMIC SOLUTION 1%</i>	4	
<i>bacitracin ophthalmic ointment 500unit/gm</i>	2	GC
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000unit/gm</i>	2	GC
<i>erythromycin ophthalmic ointment 5mg/gm</i>	1	GC
<i>gatifloxacin ophthalmic solution 0.5%</i>	2	GC
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	GC
<i>moxifloxacin hcl ophthalmic solution 0.5%</i>	2	GC
<i>NATACYN OPHTHALMIC SUSPENSION 5%</i>	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	GC
<i>ofloxacin ophthalmic solution 0.3%</i>	2	GC
<i>sulfacetamide sodium ophthalmic solution 10%</i>	2	GC
<i>tobramycin ophthalmic solution 0.3%</i>	1	GC
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09%</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
BROMSITE OPHTHALMIC SOLUTION 0.075%	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	GC
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	GC
DUREZOL OPHTHALMIC EMULSION 0.05%	3	
<i>fluorometholone ophthalmic suspension 0.1%</i>	2	GC
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	GC
ILEVRO OPHTHALMIC SUSPENSION 0.3%	3	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	2	GC
<i>loteprednol etabonate ophthalmic suspension 0.5%</i>	2	GC
<i>prednisolone acetate ophthalmic suspension 1%</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	GC
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5%</i>	2	MO; GC
<i>carteolol hcl ophthalmic solution 1%</i>	1	MO; GC
<i>levobunolol hcl ophthalmic solution 0.5%</i>	1	MO; GC
<i>timolol maleate (once-daily) ophthalmic solution 0.5%</i>	2	MO; GC
<i>timolol maleate ophthalmic gel forming solution 0.25%, 0.5%</i>	2	MO; GC
<i>timolol maleate ophthalmic solution 0.25%, 0.5%</i>	1	MO; GC
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12-hour 500mg</i>	2	MO; GC
<i>acetazolamide oral tablet 125mg, 250mg</i>	2	MO; GC
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	3	MO
<i>apraclonidine hcl ophthalmic solution 0.5%</i>	2	GC
AZOPT OPHTHALMIC SUSPENSION 1%	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15%, 0.2%</i>	2	MO; GC
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	4	MO
<i>dorzolamide hcl ophthalmic solution 2%</i>	1	MO; GC
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8mg/ml</i>	2	MO; GC
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%</i>	2	MO; GC
<i>methazolamide oral tablet 25mg, 50mg</i>	4	MO
<i>pilocarpine hcl ophthalmic solution 1%, 2%, 4%</i>	2	MO; GC
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	4	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	4	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	4	MO

Ophthalmic Prostaglandin and Prostamide Analogs

<i>latanoprost ophthalmic solution 0.005%</i>	2	MO; GC
LUMIGAN OPHTHALMIC SOLUTION 0.01%	3	MO
<i>travoprost (bak free) ophthalmic solution 0.004%</i>	3	MO

OTIC AGENTS

Otic Agents

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

RESPIRATORY TRACT/ PULMONARY AGENTS

Antihistamines

<i>azelastine hcl nasal solution 0.1%</i>	2	GC; QL (30ML per 25 days)
<i>cetirizine hcl oral solution 1mg/ml</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	4	
<i>cyproheptadine hcl oral tablet 4mg</i>	4	
<i>levocetirizine dihydrochloride oral solution 2.5mg/5ml</i>	2	GC
<i>levocetirizine dihydrochloride oral tablet 5mg</i>	1	GC
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/ACT, 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	MO; QL (26GM per 30 days)
<i>budesonide inhalation suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT, 50MCG/ACT	3	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	3	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	3	MO; QL (21.2GM per 30 days)
<i>flunisolide nasal solution 25mcg/act (0.025%)</i>	2	GC; QL (50ML per 30 days)
<i>fluticasone propionate nasal suspension 50mcg/act</i>	1	GC; QL (16GM per 30 days)
<i>mometasone furoate nasal suspension 50mcg/act</i>	2	GC; QL (34GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4mg, 5mg</i>	1	MO; GC; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
zafirlukast oral tablet 10mg, 20mg	2	MO; GC; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	4	MO; QL (26GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	2	BvD; MO; GC
<i>ipratropium bromide nasal solution 0.03%</i>	2	MO; GC; QL (60ML per 30 days)
<i>ipratropium bromide nasal solution 0.06%</i>	2	MO; GC; QL (30ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	3	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	MO; QL (4GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act</i>	2	MO; GC; QL (17GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020503)</i>	2	MO; GC; QL (13.4GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020983)</i>	2	MO; GC; QL (36GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5mg/3ml) 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	BvD; MO; GC
<i>albuterol sulfate oral syrup 2mg/5ml</i>	2	MO; GC
<i>albuterol sulfate oral tablet 2mg, 4mg</i>	2	MO; GC
<i>epinephrine injection solution 0.3mg/0.3ml</i>	2	GC
<i>epinephrine injection solution auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	GC
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5mg, 5mg</i>	4	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE)MCG/ACT	3	MO; QL (36GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO ORAL PACKET 13.4MG, 25MG, 50MG, 75MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL TABLET 150MG	5	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG, 75-94MG	5	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	5	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	5	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	5	PA
TOBI PODHALER INHALATION CAPSULE 28MG	5	PA
<i>tobramycin inhalation nebulization solution 300mg/5ml</i>	5	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	5	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75MG, 80-40-60 & 59.5MG	5	PA
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250mcg, 500mcg</i>	3	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12-hour 300mg, 450mg</i>	2	MO; GC
<i>theophylline er oral tablet extended release 24-hour 400mg, 600mg</i>	2	MO; GC
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10mg, 5mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125mg, 62.5mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	5	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20mg</i>	2	PA; MO; GC; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100MG, 150MG	5	PA
<i>pirfenidone oral capsule 267mg</i>	5	PA
<i>pirfenidone oral tablet 267mg, 534mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	BvD; GC

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50MCG/ACT, 250-50MCG/ACT, 500-50MCG/ACT	3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	3	MO; QL (12GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25MCG/ACT	3	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25MCG/ACT, 200-25MCG/ACT	3	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8MCG/ACT	3	MO; QL (10.7GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5mcg/act, 80-4.5mcg/act</i>	3	MO; QL (10.2GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	4	MO; QL (4GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20mg/2ml</i>	2	BvD; MO; GC
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50mcg/act, 250-50mcg/act, 500-50mcg/act</i>	3	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14mcg/act, 232-14mcg/act, 55-14mcg/act</i>	3	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3)mg/3ml</i>	2	BvD; MO; GC
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	5	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/ACT, 200-62.5-25MCG/ACT	3	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SKELLETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone oral tablet 250mg, 375mg, 500mg, 750mg</i>	2	GC
<i>cyclobenzaprine hcl oral tablet 10mg, 5mg</i>	2	GC
<i>cyclobenzaprine hcl oral tablet 7.5mg</i>	4	
<i>methocarbamol oral tablet 500mg, 750mg</i>	2	GC
<i>orphenadrine citrate er oral tablet extended release 12-hour 100mg</i>	2	GC
SLEEP DISORDER AGENTS		
<i>Sleep Promoting Agents</i>		
BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5mg</i>	4	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10mg, 5mg</i>	2	GC; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10mg, 5mg</i>	2	GC; QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150mg, 200mg, 250mg, 50mg</i>	3	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100mg, 200mg</i>	4	PA; MO; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500mg/ml</i>	5	PA; QL (540ML per 30 days)
SUNOSI ORAL TABLET 150MG, 75MG	4	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500MG/ML	5	PA; QL (540ML per 30 days)
XYWAV ORAL SOLUTION 500MG/ML	5	PA; QL (540 ML per 30 days)

Imperial Standard CSNP 2023 6-Tier (Lista de medicamentos cubiertos)

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Anticolinérgicos		
<i>benztropine mesylate oral tablet 0.5mg, 1mg, 2mg</i>	1	MO; GC
<i>trihexyphenidyl hcl oral solution 0.4mg/ml</i>	1	MO; GC
<i>trihexyphenidyl hcl oral tablet 2mg, 5mg</i>	1	MO; GC
Inhibidores de la Monoaminoxidasa B (MAO-B)		
<i>rasagiline mesylate oral tablet 0.5mg, 1mg</i>	4	MO
<i>selegiline hcl oral capsule 5mg</i>	2	MO; GC
<i>selegiline hcl oral tablet 5mg</i>	2	MO; GC
Precursores de Dopamina y/o Inhibidores de la Descarboxilasa de L-Aminoácidos		
<i>carbidopa oral tablet 25mg</i>	2	MO; GC
<i>carbidopa-levodopa er oral tablet extended release 25-100mg, 50-200mg</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet 10-100mg, 25-100mg, 25-250mg</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet dispersible 10-100mg, 25-100mg, 25-250mg</i>	2	MO; GC
INBRIJA INHALATION CAPSULE 42MG	5	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95MG, 36.25-145MG, 48.75-195MG, 61.25-245MG	4	ST; MO
AGENTES BIPOLARES		
Estabilizadores del Estado de Ánimo		
<i>divalproex sodium er oral tablet extended release 24-hour 250mg, 500mg</i>	2	MO; GC
<i>divalproex sodium oral capsule delayed release sprinkle 125mg</i>	2	MO; GC
<i>divalproex sodium oral tablet delayed release 125mg, 250mg, 500mg</i>	1	MO; GC
<i>lithium carbonate er oral tablet extended release 300mg, 450mg</i>	1	MO; GC
<i>lithium carbonate oral capsule 150mg, 300mg, 600mg</i>	1	MO; GC
<i>lithium carbonate oral tablet 300mg</i>	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES CARDIOVASCULARES		
<i>Agentes Bloqueadores de los Canales de Calcio, Dihidropiridinas</i>		
<i>amlodipine besylate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO; GC
<i>felodipine er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5mg</i>	6	MO
<i>isradipine oral capsule 5mg</i>	2	MO; GC
KATERZIA ORAL SUSPENSION 1MG/ML	4	MO
<i>nicardipine hcl oral capsule 20mg, 30mg</i>	2	MO; GC
<i>nifedipine er oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24-hour 90mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 90mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10mg, 20mg</i>	2	MO; GC
<i>Agentes Bloqueadores de los Canales de Calcio, No Dihidropiridinas</i>		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	MO; GC; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24-hour 360mg, 420mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 300mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12-hour 120mg, 60mg, 90mg</i>	2	MO; GC
<i>diltiazem hcl er oral tablet extended release 24-hour 180mg, 240mg, 300mg, 360mg</i>	2	MO; GC
<i>diltiazem hcl oral tablet 120mg, 90mg</i>	2	MO; GC
<i>diltiazem hcl oral tablet 30mg, 60mg</i>	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>dilt-xr oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	2	MO; GC; QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24-HOUR 180MG, 240MG, 300MG, 360MG, 420MG	2	MO; GC
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	MO; GC; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	2	MO; GC; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	2	MO; GC; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	2	MO; GC; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24-hour 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg</i>	2	MO; GC
<i>verapamil hcl er oral tablet extended release 120mg, 180mg, 240mg</i>	6	MO
<i>verapamil hcl oral tablet 120mg, 40mg, 80mg</i>	1	MO; GC
Agentes Bloqueantes Beta-Adrenérgicos		
<i>acebutolol hcl oral capsule 200mg</i>	1	MO; GC
<i>acebutolol hcl oral capsule 400mg</i>	6	MO
<i>atenolol oral tablet 100mg, 25mg, 50mg</i>	1	MO; GC
<i>betaxolol hcl oral tablet 10mg, 20mg</i>	6	MO
<i>bisoprolol fumarate oral tablet 10mg, 5mg</i>	1	MO; GC
<i>carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	MO; GC
<i>carvedilol phosphate er oral capsule extended release 24-hour 10mg, 20mg, 40mg, 80mg</i>	2	MO; GC
<i>labetalol hcl oral tablet 100mg, 200mg, 300mg</i>	6	MO
<i>metoprolol succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	1	MO; GC
<i>metoprolol succinate er oral tablet extended release 24-hour 200mg</i>	2	MO; GC
<i>metoprolol tartrate oral tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	MO; GC
<i>metoprolol tartrate oral tablet 75mg</i>	6	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>nadolol oral tablet 20mg, 40mg, 80mg</i>	2	MO; GC
<i>nebivolol hcl oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	4	MO
<i>pindolol oral tablet 10mg, 5mg</i>	2	MO; GC
<i>propranolol hcl er oral capsule extended release 24-hour 120mg, 160mg, 60mg</i>	2	MO; GC
<i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml</i>	2	MO; GC
<i>propranolol hcl oral tablet 10mg, 20mg, 40mg</i>	1	MO; GC
<i>propranolol hcl oral tablet 60mg</i>	6	MO
<i>timolol maleate oral tablet 10mg, 5mg</i>	6	MO
<i>timolol maleate oral tablet 20mg</i>	2	MO; GC
Agentes Cardiovasculares, Otros		
<i>aliskiren fumarate oral tablet 150mg, 300mg</i>	3	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50mg</i>	1	MO; GC
<i>amlodipine besy-benazepril hcl oral capsule 10-20mg, 10-40mg, 2.5-10mg, 5-10mg, 5-20mg, 5-40mg</i>	1	MO; GC
<i>amlodipine besylate-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 2.5-10mg, 2.5-20mg, 2.5-40mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25mg, 50-25mg</i>	1	MO; GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg, 5-6.25mg</i>	1	MO; GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg</i>	1	MO; GC
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5mg, 32-12.5mg, 32-25mg</i>	1	MO; GC; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	4	PA; MO
<i>digoxin oral solution 0.05mg/ml</i>	2	MO; GC; QL (255ML per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>digoxin oral tablet 125mcg, 250mcg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5mcg</i>	4	MO; QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25mg, 5-12.5mg</i>	1	MO; GC
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	3	MO
FILSPARI ORAL TABLET 200MG, 400MG	5	PA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5mg, 20-12.5mg</i>	6	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5mg</i>	2	MO; GC
LANOXIN ORAL TABLET 125MCG	4	MO; QL (30 EA per 30 days)
LANOXIN ORAL TABLET 250MCG	4	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	MO; GC
<i>losartan potassium-hctz oral tablet 100-12.5mg, 100-25mg, 50-12.5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25mg, 100-50mg, 50-25mg</i>	6	MO
<i>metyrosine oral capsule 250mg</i>	5	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5mg, 40-12.5mg, 40-25mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg</i>	6	MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400mg</i>	1	MO; GC
<i>ranolazine er oral tablet extended release 12-hour 1000mg, 500mg</i>	3	MO
<i>spironolactone-hctz oral tablet 25-25mg</i>	1	MO; GC
<i>telmisartan-amlodipine oral tablet 40-10mg, 40-5mg, 80-10mg, 80-5mg</i>	1	MO; GC
<i>telmisartan-hctz oral tablet 40-12.5mg, 80-12.5mg, 80-25mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240mg, 2-180mg, 2-240mg, 4-240mg</i>	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>triamterene-hctz oral capsule 37.5-25mg</i>	1	MO; GC
<i>triamterene-hctz oral tablet 37.5-25mg, 75-50mg</i>	1	MO; GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg</i>	6	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	4	PA; MO
Agentes para Dislipidemias, Derivados del Ácido Fóbrico		
<i>fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145mg, 160mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48mg, 54mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135mg, 45mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600mg</i>	1	MO; GC; QL (60 EA per 30 days)
Agentes para Dislipidemias, Inhibidores de la HMG COA Reductasa		
<i>atorvastatin calcium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24-hour 80mg</i>	2	MO; GC
<i>fluvastatin sodium oral capsule 20mg, 40mg</i>	1	MO; GC
LIVALO ORAL TABLET 1MG, 2MG, 4MG	3	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	MO; GC; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	3	MO; QL (30 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>olmesartan medoxomil oral tablet 20mg, 40mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20mg, 40mg, 80mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>valsartan oral tablet 160mg</i>	6	MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320mg</i>	6	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40mg, 80mg</i>	6	MO; QL (90 EA per 30 days)
Antiarrítmicos		
<i>amiodarone hcl oral tablet 100mg, 200mg, 400mg</i>	2	MO; GC
<i>disopyramide phosphate oral capsule 100mg, 150mg</i>	2	MO; GC
<i>dofetilide oral capsule 125mcg, 250mcg, 500mcg</i>	4	MO
<i>flecainide acetate oral tablet 100mg, 150mg, 50mg</i>	1	MO; GC
<i>mexiletine hcl oral capsule 150mg, 200mg, 250mg</i>	2	MO; GC
MULTAQ ORAL TABLET 400MG	3	MO
<i>propafenone hcl oral tablet 150mg, 225mg, 300mg</i>	2	MO; GC
<i>quinidine sulfate oral tablet 200mg, 300mg</i>	1	MO; GC
<i>sotalol hcl (af) oral tablet 120mg, 160mg</i>	2	MO; GC
<i>sotalol hcl (af) oral tablet 80mg</i>	1	MO; GC
<i>sotalol hcl oral tablet 120mg, 160mg, 240mg, 80mg</i>	1	MO; GC
Bloqueadores Alfa-Adrenérgicos		
<i>doxazosin mesylate oral tablet 1mg, 2mg, 4mg, 8mg</i>	1	MO; GC
<i>prazosin hcl oral capsule 1mg, 2mg</i>	1	MO; GC
<i>prazosin hcl oral capsule 5mg</i>	2	MO; GC
<i>terazosin hcl oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	MO; GC
Diuréticos, Ahorradores de Potasio		
<i>amiloride hcl oral tablet 5mg</i>	6	MO
<i>eplerenone oral tablet 25mg, 50mg</i>	2	MO; GC
KERENDIA ORAL TABLET 10MG, 20MG	4	MO; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100mg, 25mg, 50mg</i>	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Diuréticos, Bucle		
<i>bumetanide injection solution 0.25mg/ml</i>	2	GC
<i>bumetanide oral tablet 0.5mg, 1mg, 2mg</i>	2	MO; GC
<i>furosemide injection solution 10mg/ml</i>	2	BvD; GC
<i>furosemide oral solution 10mg/ml, 8mg/ml</i>	6	MO
<i>furosemide oral tablet 20mg, 40mg, 80mg</i>	1	MO; GC
<i>torsemide oral tablet 10mg, 100mg, 20mg, 5mg</i>	1	MO; GC
Diuréticos, Tiazidas		
<i>chlorthalidone oral tablet 25mg, 50mg</i>	6	MO
<i>hydrochlorothiazide oral capsule 12.5mg</i>	1	MO; GC
<i>hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg</i>	1	MO; GC
<i>indapamide oral tablet 1.25mg, 2.5mg</i>	1	MO; GC
<i>metolazone oral tablet 10mg, 2.5mg, 5mg</i>	6	MO
Inhibidores de la Enzima Convertidora de Angiotensina (ECA)		
<i>benazepril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; GC
<i>captopril oral tablet 100mg, 12.5mg, 25mg, 50mg</i>	2	MO; GC
<i>enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO; GC
<i>fosinopril sodium oral tablet 10mg, 20mg, 40mg</i>	1	MO; GC
<i>lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO; GC
<i>moexipril hcl oral tablet 15mg, 7.5mg</i>	6	MO
<i>perindopril erbumine oral tablet 2mg, 4mg, 8mg</i>	6	MO
<i>quinapril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; GC
<i>ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO; GC
<i>trandolapril oral tablet 1mg, 2mg, 4mg</i>	6	MO
Vasodilatadores Arteriales/Venosos de Acción Directa		
<i>hydralazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	MO; GC
<i>isosorbide dinitrate oral tablet 10mg, 20mg, 30mg, 5mg</i>	6	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>isosorbide mononitrate er oral tablet extended release 24-hour 120mg</i>	6	MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; GC
<i>isosorbide mononitrate oral tablet 10mg, 20mg</i>	1	MO; GC
<i>minoxidil oral tablet 10mg, 2.5mg</i>	1	MO; GC
NITRO-BID TRANSDERMAL OINTMENT 2%	3	MO
<i>nitroglycerin sublingual tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	6	MO
<i>nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	6	MO
<i>nitroglycerin translingual solution 0.4mg/spray</i>	2	MO; GC
RECTIV RECTAL OINTMENT 0.4%	4	

AGENTES DE ANTIDEMENCIA

Agentes Antidemencia, Otros

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

Inhibidores de Colinesterasa

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>galantamine hydrobromide oral tablet 12mg, 4mg, 8mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24-hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	2	MO; GC; QL (30 EA per 30 days)

AGENTES DEL SISTEMA NERVIOSO CENTRAL

Agentes con Trastorno por Déficit de Atención e Hiperactividad, sin Anfetaminas

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

Agentes de Esclerosis Múltiple

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25MG	4	PA
Agentes de Fibromialgia		
<i>pregabalin oral capsule 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225mg, 300mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>pregabalin oral solution 20mg/ml</i>	2	MO; GC; QL (900ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	3	QL (55 EA per 28 days)
Agentes de Trastorno por Déficit de Atención con Hiperactividad, Anfetaminas		
<i>amphetamine-dextroamphetamine oral tablet 10mg, 12.5mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 10mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 15mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 5mg</i>	4	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5mg/5ml</i>	4	MO; QL (1800ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20mg</i>	4	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30mg</i>	4	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5mg</i>	4	MO; QL (150 EA per 30 days)
Sistema Nervioso Central, Otros		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 12MG, 6MG	5	PA; QL (90 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 24MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24MG	5	PA; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200MG/ML	5	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	5	PA
NUEDEXTA ORAL CAPSULE 20-10MG	4	PA; MO
<i>riluzole oral tablet 50mg</i>	4	PA; MO
<i>tetrabenazine oral tablet 12.5mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25mg</i>	5	PA; QL (120 EA per 30 days)

AGENTES DENTALES Y ORALES

Agentes Dentales y Orales

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

AGENTES DERMATOLÓGICOS

Agentes Dermatológicos, Otros

<i>calcipotriene external solution 0.005%</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05%</i>	2	GC
<i>clotrimazole-betamethasone external lotion 1-0.05%</i>	2	GC
<i>diclofenac sodium external gel 3%</i>	4	PA
<i>fluorouracil external cream 5%</i>	3	
<i>fluorouracil external solution 2%, 5%</i>	2	GC
<i>global alcohol prep ease pad 70%</i>	6	
<i>hydrocortisone ace-pramoxine external cream 1-1%</i>	2	GC
HYFTOR EXTERNAL GEL 0.2%	4	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>imiquimod external cream 5%</i>	2	GC
<i>nystatin-triamcinolone external cream 100000-0.1unit/gm-%</i>	2	GC
<i>nystatin-triamcinolone external ointment 100000-0.1unit/gm-%</i>	2	GC
PANRETIN EXTERNAL GEL 0.1%	5	PA
<i>podofilox external solution 0.5%</i>	2	GC
REGRANEX EXTERNAL GEL 0.01%	5	PA
SANTYL EXTERNAL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine external cream 1%</i>	2	GC
SSD EXTERNAL CREAM 1%	1	GC
Agentes para Acné y Rosácea		
ACCUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	3	
<i>acitretin oral capsule 10mg, 17.5mg, 25mg</i>	4	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	4	
<i>benzoyl peroxide-erythromycin external gel 5-3%</i>	2	GC
CLARAVIS ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5%</i>	2	GC
<i>isotretinoin oral capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>tazarotene external cream 0.1%</i>	2	PA; GC
<i>tazarotene external gel 0.05%, 0.1%</i>	4	PA
TAZORAC EXTERNAL CREAM 0.05%	4	PA
<i>tretinoin external cream 0.025%, 0.05%, 0.1%</i>	2	PA; GC
<i>tretinoin external gel 0.01%, 0.025%, 0.05%</i>	2	PA; GC
Agentes para Dermatitis y Pruitus		
<i>alclometasone dipropionate external cream 0.05%</i>	2	GC
<i>alclometasone dipropionate external ointment 0.05%</i>	2	GC
<i>amcinonide external ointment 0.1%</i>	4	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>ammonium lactate external cream 12%</i>	1	GC
<i>ammonium lactate external lotion 12%</i>	1	GC
<i>betamethasone dipropionate aug external cream 0.05%</i>	1	GC
<i>betamethasone dipropionate aug external lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate aug external ointment 0.05%</i>	2	GC
<i>betamethasone dipropionate external cream 0.05%</i>	2	GC
<i>betamethasone dipropionate external lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate external ointment 0.05%</i>	2	GC
<i>betamethasone valerate external cream 0.1%</i>	2	GC
<i>betamethasone valerate external lotion 0.1%</i>	2	GC
<i>betamethasone valerate external ointment 0.1%</i>	2	GC
<i>clobetasol propionate e external cream 0.05%</i>	4	
<i>clobetasol propionate external cream 0.05%</i>	4	
<i>clobetasol propionate external gel 0.05%</i>	4	
<i>clobetasol propionate external ointment 0.05%</i>	4	
<i>clobetasol propionate external solution 0.05%</i>	2	GC
<i>desonide external cream 0.05%</i>	4	
<i>desonide external lotion 0.05%</i>	4	
<i>desonide external ointment 0.05%</i>	2	GC
<i>desoximetasone external cream 0.05%, 0.25%</i>	4	
<i>desoximetasone external gel 0.05%</i>	4	
<i>desoximetasone external ointment 0.25%</i>	4	
EUCRISA EXTERNAL OINTMENT 2%	4	
<i>fluocinolone acetonide external cream 0.01%, 0.025%</i>	2	GC
<i>fluocinolone acetonide external ointment 0.025%</i>	2	GC
<i>fluocinolone acetonide external solution 0.01%</i>	4	
<i>fluocinonide emulsified base external cream 0.05%</i>	2	GC

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>clindamycin phosphate external gel 1%</i>	2	GC
<i>clindamycin phosphate external lotion 1%</i>	2	GC
<i>clindamycin phosphate external solution 1%</i>	2	GC
<i>ery external pad 2%</i>	3	
<i>erythromycin external gel 2%</i>	2	GC
<i>erythromycin external solution 2%</i>	2	GC
<i>mupirocin calcium external cream 2%</i>	4	
<i>mupirocin external ointment 2%</i>	1	GC
Pediculicidas/Escabicidas		
<i>malathion external lotion 0.5%</i>	4	
<i>permethrin external cream 5%</i>	2	GC
AGENTES GASTROINTESTINALES		
Agentes Antidiarreicos		
<i>alosetron hcl oral tablet 0.5mg, 1mg</i>	5	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025mg</i>	2	GC
<i>loperamide hcl oral capsule 2mg</i>	1	GC
Agentes Contra el Estreñimiento		
<i>constulose oral solution 10gm/15ml</i>	1	MO; GC
<i>enulose oral solution 10gm/15ml</i>	1	MO; GC
<i>generlac oral solution 10gm/15ml</i>	1	MO; GC
<i>lactulose oral solution 10gm/15ml</i>	1	MO; GC
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24mcg, 8mcg</i>	3	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days)
Agentes Gastrointestinales, Otros		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG, 600MCG	5	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML, 10-3.5-12MG-GM -GM/175ML	4	
GATTEX SUBCUTANEOUS KIT 5MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	GC
LIVMARLI ORAL SOLUTION 9.5MG/ML	5	PA
<i>metoclopramide hcl oral solution 5mg/5ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10mg, 5mg</i>	1	MO; GC
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6gm/177ml</i>	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420gm</i>	2	GC
<i>peg-3350/electrolytes oral solution reconstituted 236gm</i>	2	GC
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	4	
SUTAB ORAL TABLET 1479-225-188MG	4	
<i>ursodiol oral capsule 300mg</i>	2	MO; GC
<i>ursodiol oral tablet 250mg, 500mg</i>	2	MO; GC
Antagonistas del Receptor de Histamina2 (H2)		
<i>famotidine oral suspension reconstituted 40mg/5ml</i>	2	MO; GC
<i>famotidine oral tablet 20mg, 40mg</i>	1	MO; GC
<i>nizatidine oral capsule 150mg, 300mg</i>	2	MO; GC
Antiespasmódicos, Gastrointestinales		
<i>dicyclomine hcl oral capsule 10mg</i>	1	GC
<i>dicyclomine hcl oral solution 10mg/5ml</i>	2	GC
<i>dicyclomine hcl oral tablet 20mg</i>	1	GC
<i>glycopyrrolate oral tablet 1mg, 2mg</i>	2	GC
Inhibidores de la Bomba de Protones		
<i>dexlansoprazole oral capsule delayed release 30mg, 60mg</i>	3	MO

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>fesoterodine fumarate er oral tablet extended release 24-hour 4mg, 8mg</i>	4	MO; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8MG/ML	3	MO; QL (300ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24-HOUR 25MG, 50MG	3	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24-hour 10mg, 15mg, 5mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5mg/5ml</i>	2	MO; GC; QL (600ML per 30 days)
<i>oxybutynin chloride oral tablet 5mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10mg, 5mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24-hour 2mg, 4mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1mg, 2mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>trospium chloride er oral capsule extended release 24-hour 60mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20mg</i>	2	MO; GC; 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; GC
<i>alyacen 1/35 oral tablet 1-35mg-mcg</i>	1	MO; GC
APRI ORAL TABLET 0.15-30MG-MCG	1	MO; GC
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	2	MO; GC
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	MO; GC
AVIANE ORAL TABLET 0.1-20MG-MCG	1	MO; GC
BALZIVA ORAL TABLET 0.4-35MG-MCG	2	MO; GC
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO; GC
<i>briellyn oral tablet 0.4-35mg-mcg</i>	2	MO; GC
CRYSSELLE-28 ORAL TABLET 0.3-30MG-MCG	2	MO; GC
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	MO; GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01mg (21/5)</i>	2	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>desogestrel-ethinyl estradiol oral tablet</i> 0.15-30mg-mcg	1	MO; GC
<i>drospirenone-ethinyl estradiol oral tablet</i> 3-0.02mg, 3-0.03mg	2	MO; GC
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	4	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO; GC
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	MO; GC
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	MO; GC
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-35mg-mcg, 1-50mg-mcg	2	MO; GC
<i>etonogestrel-ethinyl estradiol vaginal ring</i> 0.12-0.015mg/24hr	4	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	MO; GC
HALOETTE VAGINAL RING 0.12-0.015MG/24HR	4	MO
ICLEVIA ORAL TABLET 0.15-0.03MG	2	MO; GC
INTRAROSA VAGINAL INSERT 6.5MG	3	PA; MO
INTROVALE ORAL TABLET 0.15-0.03MG	2	MO; GC
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	MO; GC
JASMIEL ORAL TABLET 3-0.02MG	2	MO; GC
JULEBER ORAL TABLET 0.15-30MG-MCG	1	MO; GC
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	MO; GC
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO; GC
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	2	MO; GC
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	MO; GC
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	MO; GC
KURVELO ORAL TABLET 0.15-30MG-MCG	1	MO; GC
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	MO; GC
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO; GC
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	2	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LESSINA ORAL TABLET 0.1-20MG-MCG	1	MO; GC
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO; GC
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03mg</i>	2	MO; GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg, 0.15-30mg-mcg</i>	1	MO; GC
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30mcg</i>	1	MO; GC
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	MO; GC
LORYNA ORAL TABLET 3-0.02MG	2	MO; GC
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	2	MO; GC
LUTERA ORAL TABLET 0.1-20MG-MCG	1	MO; GC
<i>marlissa oral tablet 0.15-30mg-mcg</i>	1	MO; GC
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	MO; GC
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	2	MO; GC
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO; GC
MILI ORAL TABLET 0.25-35MG-MCG	1	MO; GC
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	2	MO; GC
NIKKI ORAL TABLET 3-0.02MG	2	MO; GC
<i>norethin ace-eth estrad-fe oral tablet 1-20mg-mcg</i>	1	MO; GC
<i>norethindrone acet-ethinyl est oral tablet 1-20mg-mcg</i>	2	MO; GC
<i>norethindrone-eth estradiol oral tablet 1-5mg-mcg</i>	2	MO; GC
<i>norgestimate-eth estradiol oral tablet 0.25-35mg-mcg</i>	1	MO; GC
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25mg-35mcg</i>	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	2	MO; GC
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	MO; GC
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO; GC
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO; GC
NYLIA 1/35 ORAL TABLET 1-35MG-MCG	1	MO; GC
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO; GC
NYMYO ORAL TABLET 0.25-35MG-MCG	1	MO; GC
OCELLA ORAL TABLET 3-0.03MG	2	MO; GC
OSPHENA ORAL TABLET 60MG	3	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01MG (21/5)	2	MO; GC
PORTIA-28 ORAL TABLET 0.15-30MG-MCG	1	MO; GC
PREMPHASE ORAL TABLET 0.625-5MG	3	MO
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG	3	MO
RECLIPSEN ORAL TABLET 0.15-30MG-MCG	1	MO; GC
SETLAKIN ORAL TABLET 0.15-0.03MG	2	MO; GC
SPRINTEC 28 ORAL TABLET 0.25-35MG-MCG	1	MO; GC
SRONYX ORAL TABLET 0.1-20MG-MCG	1	MO; GC
SYEDA ORAL TABLET 3-0.03MG	2	MO; GC
TARINA FE 1/20 EQ ORAL TABLET 1-20MG-MCG	1	MO; GC
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO; GC
TRI-MILI ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO; GC
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO; GC
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30MCG	1	MO; GC
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO; GC
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	2	MO; GC
VESTURA ORAL TABLET 3-0.02MG	2	MO; GC
VIENVA ORAL TABLET 0.1-20MG-MCG	1	MO; GC
VYFEMLA ORAL TABLET 0.4-35MG-MCG	2	MO; GC
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	MO; GC
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO; GC
Andrógenos		
<i>danazol oral capsule 100mg, 50mg</i>	2	GC
<i>danazol oral capsule 200mg</i>	4	
<i>testosterone cypionate intramuscular solution 100mg/ml, 200mg/ml, 200mg/ml (1ml)</i>	2	MO; GC
<i>testosterone enanthate intramuscular solution 200mg/ml</i>	2	MO; GC
<i>testosterone transdermal gel 10mg/act (2%), 12.5mg/act (1%), 20.25mg/1.25gm (1.62%), 20.25mg/act (1.62%), 25mg/2.5gm (1%), 40.5mg/2.5gm (1.62%), 50mg/5gm (1%)</i>	3	MO
<i>testosterone transdermal solution 30mg/act</i>	3	MO
Estrógenos		
DUAVEE ORAL TABLET 0.45-20MG	3	MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	MO; GC
<i>estradiol transdermal patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	MO; GC
<i>estradiol transdermal patch weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	MO; GC
<i>estradiol vaginal cream 0.1mg/gm</i>	4	MO
<i>estradiol vaginal tablet 10mcg</i>	4	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10MCG, 4MCG	4	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
IMVEXXY STARTER PACK VAGINAL INSERT 10MCG, 4MCG	4	MO
MENEST ORAL TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	4	MO
PREMARIN ORAL TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMARIN VAGINAL CREAM 0.625MG/GM	3	MO
Progestinas		
CAMILA ORAL TABLET 0.35MG	1	MO; GC
DEBLITANE ORAL TABLET 0.35MG	1	MO; GC
ERRIN ORAL TABLET 0.35MG	1	MO; GC
INCASSIA ORAL TABLET 0.35MG	1	MO; GC
LYLEQ ORAL TABLET 0.35MG	1	MO; GC
LYZA ORAL TABLET 0.35MG	1	MO; GC
<i>medroxyprogesterone acetate intramuscular suspension 150mg/ml</i>	2	GC
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150mg/ml</i>	2	GC
<i>medroxyprogesterone acetate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO; GC
<i>megestrol acetate oral suspension 40mg/ml</i>	2	GC
<i>megestrol acetate oral suspension 625mg/5ml</i>	4	MO
<i>megestrol acetate oral tablet 20mg, 40mg</i>	1	GC
NORA-BE ORAL TABLET 0.35MG	1	MO; GC
<i>norethindrone acetate oral tablet 5mg</i>	2	MO; GC
<i>norethindrone oral tablet 0.35mg</i>	1	MO; GC
<i>progesterone oral capsule 100mg, 200mg</i>	2	MO; GC
SHAROBEL ORAL TABLET 0.35MG	1	MO; GC
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (PITUITARIA)		
<i>Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Pituitaria)</i>		
<i>desmopressin acetate oral tablet 0.1mg, 0.2mg</i>	2	MO; GC
<i>desmopressin acetate spray nasal solution 0.01%</i>	2	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
INCRELEX SUBCUTANEOUS SOLUTION 40MG/4ML	5	PA
NOCURNA SUBLINGUAL TABLET SUBLINGUAL 27.7MCG, 55.3MCG	4	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10MG/1.5ML, 5MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8MG	5	PA

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

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (TIROIDES)		
<i>Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Tiroides)</i>		
EUTHYROX ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO; GC
<i>levothyroxine sodium oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO; GC
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO; GC
<i>liothyronine sodium oral tablet 25mcg, 5mcg, 50mcg</i>	1	MO; GC
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
AGENTES HORMONALES, SUPRESORES (PITUITARIA)		
<i>Agentes Hormonales, Supresores (Pituitaria)</i>		
<i>cabergoline oral tablet 0.5mg</i>	2	GC
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	4	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5mg</i>	4	PA
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25MG (PED)	5	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45MG	5	PA
<i>octreotide acetate injection solution 100mcg/ml, 50mcg/ml</i>	2	PA; MO; GC
<i>octreotide acetate injection solution 1000mcg/ml, 500mcg/ml</i>	5	PA
<i>octreotide acetate injection solution 200mcg/ml</i>	4	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; QL (60ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	5	PA

AGENTES HORMONALES, SUPRESORES (TIROIDES)

Agentes Antitiroideos

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

AGENTES INMUNOLÓGICOS

Agentes de Angioedema

FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30MG/3ML	5	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30mg/3ml</i>	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 300MG/2ML	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes Inmunológicos, Otros		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	5	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	5	PA
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	5	PA
<i>leflunomide oral tablet 10mg, 20mg</i>	2	MO; GC
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180MG/1.2ML, 360MG/2.4ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	5	PA
TAVNEOS ORAL CAPSULE 10MG	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	5	PA
Inmunoestimulantes		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000UNIT/0.5ML	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	5	PA
Inmunoglobulinas		
PANZYGA INTRAVENOUS SOLUTION 1GM/10ML, 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20GM/200ML	5	BvD
Inmunosupresores		
AZASAN ORAL TABLET 100MG, 75MG	3	BvD; MO
<i>azathioprine oral tablet 100mg, 75mg</i>	3	BvD; MO
<i>azathioprine oral tablet 50mg</i>	2	BvD; MO; GC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200MG/ML	5	PA
<i>cyclosporine modified oral capsule 100mg, 25mg, 50mg</i>	2	BvD; MO; GC
<i>cyclosporine modified oral solution 100mg/ml</i>	2	BvD; MO; GC
<i>cyclosporine oral capsule 100mg, 25mg</i>	2	BvD; MO; GC
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25MG/0.5ML, 50MG/ML	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50MG/ML	5	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	5	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24-HOUR 0.75MG, 1MG, 4MG	4	BvD; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>everolimus oral tablet 0.25mg</i>	4	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5mg</i>	5	BvD; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75mg, 1mg</i>	5	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100MG, 25MG	2	BvD; MO; GC
GENGRAF ORAL SOLUTION 100MG/ML	2	BvD; MO; GC
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML, 80MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML	5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.8ML	5	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
LUPKYNIS ORAL CAPSULE 7.9MG	5	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50mg/2ml</i>	1	BvD; GC
<i>methotrexate sodium injection solution 50mg/2ml</i>	1	BvD; GC
<i>methotrexate sodium oral tablet 2.5mg</i>	2	BvD; GC
<i>mycophenolate mofetil oral capsule 250mg</i>	4	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200mg/ml</i>	5	BvD
<i>mycophenolate mofetil oral tablet 500mg</i>	2	BvD; MO; GC
<i>mycophenolate sodium oral tablet delayed release 180mg, 360mg</i>	2	BvD; MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
PROGRAF ORAL PACKET 0.2MG, 1MG	4	BvD; MO
REZUROCK ORAL TABLET 200MG	5	PA
<i>sirolimus oral solution 1mg/ml</i>	5	BvD
<i>sirolimus oral tablet 0.5mg, 1mg</i>	4	BvD; MO
<i>sirolimus oral tablet 2mg</i>	5	BvD
<i>tacrolimus oral capsule 0.5mg</i>	2	BvD; MO; GC
<i>tacrolimus oral capsule 1mg, 5mg</i>	4	BvD; MO
TREXALL ORAL TABLET 10MG, 15MG, 5MG, 7.5MG	4	BvD
Vacunas		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120MCG/0.5ML	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120MCG/0.5ML	3	
<i>bcg vaccine injection solution reconstituted 50mg</i>	4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD
ENGRIX-B INJECTION SUSPENSION 20MCG/ML	3	BvD
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/0.5ML, 20MCG/ML	3	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20MCG/0.5ML	3	BvD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5UNIT/ML	3	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	
IPOLE INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5ML	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	4	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
<i>prehevbrio intramuscular suspension 10mcg/ml</i>	3	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION, (58 UNT/ML)	4	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/ML, 5MCG/0.5ML	3	BvD
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25UNIT/0.5ML, 25UNIT/0.5ML 0.5ML, 50UNIT/ML, 50UNIT/ML 1ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE, (2.5ML IN 1 VIAL, MULTI-DOSE)	3	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA		
<i>Agentes Metabólicos para la Enfermedad Ósea</i>		
<i>alendronate sodium oral tablet 10mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35mg, 70mg</i>	1	MO; GC; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200unit/act</i>	2	BvD; MO; GC; QL (4ML per 28 days)
<i>calcitriol oral capsule 0.25mcg, 0.5mcg</i>	1	BvD; MO; GC
<i>calcitriol oral solution 1mcg/ml</i>	4	BvD; MO
<i>cinacalcet hcl oral tablet 30mg</i>	4	BvD; MO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60mg</i>	5	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90mg</i>	5	BvD; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150mg</i>	1	MO; GC; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG, 25MCG, 50MCG, 75MCG	5	PA
<i>paricalcitol oral capsule 1mcg, 2mcg, 4mcg</i>	4	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60MG/ML	4	QL (1ML per 180 days)
<i>raloxifene hcl oral tablet 60mg</i>	2	MO; GC
<i>risedronate sodium oral tablet 150mg</i>	2	MO; GC; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30mg</i>	2	GC; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35mg, 35mg (12 pack), 35mg (4 pack)</i>	2	MO; GC; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release 35mg</i>	2	MO; GC; QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620mcg/2.48ml</i>	5	PA; QL (2.48ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120MCG/1.56ML	5	PA; QL (1.56ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	5	PA; QL (2ML per 28 days)
AGENTES OFTÁLMICOS		
<i>Agentes Oftálmicos Antialérgicos</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	GC
<i>cromolyn sodium ophthalmic solution 4%</i>	1	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	
Agentes Oftálmicos Bloqueadores Beta-Adrenérgicos		
<i>betaxolol hcl ophthalmic solution 0.5%</i>	2	MO; GC
<i>carteolol hcl ophthalmic solution 1%</i>	1	MO; GC
<i>levobunolol hcl ophthalmic solution 0.5%</i>	1	MO; GC
<i>timolol maleate (once-daily) ophthalmic solution 0.5%</i>	2	MO; GC
<i>timolol maleate ophthalmic gel forming solution 0.25%, 0.5%</i>	2	MO; GC
<i>timolol maleate ophthalmic solution 0.25%, 0.5%</i>	1	MO; GC
Agentes Oftálmicos para Bajar la Presión Intraocular, Otros		
<i>acetazolamide er oral capsule extended release 12-hour 500mg</i>	2	MO; GC
<i>acetazolamide oral tablet 125mg, 250mg</i>	2	MO; GC
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	3	MO
<i>apraclonidine hcl ophthalmic solution 0.5%</i>	2	GC
AZOPT OPHTHALMIC SUSPENSION 1%	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15%, 0.2%</i>	2	MO; GC
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%</i>	3	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	4	MO
<i>dorzolamide hcl ophthalmic solution 2%</i>	1	MO; GC
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8mg/ml</i>	2	MO; GC
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%</i>	2	MO; GC
<i>methazolamide oral tablet 25mg, 50mg</i>	4	MO
<i>pilocarpine hcl ophthalmic solution 1%, 2%, 4%</i>	2	MO; GC
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	4	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	4	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	4	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes Oftálmicos, Otros		
<i>atropine sulfate ophthalmic solution 1%</i>	2	MO; GC
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%</i>	2	GC
<i>cyclosporine ophthalmic emulsion 0.05%</i>	3	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	5	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	GC
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	GC
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1unit/ml-%</i>	1	GC
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23%</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%</i>	2	GC
Análogos de Prostaglandina y Prostamida Oftálmicos		
<i>latanoprost ophthalmic solution 0.005%</i>	2	MO; GC
LUMIGAN OPHTHALMIC SOLUTION 0.01%	3	MO
<i>travoprost (bak free) ophthalmic solution 0.004%</i>	3	MO
Antiinfecciosos Oftálmicos		
AZASITE OPHTHALMIC SOLUTION 1%	4	
<i>bacitracin ophthalmic ointment 500unit/gm</i>	2	GC
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000unit/gm</i>	2	GC
<i>erythromycin ophthalmic ointment 5mg/gm</i>	1	GC
<i>gatifloxacin ophthalmic solution 0.5%</i>	2	GC
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	GC
<i>moxifloxacin hcl ophthalmic solution 0.5%</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NATACYN OPHTHALMIC SUSPENSION 5%	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	GC
<i>ofloxacin ophthalmic solution 0.3%</i>	2	GC
<i>sulfacetamide sodium ophthalmic solution 10%</i>	2	GC
<i>tobramycin ophthalmic solution 0.3%</i>	1	GC
Antiinflamatorios Oftálmicos		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09%</i>	2	GC
BROMSITE OPHTHALMIC SOLUTION 0.075%	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	GC
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	GC
DUREZOL OPHTHALMIC EMULSION 0.05%	3	
<i>fluorometholone ophthalmic suspension 0.1%</i>	2	GC
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	GC
ILEVRO OPHTHALMIC SUSPENSION 0.3%	3	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	2	GC
<i>loteprednol etabonate ophthalmic suspension 0.5%</i>	2	GC
<i>prednisolone acetate ophthalmic suspension 1%</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	GC
AGENTES ÓTICOS		
Agentes Óticos		
<i>acetic acid otic solution 2%</i>	1	GC
<i>ciprofloxacin hcl otic solution 0.2%</i>	4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1%</i>	3	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025%</i>	4	
<i>fluocinolone acetonide otic oil 0.01%</i>	2	GC
<i>neomycin-polymyxin-hc otic solution 1%</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	GC
ofloxacin otic solution 0.3%	4	

AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA

Aminosalicilatos

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

Glucocorticoides

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

AGENTES PARA TRASTORNO DEL SUEÑO

Agentes Promotores de la Vigilia

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

Agentes Promotores del Sueño

BELSOMRA ORAL TABLET 10MG, 15MG, 20MG, 5MG	4	QL (30 EA per 30 days)
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Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>temazepam oral capsule 15mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5mg</i>	4	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10mg, 5mg</i>	2	GC; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10mg, 5mg</i>	2	GC; QL (30 EA per 30 days)
AGENTES PARA TRASTORNO GENÉTICO, DE ENZIMAS o PROTEÍNAS: REEMPLAZO, MODIFICADORES, TRATAMIENTO		
<i>Agentes para Trastorno Genético, de Enzimas o Proteínas: Reemplazo, Modificadores, Tratamiento</i>		
<i>betaine oral powder</i>	5	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000UNIT, 24000-76000UNIT, 3000-9500UNIT, 36000-114000UNIT, 6000-19000UNIT	3	MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	4	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	4	PA; MO
ENDARI ORAL PACKET 5GM	4	PA
GALAFOLD ORAL CAPSULE 123MG	5	PA
<i>miglustat oral capsule 100mg</i>	5	PA
<i>nitisinone oral capsule 10mg, 2mg, 20mg, 5mg</i>	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	5	PA
RAVICTI ORAL LIQUID 1.1GM/ML	5	PA
<i>sapropterin dihydrochloride oral packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100mg</i>	5	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	5	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	5	PA
VYNDAMAX ORAL CAPSULE 61MG	5	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	5	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000UNIT, 15000-47000UNIT, 20000-63000UNIT, 25000-79000UNIT, 3000-10000UNIT, 40000-126000UNIT, 5000-24000UNIT	3	MO
ZOKINVY ORAL CAPSULE 50MG, 75MG	5	PA
AGENTES PARA TRATAMIENTO DE ABUSO DE SUSTANCIAS/ANTI-ADICCIÓN		
Agentes para Dejar de Fumar		
<i>bupropion hcl er (smoking det) oral tablet extended release 12-hour 150mg</i>	1	GC
NICOTROL INHALATION INHALER 10MG	4	
<i>varenicline tartrate oral tablet 0.5mg, 1mg</i>	3	
<i>varenicline tartrate oral tablet therapy pack 0.5mg x 11 & 1mg x 42</i>	3	
Agentes para la Reversión de Opioides		
KLOXXADO NASAL LIQUID 8MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4mg/ml</i>	2	GC
<i>naloxone hcl injection solution cartridge 0.4mg/ml</i>	2	GC
<i>naloxone hcl injection solution prefilled syringe 2mg/2ml</i>	2	GC
<i>naloxone hcl nasal liquid 4mg/0.1ml</i>	2	GC
NARCAN NASAL LIQUID 4MG/0.1ML	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	3	
Dependencia de Opioides		
<i>buprenorphine hcl sublingual tablet sublingual 2mg, 8mg</i>	2	GC
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5mg, 8-2mg</i>	2	GC
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	4	
Disuasivos de Alcohol/Anti-Deseo		
<i>acamprosate calcium oral tablet delayed release 333mg</i>	2	MO; GC
<i>disulfiram oral tablet 250mg</i>	2	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>naltrexone hcl oral tablet 50mg</i>	2	GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380MG	5	

AGENTES PARA TRATAMIENTO DE LA GOTA

Agentes para Tratamiento de la Gota

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

AGENTES PULMONARES/ TRACTO RESPIRATORIO

Agentes de Fibrosis Pulmonar

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

Agentes del Tracto Respiratorio, Otros

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	4	MO; QL (4GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20mg/2ml</i>	2	BvD; MO; GC
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50mcg/act, 250-50mcg/act, 500-50mcg/act</i>	3	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14mcg/act, 232-14mcg/act, 55-14mcg/act</i>	3	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3)mg/3ml</i>	2	BvD; MO; GC
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	5	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/ACT, 200-62.5-25MCG/ACT	3	MO; QL (60 EA per 30 days)
Agentes para Fibrosis Quística		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO ORAL PACKET 13.4MG, 25MG, 50MG, 75MG	5	PA
KALYDECO ORAL TABLET 150MG	5	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG, 75-94MG	5	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	5	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	5	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	5	PA
TOBI PODHALER INHALATION CAPSULE 28MG	5	PA
<i>tobramycin inhalation nebulization solution 300mg/5ml</i>	5	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	5	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75MG, 80-40-60 & 59.5MG	5	PA
Antihipertensivos Pulmonares		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10mg, 5mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125mg, 62.5mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	5	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20mg</i>	2	PA; MO; GC; QL (90 EA per 30 days)
Antihistamínicos		
<i>azelastine hcl nasal solution 0.1%</i>	2	GC; QL (30ML per 25 days)
<i>cetirizine hcl oral solution 1mg/ml</i>	1	GC
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	4	
<i>cyproheptadine hcl oral tablet 4mg</i>	4	
<i>levocetirizine dihydrochloride oral solution 2.5mg/5ml</i>	2	GC
<i>levocetirizine dihydrochloride oral tablet 5mg</i>	1	GC
Antiinflamatorios, Corticosteroides Inhalados		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/ACT, 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	3	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	MO; QL (26GM per 30 days)
<i>budesonide inhalation suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	BvD; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT, 50MCG/ACT	3	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	3	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	3	MO; QL (21.2GM per 30 days)
<i>flunisolide nasal solution 25mcg/act (0.025%)</i>	2	GC; QL (50ML per 30 days)
<i>fluticasone propionate nasal suspension 50mcg/act</i>	1	GC; QL (16GM per 30 days)
<i>mometasone furoate nasal suspension 50mcg/act</i>	2	GC; QL (34GM per 30 days)
Antileucotrienos		
<i>montelukast sodium oral packet 4mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4mg, 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10mg, 20mg</i>	2	MO; GC; QL (60 EA per 30 days)
Broncodilatadores, Anticolinérgicos		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	4	MO; QL (26GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	2	BvD; MO; GC
<i>ipratropium bromide nasal solution 0.03%</i>	2	MO; GC; QL (60ML per 30 days)
<i>ipratropium bromide nasal solution 0.06%</i>	2	MO; GC; QL (30ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	3	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	MO; QL (4GM per 30 days)
Broncodilatadores, Simpaticomiméticos		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act</i>	2	MO; GC; QL (17GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020503)</i>	2	MO; GC; QL (13.4GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020983)</i>	2	MO; GC; QL (36GM per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>albuterol sulfate inhalation nebulization solution (2.5mg/3ml) 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	BvD; MO; GC
<i>albuterol sulfate oral syrup 2mg/5ml</i>	2	MO; GC
<i>albuterol sulfate oral tablet 2mg, 4mg</i>	2	MO; GC
<i>epinephrine injection solution 0.3mg/0.3ml</i>	2	GC
<i>epinephrine injection solution auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	GC
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5mg, 5mg</i>	4	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE)MCG/ACT	3	MO; QL (36GM per 30 days)

Inhibidores de la Fosfodiesterasa, Enfermedad de las Vías Respiratorias

<i>roflumilast oral tablet 250mcg, 500mcg</i>	3	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12-hour 300mg, 450mg</i>	2	MO; GC
<i>theophylline er oral tablet extended release 24-hour 400mg, 600mg</i>	2	MO; GC

ANALGÉSICOS

Analgésicos Opioides, de Acción Corta

<i>acetaminophen-codeine oral solution 120-12mg/5ml</i>	2	GC; QL (5000ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15mg, 300-30mg, 300-60mg</i>	2	GC; QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15mg, 30mg, 60mg</i>	2	GC; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200mcg, 1600mcg, 600mcg, 800mcg</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200mcg, 400mcg</i>	4	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325mg/15ml</i>	2	GC; QL (5500ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325mg, 5-325mg, 7.5-325mg</i>	2	GC; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200mg, 5-200mg, 7.5-200mg</i>	2	GC; QL (150 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Fármacos Anti-Inflamatorios No Esteroideos		
<i>celecoxib oral capsule 100mg, 200mg, 400mg, 50mg</i>	2	MO; GC
<i>diclofenac potassium oral tablet 50mg</i>	2	MO; GC
<i>diclofenac sodium er oral tablet extended release 24-hour 100mg</i>	1	MO; GC
<i>diclofenac sodium external gel 1%</i>	2	GC
<i>diclofenac sodium oral tablet delayed release 25mg, 50mg, 75mg</i>	1	MO; GC
<i>diflunisal oral tablet 500mg</i>	2	MO; GC
<i>etodolac oral capsule 200mg, 300mg</i>	2	MO; GC
<i>etodolac oral tablet 400mg, 500mg</i>	2	MO; GC
<i>flurbiprofen oral tablet 100mg</i>	1	MO; GC
IBU ORAL TABLET 600MG, 800MG	1	MO; GC
<i>ibuprofen oral suspension 100mg/5ml</i>	1	GC
<i>ibuprofen oral tablet 400mg, 600mg, 800mg</i>	1	MO; GC
<i>indomethacin er oral capsule extended release 75mg</i>	2	MO; GC
<i>indomethacin oral capsule 25mg, 50mg</i>	1	MO; GC
<i>ketorolac tromethamine oral tablet 10mg</i>	1	GC
<i>meloxicam oral tablet 15mg, 7.5mg</i>	1	MO; GC
<i>nabumetone oral tablet 500mg, 750mg</i>	1	MO; GC
<i>naproxen oral suspension 125mg/5ml</i>	2	MO; GC
<i>naproxen oral tablet 250mg, 375mg, 500mg</i>	1	MO; GC
<i>naproxen oral tablet delayed release 375mg, 500mg</i>	2	MO; GC
<i>naproxen sodium oral tablet 275mg, 550mg</i>	2	MO; GC
<i>oxaprozin oral tablet 600mg</i>	2	MO; GC
<i>piroxicam oral capsule 10mg, 20mg</i>	2	MO; GC
<i>sulindac oral tablet 150mg, 200mg</i>	1	MO; GC
ANESTÉSICOS		
Anestésicos Locales		
<i>lidocaine external patch 5%</i>	4	PA; QL (90 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>lidocaine hcl external solution 4%</i>	2	GC; QL (50ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2%</i>	4	
<i>lidocaine-prilocaine external cream 2.5-2.5%</i>	2	GC; QL (30GM per 30 days)
ANSIOLÍTICOS		
<i>Ansiolíticos, Otros</i>		
<i>buspirone hcl oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg</i>	1	GC
<i>hydroxyzine hcl oral syrup 10mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10mg, 25mg</i>	1	GC
<i>hydroxyzine hcl oral tablet 50mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 100mg, 25mg, 50mg</i>	2	GC
<i>oxazepam oral capsule 10mg, 15mg, 30mg</i>	2	GC; QL (120 EA per 30 days)
<i>Benzodiazepinas</i>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	2	GC; QL (300ML per 30 days)
<i>alprazolam oral tablet 0.25mg, 0.5mg</i>	2	GC; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1mg</i>	2	GC; QL (240 EA per 30 days)
<i>alprazolam oral tablet 2mg</i>	2	GC; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg</i>	2	GC; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5mg, 1mg</i>	1	GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2mg</i>	1	GC; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	GC; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2mg</i>	2	GC; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg</i>	2	GC; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5MG/ML	2	GC; QL (240ML per 30 days)
<i>diazepam oral solution 5mg/5ml</i>	2	GC; QL (1200ML per 30 days)
<i>diazepam oral tablet 10mg, 2mg</i>	1	GC; QL (120 EA per 30 days)
<i>diazepam oral tablet 5mg</i>	1	GC; QL (240 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>daptomycin intravenous solution reconstituted 350mg</i>	4	
<i>daptomycin intravenous solution reconstituted 500mg</i>	5	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	4	
<i>linezolid intravenous solution 600mg/300ml</i>	4	PA
<i>linezolid oral tablet 600mg</i>	4	PA
<i>methenamine hippurate oral tablet 1gm</i>	2	GC
<i>metronidazole external cream 0.75%</i>	2	GC
<i>metronidazole external gel 0.75%, 1%</i>	2	GC
<i>metronidazole external lotion 0.75%</i>	2	GC
<i>metronidazole intravenous solution 500mg/100ml</i>	2	BvD; GC
<i>metronidazole oral tablet 250mg, 500mg</i>	2	GC
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg</i>	2	GC
<i>nitrofurantoin monohyd macro oral capsule 100mg</i>	2	GC
<i>tigecycline intravenous solution reconstituted 50mg</i>	5	BvD
<i>tinidazole oral tablet 250mg, 500mg</i>	2	GC
<i>trimethoprim oral tablet 100mg</i>	1	GC
<i>vancomycin hcl intravenous solution reconstituted 1gm, 10gm, 500mg, 750mg</i>	4	
<i>vancomycin hcl oral capsule 125mg, 250mg</i>	4	
<i>vancomycin hcl oral solution reconstituted 25mg/ml, 250mg/5ml</i>	4	
XIFAXAN ORAL TABLET 200MG	4	
XIFAXAN ORAL TABLET 550MG	4	MO
Betalactámicos, Cefalosporinas		
<i>cefaclor er oral tablet extended release 12-hour 500mg</i>	4	
<i>cefaclor oral capsule 250mg, 500mg</i>	2	GC
<i>cefaclor oral suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>nafcillin sodium injection solution reconstituted 1gm, 2gm</i>	4	BvD
<i>nafcillin sodium intravenous solution reconstituted 10gm</i>	4	BvD
<i>oxacillin sodium in dextrose intravenous solution 1gm/50ml, 2gm/50ml</i>	4	BvD
<i>oxacillin sodium injection solution reconstituted 1gm, 2gm</i>	4	BvD
<i>oxacillin sodium intravenous solution reconstituted 10gm</i>	4	BvD
<i>penicillin g pot in dextrose intravenous solution 40000unit/ml, 60000unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000unit</i>	4	BvD
<i>penicillin g sodium injection solution reconstituted 5000000unit</i>	4	BvD
<i>penicillin v potassium oral solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>penicillin v potassium oral tablet 250mg, 500mg</i>	1	GC
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25)gm, 3.375 (3-0.375)gm, 4.5 (4-0.5)gm</i>	4	
Carbapenémicos		
<i>ertapenem sodium injection solution reconstituted 1gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250mg, 500mg</i>	4	
<i>meropenem intravenous solution reconstituted 1gm, 500mg</i>	4	
Macrólidos		
<i>azithromycin intravenous solution reconstituted 500mg</i>	2	BvD; GC
<i>azithromycin oral packet 1gm</i>	2	GC
<i>azithromycin oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	GC
<i>azithromycin oral tablet 250mg, 250mg (6 pack)</i>	1	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>azithromycin oral tablet 500mg, 500mg (3 pack), 600mg</i>	2	GC
<i>clarithromycin er oral tablet extended release 24-hour 500mg</i>	2	GC
<i>clarithromycin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	GC
<i>clarithromycin oral tablet 250mg, 500mg</i>	2	GC
DIFICID ORAL SUSPENSION RECONSTITUTED 40MG/ML	5	PA; QL (136ML per 10 days)
DIFICID ORAL TABLET 200MG	5	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500MG	4	BvD
<i>erythromycin base oral capsule delayed release particles 250mg</i>	4	
<i>erythromycin base oral tablet 250mg, 500mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200mg/5ml, 400mg/5ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400mg</i>	4	
<i>erythromycin oral tablet delayed release 250mg, 333mg, 500mg</i>	4	
Quinolonas		
<i>ciprofloxacin hcl ophthalmic solution 0.3%</i>	1	GC
<i>ciprofloxacin hcl oral tablet 100mg, 750mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250mg, 500mg</i>	1	GC
<i>ciprofloxacin in d5w intravenous solution 200mg/100ml</i>	4	BvD
<i>levofloxacin in d5w intravenous solution 500mg/100ml, 750mg/150ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin oral tablet 250mg, 500mg, 750mg</i>	2	GC
<i>moxifloxacin hcl in nacl intravenous solution 400mg/250ml</i>	4	BvD
<i>moxifloxacin hcl oral tablet 400mg</i>	4	
<i>ofloxacin oral tablet 300mg, 400mg</i>	2	GC

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
VALTOCO 15MG DOSE NASAL LIQUID THERAPY PACK 7.5MG/0.1ML	4	ST
VALTOCO 20MG DOSE NASAL LIQUID THERAPY PACK 10MG/0.1ML	4	ST
VALTOCO 5MG DOSE NASAL LIQUID 5MG/0.1ML	4	ST
<i>vigabatrin oral packet 500mg</i>	5	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500mg</i>	5	PA; QL (180 EA per 30 days)
Agentes del Canal de Sodio		
APTiom ORAL TABLET 200MG, 400MG, 800MG	5	ST; QL (30 EA per 30 days)
APTiom ORAL TABLET 600MG	5	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12-hour 100mg, 200mg, 300mg</i>	2	MO; GC
<i>carbamazepine er oral tablet extended release 12-hour 100mg, 200mg, 400mg</i>	2	MO; GC
<i>carbamazepine oral suspension 100mg/5ml</i>	2	MO; GC
<i>carbamazepine oral tablet 200mg</i>	2	MO; GC
<i>carbamazepine oral tablet chewable 100mg</i>	1	MO; GC
DILANTIN ORAL CAPSULE 30MG	4	ST; MO
EPITOL ORAL TABLET 200MG	2	MO; GC
<i>lacosamide oral solution 10mg/ml</i>	4	MO; QL (1395ML per 30 days)
<i>lacosamide oral tablet 100mg, 150mg, 200mg, 50mg</i>	4	MO; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300mg/5ml</i>	4	MO
<i>oxcarbazepine oral tablet 150mg, 300mg, 600mg</i>	1	MO; GC
<i>phenytoin oral suspension 125mg/5ml</i>	1	MO; GC
<i>phenytoin oral tablet chewable 50mg</i>	1	MO; GC
<i>phenytoin sodium extended oral capsule 100mg, 200mg</i>	1	MO; GC
<i>phenytoin sodium extended oral capsule 300mg</i>	2	MO; GC
<i>rufinamide oral suspension 40mg/ml</i>	5	QL (2760ML per 30 days)
<i>rufinamide oral tablet 200mg</i>	4	MO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400mg</i>	5	QL (240 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes Modificadores de los Canales de Calcio		
<i>ethosuximide oral capsule 250mg</i>	2	MO; GC
<i>ethosuximide oral solution 250mg/5ml</i>	2	MO; GC
<i>methsuximide oral capsule 300mg</i>	4	MO
ZONISADE ORAL SUSPENSION 100MG/5ML	4	MO; QL (900ML per 30 days)
<i>zonisamide oral capsule 100mg, 25mg, 50mg</i>	2	MO; GC
Anticonvulsivos, Otros		
BRIVIACT ORAL SOLUTION 10MG/ML	4	MO; QL (600ML per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG	4	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG	4	PA; MO
DIACOMIT ORAL PACKET 250MG, 500MG	4	PA; MO
EPIDIOLEX ORAL SOLUTION 100MG/ML	4	PA; MO
<i>felbamate oral suspension 600mg/5ml</i>	5	
<i>felbamate oral tablet 400mg, 600mg</i>	4	MO
FINTEPLA ORAL SOLUTION 2.2MG/ML	4	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	4	ST; MO; QL (720ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	5	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	4	ST; MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 250mg, 300mg, 50mg</i>	4	MO
<i>lamotrigine oral kit 21 x 25mg & 7 x 50mg, 25 & 50 & 100mg, 42 x 50mg & 14x100mg</i>	2	GC
<i>lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO; GC
<i>lamotrigine oral tablet chewable 25mg, 5mg</i>	2	MO; GC
<i>lamotrigine oral tablet dispersible 100mg, 200mg, 25mg, 50mg</i>	4	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25mg</i>	2	GC
<i>lamotrigine starter kit-green oral kit 84 x 25mg & 14x100mg</i>	2	GC
<i>lamotrigine starter kit-orange oral kit 42 x 25mg & 7 x 100mg</i>	2	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>levetiracetam er oral tablet extended release 24-hour 500mg, 750mg</i>	2	MO; GC
<i>levetiracetam oral solution 100mg/ml</i>	2	MO; GC
<i>levetiracetam oral tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO; GC
<i>phenobarbital oral elixir 20mg/5ml</i>	2	MO; GC; QL (1500ML per 30 days)
<i>phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15mg, 60mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30mg</i>	2	MO; GC; QL (300 EA per 30 days)
<i>primidone oral tablet 125mg, 250mg, 50mg</i>	1	MO; GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	4	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	4	ST; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250mg</i>	2	MO; GC
<i>valproic acid oral solution 250mg/5ml</i>	2	MO; GC
XCOPRI (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150MG	4	MO; QL (56 EA per 28 days)
XCOPRI (350MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200MG	4	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG	4	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5MG & 14 X 25MG, 14 X 150MG & 14 X200MG, 14 X 50MG & 14 X100MG	4	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50MG/ML	5	PA; QL (1100ML per 30 days)

ANTIDEPRESIVOS

Antidepressivos, Otros

AUVELITY ORAL TABLET EXTENDED RELEASE 45-105MG	4	ST; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 100mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 150mg</i>	1	MO; GC; QL (90 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 200mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 150mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 300mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 450mg</i>	3	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100mg</i>	1	MO; GC; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75mg</i>	1	MO; GC; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15mg, 30mg, 45mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15mg, 30mg, 45mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25mg, 12-50mg, 6-50mg</i>	4	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25mg, 6-25mg</i>	4	MO; QL (90 EA per 30 days)
Inhibidores de la Monoaminoxidasa		
<i>EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR</i>	5	ST; QL (30 EA per 30 days)
<i>MARPLAN ORAL TABLET 10MG</i>	4	ST; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15mg</i>	2	MO; GC
<i>tranylcypromine sulfate oral tablet 10mg</i>	4	MO
ISRS/IRSN (Inhibidor Selectivo de la Recaptación de Serotonina/Inhibidor de la Recaptación de Serotonina y Norepinefrina)		
<i>citalopram hydrobromide oral capsule 30mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10mg/5ml</i>	2	MO; GC; QL (600ML per 30 days)
<i>citalopram hydrobromide oral tablet 10mg, 40mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24-hour 100mg, 50mg</i>	4	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	4	MO; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>duloxetine hcl oral capsule delayed release particles 20mg, 30mg, 40mg, 60mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5mg/5ml</i>	2	MO; GC; QL (600ML per 30 days)
<i>escitalopram oxalate oral tablet 10mg</i>	1	MO; GC; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5mg</i>	1	MO; GC; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	3	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	3	QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10mg, 20mg, 40mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20mg/5ml</i>	2	MO; GC; QL (600ML per 30 days)
<i>fluoxetine hcl oral tablet 10mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20mg</i>	2	MO; GC; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100mg, 25mg, 50mg</i>	2	MO; GC; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	MO
<i>paroxetine hcl oral suspension 10mg/5ml</i>	4	MO; QL (900ML per 30 days)
<i>paroxetine hcl oral tablet 10mg, 20mg</i>	1	MO; GC; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30mg, 40mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150mg, 200mg</i>	2	MO; GC; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20mg/ml</i>	1	MO; GC; QL (300ML per 30 days)
<i>sertraline hcl oral tablet 100mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25mg, 50mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100mg, 150mg, 50mg</i>	1	MO; GC
<i>trazodone hcl oral tablet 300mg</i>	2	MO; GC
TRINTELLIX ORAL TABLET 10MG, 20MG, 5MG	4	ST; MO; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24-hour 112.5mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24-hour 150mg, 37.5mg, 75mg</i>	1	MO; GC; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24-hour 150mg, 37.5mg, 75mg</i>	2	MO; GC; QL (30 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>venlafaxine hcl er oral tablet extended release 24-hour 225mg</i>	4	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO; GC; QL (90 EA per 30 days)
<i>VIIBRYD STARTER PACK ORAL KIT 10 & 20MG</i>	3	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10mg, 20mg, 40mg</i>	3	MO; QL (30 EA per 30 days)
Tricíclicos		
<i>amitriptyline hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	MO; GC
<i>amoxapine oral tablet 100mg, 150mg, 25mg, 50mg</i>	2	MO; GC
<i>clomipramine hcl oral capsule 25mg, 50mg, 75mg</i>	4	MO
<i>desipramine hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	MO; GC
<i>doxepin hcl oral capsule 10mg</i>	1	MO; GC
<i>doxepin hcl oral capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	MO; GC
<i>doxepin hcl oral concentrate 10mg/ml</i>	2	MO; GC
<i>imipramine hcl oral tablet 10mg, 50mg</i>	2	MO; GC
<i>imipramine hcl oral tablet 25mg</i>	1	MO; GC
<i>nortriptyline hcl oral capsule 10mg, 25mg, 50mg, 75mg</i>	1	MO; GC
<i>nortriptyline hcl oral solution 10mg/5ml</i>	2	MO; GC
<i>protriptyline hcl oral tablet 10mg, 5mg</i>	4	MO
<i>trimipramine maleate oral capsule 100mg, 25mg, 50mg</i>	4	MO
ANTIEMÉTICOS		
Antieméticos, Otros		
<i>meclizine hcl oral tablet 12.5mg, 25mg</i>	1	GC
<i>prochlorperazine maleate oral tablet 10mg, 5mg</i>	1	BvD; MO; GC
<i>prochlorperazine rectal suppository 25mg</i>	4	
<i>promethazine hcl oral syrup 6.25mg/5ml</i>	2	GC
<i>promethazine hcl oral tablet 12.5mg, 25mg, 50mg</i>	1	GC

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>amphotericin b intravenous solution reconstituted 50mg</i>	4	BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50mg</i>	5	BvD
<i>caspofungin acetate intravenous solution reconstituted 50mg</i>	5	
<i>caspofungin acetate intravenous solution reconstituted 70mg</i>	4	
<i>ciclopirox olamine external cream 0.77%</i>	2	GC
<i>ciclopirox olamine external suspension 0.77%</i>	2	GC
<i>clotrimazole external cream 1%</i>	1	GC
<i>clotrimazole external solution 1%</i>	2	GC
<i>clotrimazole mouth/throat troche 10mg</i>	2	GC
<i>econazole nitrate external cream 1%</i>	2	GC
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100MG	5	BvD
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50MG	4	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9mg/100ml-%, 400-0.9mg/200ml-%</i>	2	BvD; GC
<i>fluconazole oral suspension reconstituted 10mg/ml, 40mg/ml</i>	2	GC
<i>fluconazole oral tablet 100mg, 150mg, 200mg, 50mg</i>	2	GC
<i>flucytosine oral capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize oral suspension 125mg/5ml</i>	2	GC
<i>griseofulvin microsize oral tablet 500mg</i>	2	GC
<i>griseofulvin ultramicrosize oral tablet 125mg, 250mg</i>	2	GC
<i>itraconazole oral capsule 100mg</i>	4	PA
<i>itraconazole oral solution 10mg/ml</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10%	4	
<i>ketoconazole external cream 2%</i>	2	GC
<i>ketoconazole external shampoo 2%</i>	1	GC
<i>ketoconazole oral tablet 200mg</i>	1	GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NOXAFIL ORAL PACKET 300MG	5	PA
NYAMYC EXTERNAL POWDER 100000UNIT/GM	3	
<i>nystatin external cream 100000unit/gm</i>	1	GC
<i>nystatin external ointment 100000unit/gm</i>	1	GC
<i>nystatin external powder 100000unit/gm</i>	2	GC
<i>nystatin mouth/throat suspension 100000unit/ml</i>	2	GC
<i>nystatin oral tablet 500000unit</i>	2	GC
NYSTOP EXTERNAL POWDER 100000UNIT/GM	3	
<i>posaconazole oral suspension 40mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100mg</i>	4	PA; MO
<i>terbinafine hcl oral tablet 250mg</i>	2	GC
<i>terconazole vaginal cream 0.4%, 0.8%</i>	2	GC
<i>terconazole vaginal suppository 80mg</i>	2	GC
<i>voriconazole intravenous solution reconstituted 200mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40mg/ml</i>	5	PA
<i>voriconazole oral tablet 200mg, 50mg</i>	4	PA
ANTINEOPLÁSICOS		
Agentes Alquilantes		
<i>cyclophosphamide oral capsule 25mg, 50mg</i>	4	BvD
<i>cyclophosphamide oral tablet 25mg, 50mg</i>	2	BvD; GC
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	4	PA
LEUKERAN ORAL TABLET 2MG	4	
MATULANE ORAL CAPSULE 50MG	5	PA
VALCHLOR EXTERNAL GEL 0.016%	5	PA; QL (60GM per 14 days)
Agentes Antiangiogénicos		
<i>lenalidomide oral capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	5	PA; QL (21 EA per 28 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	5	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	5	PA; QL (60 EA per 30 days)
Antiandrógenos		
<i>abiraterone acetate oral tablet 250mg, 500mg</i>	5	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50mg</i>	1	GC
ERLEADA ORAL TABLET 240MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60MG	5	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	5	
<i>nilutamide oral tablet 150mg</i>	5	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	5	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	5	PA; QL (120 EA per 30 days)
Antiestrógenos/Modificadores		
EMCYT ORAL CAPSULE 140MG	3	
ORSERDU ORAL TABLET 345MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86MG	5	PA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10MG/5ML	4	PA; MO
<i>tamoxifen citrate oral tablet 10mg, 20mg</i>	1	MO; GC
<i>toremifene citrate oral tablet 60mg</i>	5	PA
Antimetabolitos		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	4	MO
<i>hydroxyurea oral capsule 500mg</i>	1	GC
INQOVI ORAL TABLET 35-100MG	5	PA
<i>mercaptopurine oral tablet 50mg</i>	2	GC
ONUREG ORAL TABLET 200MG, 300MG	5	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	4	
TABLOID ORAL TABLET 40MG	4	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Antineoplásticos, Otros		
IDHIFA ORAL TABLET 100MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	5	PA; QL (60 EA per 30 days)
KISQALI FEMARA (200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	5	PA
<i>leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg</i>	2	GC
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	5	PA
LUMAKRAS ORAL TABLET 120MG	5	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100MG	5	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	5	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400MG	5	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	5	PA
ORGOVYX ORAL TABLET 120MG	5	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	5	PA
WELIREG ORAL TABLET 40MG	5	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	4	BvD
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	5	PA
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	5	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	5	PA
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	5	PA

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	5	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	5	PA
ERIVEDGE ORAL CAPSULE 150MG	5	PA
<i>erlotinib hcl oral tablet 100mg, 150mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2mg, 3mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5mg</i>	5	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	5	PA
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250mg</i>	5	PA
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	5	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	5	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	5	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100mg</i>	5	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	5	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML	5	PA; QL (240ML per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG	5	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	5	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	5	PA; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	PA; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
JAYPIRCA ORAL TABLET 100MG	5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50MG	5	PA; QL (30 EA per 30 days)
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
KOSELUGO ORAL CAPSULE 10MG	5	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	5	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200MG	5	PA; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250mg</i>	5	PA; QL (180 EA per 30 days)
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	5	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	5	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	5	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	5	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	5	PA
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	5	PA
LORBRENA ORAL TABLET 100MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	5	PA; QL (120 EA per 30 days)
LYTGOBI (12MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	5	PA; QL (84 EA per 28 days)
LYTGOBI (16MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	5	PA; QL (112 EA per 28 days)
LYTGOBI (20MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	5	PA; QL (140 EA per 28 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05MG/ML	5	PA; QL (1260ML per 30 days)
MEKINIST ORAL TABLET 0.5MG	5	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	5	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	5	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	5	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	5	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	5	PA
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	5	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	5	PA
QINLOCK ORAL TABLET 50MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	5	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	5	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150MG	5	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	5	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	5	PA
RYDAPT ORAL CAPSULE 25MG	5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	5	PA
<i>sorafenib tosylate oral tablet 200mg</i>	5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150MG, 200MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	5	PA; QL (180 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TAFINLAR ORAL CAPSULE 75MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10MG	5	PA; QL (900 EA per 30 days)
TAGRISSO ORAL TABLET 40MG, 80MG	5	PA
TALZENNA ORAL CAPSULE 0.1MG, 0.35MG, 0.75MG, 1MG	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25MG	5	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	5	PA; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	5	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	5	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225MG	5	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	5	PA; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150MG, 50MG	5	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125MG	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 50MG	4	PA
VENCLEXTA ORAL TABLET 100MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	3	PA
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI ORAL CAPSULE 100MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	5	PA; QL (310ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	5	PA
VOTRIENT ORAL TABLET 200MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100MG	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100MG, 200MG, 300MG	5	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	5	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150MG	5	PA; QL (150 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Retinoides		
<i>bexarotene external gel 1%</i>	5	PA
<i>bexarotene oral capsule 75mg</i>	5	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10mg</i>	5	
ANTIPARASITARIOS		
Antihelmínticos		
<i>albendazole oral tablet 200mg</i>	4	
EMVERM ORAL TABLET CHEWABLE 100MG	5	
<i>ivermectin oral tablet 3mg</i>	2	PA; GC
Antiprotozoarios		
<i>atovaquone oral suspension 750mg/5ml</i>	5	
<i>atovaquone-proguanil hcl oral tablet 250-100mg, 62.5-25mg</i>	2	GC
<i>benznidazole oral tablet 100mg, 12.5mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250mg, 500mg</i>	2	MO; GC
COARTEM ORAL TABLET 20-120MG	4	
<i>hydroxychloroquine sulfate oral tablet 100mg, 200mg, 300mg, 400mg</i>	2	MO; GC
LAMPIT ORAL TABLET 120MG, 30MG	4	
<i>mefloquine hcl oral tablet 250mg</i>	2	MO; GC
<i>nitazoxanide oral tablet 500mg</i>	4	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	4	BvD
<i>pentamidine isethionate injection solution reconstituted 300mg</i>	4	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base)mg</i>	4	
<i>quinine sulfate oral capsule 324mg</i>	2	PA; GC
ANTIPSICÓTICOS		
Atípico/2da Generación		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720MG/2.4ML, 960MG/3.2ML	5	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	5	
<i>aripiprazole oral solution 1mg/ml</i>	4	MO; QL (750ML per 30 days)
<i>aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg</i>	4	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10mg</i>	5	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15mg</i>	5	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10mg, 2.5mg, 5mg</i>	4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG	5	
FANAPT ORAL TABLET 1MG, 2MG, 4MG	4	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10MG, 12MG, 6MG, 8MG	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	4	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
<i>lurasidone hcl oral tablet 120mg, 20mg, 40mg, 60mg, 80mg</i>	5	
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	5	PA

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	5	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	4	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg</i>	2	MO; GC; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20mg</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210MG	4	ST
Resistente Al Tratamiento		
<i>clozapine oral tablet 100mg, 200mg, 25mg, 50mg</i>	2	GC; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100mg, 12.5mg, 150mg, 25mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 200mg</i>	5	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50MG/ML	5	ST; QL (540ML per 30 days)
Típico/1ra Generación		
<i>chlorpromazine hcl oral concentrate 100mg/ml, 30mg/ml</i>	4	MO
<i>chlorpromazine hcl oral tablet 10mg, 25mg</i>	4	BvD; MO
<i>chlorpromazine hcl oral tablet 100mg, 200mg, 50mg</i>	4	MO
<i>fluphenazine decanoate injection solution 25mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5mg/ml</i>	2	MO; GC
<i>fluphenazine hcl oral elixir 2.5mg/5ml</i>	2	MO; GC
<i>fluphenazine hcl oral tablet 1mg, 10mg, 2.5mg, 5mg</i>	2	MO; GC
<i>haloperidol decanoate intramuscular solution 100mg/ml, 100mg/ml 1ml, 50mg/ml, 50mg/ml(1ml)</i>	2	GC
<i>haloperidol lactate injection solution 5mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2mg/ml</i>	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>haloperidol oral tablet 0.5mg, 1mg, 10mg, 2mg, 20mg, 5mg</i>	1	MO; GC
<i>loxapine succinate oral capsule 10mg, 25mg, 5mg, 50mg</i>	2	MO; GC
<i>molindone hcl oral tablet 10mg, 25mg, 5mg</i>	2	MO; GC
<i>perphenazine oral tablet 16mg, 2mg</i>	2	MO; GC
<i>perphenazine oral tablet 4mg, 8mg</i>	2	BvD; MO; GC
<i>pimozide oral tablet 1mg, 2mg</i>	2	MO; GC
<i>thioridazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	2	MO; GC
<i>thiothixene oral capsule 1mg, 10mg, 2mg, 5mg</i>	2	MO; GC
<i>trifluoperazine hcl oral tablet 1mg, 10mg, 2mg, 5mg</i>	1	MO; GC
ANTIVIRALES		
Agentes Anti-Citomegalovirus (CMV)		
LIVTENCITY ORAL TABLET 200MG	5	PA
PREVYMIS ORAL TABLET 240MG, 480MG	5	PA; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50mg/ml</i>	4	MO
<i>valganciclovir hcl oral tablet 450mg</i>	3	MO
ZIRGAN OPHTHALMIC GEL 0.15%	4	
Agentes Antigripales		
<i>oseltamivir phosphate oral capsule 30mg, 45mg, 75mg</i>	2	GC
<i>oseltamivir phosphate oral suspension reconstituted 6mg/ml</i>	2	GC
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/ACT	4	
<i>rimantadine hcl oral tablet 100mg</i>	2	GC
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	3	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	3	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes Antiherpéticos		
<i>acyclovir oral capsule 200mg</i>	1	GC
<i>acyclovir oral suspension 200mg/5ml</i>	2	GC
<i>acyclovir oral tablet 400mg, 800mg</i>	1	GC
<i>acyclovir sodium intravenous solution 50mg/ml</i>	2	BvD; GC
<i>famciclovir oral tablet 125mg, 250mg, 500mg</i>	2	GC
<i>trifluridine ophthalmic solution 1%</i>	2	GC
<i>valacyclovir hcl oral tablet 1gm, 500mg</i>	2	GC
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa de Nucleósidos y Nucleótidos (NRTI)		
<i>abacavir sulfate oral solution 20mg/ml</i>	4	MO; QL (960ML per 30 days)
<i>abacavir sulfate oral tablet 300mg</i>	4	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300mg</i>	4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG	5	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300mg, 600-300-300mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200mg</i>	4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150mg, 133-200mg, 167-250mg, 200-300mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	4	MO; QL (680ML per 28 days)
JULUCA ORAL TABLET 50-25MG	5	QL (30 EA per 30 days)
<i>lamivudine oral solution 10mg/ml</i>	4	MO; QL (900ML per 30 days)
<i>lamivudine oral tablet 150mg</i>	3	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300mg</i>	3	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300mg</i>	4	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300mg</i>	4	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	5	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	5	QL (240GM per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
VIREAD ORAL TABLET 150MG, 200MG, 250MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100mg</i>	2	MO; GC; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50mg/5ml</i>	2	MO; GC; QL (1680ML per 28 days)
<i>zidovudine oral tablet 300mg</i>	2	MO; GC; QL (60 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Integrasa (INSTI)		
BIKTARVY ORAL TABLET 30-120-15MG, 50-200-25MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10MG	5	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100MG	4	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100MG, 25MG	4	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG	5	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10MG	4	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5MG	4	MO; QL (360 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Proteasa (PI)		
APTIVUS ORAL CAPSULE 250MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150mg, 200mg</i>	4	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300mg</i>	4	MO; QL (30 EA per 30 days)
<i>darunavir oral tablet 600mg</i>	5	QL (60 EA per 30 days)
<i>darunavir oral tablet 800mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700mg</i>	5	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	4	MO; QL (1575ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100mg/5ml</i>	4	MO; QL (400ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25mg</i>	4	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50mg</i>	4	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	4	MO; QL (360 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
PREZCOBIX ORAL TABLET 800-150MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	5	QL (360ML per 30 days)
PREZISTA ORAL TABLET 150MG	4	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75MG	4	MO; QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50MG	4	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100mg</i>	3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	5	QL (120 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa No Nucleósidos (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25MG	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200mg</i>	4	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50mg</i>	4	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600mg</i>	4	MO; QL (30 EA per 30 days)
<i>etravirine oral tablet 100mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 100mg</i>	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 400mg</i>	4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50mg/5ml</i>	4	MO; QL (1200ML per 30 days)
<i>nevirapine oral tablet 200mg</i>	2	MO; GC; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	5	QL (30 EA per 30 days)
Agentes Anti-VIH, Otros		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150mg, 300mg</i>	5	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	5	QL (1800ML per 30 days)
SELZENTRY ORAL TABLET 25MG	3	MO; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SELZENTRY ORAL TABLET 75MG	5	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300MG	5	QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300MG	5	QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	5	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150MG	3	MO; QL (30 EA per 30 days)
Agentes Contra la Hepatitis B (VHB)		
<i>adefovir dipivoxil oral tablet 10mg</i>	5	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05MG/ML	5	QL (600ML per 30 days)
<i>entecavir oral tablet 0.5mg, 1mg</i>	4	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100mg</i>	2	MO; GC; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25MG	5	QL (30 EA per 30 days)
Agentes Contra la Hepatitis C (VHC)		
MAVYRET ORAL PACKET 50-20MG	5	PA
MAVYRET ORAL TABLET 100-40MG	5	PA
<i>ribavirin oral capsule 200mg</i>	4	
<i>ribavirin oral tablet 200mg</i>	2	GC
<i>sofosbuvir-velpatasvir oral tablet 400-100mg</i>	5	PA
VOSEVI ORAL TABLET 400-100-100MG	5	PA
DROGAS EXCLUÍDAS		
<i>sildenafil citrate oral tablet 100mg, 25mg, 50mg</i>	2	E; GC; QL (6 EA per 30 days)
ELECTROLITOS/MINERALES/METALES/VITAMINAS		
Electrolitos/Minerales/Metales/Vitaminas		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	3	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	3	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	3	BvD

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>sevelamer carbonate oral packet 0.8gm</i>	5	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4gm</i>	5	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800mg</i>	4	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	4	MO
Modificadores de Electrolitos/Minerales/Metales		
<i>deferasirox granules oral packet 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox oral tablet 180mg, 360mg</i>	5	PA
<i>deferasirox oral tablet 90mg</i>	4	PA; MO
<i>deferasirox oral tablet soluble 125mg, 250mg, 500mg</i>	5	PA
<i>deferiprone oral tablet 1000mg, 500mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100MG/ML	5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	5	PA
LOKELMA ORAL PACKET 10GM, 5GM	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
SPS ORAL SUSPENSION 15GM/60ML	3	
<i>tolvaptan oral tablet 15mg</i>	5	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30mg</i>	5	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250mg</i>	5	PA
Reemplazo de Electrolitos/Minerales		
<i>carglumic acid oral tablet soluble 200mg</i>	5	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	2	BvD; GC
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD; GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO; GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO; GC
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO; GC
KLOR-CON ORAL PACKET 20 MEQ	2	MO; GC
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO; GC
<i>magnesium sulfate injection solution 50%, 50% (10ml syringe)</i>	2	GC
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	3	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO; GC
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	MO; GC
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO; GC
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20ml), 20 meq/100ml</i>	2	BvD; GC
<i>potassium chloride intravenous solution 40 meq/100ml</i>	2	GC
<i>potassium chloride oral packet 20 meq</i>	2	MO; GC
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	MO; GC
<i>potassium citrate er oral tablet extended release 10 meq (1080mg), 15 meq (1620mg), 5 meq (540mg)</i>	2	GC
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	BvD; GC
<i>sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%</i>	2	GC
<i>sodium chloride irrigation solution 0.9%</i>	1	GC
<i>sodium fluoride oral tablet 2.2 (1 f)mg</i>	2	GC

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>warfarin sodium oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO; GC
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	3	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	3	
Productos y Modificadores de Sangre, Otros		
<i>anagrelide hcl oral capsule 0.5mg, 1mg</i>	2	MO; GC
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	5	PA
PROMACTA ORAL PACKET 12.5MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	5	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000UNIT/ML, 10000UNIT/ML(1ML), 20000UNIT/ML, 4000UNIT/ML, 40000UNIT/ML	4	PA; QL (12ML per 28 days)
RETACRIT INJECTION SOLUTION 2000UNIT/ML	4	PA; QL (23ML per 30 days)
RETACRIT INJECTION SOLUTION 3000UNIT/ML	4	PA; QL (16ML per 30 days)
<i>tranexamic acid oral tablet 650mg</i>	2	GC
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	5	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	5	PA
REGULADORES DE GLUCOSA EN SANGRE		
Agentes Antidiabéticos		
<i>acarbose oral tablet 100mg, 25mg, 50mg</i>	2	MO; GC
<i>glimepiride oral tablet 1mg, 2mg, 4mg</i>	1	MO; GC
<i>glipizide er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	MO; GC
<i>glipizide oral tablet 10mg, 5mg</i>	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>glipizide-metformin hcl oral tablet 2.5-250mg, 2.5-500mg, 5-500mg</i>	6	MO
<i>glyburide micronized oral tablet 1.5mg, 3mg, 6mg</i>	1	MO; GC
<i>glyburide oral tablet 1.25mg, 2.5mg, 5mg</i>	1	MO; GC
<i>glyburide-metformin oral tablet 1.25-250mg, 2.5-500mg, 5-500mg</i>	1	MO; GC
INVOKAMET ORAL TABLET 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	3	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 150-1000MG, 150-500MG, 50-1000MG, 50-500MG	3	MO
INVOKANA ORAL TABLET 100MG, 300MG	3	MO
JANUMET ORAL TABLET 50-1000MG, 50-500MG	3	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24-HOUR 100-1000MG, 50-1000MG, 50-500MG	3	MO
JANUVIA ORAL TABLET 100MG, 25MG, 50MG	3	MO
JARDIANCE ORAL TABLET 10MG, 25MG	3	MO
<i>metformin hcl er oral tablet extended release 24-hour 500mg, 750mg</i>	1	MO; GC
<i>metformin hcl oral tablet 1000mg, 500mg, 850mg</i>	1	MO; GC
<i>miglitol oral tablet 100mg</i>	6	MO
<i>miglitol oral tablet 25mg, 50mg</i>	1	MO; GC
<i>nateglinide oral tablet 120mg, 60mg</i>	1	MO; GC
OZEMPIC (0.25 OR 0.5MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2MG/3ML	3	MO
OZEMPIC (1MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4MG/3ML	3	MO
OZEMPIC (2MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8MG/3ML	3	MO
<i>pioglitazone hcl oral tablet 15mg, 30mg, 45mg</i>	6	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2mg, 30-4mg</i>	1	MO; GC
<i>pioglitazone hcl-metformin hcl oral tablet 15-500mg, 15-850mg</i>	1	MO; GC

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>repaglinide oral tablet 0.5mg, 1mg, 2mg</i>	1	MO; GC
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	3	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	4	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	4	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	3	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	3	MO; SSM
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6UNIT-MG/ML	3	MO;
Agentes Glucémicos		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	3	
<i>diazoxide oral suspension 50mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	3	
<i>glucagon emergency injection kit 1mg</i>	3	
KORLYM ORAL TABLET 300MG	5	PA
Insulinas		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1ML	6	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1ML	6	
<i>cvs gauze sterile pad 2"x2"</i>	6	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	6	

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100UNIT/ML	3	MO;
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	3	MO; SSM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100UNIT/ML	3	MO;
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO;
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	3	MO; SSM
NOVOLIN R INJECTION SOLUTION 100UNIT/ML	3	MO;
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO; SSM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML	3	MO;
NOVOLOG INJECTION SOLUTION 100UNIT/ML	3	MO; SSM
NOVOLOG INJECTION SOLUTION 100UNIT/ML	3	MO;
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO; SSM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100UNIT/ML	3	MO;
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO; SSM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100UNIT/ML	3	MO;
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO; SSM
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100UNIT/ML	3	MO;
<i>preferred plus insulin syringe 28g x 1/2" 0.5ml</i>	6	
RELI-ON INSULIN SYRINGE 29G 0.3ML	6	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO; SSM

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO;
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; SSM
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO;
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO; SSM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300UNIT/ML	3	MO;
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	3	MO; SSM
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100UNIT/ML, 200UNIT/ML	3	MO;
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO; SSM
TRESIBA SUBCUTANEOUS SOLUTION 100UNIT/ML	3	MO;

RELAJANTES DEL MÚSCULO ESQUELÉTICO

Relajantes del Músculo Esquelético

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

Index of Drugs / Índice de drogas

A

abacavir sulfate55, 189
abacavir sulfate-lamivudine
55, 189
 ABELCET37, 174
 ABILIFY ASIMTUFII50, 184
 ABILIFY MAINTENA50, 185
abiraterone acetate40, 177
 ABRYVO97, 143
acamprosate calcium22, 152
acarbose58, 197
 ACCUTANE75, 125
acebutolol hcl66, 114
acetaminophen-codeine ..21, 157
acetazolamide103, 147
acetazolamide er103, 147
acetic acid104, 149
acetylcysteine107, 153
acitretin75, 125
 ACTHIB97, 143
 ACTIMMUNE95, 140
acyclovir54, 189
acyclovir sodium54, 189
 ADACEL97, 143
adefovir dipivoxil53, 192
 ADEMPAS107, 155
 ADVAIR DISKUS108, 153
 ADVAIR HFA108, 153
albendazole48, 184
albuterol sulfate106, 157
albuterol sulfate hfa106, 156
alclometasone dipropionate
76, 125
 ALECENSA43, 179
alendronate sodium100, 146
alfuzosin hcl er85, 130
aliskiren fumarate69, 115
allopurinol38, 153
alosetron hcl82, 128
 ALPHAGAN P103, 147
alprazolam57, 160
 ALPRAZOLAM INTENSOL
57, 160
 ALTAVERA88, 131
 ALUNBRIG43, 179
alyacen 1/3588, 131
amantadine hcl48, 111
ambrisentan107, 155

amcinonide76, 125
amikacin sulfate23, 161
amloride hcl71, 119
amloride-hydrochlorothiazide
69, 115
amiodarone hcl66, 119
amitriptyline hcl35, 173
amlodipine besy-benazepril hcl
69, 115
amlodipine besylate67, 113
amlodipine besylate-valsartan
69, 115
amlodipine-atorvastatin ...69, 115
amlodipine-olmesartan ...69, 115
ammonium lactate76, 126
 AMNESTEEM75, 125
amoxapine35, 173
amoxicillin26, 164
amoxicillin-pot clavulanate
26, 164
amoxicillin-pot clavulanate er
26, 164
amphetamine-
dextroamphetamine73, 123
amphotericin b37, 175
amphotericin b liposome ..37, 175
ampicillin26, 164
ampicillin sodium26, 27, 164
ampicillin-sulbactam sodium
27, 164
anagrelide hcl64, 197
anastrozole43, 179
 ANORO ELLIPTA108, 153
apraclonidine hcl103, 147
aprepitant36, 174
 APRI88, 131
 APTIOM32, 168
 APTIVUS56, 190
 ARANELLE88, 131
 ARCALYST94, 140
 AREXVY97, 143
 ARIKAYCE23, 161
aripiprazole50, 51, 185
armodafinil109, 150
 ARNUITY ELLIPTA105, 155
asenapine maleate51, 185
 ASMANEX (120 METERED
 DOSES)105, 155

ASMANEX (30 METERED
 DOSES)105, 155
 ASMANEX (60 METERED
 DOSES)105, 155
 ASMANEX HFA105, 155
aspirin-dipyridamole er64, 196
 ASSURE ID INSULIN SAFETY
 SYR60, 199
atazanavir sulfate56, 190
atenolol66, 114
atenolol-chlorthalidone69, 115
atomoxetine hcl73, 122
atorvastatin calcium71, 117
atovaquone48, 184
atovaquone-proguanil hcl 48, 184
atropine sulfate101, 148
 ATROVENT HFA106, 156
 AUBRA EQ88, 131
 AURYXIA82, 193
 AUSTEDO74, 123
 AUSTEDO XR74, 123, 124
 AUSTEDO XR PATIENT
 TITRATION74, 124
 AUVELITY33, 170
 AVIANE88, 131
 AVONEX PEN74, 122
 AVONEX PREFILLED74, 122
 AYWAKIT43, 179
 AZASAN95, 141
 AZASITE102, 148
azathioprine95, 141
azelastine hcl
102, 104, 146, 155
azithromycin28, 165, 166
 AZOPT103, 147
aztreonam24, 161

B

bacitracin102, 148
bacitracin-polymyxin b ...102, 148
bacitra-neomycin-polymyxin-hc
101, 148
baclofen53, 110
balsalazide disodium100, 150
 BALVERSA43, 179
 BALZIVA88, 131
 BAQSIMI ONE PACK60, 199
 BARACLUDE53, 192
bcg vaccine97, 143

BELSOMRA109, 150
benazepril hcl65, 120
benazepril-hydrochlorothiazide
.....69, 115
BENLYSTA95, 96, 141
benznidazole48, 184
benzoyl peroxide-erythromycin
.....75, 125
benztropine mesylate48, 112
BESREMI95, 141
betaine84, 151
betamethasone dipropionate
.....76, 126
betamethasone dipropionate aug
.....76, 126
betamethasone valerate ..76, 126
BETASERON74, 122
betaxolol hcl66, 103, 114, 147
bethanechol chloride86, 130
bexarotene47, 184
BEXSERO98, 143
bicalutamide40, 177
BICILLIN L-A27, 164
BIKTARVY54, 190
bisoprolol fumarate66, 114
bisoprolol-hydrochlorothiazide
.....69, 115
BLISOVI FE 1.5/3088, 131
BOOSTRIX98, 143
bosentan107, 155
BOSULIF43, 179
BRAFTOVI43, 179
BREO ELLIPTA108, 153
BREZTRI AEROSPHERE
.....108, 153
briellyn88, 131
BRILINTA65, 196
brimonidine tartrate103, 147
brimonidine tartrate-timolol
.....103, 147
BRIVIACT29, 169
bromfenac sodium (once-daily)
.....102, 149
bromocriptine mesylate ...49, 111
BROMSITE103, 149
BRUKINSA43, 179
budesonide ...100, 105, 150, 155
budesonide er100, 150
budesonide-formoterol fumarate
.....108, 153
bumetanide70, 120
buprenorphine hcl22, 152
buprenorphine hcl-naloxone hcl
.....22, 152
bupropion hcl33, 34, 171

bupropion hcl er (smoking det)
.....23, 152
bupropion hcl er (sr)
.....33, 170, 171
bupropion hcl er (xl)33, 171
buspirone hcl57, 160
butalbital-apap-cafeine ...20, 158
butalbital-asa-caff-codeine
.....20, 158
butalbital-aspirin-cafeine
.....20, 158
BYLVAY83, 128
BYLVAY (PELLETS)83, 128

C

cabergoline93, 138
CABLIVI65, 196
CABOMETYX43, 179
calcipotriene78, 124
calcitonin (salmon)101, 146
calcitriol101, 146
calcium acetate82, 193
calcium acetate (phos binder)
.....82, 193
CALQUENCE43, 179
CAMILA92, 136
CAMZYOS69, 115
candesartan cilexetil65, 118
candesartan cilexetil-hctz
.....69, 115
CAPLYTA51, 185
CAPRELSA43, 179
captopril66, 120
carbamazepine32, 168
carbamazepine er32, 168
carbidopa49, 112
carbidopa-levodopa49, 112
carbidopa-levodopa er49, 112
carbidopa-levodopa-entacapone
.....49, 111
CARDURA XL86, 130
carglumic acid79, 194
carteolol hcl103, 147
CARTIA XT68, 113
carvedilol66, 114
carvedilol phosphate er ...67, 114
casprofungin acetate37, 175
CAYSTON106, 154
cefaclor25, 162
cefaclor er25, 162
cefadroxil25, 163
cefazolin sodium25, 163
cefdinir25, 163
cefepime hcl25, 163
cefixime25, 163

cefotetan disodium25, 163
cefoxitin sodium25, 163
cefpodoxime proxetil25, 163
cefprozil25, 26, 163
ceftazidime26, 163
ceftriaxone sodium26, 163
cefuroxime axetil26, 163
cefuroxime sodium ..26, 163, 164
celecoxib20, 159
cephalexin26, 164
cetirizine hcl104, 155
chlordiazepoxide hcl58, 160
chlorhexidine gluconate ...75, 124
chloroquine phosphate48, 184
chlorpromazine hcl49, 50, 187
chlorthalidone71, 120
chlorzoxazone109, 202
cholestyramine72, 118
cholestyramine light72, 118
ciclopirox78, 127
ciclopirox olamine37, 175
cilostazol65, 196
CIMDUO55, 189
cinacalcet hcl101, 146
ciprofloxacin hcl
.....28, 104, 149, 166
ciprofloxacin in d5w28, 166
ciprofloxacin-dexamethasone
.....104, 149
ciprofloxacin-fluocinolone pf
.....104, 149
citalopram hydrobromide
.....34, 171
CLARAVIS75, 125
clarithromycin28, 166
clarithromycin er28, 166
CLENPIQ83, 129
clindamycin hcl24, 161
clindamycin palmitate hcl
.....24, 161
clindamycin phos-benzoyl perox
.....75, 125
clindamycin phosphate
.....24, 79, 128, 161
clindamycin phosphate in d5w
.....24, 161
CLINIMIX E/DEXTROSE (2.75/5)
.....81, 192
CLINIMIX E/DEXTROSE
(4.25/10)81, 192
CLINIMIX E/DEXTROSE (4.25/5)
.....81, 192
CLINIMIX E/DEXTROSE (5/15)
.....81, 193

CLINIMIX E/DEXTROSE (5/20)
.....81, 193
CLINIMIX/DEXTROSE (4.25/10)
.....81, 193
CLINIMIX/DEXTROSE (4.25/5)
.....81, 193
CLINIMIX/DEXTROSE (5/15)
.....81, 193
CLINIMIX/DEXTROSE (5/20)
.....81, 193
clobazam31, 167
clobetasol propionate76, 126
clobetasol propionate e ...76, 126
clomipramine hcl35, 173
clonazepam58, 160
clonidine65, 118
clonidine hcl65, 118
clopidogrel bisulfate65, 196
clorazepate dipotassium ..58, 160
clotrimazole37, 175
clotrimazole-betamethasone
.....78, 124
clozapine53, 187
COARTEM48, 184
codeine sulfate21, 157
colchicine38, 153
colchicine-probenecid38, 153
colestipol hcl72, 118
colistimethate sodium (cba)
.....24, 161
COMBIGAN104, 147
COMBIVENT RESPIMAT
.....108, 154
COMETRIQ (100 MG DAILY
DOSE)43, 179
COMETRIQ (140 MG DAILY
DOSE)43, 179
COMETRIQ (60 MG DAILY
DOSE)43, 180
COMFORT ASSIST INSULIN
SYRINGE60, 199
COMPLERA54, 191
constulose82, 128
COPAXONE74, 122
COPIKTRA44, 180
CORLANOR69, 115
COSENTYX94, 140
COSENTYX (300 MG DOSE)
.....94, 140
COSENTYX SENSOREADY
(300 MG)94, 140
COTELIC44, 180
CREON84, 151
cromolyn sodium
.....84, 102, 108, 146, 151, 154

CRYSELLE-2888, 131
cvs gauze sterile60, 199
cyclobenzaprine hcl109, 202
cyclophosphamide40, 176
cyclosporine96, 101, 141, 148
cyclosporine modified96, 141
cyproheptadine hcl105, 155
CYRED EQ88, 131
CYSTADROPS101, 148
CYSTAGON84, 151
CYSTARAN101, 148

D

dalfampridine er75, 122
danazol87, 135
dapsone40, 174
DAPTACEL98, 143
daptomycin24, 162
darifenacin hydrobromide er
.....85, 130
darunavir56, 190
DAURISMO44, 180
DAYBUE74, 124
DEBLITANE92, 136
deferasirox80, 194
deferasirox granules80, 194
deferiprone80, 194
DELSTRIGO55, 189
DESCOVY55, 189
desipramine hcl36, 173
desmopressin acetate87, 136
desmopressin acetate spray
.....87, 136
desogestrel-ethinyl estradiol
.....88, 131, 132
desonide76, 126
desoximetasone76, 77, 126
desvenlafaxine er34, 171
desvenlafaxine succinate er
.....34, 171
dexamethasone86, 137
*dexamethasone sodium
phosphate*103, 149
dexlansoprazole84, 129
dexmethylphenidate hcl ...73, 122
dextroamphetamine sulfate
.....73, 123
dextroamphetamine sulfate er
.....73, 123
dextrose81, 193
dextrose-nacl81, 193
DIACOMIT29, 169
diazepam31, 58, 160, 167
DIAZEPAM INTENSOL ...58, 160
diazoxide60, 199

diclofenac potassium20, 159
diclofenac sodium
.....20, 78, 103, 124, 149, 159
diclofenac sodium er20, 159
dicloxacillin sodium27, 164
dicyclomine hcl82, 83, 129
DIFICID28, 166
diflunisal20, 159
digoxin69, 115, 116
dihydroergotamine mesylate
.....39, 110
DILANTIN32, 168
diltiazem hcl68, 113
diltiazem hcl er68, 113
diltiazem hcl er beads68, 113
diltiazem hcl er coated beads
.....68, 113
dilt-xr68, 114
dimethyl fumarate75, 122
dimethyl fumarate starter pack ...
.....75, 122
diphenoxylate-atropine82, 128
diphtheria-tetanus toxoids dt
.....98, 143
disopyramide phosphate
.....66, 119
disulfiram22, 152
divalproex sodium58, 112
divalproex sodium er58, 112
dofetilide66, 119
DOJOLVI81, 193
donepezil hcl33, 121
dorzolamide hcl104, 147
dorzolamide hcl-timolol mal
.....104, 147
dorzolamide hcl-timolol mal pf
.....104, 147
DOVATO54, 190
doxazosin mesylate65, 119
doxepin hcl36, 173
DOXY 10029, 167
doxycycline hyclate29, 167
doxycycline monohydrate 29, 167
dronabinol36, 174
drospirenone-ethinyl estradiol
.....88, 132
DROXIA41, 177
droxidopa65, 118
DUAVEE87, 135
duloxetine hcl34, 172
DUPIXENT95, 140
DUREZOL103, 149
dutasteride86, 130
dutasteride-tamsulosin hcl
.....86, 130

E

econazole nitrate37, 175
EDURANT54, 191
efavirenz54, 191
efavirenz-emtricitab-tenofo df
.....55, 189
efavirenz-lamivudine-tenofovir
.....55, 189
ELIGARD93, 138
ELIQUIS63, 196
ELIQUIS DVT/PE STARTER
PACK63, 196
ELMIRON86, 130
ELURYNG88, 132
EMCYT41, 177
EMGALITY39, 111
EMSAM34, 171
emtricitabine55, 189
emtricitabine-tenofovir df
.....55, 189
EMTRIVA55, 189
EMVERM48, 184
enalapril maleate66, 120
enalapril-hydrochlorothiazide
.....69, 116
ENBREL96, 141
ENBREL MINI96, 141
ENBREL SURECLICK96, 141
ENDARI84, 151
ENGERIX-B98, 143
enoxaparin sodium63, 196
ENPRESSE-2889, 132
ENSKYCE89, 132
ENSPRYNG96, 141
entacapone49, 111
entecavir53, 192
ENTRESTO69, 116
enulose82, 128
ENVARUS XR96, 141
EPIDIOLEX29, 169
epinephrine106, 157
EPITOL32, 168
eplerenone71, 119
EPRONTIA39, 111
ERAXIS37, 175
ergotamine-caffeine39, 110
ERIVEDGE44, 180
ERLEADA40, 41, 177
erlotinib hcl44, 180
ERRIN92, 136
ertapenem sodium27, 165
ery79, 128
ERYTHROCIN LACTOBIONATE
.....28, 166

erythromycin
.....28, 79, 102, 128, 148, 166
erythromycin base28, 166
erythromycin ethylsuccinate
.....28, 166
escitalopram oxalate34, 172
esomeprazole magnesium
.....84, 130
ESTARYLLA89, 132
estradiol87, 88, 135
ethambutol hcl40, 174
ethosuximide31, 169
ethynodiol diac-eth estradiol
.....89, 132
etodolac20, 159
etonogestrel-ethinyl estradiol
.....89, 132
etravirine54, 191
EUCRISA77, 126
EUTHYROX92, 138
everolimus44, 96, 142, 180
EVOTAZ56, 190
EVRYSDI74, 124
EXEL COMFORT POINT PEN
NEEDLE60, 199
exemestane43, 179
EXKIVITY44, 180
ezetimibe72, 118
ezetimibe-simvastatin72, 118

F

FALMINA89, 132
famciclovir54, 189
famotidine83, 129
FANAPT51, 185
FANAPT TITRATION PACK
.....51, 185
febuxostat38, 153
felbamate29, 169
felodipine er67, 113
fenofibrate71, 117
fenofibrate micronized71, 117
fenofibric acid71, 117
fentanyl21, 158
fentanyl citrate21, 157
FERRIPROX80, 194
FERRIPROX TWICE-A-DAY
.....80, 194
fesoterodine fumarate er85, 131
FETZIMA34, 172
FETZIMA TITRATION34, 172
FIASP61, 200
FIASP FLEXTOUCH60, 61, 200
FIASP PENFILL61, 200
FILSPARI69, 116

finasteride86, 130
fingolimod hcl75, 122
FINTEPLA30, 169
FIRAZYR94, 139
FIRVANQ24, 162
flecainide acetate66, 119
FLOVENT DISKUS105, 156
FLOVENT HFA105, 156
fluconazole37, 175
fluconazole in sodium chloride
.....37, 175
flucytosine37, 175
fludrocortisone acetate86, 137
flunisolide105, 156
fluocinolone acetonide
.....77, 104, 126, 149
fluocinonide77, 127
fluocinonide emulsified base
.....77, 126
fluorometholone103, 149
fluorouracil78, 124
fluoxetine hcl35, 172
fluphenazine decanoate50, 187
fluphenazine hcl50, 187
flurbiprofen20, 159
flurbiprofen sodium103, 149
fluticasone propionate
.....77, 105, 127, 156
fluticasone-salmeterol108, 154
fluvastatin sodium71, 117
fluvastatin sodium er71, 117
fluvoxamine maleate35, 172
fondaparinux sodium
.....63, 64, 196
fosamprenavir calcium56, 190
fosinopril sodium66, 120
fosinopril sodium-hctz69, 116
FOTIVDA44, 180
furosemide70, 120
FUZEON56, 191
FYCOMPA30, 169

G

gabapentin31, 167
GALAFOLD84, 151
galantamine hydrobromide
.....33, 121, 122
galantamine hydrobromide er
.....33, 121
GARDASIL 998, 143, 144
gatifloxacin102, 148
GATTEX83, 129
GAVILYTE-C83, 129
GAVILYTE-G83, 129
GAVRETO44, 180

gefitinib44, 180
gemfibrozil.....71, 117
generlac82, 128
 GENGRAF96, 142
gentamicin in saline23, 161
gentamicin sulfate
23, 102, 148, 161
 GENVOYA54, 190
 GILOTRIF44, 180
 GLEOSTINE.....40, 176
glimepiride.....58, 197
glipizide59, 197
glipizide er58, 197
glipizide-metformin hcl.....59, 198
global alcohol prep ease..78, 124
 GLUCAGEN HYPOKIT....60, 199
glucagon emergency60, 199
glyburide59, 198
glyburide micronized59, 198
glyburide-metformin.....59, 198
glycopyrrolate83, 129
granisetron hcl.....36, 174
griseofulvin microsize37, 175
griseofulvin ultramicrosize
37, 175
guanfacine hcl65, 118
guanfacine hcl er73, 122

H

halobetasol propionate77, 127
 HALOETTE89, 132
haloperidol50, 188
haloperidol decanoate50, 187
haloperidol lactate50, 187
 HAVRIX.....98, 144
heparin sodium (porcine)
64, 196
 HEPLISAV-B98, 144
 HIBERIX.....98, 144
 HUMIRA97, 142
 HUMIRA PEDIATRIC CROHNS
 START96, 142
 HUMIRA PEN.....96, 142
 HUMIRA PEN-CD/UC/HS
 STARTER96, 142
 HUMIRA PEN-PEDIATRIC UC
 START96, 142
 HUMIRA PEN-PS/UV/ADOL HS
 START96, 142
 HUMIRA PEN-PSOR/UEIT
 STARTER97, 142
hydralazine hcl72, 120
hydrochlorothiazide71, 120
hydrocodone-acetaminophen
21, 157

hydrocodone-ibuprofen....21, 157
hydrocortisone.....
77, 86, 100, 127, 137, 150
hydrocortisone (perianal).....
77, 127
hydrocortisone ace-pramoxine ...
78, 124
hydrocortisone valerate ..77, 127
hydromorphone hcl.....21, 158
hydroxychloroquine sulfate
48, 184
hydroxyurea41, 177
hydroxyzine hcl57, 160
hydroxyzine pamoate57, 160
 HYFTOR78, 124

I

ibandronate sodium101, 146
 IBRANCE44, 180
 IBU.....20, 159
ibuprofen20, 159
icatibant acetate94, 139
 ICLEVIA89, 132
 ICLUSIG.....44, 180
 IDHIFA.....42, 178
 ILEVRO.....103, 149
imatinib mesylate.....44, 180
 IMBRUVICA44, 180
imipenem-cilastatin.....27, 165
imipramine hcl36, 173
imiquimod.....78, 125
 IMOVAX RABIES98, 144
 IMVEXXY MAINTENANCE
 PACK88, 135
 IMVEXXY STARTER PACK
88, 136
 INBRIJA49, 112
 INCASSIA92, 136
 INCRELEX87, 137
indapamide71, 120
indomethacin.....20, 159
indomethacin er.....20, 159
 INFANRIX98, 144
 INLYTA44, 180
 INQOVI41, 177
 INREBIC44, 180
 INTELENCE55, 191
 INTRALIPID81, 193
 INTRAROSA89, 132
 INTROVALE.....89, 132
 INVEGA HAFYERA.....51, 185
 INVEGA SUSTENNA51, 185
 INVEGA TRINZA.....51, 185
 INVOKAMET59, 198
 INVOKAMET XR59, 198

INVOKANA59, 198
 IPOL.....98, 144
ipratropium bromide106, 156
ipratropium-albuterol108, 154
irbesartan65, 118
irbesartan-hydrochlorothiazide ...
69, 116
 ISENTRESS.....54, 190
 ISENTRESS HD.....54, 190
 ISIBLOOM.....89, 132
 ISOLYTE-P IN D5W81, 193
 ISOLYTE-S PH 7.4.....79, 194
isoniazid40, 174
isosorb dinitrate-hydralazine
69, 116
isosorbide dinitrate72, 120
isosorbide mononitrate73, 121
isosorbide mononitrate er
72, 121
isotretinoin.....75, 125
isradipine.....67, 113
 ISTURISA86, 137
itraconazole.....37, 175
ivermectin.....48, 184
 IXIARO.....98, 144

J

JAKAFI.....44, 180
 JANTOVEN.....64, 196
 JANUMET59, 198
 JANUMET XR59, 198
 JANUVIA.....59, 198
 JARDIANCE.....59, 198
 JASMIEL89, 132
 JAYPIRCA44, 181
 JUBLIA.....37, 175
 JULEBER89, 132
 JULUCA55, 189
 JUNEL 1.5/3089, 132
 JUNEL 1/20.....89, 132
 JUNEL FE 1.5/3089, 132
 JUNEL FE 1/2089, 132
 JUXTAPID.....72, 118
 JYNNEOS98, 144

K

KALYDECO106, 107, 154
 KARIVA.....89, 132
 KATERZIA67, 113
kcl in dextrose-nacl.....79, 194
kcl-lactated ringers-d5w...79, 194
 KELNOR 1/3589, 132
 KELNOR 1/5089, 132
 KERENDIA.....71, 119

KESIMPTA.....75, 122
ketoconazole.....38, 175
ketorolac tromethamine.....
.....20, 103, 149, 159
KINRIX.....98, 144
KISQALI (200 MG DOSE).....
.....45, 181
KISQALI (400 MG DOSE).....
.....45, 181
KISQALI (600 MG DOSE).....
.....45, 181
KISQALI FEMARA (200 MG
DOSE).....42, 178
KISQALI FEMARA (400 MG
DOSE).....42, 178
KISQALI FEMARA (600 MG
DOSE).....42, 178
KLOR-CON.....79, 195
KLOR-CON 10.....79, 194
KLOR-CON M10.....79, 194
KLOR-CON M15.....79, 195
KLOR-CON M20.....79, 195
KLOXXADO.....23, 152
KORLYM.....60, 199
KOSELUGO.....45, 181
KRAZATI.....45, 181
KURVELO.....89, 132

L

labetalol hcl.....67, 114
lacosamide.....32, 168
lactulose.....82, 128
lamivudine.....53, 55, 189, 192
lamivudine-zidovudine.....55, 189
lamotrigine.....30, 169
lamotrigine er.....30, 169
*lamotrigine starter kit-blue*30, 169
lamotrigine starter kit-green.....
.....30, 169
lamotrigine starter kit-orange.....
.....30, 169
LAMPIT.....48, 184
LANOXIN.....70, 116
lansoprazole.....84, 130
LANTUS.....61, 200
LANTUS SOLOSTAR.....61, 200
lapatinib ditosylate.....45, 181
LARIN 1.5/30.....89, 132
LARIN 1/20.....89, 132
LARIN FE 1.5/30.....89, 132
LARIN FE 1/20.....89, 132
latanoprost.....104, 148
LEENA.....89, 132
leflunomide.....95, 140
lenalidomide.....41, 176

LENVIMA (10 MG DAILY DOSE)
.....45, 181
LENVIMA (12 MG DAILY DOSE)
.....45, 181
LENVIMA (14 MG DAILY DOSE)
.....45, 181
LENVIMA (18 MG DAILY DOSE)
.....45, 181
LENVIMA (20 MG DAILY DOSE)
.....45, 181
LENVIMA (24 MG DAILY DOSE)
.....45, 181
LENVIMA (4 MG DAILY DOSE)
.....45, 181
LENVIMA (8 MG DAILY DOSE)
.....45, 181
LESSINA.....89, 133
letrozole.....43, 179
leucovorin calcium.....42, 178
LEUKERAN.....40, 176
LEUKINE.....64, 197
leuprolide acetate.....93, 138
leuprolide acetate (3 month).....
.....93, 138
LEVEMIR.....61, 200
LEVEMIR FLEXPEN.....61, 200
levetiracetam.....30, 170
levetiracetam er.....30, 170
levobunolol hcl.....103, 147
levocarnitine.....81, 193
levocetirizine dihydrochloride.....
.....105, 155
levofloxacin.....28, 29, 166
levofloxacin in d5w.....28, 166
LEVONEST.....89, 133
levonorgest-eth estrad 91-day....
.....89, 133
levonorgestrel-ethinyl estrad.....
.....90, 133
levonorg-eth estrad triphasic.....
.....90, 133
LEVORA 0.15/30 (28).....90, 133
levothyroxine sodium.....92, 138
LEVOXYL.....92, 138
LEXIVA.....56, 190
LIALDA.....100, 150
lidocaine.....22, 159
lidocaine hcl.....22, 160
lidocaine viscous hcl.....22, 160
lidocaine-prilocaine.....22, 160
linezolid.....24, 162
LINZESS.....82, 128
liothyronine sodium.....93, 138
lisinopril.....66, 120

lisinopril-hydrochlorothiazide.....
.....70, 116
lithium carbonate.....58, 112
lithium carbonate er.....58, 112
LIVALO.....71, 117
LIVMARLI.....83, 129
LIVTENCITY.....53, 188
LOKELMA.....80, 194
LONSURF.....42, 178
loperamide hcl.....82, 128
lopinavir-ritonavir.....56, 190
lorazepam.....58, 161
LORAZEPAM INTENSOL.....
.....58, 161
LORBRENA.....45, 181
LORYNA.....90, 133
losartan potassium.....65, 118
losartan potassium-hctz...70, 116
loteprednol etabonate....103, 149
lovastatin.....71, 117
LOW-OGESTREL.....90, 133
loxapine succinate.....50, 188
lubiprostone.....82, 128
LUMAKRAS.....42, 178
LUMIGAN.....104, 148
LUPKYNIS.....97, 142
LUPRON DEPOT (1-MONTH)....
.....93, 138
LUPRON DEPOT (3-MONTH)....
.....93, 138
LUPRON DEPOT (4-MONTH)....
.....93, 138
LUPRON DEPOT (6-MONTH)....
.....93, 139
LUPRON DEPOT-PED (1-
MONTH).....93, 139
LUPRON DEPOT-PED (3-
MONTH).....93, 139
LUPRON DEPOT-PED (6-
MONTH).....93, 139
lurasidone hcl.....51, 185
LUTERA.....90, 133
LYBALVI.....51, 185
LYLEQ.....92, 136
LYNPARZA.....42, 178
LYSODREN.....41, 177
LYTGOBI (12 MG DAILY DOSE)
.....45, 181
LYTGOBI (16 MG DAILY DOSE)
.....45, 181
LYTGOBI (20 MG DAILY DOSE)
.....45, 181
LYZA.....92, 136

M

magnesium sulfate 79, 195
malathion 78, 128
maraviroc 56, 191
marlissa 90, 133
 MARPLAN 34, 171
 MATULANE 40, 176
 MATZIM LA 68, 114
 MAVYRET 53, 192
 MAYZENT 75, 122
 MAYZENT STARTER PACK
 75, 123
meclizine hcl 36, 173
medroxyprogesterone acetate
 92, 136
mefloquine hcl 48, 184
megestrol acetate 92, 136
 MEKINIST 45, 182
 MEKTOVI 46, 182
meloxicam 20, 159
memantine hcl 32, 121
memantine hcl er 32, 121
 MENACTRA 98, 144
 MENEST 88, 136
 MENQUADFI 98, 144
 MENVEO 98, 144
mercaptopurine 41, 177
meropenem 27, 165
mesalamine 100, 150
mesalamine er 100, 150
 MESNEX 42, 178
metformin hcl 59, 198
metformin hcl er 59, 198
methadone hcl 21, 158
methazolamide 104, 147
methenamine hippurate ... 24, 162
methimazole 94, 139
methocarbamol 109, 202
methotrexate sodium 97, 142
methotrexate sodium (pf)
 97, 142
methsuximide 31, 169
methylphenidate hcl 74, 122
methylprednisolone 86, 137
metoclopramide hcl 83, 129
metolazone 71, 120
metoprolol succinate er ... 67, 114
metoprolol tartrate 67, 114
metoprolol-hydrochlorothiazide
 70, 116
metronidazole 24, 162
metyrosine 70, 116
mexiletine hcl 66, 119
 MICROGESTIN 1.5/30 90, 133

MICROGESTIN 1/20 90, 133
 MICROGESTIN FE 1.5/30
 90, 133
 MICROGESTIN FE 1/20 90, 133
midodrine hcl 65, 118
miglitol 59, 198
miglustat 84, 151
 MILI 90, 133
minocycline hcl 29, 167
minoxidil 73, 121
mirtazapine 34, 171
misoprostol 83, 130
 M-M-R II 99, 144
modafinil 109, 150
moexipril hcl 66, 120
molindone hcl 50, 188
mometasone furoate
 77, 105, 127, 156
montelukast sodium 105, 156
morphine sulfate 21, 22, 158
morphine sulfate (concentrate)
 21, 158
morphine sulfate er 21, 158
 MOVANTIK 82, 128
moxifloxacin hcl
 29, 102, 148, 166
moxifloxacin hcl in nacl ... 29, 166
 MULTAQ 66, 119
multiple electro type 1 ph 5.5
 79, 195
mupirocin 79, 128
mupirocin calcium 79, 128
mycophenolate mofetil 97, 142
mycophenolate sodium 97, 142
 MYRBETRIQ 85, 131

N

na sulfate-k sulfate-mg sulf
 83, 129
nabumetone 20, 159
nadolol 67, 115
nafticillin sodium 27, 165
naloxone hcl 23, 152
naltrexone hcl 22, 153
 NAMZARIC 33, 121
naproxen 20, 21, 159
naproxen sodium 21, 159
naratriptan hcl 39, 110
 NARCAN 23, 152
 NATACYN 102, 149
nateglinide 59, 198
 NATPARA 101, 146
 NAYZILAM 31, 167
nebivolol hcl 67, 115
 NECON 0.5/35 (28) 90, 133

nefazodone hcl 35, 172
neomycin sulfate 23, 161
neomycin-bacitracin zn-polymyx
 102, 149
neomycin-polymyxin-dexameth
 102, 148
neomycin-polymyxin-gramicidin
 102, 148
neomycin-polymyxin-hc
 102, 104, 148, 149, 150
 NERLYNX 46, 182
 NEUPRO 49, 111
nevirapine 55, 191
nevirapine er 55, 191
niacin er (antihyperlipidemic)
 72, 118
nicardipine hcl 67, 113
 NICOTROL 23, 152
nifedipine 68, 113
nifedipine er 67, 113
nifedipine er osmotic release
 67, 113
 NIKKI 90, 133
nilutamide 41, 177
 NINLARO 42, 178
nitazoxanide 48, 184
nitisinone 84, 151
 NITRO-BID 73, 121
nitrofurantoin macrocrystal
 24, 162
nitrofurantoin monohyd macro
 24, 162
nitroglycerin 73, 121
nizatidine 83, 129
 NOCDURNA 87, 137
 NORA-BE 92, 136
norethin ace-eth estrad-fe 90, 133
norethindrone 92, 136
norethindrone acetate 92, 136
norethindrone acet-ethinyl est
 90, 133
norethindrone-eth estradiol
 90, 133
norgestimate-eth estradiol
 90, 133
norgestim-eth estrad triphasic
 90, 133
 NORTREL 0.5/35 (28) 90, 134
 NORTREL 1/35 (21) 90, 134
 NORTREL 1/35 (28) 90, 134
 NORTREL 7/7/7 91, 134
nortriptyline hcl 36, 173
 NORVIR 56, 190
 NOVOLIN 70/30 61, 200

NOVOLIN 70/30 FLEXPEN
61, 200
 NOVOLIN N62, 201
 NOVOLIN N FLEXPEN
61, 200, 201
 NOVOLIN R62, 201
 NOVOLIN R FLEXPEN ...62, 201
 NOVOLOG62, 201
 NOVOLOG FLEXPEN.....62, 201
 NOVOLOG MIX 70/3062, 201
 NOVOLOG MIX 70/30 FLEXPEN
62, 201
 NOVOLOG PENFILL.....62, 201
 NOXAFIL.....38, 176
 NUBEQA.....41, 177
 NUCALA108, 154
 NUEDEXTA74, 124
 NUPLAZID51, 185, 186
 NUTRILIPID81, 193
 NYAMYC.....38, 176
 NYLIA 1/35.....91, 134
 NYLIA 7/7/7.....91, 134
 NYMYO.....91, 134
 nystatin38, 176
 nystatin-triamcinolone78, 125
 NYSTOP38, 176

O

OCELLA.....91, 134
 octreotide acetate.....93, 139
 ODEFSEY55, 189
 ODOMZO.....46, 182
 OFEV107, 153
 ofloxacin.....
29, 102, 104, 149, 150, 166
 olanzapine.....51, 52, 186
 olanzapine-fluoxetine hcl.....
34, 171
 olmesartan medoxomil65, 119
 olmesartan medoxomil-hctz.....
70, 116
 olmesartan-amlodipine-hctz.....
70, 116
 olopatadine hcl.....102, 147
 omega-3-acid ethyl esters
72, 118
 omeprazole84, 130
 OMNITROPE87, 137
 ondansetron36, 174
 ondansetron hcl.....36, 174
 ONUREG41, 177
 OPSUMIT.....107, 155
 ORGOVYX.....42, 178
 ORKAMBI107, 154
 orphenadrine citrate er ..109, 202

ORSERDU41, 177
 oseltamivir phosphate57, 188
 OSPHENA91, 134
 oxacillin sodium27, 165
 oxacillin sodium in dextrose.....
27, 165
 oxaprozin21, 159
 oxazepam57, 160
 oxcarbazepine32, 168
 oxybutynin chloride.....85, 131
 oxybutynin chloride er85, 131
 oxycodone hcl22, 158
 oxycodone hcl er21, 158
 oxycodone-acetaminophen.....
22, 158
 OZEMPIC (0.25 OR 0.5
 MG/DOSE).....59, 198
 OZEMPIC (1 MG/DOSE).....
59, 198
 OZEMPIC (2 MG/DOSE).....
59, 198

P

paliperidone er52, 186
 PANRETIN.....78, 125
 pantoprazole sodium84, 130
 PANZYGA.....94, 141
 paricalcitol101, 146
 paromomycin sulfate23, 161
 paroxetine hcl.....35, 172
 PEDIARIX99, 144
 PEDVAX HIB.....99, 144
 peg 3350-kcl-na bicarb-nacl
83, 129
 peg-3350/electrolytes83, 129
 PEGASYS.....95, 141
 PEMAZYRE46, 182
 penicillamine86, 130
 penicillin g pot in dextrose
27, 165
 penicillin g potassium27, 165
 penicillin g sodium27, 165
 penicillin v potassium27, 165
 PENTACEL99, 144
 pentamidine isethionate...48, 184
 pentoxifylline er70, 116
 perindopril erbumine66, 120
 PERIOGARD.....75, 124
 permethrin78, 128
 perphenazine50, 188
 phenelzine sulfate34, 171
 phenobarbital30, 170
 phenytoin32, 168
 phenytoin sodium extended.....
32, 168

PIFELTRO55, 191
 pilocarpine hcl
75, 104, 124, 147
 pimecrolimus77, 127
 pimozone50, 188
 PIMTREA.....91, 134
 pindolol67, 115
 pioglitazone hcl59, 198
 pioglitazone hcl-glimepiride
59, 198
 pioglitazone hcl-metformin hcl
59, 198
 piperacillin sod-tazobactam so ...
27, 165
 PIQRAY (200 MG DAILY DOSE)
46, 182
 PIQRAY (250 MG DAILY DOSE)
46, 182
 PIQRAY (300 MG DAILY DOSE)
46, 182
 pirfenidone107, 153
 piroxicam.....21, 159
 PLASMA-LYTE A79, 195
 podofilox.....78, 125
 polymyxin b-trimethoprim
102, 148
 POMALYST41, 176
 PORTIA-2891, 134
 posaconazole38, 176
 potassium chloride80, 195
 potassium chloride crys er
79, 195
 potassium chloride er80, 195
 potassium chloride in nacl
80, 195
 potassium citrate er80, 195
 potassium cl in dextrose 5%
80, 195
 pramipexole dihydrochloride.....
49, 111
 prasugrel hcl.....65, 196
 pravastatin sodium72, 117
 prazosin hcl.....65, 119
 prednisolone86, 137
 prednisolone acetate103, 149
 prednisolone sodium phosphate
86, 103, 137, 149
 prednisone86, 87, 137
 PREDNISONE INTENSOL.....
86, 137
 preferred plus insulin syringe.....
62, 201
 pregabalin74, 123
 prehevbrio99, 144
 PREMARIN88, 136

PREMASOL81, 193
PREMPHASE.....91, 134
PREMPRO.....91, 134
prenatal.....81, 193
PREVYMIS53, 188
PREZCOBIX56, 191
PREZISTA56, 57, 191
PRIFTIN.....40, 174
primaquine phosphate48, 184
primidone30, 170
PRIORIX99, 144
PRIVIGEN.....94, 141
probenecid38, 153
prochlorperazine36, 173
prochlorperazine maleate
.....36, 173
PROCTO-MED HC.....77, 127
PROCTOSOL HC.....77, 127
PROCTOZONE-HC.....77, 127
progesterone92, 136
PROGRAF97, 143
PROLASTIN-C84, 151
PROLIA.....101, 146
PROMACTA.....64, 197
promethazine hcl.....36, 173, 174
propafenone hcl66, 119
propranolol hcl...39, 67, 111, 115
propranolol hcl er
.....39, 67, 111, 115
propylthiouracil94, 139
PROQUAD.....99, 144
PROSOL81, 193
protriptyline hcl36, 173
PULMOZYME107, 154
PURIXAN41, 177
pyrazinamide.....40, 174
pyridostigmine bromide ...40, 110

Q

QINLOCK.....46, 182
QUADRACEL.....99, 144, 145
quetiapine fumarate.....52, 186
quetiapine fumarate er.....52, 186
quinapril hcl.....66, 120
quinidine sulfate66, 119
quinine sulfate48, 184

R

RABAVERT.....99, 145
raloxifene hcl.....101, 146
ramipril66, 120
ranolazine er70, 116
rasagiline mesylate.....49, 112
RAVICTI.....84, 151

RECLIPSEN.....91, 134
RECOMBIVAX HB99, 145
RECTIV.....73, 121
REGRANEX.....78, 125
RELENZA DISKHALER...57, 188
RELI-ON INSULIN SYRINGE.....
.....62, 201
repaglinide60, 199
REPATHA.....72, 118
REPATHA PUSHTRONEX
SYSTEM72, 118
REPATHA SURECLICK ..72, 118
RETACRIT64, 197
RETEVMO46, 182
REXULTI.....52, 186
REYATAZ57, 191
REZLIDHIA46, 182
REZUROCK97, 143
RHOPRESSA.....104, 147
ribavirin53, 192
rifabutin40, 174
rifampin40, 174
riluzole74, 124
rimantadine hcl.....57, 188
RINVOQ.....95, 140
risedronate sodium101, 146
RISPERDAL CONSTA ...52, 186
risperidone52, 186
ritonavir57, 191
rivastigmine33, 122
rivastigmine tartrate33, 122
rizatriptan benzoate39, 110
ROCKLATAN104, 147
roflumilast.....107, 157
ropinirole hcl.....49, 111
rosuvastatin calcium72, 117
ROTARIX.....99, 145
ROTATEQ.....99, 145
ROZLYTREK.....46, 182
RUBRACA46, 182
rufinamide32, 168
RUKOBIA.....56, 191
RYBELSUS60, 199
RYDAPT46, 182
RYTARY49, 112

S

SANTYL78, 125
sapropterin dihydrochloride
.....84, 151
SAVELLA74, 123
SAVELLA TITRATION PACK.....
.....74, 123
SCSEMBLIX.....46, 182
scopolamine36, 174

SECUADO52, 187
selegiline hcl.....49, 112
selenium sulfide77, 127
SELZENTRY56, 191, 192
SEREVENT DISKUS.....106, 157
sertraline hcl.....35, 172
SETLAKIN.....91, 134
sevelamer carbonate82, 194
SHAROBEL92, 136
SHINGRIX.....99, 145
SIGNIFOR.....93, 139
sildenafil citrate
.....82, 107, 155, 192
silodosin86, 130
silver sulfadiazine78, 125
SIMBRINZA104, 147
simvastatin72, 117
sirolimus97, 143
SIRTURO.....40, 174
SKYRIZI95, 140
SKYRIZI PEN.....95, 140
sodium chloride80, 195
sodium fluoride80, 195
sodium oxybate109, 150
sodium polystyrene sulfonate
.....80, 194
sofosbuvir-velpatasvir54, 192
solifenacin succinate85, 131
SOLIQUEA.....62, 201, 202
SOLTAMOX.....41, 177
SOMAVERT.....94, 139
sorafenib tosylate46, 182
sotalol hcl66, 119
sotalol hcl (af).....66, 119
SPIRIVA HANDIHALER
.....106, 156
SPIRIVA RESPIMAT.....106, 156
spironolactone71, 119
spironolactone-hctz70, 116
SPRINTEC 2891, 134
SPRITAM30, 170
SPRYCEL46, 182
SPS.....80, 194
SRONYX.....91, 134
SSD78, 125
STELARA.....95, 140
STIVARGA.....46, 182
STRIBILD.....54, 190
SUBOXONE.....22, 152
sucralfate84, 130
sulfacetamide sodium....102, 149
sulfacetamide sodium (acne).....
.....29, 167
sulfacetamide-prednisolone.....
.....102, 148

sulfadiazine29, 167
sulfamethoxazole-trimethoprim
.....29, 167
sulfasalazine100, 150
sulindac21, 159
sumatriptan39, 110
sumatriptan succinate39, 110
sumatriptan succinate refill
.....39, 110
sunitinib malate46, 182
SUNLENCA56, 192
SUNOSI109, 150
SUPREP BOWEL PREP KIT
.....83, 129
SUTAB83, 129
SYEDA91, 134
SYMDEKO107, 154
SYMLINPEN 12060, 199
SYMLINPEN 6060, 199
SYMPAZAN31, 167
SYMTUZA54, 190
SYNAREL94, 139
SYNJARDY60, 199
SYNJARDY XR60, 199
SYNRIBO42, 178
SYNTHROID93, 138

T

TABLOID41, 177
TABRECTA46, 182
tacrolimus77, 97, 127, 143
TAFINLAR46, 182, 183
TAGRISSO46, 183
TAKHZYRO94, 139
TALZENNA46, 47, 183
tamoxifen citrate41, 177
tamsulosin hcl86, 130
TARINA FE 1/20 EQ91, 134
TASIGNA47, 183
TAVNEOS95, 140
tazarotene75, 76, 125
TAZORAC76, 125
TAZTIA XT68, 114
TAZVERIK47, 183
TDVAX99, 145
TEFLARO26, 164
TEGSEDI85, 151
telmisartan65, 119
telmisartan-amlodipine70, 116
telmisartan-hctz70, 116
temazepam109, 151
TENIVAC99, 145
tenofovir disoproxil fumarate
.....55, 189
TEPMETKO47, 183

terazosin hcl65, 119
terbinafine hcl38, 176
terbutaline sulfate106, 157
terconazole38, 176
teriparatide (recombinant)
.....101, 146
testosterone87, 135
testosterone cypionate87, 135
testosterone enanthate87, 135
tetrabenazine74, 124
tetracycline hcl29, 167
THALOMID41, 177
theophylline er107, 157
thioridazine hcl50, 188
thiothixene50, 188
TIADYLT ER68, 114
tiagabine hcl31, 167
TIBSOVO47, 183
TICOVAC99, 145
tigecycline24, 162
timolol maleate
.....67, 103, 115, 147
timolol maleate (once-daily)
.....103, 147
tinidazole24, 162
TIVICAY54, 190
TIVICAY PD54, 190
tizanidine hcl53, 110
TOBI PODHALER107, 154
tobramycin102, 107, 149, 154
tobramycin sulfate23, 161
tobramycin-dexamethasone
.....102, 148
tolterodine tartrate85, 131
tolterodine tartrate er85, 131
tolvaptan80, 81, 194
topiramate39, 111
topiramate er39, 111
toremifene citrate41, 177
toremide71, 120
TOUJEO MAX SOLOSTAR
.....63, 202
TOUJEO SOLOSTAR63, 202
TPN ELECTROLYTES82, 193
tramadol hcl22, 158
tramadol-acetaminophen
.....22, 158
trandolapril66, 120
trandolapril-verapamil hcl er
.....70, 116
tranexamic acid64, 197
tranylcypromine sulfate34, 171
TRAVASOL82, 193
travoprost (bak free)104, 148
trazodone hcl35, 172

TRECATOR40, 174
TRELEGY ELLIPTA108, 154
TRELSTAR MIXJECT94, 139
TRESIBA63, 202
TRESIBA FLEXTOUCH63, 202
tretinoin47, 76, 125, 184
TREXALL97, 143
triamcinolone acetonide
.....75, 77, 78, 124, 127
triamterene-hctz70, 117
trientine hcl81, 194
TRI-ESTARYLLA91, 134
trifluoperazine hcl50, 188
trifluridine54, 189
trihexyphenidyl hcl48, 112
TRIKAFTA107, 155
trimethoprim24, 162
TRI-MILI91, 134
trimipramine maleate36, 173
TRINTELLIX35, 172
TRI-NYMYO91, 134
TRI-SPRINTEC91, 134
TRIUMEQ56, 192
TRIUMEQ PD56, 192
TRIVORA (28)91, 135
TRI-VYLIBRA91, 135
TRIZIVIR55, 189
TROPHAMINE82, 193
trospium chloride85, 131
trospium chloride er85, 131
TRULICITY60, 199
TRUMENBA99, 145
TUKYSA47, 183
TURALIO47, 183
TWINRIX100, 145
TYBOST56, 192
TYMLOS101, 146
TYPHIM VI100, 145

U

UBRELVY39, 111
UNITHROID93, 138
ursodiol83, 129

V

valacyclovir hcl54, 189
VALCHLOR40, 176
valganciclovir hcl53, 188
valproic acid30, 170
valsartan65, 119
valsartan-hydrochlorothiazide
.....70, 117
VALTOCO 10 MG DOSE
.....31, 167

VALTOCO 15 MG DOSE
31, 168
 VALTOCO 20 MG DOSE
31, 168
 VALTOCO 5 MG DOSE31, 168
 vancomycin hcl25, 162
 VAQTA100, 145
 varenicline tartrate23, 152
 VARIVAX100, 145
 VARUBI (180 MG DOSE)
36, 174
 VASCEPA72, 118
 VELIVET91, 135
 VELPHORO82, 194
 VEMLIDY53, 192
 VENCLEXTA47, 183
 VENCLEXTA STARTING PACK
47, 183
 venlafaxine besylate er35, 172
 venlafaxine hcl35, 173
 venlafaxine hcl er35, 172, 173
 VENTOLIN HFA106, 157
 verapamil hcl68, 114
 verapamil hcl er68, 114
 VERQUVO70, 117
 VERSACLOZ53, 187
 VERZENIO47, 183
 VESTURA91, 135
 VICTOZA60, 199
 VIENVA91, 135
 vigabatrin32, 168
 VIIBRYD STARTER PACK
35, 173
 VIJOICE85, 151
 vilazodone hcl35, 173
 VIRACEPT57, 191
 VIREAD55, 189, 190
 VITRAKVI47, 183
 VIVITROL22, 153
 VIZIMPRO47, 183
 VONJO47, 183
 voriconazole38, 176

VOSEVI54, 192
 VOTRIENT47, 183
 VRAYLAR52, 187
 VYFEMLA92, 135
 VYLIBRA92, 135
 VYNDAMAX85, 151

W

warfarin sodium64, 197
 WELIREG42, 178

X

XALKORI47, 183
 XARELTO64, 197
 XARELTO STARTER PACK
64, 197
 XATMEP42, 178
 XCOPRI31, 170
 XCOPRI (250 MG DAILY DOSE)
31, 170
 XCOPRI (350 MG DAILY DOSE)
31, 170
 XGEVA101, 146
 XIFAXAN25, 162
 XOFLUZA (40 MG DOSE)
57, 188
 XOFLUZA (80 MG DOSE)
57, 188
 XOLAIR95, 140
 XOSPATA47, 183
 XPOVIO (100 MG ONCE
 WEEKLY)42, 178
 XPOVIO (40 MG ONCE
 WEEKLY)42, 178
 XPOVIO (40 MG TWICE
 WEEKLY)42, 178
 XPOVIO (60 MG ONCE
 WEEKLY)42, 178
 XPOVIO (60 MG TWICE
 WEEKLY)42, 178

XPOVIO (80 MG ONCE
 WEEKLY)42, 178
 XPOVIO (80 MG TWICE
 WEEKLY)43, 179
 XTANDI41, 177
 XULTOPHY60, 199
 XURIDEN85, 151
 XYREM109, 150
 XYWAV109, 150

Y

YF-VAX100, 145
 YONSA41, 177

Z

zafirlukast106, 156
 zaleplon109, 151
 ZARXIO64, 197
 ZEJULA47, 183
 ZELBORAF47, 183
 ZEMDRI23, 161
 ZENPEP85, 152
 zidovudine55, 56, 190
 ZIEXTENZO64, 197
 ZIMHI23, 152
 ziprasidone hcl52, 187
 ziprasidone mesylate53, 187
 ZIRGAN53, 188
 ZOKINVY85, 152
 ZOLINZA43, 179
 zolmitriptan39, 40, 110
 zolpidem tartrate109, 151
 ZONISADE31, 169
 zonisamide31, 169
 ZOVIA 1/35 (28)92, 135
 ZTALMY31, 170
 ZYDELIG47, 183
 ZYKADIA47, 183
 ZYPITAMAG72, 117
 ZYPREXA RELPREVV53, 187

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

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

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