

2023

Drug Formulary

Formulario de Medicamentos

HMO – 1 Tier

Imperial Insurance Traditional Plus (HMO) 007



IMPERIAL INSURANCE COMPANIES

007 - Imperial Insurance Traditional Plus (HMO)

2023 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00023510, Version Number 13.

This formulary was updated on 07/24/2023. For more recent information or other questions, please contact Imperial Health Plan of California, Inc. (HMO) (HMO SNP) Customer Service at 1-800-838-8271, or, for TTY users, 711, October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m., or visit www.imperialhealthplan.com.

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

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

IR_344 H2793 Drug Formulary 1T_C ENG 09/16/22

Contents

What is the Imperial Health Plan Formulary?.....	3
Can the Formulary (drug list) change?	3
How do I use the Formulary?	4
What are generic drugs?.....	4
Are there any restrictions on my coverage?	4
What if my drug is not on the Formulary?.....	5
How do I request an exception to the Imperial Health Plan Formulary?	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	5
For more information	6
Imperial Insurance Companies' Formulary	6
Index of Drugs.....	199

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 Insurance Companies, Inc. (HMO) (HMO SNP). When it refers to “plan” or “our plan,” it means Imperial Insurance Companies.

This document includes a list of the drugs (formulary) for our plan which is current as of 07/24/2023. 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 Insurance Companies 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 Insurance Companies network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Imperial Health Plan Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both (only for plan 007). 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 Insurance Companies 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 07/24/2023. 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 199. 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 Insurance Companies 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 Insurance Companies Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier (only for plan 007), or utilization restriction exception. **When you request a formulary, tier (only for plan 007), 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 Insurance Companies, 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 Insurance Companies 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 199.

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

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

007 - Imperial Insurance Traditional Plus (HMO)

Formulario para 2023 (Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 00023510, Version Number 13.

Este formulario se actualizó el 24/07/2023. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Servicio al Cliente de Imperial, 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 6:00 a.m. a 8:00 p.m. PST o del 1 de abril al 30 de septiembre: lunes a viernes, de 6:00 a.m. a 8:00 p.m. PST, o visite www.imperialhealthplan.com.

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

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

IR_344 H2793 Drug Formulary 1T_C ENG 09/16/22

Contenido

¿Qué es el Formulario de Imperial Health Plan?	9
¿Puede cambiar el Formulario (lista de medicamentos) ?	9
¿Cómo utilizo el Formulario?	10
¿Qué son los medicamentos genéricos?	10
¿Hay alguna restricción en mi cobertura?	11
¿Qué pasa si mi medicamento no está en el Formulario?	11
¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Health Plan?	11
¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?	12
Para obtener más información.....	13
Formulario de Imperial Insurance Companies	13
Índice de drogas	199

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 Insurance Companies, Inc. (HMO) (HMO SNP). Cuando dice “plan” o “nuestro plan”, hace referencia a Imperial Insurance Companies.

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 24/07/2023. 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 Insurance Companies?

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 Insurance Companies 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 Insurance Companies?”
- **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 o ambos (solo para el plan 007) 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 Insurance Companies?”

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 24/07/2023. 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 199. 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 Insurance Companies?” en la página 11 para obtener información acerca de cómo solicitar una excepción.

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

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

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

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

¿Cómo puedo solicitar que se haga una excepción al Formulario de Imperial Insurance Companies

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

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

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

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

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, nivel (solo para el plan 007), o a la restricción de uso. **Cuando solicita una excepción al Formulario, nivel (solo para el plan 007), 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 Insurance Companies, 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 Insurance Companies

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 199.

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

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

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

List of Drugs by Medical Condition

ANALGESICS.....	19
ANESTHETICS.....	21
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS.....	21
ANTIBACTERIALS	22
ANTICONVULSANTS	28
ANTIDEMENTIA AGENTS.....	31
ANTIDEPRESSANTS	32
ANTIEMETICS.....	35
ANTIFUNGALS	36
ANTIGOUT AGENTS.....	37
ANTIMIGRAINE AGENTS	38
ANTIMYASTHENIC AGENTS	39
ANTIMYCOBACTERIALS	39
ANTINEOPLASTICS.....	39
ANTIPARASITICS.....	47
ANTIPARKINSON AGENTS.....	47
ANTIPSYCHOTICS	49
ANTISPASTICITY AGENTS	52
ANTIVIRALS.....	52
ANXIOLYTICS.....	56
BIPOLAR AGENTS.....	57
BLOOD GLUCOSE REGULATORS	57
BLOOD PRODUCTS AND MODIFIERS	61
CARDIOVASCULAR AGENTS	63
CENTRAL NERVOUS SYSTEM AGENTS	70
DENTAL AND ORAL AGENTS.....	72
DERMATOLOGICAL AGENTS.....	72
ELECTROLYTES/MINERALS/METALS/VITAMINS	76
GASTROINTESTINAL AGENTS.....	79
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	81
GENITOURINARY AGENTS	82

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) 83

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

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)..... 84

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

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) 90

HORMONAL AGENTS, SUPPRESSANT (THYROID) 91

IMMUNOLOGICAL AGENTS 91

INFLAMMATORY BOWEL DISEASE AGENTS..... 97

METABOLIC BONE DISEASE AGENTS..... 98

OPHTHALMIC AGENTS..... 98

OTIC AGENTS 101

RESPIRATORY TRACT/ PULMONARY AGENTS..... 102

SKELETAL MUSCLE RELAXANTS 106

SLEEP DISORDER AGENTS..... 106

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

Lista de medicamentos por condición médica

AGENTES ANTIESPASTICIDAD	107
AGENTES ANTIMIASTENICOS.....	107
AGENTES ANTIMIGRAÑOSOS.....	107
AGENTES ANTIPARKINSON	108
AGENTES BIPOLARES	109
AGENTES CARDIOVASCULARES	110
AGENTES DE ANTIDEMENCIA.....	117
AGENTES DEL SISTEMA NERVIOSO CENTRAL	118
AGENTES DENTALES Y ORALES	120
AGENTES DERMATOLÓGICOS	121
AGENTES GASTROINTESTINALES.....	124
AGENTES GENITOURINARIOS	127
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (HORMONAS SEXUALES/ MODIFICADORES)	128
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (PITUITARIA)	133
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (SUPRARRENALES).....	133
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (TIROIDES).....	134
AGENTES HORMONALES, SUPRESORES (PITUITARIA).....	135
AGENTES HORMONALES, SUPRESORES (TIROIDES).....	136
AGENTES INMUNOLÓGICOS	136
AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA	142
AGENTES OFTÁLMICOS.....	143
AGENTES ÓTICOS.....	146
AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA.....	146
AGENTES PARA TRASTORNO DEL SUEÑO	147
AGENTES PARA TRASTORNO GENÉTICO, DE ENZIMAS o PROTEÍNAS: REEMPLAZO, MODIFICADORES, TRATAMIENTO.....	147
AGENTES PARA TRATAMIENTO DE ABUSO DE SUSTANCIAS/ANTI-ADICCIÓN	148
AGENTES PARA TRATAMIENTO DE LA GOTA	149
AGENTES PULMONARES/ TRACTO RESPIRATORIO.....	149
ANALGÉSICOS.....	154

ANESTÉSICOS	156
ANSIOLÍTICOS	156
ANTIBACTERIANOS.....	157
ANTICONVULSIVOS	164
ANTIDEPRESIVOS	167
ANTIEMÉTICOS.....	170
ANTIMICOBACTERIANOS.....	171
ANTIMICÓTICOS	171
ANTINEOPLÁSICOS	173
ANTIPARASITARIOS	180
ANTIPSIKÓTICOS	181
ANTIVIRALES	185
ELECTROLITOS/MINERALES/METALES/VITAMINAS	189
PRODUCTOS Y MODIFICADORES DE SANGRE.....	192
REGULADORES DE GLUCOSA EN SANGRE.....	194
RELAJANTES DEL MÚSCULO ESQUELÉTICO	198

Legend

1: Covered Medications

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

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

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

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

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

La leyenda

1: Medicamentos cubiertos

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

MO: El pedido por correo es elegible.

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

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

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

Imperial MAPD 2023 1-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>	1	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40mg</i>	1	QL (180 EA per 30 days)
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100mg, 200mg, 400mg, 50mg</i>	1	MO
<i>diclofenac potassium oral tablet 50mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24-hour 100mg</i>	1	MO
<i>diclofenac sodium external gel 1%</i>	1	
<i>diclofenac sodium oral tablet delayed release 25mg, 50mg, 75mg</i>	1	MO
<i>diflunisal oral tablet 500mg</i>	1	MO
<i>etodolac oral capsule 200mg, 300mg</i>	1	MO
<i>etodolac oral tablet 400mg, 500mg</i>	1	MO
<i>flurbiprofen oral tablet 100mg</i>	1	MO
IBU ORAL TABLET 600MG, 800MG	1	MO
<i>ibuprofen oral suspension 100mg/5ml</i>	1	
<i>ibuprofen oral tablet 400mg, 600mg, 800mg</i>	1	MO
<i>indomethacin er oral capsule extended release 75mg</i>	1	MO
<i>indomethacin oral capsule 25mg, 50mg</i>	1	MO
<i>ketorolac tromethamine oral tablet 10mg</i>	1	
<i>meloxicam oral tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone oral tablet 500mg, 750mg</i>	1	MO
<i>naproxen oral suspension 125mg/5ml</i>	1	MO
<i>naproxen oral tablet 250mg, 375mg, 500mg</i>	1	MO
<i>naproxen oral tablet delayed release 375mg, 500mg</i>	1	MO
<i>naproxen sodium oral tablet 275mg, 550mg</i>	1	MO

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

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

ANESTHETICS

Local Anesthetics

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

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

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

Opioid Dependence

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

Opioid Reversal Agents

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

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

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

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200MG	1	
XIFAXAN ORAL TABLET 550MG	1	MO
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12-hour 500mg</i>	1	
<i>cefaclor oral capsule 250mg, 500mg</i>	1	
<i>cefaclor oral suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil oral capsule 500mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250mg/5ml, 500mg/5ml</i>	1	
<i>cefadroxil oral tablet 1gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1gm, 10gm, 500mg</i>	1	
<i>cefdinir oral capsule 300mg</i>	1	
<i>cefdinir oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1gm</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2gm</i>	1	
<i>cefixime oral capsule 400mg</i>	1	
<i>cefixime oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	
<i>cefotetan disodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1gm, 10gm, 2gm</i>	1	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100mg/5ml, 50mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100mg, 200mg</i>	1	
<i>cefprozil oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefprozil oral tablet 250mg, 500mg</i>	1	
<i>ceftazidime injection solution reconstituted 1gm, 6gm</i>	1	

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate oral tablet 400mg, 600mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2MG/ML	1	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	1	ST; MO; QL (720ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	1	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	1	ST; MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 250mg, 300mg, 50mg</i>	1	MO
<i>lamotrigine oral kit 21 x 25mg & 7 x 50mg, 25 & 50 & 100mg, 42 x 50mg & 14x100mg</i>	1	
<i>lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25mg, 5mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25mg & 14x100mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25mg & 7 x 100mg</i>	1	
<i>levetiracetam er oral tablet extended release 24-hour 500mg, 750mg</i>	1	MO
<i>levetiracetam oral solution 100mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO
<i>phenobarbital oral elixir 20mg/5ml</i>	1	MO; QL (1500ML per 30 days)
<i>phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	1	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15mg, 60mg</i>	1	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30mg</i>	1	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 125mg, 250mg, 50mg</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	1	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	1	ST; MO; QL (120 EA per 30 days)

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

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

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

Cholinesterase Inhibitors

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

ANTIDEPRESSANTS

Antidepressants, Other

AUVELITY ORAL TABLET EXTENDED RELEASE 45-105MG	1	ST; MO; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 100mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 150mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12-hour 200mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 150mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24-hour 300mg</i>	1	MO; QL (90 EA per 30 days)

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

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

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

ANTIEMETICS

Antiemetics, Other

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

Emetogenic Therapy Adjuncts

<i>aprepitant oral capsule 125mg, 40mg, 80mg</i>	1	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125mg</i>	1	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10mg, 2.5mg, 5mg</i>	1	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1mg</i>	1	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4mg/5ml</i>	1	BvD
<i>ondansetron hcl oral tablet 4mg, 8mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4mg, 8mg</i>	1	BvD

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

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

ANTIGOUT AGENTS

Antigout Agents

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide oral tablet 50mg</i>	1	
ERLEADA ORAL TABLET 240MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60MG	1	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	1	
<i>nilutamide oral tablet 150mg</i>	1	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	1	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	1	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	1	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	1	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140MG	1	
ORSERDU ORAL TABLET 345MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86MG	1	PA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10MG/5ML	1	PA; MO
<i>tamoxifen citrate oral tablet 10mg, 20mg</i>	1	MO
<i>toremifene citrate oral tablet 60mg</i>	1	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	1	MO
<i>hydroxyurea oral capsule 500mg</i>	1	
INQOVI ORAL TABLET 35-100MG	1	PA
<i>mercaptopurine oral tablet 50mg</i>	1	
ONUREG ORAL TABLET 200MG, 300MG	1	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	1	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	1	PA
ERIVEDGE ORAL CAPSULE 150MG	1	PA
<i>erlotinib hcl oral tablet 100mg, 150mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25mg</i>	1	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2mg, 3mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5mg</i>	1	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	1	PA
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250mg</i>	1	PA
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	1	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	1	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	1	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100mg</i>	1	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	1	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML	1	PA; QL (240ML per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG	1	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	1	PA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05MG/ML	1	PA; QL (1200ML per 30 days)
MEKINIST ORAL TABLET 0.5MG	1	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	1	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	1	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	1	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	1	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	1	PA
QINLOCK ORAL TABLET 50MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	1	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	1	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	1	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	1	PA
RYDAPT ORAL CAPSULE 25MG	1	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	1	PA
<i>sorafenib tosylate oral tablet 200mg</i>	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	1	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	1	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	1	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	1	PA; QL (28 EA per 28 days)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	1	
<i>aripiprazole oral solution 1mg/ml</i>	1	MO; QL (750ML per 30 days)
<i>aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10mg</i>	1	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15mg</i>	1	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10mg, 2.5mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5MG, 21MG, 42MG	1	
FANAPT ORAL TABLET 1MG, 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	1	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6MG	1	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092MG/3.5ML, 1560MG/5ML	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 39MG/0.25ML, 78MG/0.5ML	1	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	1	
<i>lurasidone hcl oral tablet 120mg, 20mg, 40mg, 60mg, 80mg</i>	1	
LYBALVI ORAL TABLET 10-10MG, 15-10MG, 20-10MG, 5-10MG	1	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34MG	1	PA
NUPLAZID ORAL TABLET 10MG	1	PA
<i>olanzapine intramuscular solution reconstituted 10mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10mg, 15mg, 2.5mg, 5mg, 7.5mg</i>	1	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10mg, 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15mg, 20mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 1.5mg, 3mg, 9mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24-hour 6mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 150mg</i>	1	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 200mg, 300mg, 400mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 50mg</i>	1	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100mg, 150mg, 25mg, 300mg, 400mg, 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200mg</i>	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG, 25MG, 37.5MG, 50MG	1	
<i>risperidone oral solution 1mg/ml</i>	1	MO; QL (480ML per 30 days)
<i>risperidone oral tablet 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25mg, 1mg, 2mg, 3mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5mg, 4mg</i>	1	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	1	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	1	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg</i>	1	MO; QL (60 EA per 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>etravirine oral tablet 200mg</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 100mg</i>	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 400mg</i>	1	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50mg/5ml</i>	1	MO; QL (1200ML per 30 days)
<i>nevirapine oral tablet 200mg</i>	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	1	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20mg/ml</i>	1	MO; QL (960ML per 30 days)
<i>abacavir sulfate oral tablet 300mg</i>	1	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300mg</i>	1	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15MG, 200-25MG	1	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300mg</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300mg, 600-300-300mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200mg</i>	1	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150mg, 133-200mg, 167-250mg, 200-300mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10MG/ML	1	MO; QL (680ML per 28 days)
JULUCA ORAL TABLET 50-25MG	1	QL (30 EA per 30 days)
<i>lamivudine oral solution 10mg/ml</i>	1	MO; QL (900ML per 30 days)
<i>lamivudine oral tablet 150mg</i>	1	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300mg</i>	1	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300mg</i>	1	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25MG	1	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300mg</i>	1	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300MG	1	QL (60 EA per 30 days)
VIREAD ORAL POWDER 40MG/GM	1	QL (240GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150MG, 200MG, 250MG	1	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100mg</i>	1	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50mg/5ml</i>	1	MO; QL (1680ML per 28 days)
<i>zidovudine oral tablet 300mg</i>	1	MO; QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	1	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150mg, 300mg</i>	1	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	1	QL (1800ML per 30 days)
SELZENTRY ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	1	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300MG	1	QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300MG	1	QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150MG	1	MO; QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250MG	1	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150mg, 200mg</i>	1	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300mg</i>	1	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700mg</i>	1	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	1	MO; QL (1575ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100mg/5ml</i>	1	MO; QL (400ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25mg</i>	1	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50mg</i>	1	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	1	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150MG	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100MG/ML	1	QL (360ML per 30 days)
PREZISTA ORAL TABLET 150MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600MG	1	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75MG	1	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800MG	1	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50MG	1	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	1	QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30mg, 45mg, 75mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/ACT	1	
<i>rimantadine hcl oral tablet 100mg</i>	1	
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	1	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	1	
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine hcl oral syrup 10mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100mg, 25mg, 50mg</i>	1	
<i>oxazepam oral capsule 10mg, 15mg, 30mg</i>	1	QL (120 EA per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	1	QL (300ML per 30 days)
<i>alprazolam oral tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days)

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

BIPOLAR AGENTS

Mood Stabilizers

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

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose oral tablet 100mg, 25mg, 50mg</i>	1	MO
---	---	----

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

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl oral tablet 15-500mg, 15-850mg</i>	1	MO
<i>repaglinide oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
RYBELSUS ORAL TABLET 14MG, 3MG, 7MG	1	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700MCG/2.7ML	1	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500MCG/1.5ML	1	PA; MO
SYNJARDY ORAL TABLET 12.5-1000MG, 12.5-500MG, 5-1000MG, 5-500MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24-HOUR 10-1000MG, 12.5-1000MG, 25-1000MG, 5-1000MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK NASAL POWDER 3MG/DOSE	1	
<i>diazoxide oral suspension 50mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1MG	1	
<i>glucagon emergency injection kit 1mg</i>	1	
KORLYM ORAL TABLET 300MG	1	PA
<i>Insulins</i>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP INJECTION SOLUTION 100 UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3ML	1	

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO

BLOOD PRODUCTS AND MODIFIERS

Anticoagulants

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5MG	1	
ELIQUIS ORAL TABLET 2.5MG, 5MG	1	MO
<i>enoxaparin sodium injection solution prefilled syringe 100mg/ml, 150mg/ml</i>	1	QL (60ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120mg/0.8ml, 80mg/0.8ml</i>	1	QL (48ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30mg/0.3ml</i>	1	QL (18ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40mg/0.4ml</i>	1	QL (24ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60mg/0.6ml</i>	1	QL (36ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10mg/0.8ml</i>	1	QL (24ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5mg/0.5ml</i>	1	QL (15ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5mg/0.4ml</i>	1	QL (12ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5mg/0.6ml</i>	1	QL (18ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD
JANTOVEN ORAL TABLET 1MG, 10MG, 2MG, 2.5MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium oral tablet 1mg, 10mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1MG/ML	1	MO
XARELTO ORAL TABLET 10MG, 15MG, 2.5MG, 20MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20MG	1	
Blood Products and Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5mg, 1mg</i>	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	1	PA
PROMACTA ORAL PACKET 12.5MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	1	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA; QL (12ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA; QL (23ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA; QL (16ML per 30 days)
<i>tranexamic acid oral tablet 650mg</i>	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	1	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12-hour 25-200mg</i>	1	MO
BRILINTA ORAL TABLET 60MG, 90MG	1	MO
CABLIVI INJECTION KIT 11MG	1	PA
<i>cilostazol oral tablet 100mg, 50mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75mg</i>	1	MO
<i>prasugrel hcl oral tablet 10mg, 5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	MO; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100mg, 200mg, 300mg</i>	1	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1mg, 2mg</i>	1	MO
<i>midodrine hcl oral tablet 10mg, 2.5mg, 5mg</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1mg, 2mg, 4mg, 8mg</i>	1	MO
<i>prazosin hcl oral capsule 1mg, 2mg, 5mg</i>	1	MO
<i>terazosin hcl oral capsule 1mg, 10mg, 2mg, 5mg</i>	1	MO
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16mg, 4mg, 8mg</i>	1	MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32mg</i>	1	MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150mg, 300mg, 75mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100mg, 25mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20mg, 40mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5mg</i>	1	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160mg</i>	1	MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40mg, 80mg</i>	1	MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>captopril oral tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	MO
<i>enalapril maleate oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>fosinopril sodium oral tablet 10mg, 20mg, 40mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
lisinopril oral tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	MO
moexipril hcl oral tablet 15mg, 7.5mg	1	MO
perindopril erbumine oral tablet 2mg, 4mg, 8mg	1	MO
quinapril hcl oral tablet 10mg, 20mg, 40mg, 5mg	1	MO
ramipril oral capsule 1.25mg, 10mg, 2.5mg, 5mg	1	MO
trandolapril oral tablet 1mg, 2mg, 4mg	1	MO
Antiarrhythmics		
amiodarone hcl oral tablet 100mg, 200mg, 400mg	1	MO
disopyramide phosphate oral capsule 100mg, 150mg	1	MO
dofetilide oral capsule 125mcg, 250mcg, 500mcg	1	MO
flecainide acetate oral tablet 100mg, 150mg, 50mg	1	MO
mexiletine hcl oral capsule 150mg, 200mg, 250mg	1	MO
MULTAQ ORAL TABLET 400MG	1	MO
propafenone hcl oral tablet 150mg, 225mg, 300mg	1	MO
quinidine sulfate oral tablet 200mg, 300mg	1	MO
sotalol hcl (af) oral tablet 120mg, 160mg, 80mg	1	MO
sotalol hcl oral tablet 120mg, 160mg, 240mg, 80mg	1	MO
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200mg, 400mg	1	MO
atenolol oral tablet 100mg, 25mg, 50mg	1	MO
betaxolol hcl oral tablet 10mg, 20mg	1	MO
bisoprolol fumarate oral tablet 10mg, 5mg	1	MO
carvedilol oral tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	MO
labetalol hcl oral tablet 100mg, 200mg, 300mg	1	MO
metoprolol succinate er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 50mg	1	MO
metoprolol tartrate oral tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol oral tablet 20mg, 40mg, 80mg</i>	1	MO
<i>nebivolol hcl oral tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>pindolol oral tablet 10mg, 5mg</i>	1	MO
<i>propranolol hcl er oral capsule extended release 24-hour 120mg, 160mg, 60mg</i>	1	MO
<i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml</i>	1	MO
<i>propranolol hcl oral tablet 10mg, 20mg, 40mg, 60mg</i>	1	MO
<i>timolol maleate oral tablet 10mg, 20mg, 5mg</i>	1	MO
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>felodipine er oral tablet extended release 24-hour 10mg, 2.5mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5mg, 5mg</i>	1	MO
KATERZIA ORAL SUSPENSION 1MG/ML	1	MO
<i>nicardipine hcl oral capsule 20mg, 30mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24-hour 90mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 30mg, 60mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24-hour 90mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10mg, 20mg</i>	1	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24-hour 360mg, 420mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	1	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24-hour 300mg</i>	1	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 12-hour 120mg, 60mg, 90mg</i>	1	MO
<i>diltiazem hcl oral tablet 120mg, 30mg, 60mg, 90mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24-hour 120mg, 180mg, 240mg</i>	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 180MG, 240MG	1	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24-HOUR 300MG, 360MG, 420MG	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24-hour 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl oral tablet 120mg, 40mg, 80mg</i>	1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150mg, 300mg</i>	1	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20mg, 10-40mg, 2.5-10mg, 5-10mg, 5-20mg, 5-40mg</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160mg, 10-320mg, 5-160mg, 5-320mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10mg, 10-20mg, 10-40mg, 10-80mg, 2.5-10mg, 2.5-20mg, 2.5-40mg, 5-10mg, 5-20mg, 5-40mg, 5-80mg</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20mg, 10-40mg, 5-20mg, 5-40mg</i>	1	MO; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25mg, 50-25mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg, 5-6.25mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25mg, 2.5-6.25mg, 5-6.25mg</i>	1	MO
CAMZYOS ORAL CAPSULE 10MG, 15MG, 2.5MG, 5MG	1	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5mg, 32-12.5mg, 32-25mg</i>	1	MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5MG, 7.5MG	1	PA; MO
<i>digoxin oral solution 0.05mg/ml</i>	1	MO; QL (255ML per 30 days)
<i>digoxin oral tablet 125mcg, 250mcg</i>	1	MO; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25mg, 5-12.5mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26MG, 49-51MG, 97-103MG	1	MO
FILSPARI ORAL TABLET 200MG, 400MG	1	PA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5mg, 20-12.5mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5mg, 300-12.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5mg, 20-12.5mg, 20-25mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5mg, 100-25mg, 50-12.5mg</i>	1	MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25mg, 100-50mg, 50-25mg</i>	1	MO
<i>metyrosine oral capsule 250mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5mg, 40-12.5mg, 40-25mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5mg, 40-10-12.5mg, 40-10-25mg, 40-5-12.5mg, 40-5-25mg</i>	1	MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400mg</i>	1	MO
<i>ranolazine er oral tablet extended release 12-hour 1000mg, 500mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hctz oral tablet 40-12.5mg, 80-12.5mg, 80-25mg</i>	1	MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25mg, 75-50mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg, 80-12.5mg</i>	1	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10MG, 2.5MG, 5MG	1	PA; MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25mg/ml</i>	1	
<i>bumetanide oral tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>furosemide injection solution 10mg/ml</i>	1	BvD
<i>furosemide oral solution 10mg/ml, 8mg/ml</i>	1	MO
<i>furosemide oral tablet 20mg, 40mg, 80mg</i>	1	MO
<i>toremide oral tablet 10mg, 100mg, 20mg, 5mg</i>	1	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5mg</i>	1	MO
<i>eplerenone oral tablet 25mg, 50mg</i>	1	MO
KERENDIA ORAL TABLET 10MG, 20MG	1	MO; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100mg, 25mg, 50mg</i>	1	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25mg, 50mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide oral tablet 1.25mg, 2.5mg</i>	1	MO
<i>metolazone oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130mg, 134mg, 200mg, 67mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50mg</i>	1	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral tablet 145mg, 160mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48mg, 54mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135mg, 45mg</i>	1	MO; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600mg</i>	1	MO; QL (60 EA per 30 days)
Dyslipidemics, HMG COA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1MG, 2MG, 4MG	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10mg</i>	1	MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20mg</i>	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40mg</i>	1	MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2MG, 4MG	1	MO; QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4gm</i>	1	MO
<i>cholestyramine oral packet 4gm</i>	1	MO
<i>colestipol hcl oral packet 5gm</i>	1	MO
<i>colestipol hcl oral tablet 1gm</i>	1	MO
<i>ezetimibe oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10MG, 20MG, 30MG, 5MG	1	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000mg, 500mg, 750mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1gm</i>	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140MG/ML	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5GM, 1GM	1	MO
Vasodilators, Direct-Acting Arterial/ Venous		
<i>hydralazine hcl oral tablet 10mg, 100mg, 25mg, 50mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 10mg, 20mg, 30mg, 5mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24-hour 120mg, 30mg, 60mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10mg, 20mg</i>	1	MO
<i>minoxidil oral tablet 10mg, 2.5mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2%	1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
<i>nitroglycerin transdermal patch 24-hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	MO
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	MO
RECTIV RECTAL OINTMENT 0.4%	1	

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 30mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5mg</i>	1	MO; QL (150 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10mg, 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	1	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10mg</i>	1	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5mg</i>	1	MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24-hour 1mg, 2mg, 3mg, 4mg</i>	1	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10mg, 20mg, 5mg</i>	1	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	1	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 12MG, 6MG	1	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 24MG	1	PA; QL (60 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	1	PA
NUEDEXTA ORAL CAPSULE 20-10MG	1	PA; MO
<i>riluzole oral tablet 50mg</i>	1	PA; MO
<i>tetrabenazine oral tablet 12.5mg</i>	1	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25mg</i>	1	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100mg, 150mg, 25mg, 50mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200mg, 225mg, 300mg</i>	1	MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75mg</i>	1	MO; QL (120 EA per 30 days)
<i>pregabalin oral solution 20mg/ml</i>	1	MO; QL (900ML per 30 days)
SAVELLA ORAL TABLET 100MG, 12.5MG, 25MG, 50MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50MG	1	QL (55 EA per 28 days)

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

DENTAL AND ORAL AGENTS

Dental and Oral Agents

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

DERMATOLOGICAL AGENTS

Acne and Rosacea Agents

ACCUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	
<i>acitretin oral capsule 10mg, 17.5mg, 25mg</i>	1	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3%</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
PROCTO-PAK EXTERNAL CREAM 1%	1	
PROCTOSOL HC EXTERNAL CREAM 2.5%	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5%	1	
<i>selenium sulfide external lotion 2.5%</i>	1	
<i>tacrolimus external ointment 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide external cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide external lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide external ointment 0.025%, 0.1%, 0.5%</i>	1	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005%</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05%</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05%</i>	1	
<i>diclofenac sodium external gel 3%</i>	1	PA
<i>fluorouracil external cream 5%</i>	1	
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>global alcohol prep ease pad 70%</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1%</i>	1	
HYFTOR EXTERNAL GEL 0.2%	1	PA
<i>imiquimod external cream 5%</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
PANRETIN EXTERNAL GEL 0.1%	1	PA
<i>podofilox external solution 0.5%</i>	1	
REGRANEX EXTERNAL GEL 0.01%	1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
<i>silver sulfadiazine external cream 1%</i>	1	
SSD EXTERNAL CREAM 1%	1	

Drug Name	Drug Tier	Requirements/Limits
Pediculicides/Scabicides		
<i>malathion external lotion 0.5%</i>	1	
<i>permethrin external cream 5%</i>	1	
Topical Anti-Infectives		
<i>ciclopirox external gel 0.77%</i>	1	
<i>ciclopirox external shampoo 1%</i>	1	
<i>ciclopirox external solution 8%</i>	1	
<i>clindamycin phosphate external gel 1%</i>	1	
<i>clindamycin phosphate external lotion 1%</i>	1	
<i>clindamycin phosphate external solution 1%</i>	1	
<i>ery external pad 2%</i>	1	
<i>erythromycin external gel 2%</i>	1	
<i>erythromycin external solution 2%</i>	1	
<i>mupirocin calcium external cream 2%</i>	1	
<i>mupirocin external ointment 2%</i>	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200mg</i>	1	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50%, 50% (10ml syringe)</i>	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20ml), 20 meq/100ml</i>	1	BvD
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080mg), 15 meq (1620mg), 5 meq (540mg)</i>	1	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	1	BvD
<i>sodium chloride intravenous solution 0.45%, 0.9%, 3%, 5%</i>	1	
<i>sodium chloride irrigation solution 0.9%</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f)mg</i>	1	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules oral packet 180mg, 360mg, 90mg</i>	1	PA
<i>deferasirox oral tablet 180mg, 360mg</i>	1	PA
<i>deferasirox oral tablet 90mg</i>	1	PA; MO
<i>deferasirox oral tablet soluble 125mg, 250mg, 500mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>deferiprone oral tablet 1000mg, 500mg</i>	1	PA
FERRIPROX ORAL SOLUTION 100MG/ML	1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	1	PA
LOKELMA ORAL PACKET 10GM, 5GM	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15GM/60ML	1	
<i>tolvaptan oral tablet 15mg</i>	1	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30mg</i>	1	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250mg</i>	1	PA
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75%	1	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25%	1	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5%	1	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5%	1	BvD
<i>dextrose intravenous solution 10%, 5%</i>	1	BvD
<i>dextrose-nacl intravenous solution 10-0.2%, 10-0.45%, 2.5-0.45%</i>	1	BvD
<i>dextrose-nacl intravenous solution 5-0.2%, 5-0.45%, 5-0.9%</i>	1	
DOJOLVI ORAL LIQUID 100%	1	PA

Drug Name	Drug Tier	Requirements/Limits
INTRALIPID INTRAVENOUS EMULSION 20%, 30%	1	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvD
<i>levocarnitine oral solution 1gm/10ml</i>	1	MO
<i>levocarnitine oral tablet 330mg</i>	1	MO
NUTRILIPID INTRAVENOUS EMULSION 20%	1	BvD
PREMASOL INTRAVENOUS SOLUTION 10%	1	BvD
<i>prenatal oral tablet 27-1mg</i>	1	
PROSOL INTRAVENOUS SOLUTION 20%	1	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD
TRAVASOL INTRAVENOUS SOLUTION 10%	1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10%	1	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1GM 210MG(FE)	1	PA; MO
<i>calcium acetate (phos binder) oral capsule 667mg</i>	1	MO
<i>calcium acetate oral tablet 667mg</i>	1	MO
<i>sevelamer carbonate oral packet 0.8gm</i>	1	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4gm</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800mg</i>	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500MG	1	MO
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10gm/15ml</i>	1	MO
<i>enulose oral solution 10gm/15ml</i>	1	MO
<i>generlac oral solution 10gm/15ml</i>	1	MO
<i>lactulose oral solution 10gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	1	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24mcg, 8mcg</i>	1	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5mg, 1mg</i>	1	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025mg</i>	1	
<i>loperamide hcl oral capsule 2mg</i>	1	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10mg</i>	1	
<i>dicyclomine hcl oral solution 10mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20mg</i>	1	
<i>glycopyrrolate oral tablet 1mg, 2mg</i>	1	
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG, 600MCG	1	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	1	PA
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML	1	
GATTEX SUBCUTANEOUS KIT 5MG	1	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	
LIVMARLI ORAL SOLUTION 9.5MG/ML	1	PA
<i>metoclopramide hcl oral solution 5mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10mg, 5mg</i>	1	MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6gm/177ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236gm</i>	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6GM/177ML	1	
SUTAB ORAL TABLET 1479-225-188MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral capsule 300mg</i>	1	MO
<i>ursodiol oral tablet 250mg, 500mg</i>	1	MO
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40mg/5ml</i>	1	MO
<i>famotidine oral tablet 20mg, 40mg</i>	1	MO
<i>nizatidine oral capsule 150mg, 300mg</i>	1	MO
Protectants		
<i>misoprostol oral tablet 100mcg, 200mcg</i>	1	MO
<i>sucralfate oral suspension 1gm/10ml</i>	1	MO
<i>sucralfate oral tablet 1gm</i>	1	MO
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release 30mg, 60mg</i>	1	MO
<i>esomeprazole magnesium oral capsule delayed release 20mg, 40mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 15mg, 30mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10mg, 20mg, 40mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20mg, 40mg</i>	1	MO
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine oral powder</i>	1	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	1	MO
CYSTAGON ORAL CAPSULE 150MG, 50MG	1	PA; MO
ENDARI ORAL PACKET 5GM	1	PA
GALAFOLD ORAL CAPSULE 123MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat oral capsule 100mg</i>	1	PA
<i>nitisinone oral capsule 10mg, 2mg, 20mg, 5mg</i>	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	1	PA
RAVICTI ORAL LIQUID 1.1GM/ML	1	PA
<i>sapropterin dihydrochloride oral packet 100mg, 500mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100mg</i>	1	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	1	PA
VYNDAMAX ORAL CAPSULE 61MG	1	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	MO
ZOKINVY ORAL CAPSULE 50MG, 75MG	1	PA

GENITOURINARY AGENTS

Antispasmodics, Urinary

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral tablet dispersible 10mg, 15mg, 30mg</i>	1	BvD
PREDNISONO INTENSOL ORAL CONCENTRATE 5MG/ML	1	BvD
<i>prednisone oral solution 5mg/5ml</i>	1	BvD
<i>prednisone oral tablet 1mg, 10mg, 2.5mg, 20mg, 5mg, 50mg</i>	1	BvD
<i>prednisone oral tablet therapy pack 10mg (21), 10mg (48), 5mg (21), 5mg (48)</i>	1	

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

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

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

Androgens

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	1	MO
VESTURA ORAL TABLET 3-0.02MG	1	MO
VIENVA ORAL TABLET 0.1-20MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
Progestins		
CAMILA ORAL TABLET 0.35MG	1	MO
DEBLITANE ORAL TABLET 0.35MG	1	MO
ERRIN ORAL TABLET 0.35MG	1	MO
INCASSIA ORAL TABLET 0.35MG	1	MO
LYLEQ ORAL TABLET 0.35MG	1	MO
LYZA ORAL TABLET 0.35MG	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate oral suspension 40mg/ml</i>	1	
<i>megestrol acetate oral suspension 625mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet 20mg, 40mg</i>	1	
NORA-BE ORAL TABLET 0.35MG	1	MO
<i>norethindrone acetate oral tablet 5mg</i>	1	MO
<i>norethindrone oral tablet 0.35mg</i>	1	MO
<i>progesterone oral capsule 100mg, 200mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
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
<i>levothyroxine sodium oral tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
LEVOXYL ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	MO
<i>liothyronine sodium oral tablet 25mcg, 5mcg, 50mcg</i>	1	MO
SYNTHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
UNITHROID ORAL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline oral tablet 0.5mg</i>	1	
ELIGARD SUBCUTANEOUS KIT 22.5MG, 30MG, 45MG, 7.5MG	1	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5mg</i>	1	PA
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75MG, 7.5MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25MG, 22.5MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection solution 1000mcg/ml, 500mcg/ml</i>	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	1	PA; QL (60ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG	1	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	1	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Antithyroid Agents

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

IMMUNOLOGICAL AGENTS

Angioedema Agents

FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30MG/3ML	1	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30mg/3ml</i>	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 300MG/2ML	1	PA

Immunoglobulins

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

Immunological Agents, Other

ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	1	PA
---	---	----

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	1	PA
<i>leflunomide oral tablet 10mg, 20mg</i>	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180MG/1.2ML, 360MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45MG/0.5ML, 90MG/ML	1	PA
TAVNEOS ORAL CAPSULE 10MG	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 75MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150MG	1	PA
<i>Immunostimulants</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180MCG/ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180MCG/0.5ML	1	PA
Immunosuppressants		
AZASAN ORAL TABLET 100MG, 75MG	1	BvD; MO
<i>azathioprine oral tablet 100mg, 50mg, 75mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200MG/ML	1	PA
<i>cyclosporine modified oral capsule 100mg, 25mg, 50mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100mg, 25mg</i>	1	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25MG/0.5ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25MG/0.5ML, 50MG/ML	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50MG/ML	1	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120MG/ML	1	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24-HOUR 0.75MG, 1MG, 4MG	1	BvD; MO
<i>everolimus oral tablet 0.25mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5mg</i>	1	BvD; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75mg, 1mg</i>	1	BvD; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100MG, 25MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100MG/ML	1	BvD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80MG/0.8ML, 80MG/0.8ML & 40MG/0.4ML	1	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	1	PA

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

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

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

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

INFLAMMATORY BOWEL DISEASE AGENTS

Aminosalicylates

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

Glucocorticoids

<i>budesonide er oral tablet extended release 24-hour 9mg</i>	1	
<i>budesonide oral capsule delayed release particles 3mg</i>	1	
<i>hydrocortisone rectal enema 100mg/60ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35mg, 70mg</i>	1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO; QL (4ML per 28 days)
<i>calcitriol oral capsule 0.25mcg, 0.5mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1mcg/ml</i>	1	BvD; MO
<i>cinacalcet hcl oral tablet 30mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60mg</i>	1	BvD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90mg</i>	1	BvD; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150mg</i>	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100MCG, 25MCG, 50MCG, 75MCG	1	PA
<i>paricalcitol oral capsule 1mcg, 2mcg, 4mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60MG/ML	1	QL (1ML per 180 days)
<i>raloxifene hcl oral tablet 60mg</i>	1	MO
<i>risedronate sodium oral tablet 150mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35mg, 35mg (12 pack), 35mg (4 pack)</i>	1	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620mcg/2.48ml</i>	1	PA; QL (2.48ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120MCG/1.56ML	1	PA; QL (1.56ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	1	PA; QL (2ML per 28 days)
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1%</i>	1	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1%</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05%</i>	1	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CYSTADROPS OPHTHALMIC SOLUTION 0.37%	1	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44%	1	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23%</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%</i>	1	
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>cromolyn sodium ophthalmic solution 4%</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1%	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>erythromycin ophthalmic ointment 5mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5%</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5%</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5%	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10%</i>	1	
<i>tobramycin ophthalmic solution 0.3%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09%</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075%	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05%	1	
<i>fluorometholone ophthalmic suspension 0.1%</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3%	1	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.5%</i>	1	
<i>prednisolone acetate ophthalmic suspension 1%</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5%</i>	1	MO
<i>carteolol hcl ophthalmic solution 1%</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5%</i>	1	MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5%</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25%, 0.5%</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25%, 0.5%</i>	1	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12-hour 500mg</i>	1	MO
<i>acetazolamide oral tablet 125mg, 250mg</i>	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	1	MO
<i>apraclonidine hcl ophthalmic solution 0.5%</i>	1	
AZOPT OPHTHALMIC SUSPENSION 1%	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophthalmic solution 0.15%, 0.2%</i>	1	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5%</i>	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5%	1	MO
<i>dorzolamide hcl ophthalmic solution 2%</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8mg/ml</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5%</i>	1	MO
<i>methazolamide oral tablet 25mg, 50mg</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1%, 2%, 4%</i>	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02%	1	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005%	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2%	1	MO

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>latanoprost ophthalmic solution 0.005%</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01%	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004%</i>	1	MO

OTIC AGENTS

Otic Agents

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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine hcl nasal solution 0.1%</i>	1	QL (30ML per 25 days)
<i>cetirizine hcl oral solution 1mg/ml</i>	1	
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5mg</i>	1	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	1	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110MCG/ACT, 220MCG/ACT	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220MCG/ACT	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	1	MO; QL (26GM per 30 days)
<i>budesonide inhalation suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT, 50MCG/ACT	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110MCG/ACT, 220MCG/ACT	1	MO; QL (24GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44MCG/ACT	1	MO; QL (21.2GM per 30 days)
<i>flunisolide nasal solution 25mcg/act (0.025%)</i>	1	QL (50ML per 30 days)
<i>fluticasone propionate nasal suspension 50mcg/act</i>	1	QL (16GM per 30 days)
<i>mometasone furoate nasal suspension 50mcg/act</i>	1	QL (34GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium oral packet 4mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10mg, 20mg</i>	1	MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17MCG/ACT	1	MO; QL (26GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	1	BvD; MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	MO; QL (60ML per 30 days)
<i>ipratropium bromide nasal solution 0.06%</i>	1	MO; QL (30ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	1	MO; QL (4GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act</i>	1	MO; QL (17GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020503)</i>	1	MO; QL (13.4GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base)mcg/act (nda020983)</i>	1	MO; QL (36GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5mg/3ml) 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2mg, 4mg</i>	1	MO
<i>epinephrine injection solution 0.3mg/0.3ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	1	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5mg, 5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE)MCG/ACT	1	MO; QL (36GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	1	PA
KALYDECO ORAL PACKET 13.4MG, 25MG, 50MG, 75MG	1	PA
KALYDECO ORAL TABLET 150MG	1	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG, 75-94MG	1	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	1	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	1	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	1	PA
TOBI PODHALER INHALATION CAPSULE 28MG	1	PA
<i>tobramycin inhalation nebulization solution 300mg/5ml</i>	1	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	1	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75MG, 80-40-60 & 59.5MG	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250mcg, 500mcg</i>	1	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12-hour 300mg, 450mg</i>	1	MO
<i>theophylline er oral tablet extended release 24-hour 400mg, 600mg</i>	1	MO
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	1	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10mg, 5mg</i>	1	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125mg, 62.5mg</i>	1	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	1	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20mg</i>	1	PA; MO; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100MG, 150MG	1	PA
<i>pirfenidone oral capsule 267mg</i>	1	PA
<i>pirfenidone oral tablet 267mg, 534mg, 801mg</i>	1	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	BvD
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50MCG/ACT, 250-50MCG/ACT, 500-50MCG/ACT	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	1	MO; QL (12GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25MCG/ACT	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25MCG/ACT, 200-25MCG/ACT	1	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8MCG/ACT	1	MO; QL (10.7GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5mcg/act, 80-4.5mcg/act</i>	1	MO; QL (10.2GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100MCG/ACT	1	MO; QL (4GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20mg/2ml</i>	1	BvD; MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50mcg/act, 250-50mcg/act, 500-50mcg/act</i>	1	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14mcg/act, 232-14mcg/act, 55-14mcg/act</i>	1	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3)mg/3ml</i>	1	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100MG/ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/ML, 40MG/0.4ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100MG	1	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/ACT, 200-62.5-25MCG/ACT	1	MO; QL (60 EA per 30 days)

SKELTAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

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

SLEEP DISORDER AGENTS

Sleep Promoting Agents

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

Wakefulness Promoting Agents

<i>armodafinil oral tablet 150mg, 200mg, 250mg, 50mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100mg, 200mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500mg/ml</i>	1	PA; QL (540ML per 30 days)
SUNOSI ORAL TABLET 150MG, 75MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500MG/ML	1	PA; QL (540ML per 30 days)
XYWAV ORAL SOLUTION 500MG/ML	1	PA; QL (540ML per 30 days)

Imperial MAPD 2023 1-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	
<i>tizanidine hcl oral tablet 2mg, 4mg</i>	1	
AGENTES ANTIMIASTENICOS		
Parasimpaticomiméticos		
<i>pyridostigmine bromide oral solution 60mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30mg, 60mg</i>	1	
AGENTES ANTIMIGRAÑOSOS		
Agonista del Receptor de Serotonina (5-HT)		
<i>naratriptan hcl oral tablet 1mg, 2.5mg</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10mg, 5mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10mg, 5mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100mg, 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6mg/0.5ml</i>	1	QL (4ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4ML per 30 days)
<i>zolmitriptan oral tablet 2.5mg, 5mg</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5mg, 5mg</i>	1	QL (6 EA per 30 days)
Alcaloides del Ergot		
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	1	
<i>ergotamine-caffeine oral tablet 1-100mg</i>	1	QL (40 EA per 28 days)

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

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

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

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

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

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

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

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

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

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

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

Inhibidores de Colinesterasa

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

AGENTES DEL SISTEMA NERVIOSO CENTRAL

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

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 10mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 15mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24-hour 5mg</i>	1	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5mg/5ml</i>	1	MO; QL (1800ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20mg</i>	1	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5mg</i>	1	MO; QL (150 EA per 30 days)
Sistema Nervioso Central, Otros		
AUSTEDO ORAL TABLET 12MG, 6MG, 9MG	1	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 12MG, 6MG	1	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24-HOUR 24MG	1	PA; QL (60 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75MG/ML	1	PA
NUDEXTA ORAL CAPSULE 20-10MG	1	PA; MO
<i>riluzole oral tablet 50mg</i>	1	PA; MO
<i>tetrabenazine oral tablet 12.5mg</i>	1	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25mg</i>	1	PA; QL (120 EA per 30 days)
AGENTES DENTALES Y ORALES		
Agentes Dentales y Orales		
<i>chlorhexidine gluconate mouth/throat solution 0.12%</i>	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12%	1	
<i>pilocarpine hcl oral tablet 5mg, 7.5mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1%</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
AGENTES DERMATOLÓGICOS		
Agentes Dermatológicos, Otros		
<i>calcipotriene external solution 0.005%</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05%</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05%</i>	1	
<i>diclofenac sodium external gel 3%</i>	1	PA
<i>fluorouracil external cream 5%</i>	1	
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>global alcohol prep ease pad 70%</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1%</i>	1	
HYFTOR EXTERNAL GEL 0.2%	1	PA
<i>imiquimod external cream 5%</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
PANRETIN EXTERNAL GEL 0.1%	1	PA
<i>podofilox external solution 0.5%</i>	1	
REGRANEX EXTERNAL GEL 0.01%	1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
<i>silver sulfadiazine external cream 1%</i>	1	
SSD EXTERNAL CREAM 1%	1	
Agentes para Acné y Rosácea		
ACCUTANE ORAL CAPSULE 10MG, 20MG, 30MG, 40MG	1	
<i>acitretin oral capsule 10mg, 17.5mg, 25mg</i>	1	PA
AMNESTEEM ORAL CAPSULE 10MG, 20MG, 40MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3%</i>	1	

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>pimecrolimus external cream 1%</i>	1	
PROCTO-MED HC EXTERNAL CREAM 2.5%	1	
PROCTO-PAK EXTERNAL CREAM 1%	1	
PROCTOSOL HC EXTERNAL CREAM 2.5%	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5%	1	
<i>selenium sulfide external lotion 2.5%</i>	1	
<i>tacrolimus external ointment 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide external cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide external lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide external ointment 0.025%, 0.1%, 0.5%</i>	1	
Antiinfecciosos Tópicos		
<i>ciclopirox external gel 0.77%</i>	1	
<i>ciclopirox external shampoo 1%</i>	1	
<i>ciclopirox external solution 8%</i>	1	
<i>clindamycin phosphate external gel 1%</i>	1	
<i>clindamycin phosphate external lotion 1%</i>	1	
<i>clindamycin phosphate external solution 1%</i>	1	
<i>ery external pad 2%</i>	1	
<i>erythromycin external gel 2%</i>	1	
<i>erythromycin external solution 2%</i>	1	
<i>mupirocin calcium external cream 2%</i>	1	
<i>mupirocin external ointment 2%</i>	1	
Pediculicidas/Escabicidas		
<i>malathion external lotion 0.5%</i>	1	
<i>permethrin external cream 5%</i>	1	
AGENTES GASTROINTESTINALES		
Agentes Antidiarreicos		
<i>alose tron hcl oral tablet 0.5mg, 1mg</i>	1	QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>diphenoxylate-atropine oral liquid 2.5-0.025mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025mg</i>	1	
<i>loperamide hcl oral capsule 2mg</i>	1	
Agentes Contra el Estreñimiento		
<i>constulose oral solution 10gm/15ml</i>	1	MO
<i>enulose oral solution 10gm/15ml</i>	1	MO
<i>generlac oral solution 10gm/15ml</i>	1	MO
<i>lactulose oral solution 10gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145MCG, 290MCG, 72MCG	1	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24mcg, 8mcg</i>	1	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5MG, 25MG	1	QL (30 EA per 30 days)
Agentes Gastrointestinales, Otros		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200MCG, 600MCG	1	PA
BYLVAY ORAL CAPSULE 1200MCG, 400MCG	1	PA
CLENPIQ ORAL SOLUTION 10-3.5-12MG-GM -GM/160ML	1	
GATTEX SUBCUTANEOUS KIT 5MG	1	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236GM	1	
LIVMARLI ORAL SOLUTION 9.5MG/ML	1	PA
<i>metoclopramide hcl oral solution 5mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10mg, 5mg</i>	1	MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6gm/177ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236gm</i>	1	

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>trosipium chloride oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
AGENTES HORMONALES, ESTIMULANTES/ DE REEMPLAZO/ MODIFICADORES (HORMONAS SEXUALES/ MODIFICADORES)		
<i>Agentes Hormonales, Estimulantes/ de Reemplazo/ Modificadores (Hormonas Sexuales/ Modificadores)</i>		
ALTAVERA ORAL TABLET 0.15-30MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35mg-mcg</i>	1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30MG-MCG	1	MO
CYRED EQ ORAL TABLET 0.15-30MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01mg (21/5), 0.15-30mg-mcg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02mg, 3-0.03mg</i>	1	MO
ELURYNG VAGINAL RING 0.12-0.015MG/24HR	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35mg-mcg, 1-50mg-mcg</i>	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015mg/24hr</i>	1	MO
FALMINA ORAL TABLET 0.1-20MG-MCG	1	MO
ICLEVIA ORAL TABLET 0.15-0.03MG	1	MO
INTRAROSA VAGINAL INSERT 6.5MG	1	PA; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
INTROVALE ORAL TABLET 0.15-0.03MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02MG	1	MO
JULEBER ORAL TABLET 0.15-30MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20mg-mcg, 0.15-30mg-mcg</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30mg-mcg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20MG-MCG	1	MO
MILI ORAL TABLET 0.25-35MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02MG	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20mg-mcg</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20mg-mcg</i>	1	MO
<i>norethindrone-eth estradiol oral tablet 1-5mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25mg-35mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYLIA 1/35 ORAL TABLET 1-35MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03MG	1	MO
OSPHENA ORAL TABLET 60MG	1	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01MG (21/5)	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
PORTIA-28 ORAL TABLET 0.15-30MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5MG, 0.625-5MG	1	MO
RECLIPSEN ORAL TABLET 0.15-30MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03MG	1	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25MG-35MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025MG	1	MO
VESTURA ORAL TABLET 3-0.02MG	1	MO
VIENVA ORAL TABLET 0.1-20MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35MG-MCG	1	MO
Andrógenos		
<i>danazol oral capsule 100mg, 200mg, 50mg</i>	1	
<i>testosterone cypionate intramuscular solution 100mg/ml, 200mg/ml, 200mg/ml (1ml)</i>	1	MO

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>medroxyprogesterone acetate intramuscular suspension 150mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate oral suspension 40mg/ml</i>	1	
<i>megestrol acetate oral suspension 625mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet 20mg, 40mg</i>	1	
NORA-BE ORAL TABLET 0.35MG	1	MO
<i>norethindrone acetate oral tablet 5mg</i>	1	MO
<i>norethindrone oral tablet 0.35mg</i>	1	MO
<i>progesterone oral capsule 100mg, 200mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35MG	1	MO

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

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

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

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

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

<i>dexamethasone oral solution 0.5mg/5ml</i>	1	
--	---	--

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

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

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

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25MG, 22.5MG, 3.75MG	1	PA
AGENTES HORMONALES, SUPRESORES (TIROIDES)		
Agentes Antitiroideos		
<i>methimazole oral tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil oral tablet 50mg</i>	1	MO
AGENTES INMUNOLÓGICOS		
Agentes de Angioedema		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30MG/3ML	1	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30mg/3ml</i>	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300MG/2ML	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML, 300MG/2ML	1	PA
Agentes Inmunológicos, Otros		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220MG	1	PA
COSENTYX (300MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150MG/ML	1	PA
COSENTYX SENSOREADY (300MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75MG/0.5ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200MG/1.14ML, 300MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	1	PA
<i>leflunomide oral tablet 10mg, 20mg</i>	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24-HOUR 15MG, 30MG, 45MG	1	PA

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

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

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5MCG/0.5ML	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
<i>prehevbrio intramuscular suspension 10mcg/ml</i>	1	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION, (58 UNT/ML)	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10MCG/ML, 5MCG/0.5ML	1	BvD
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	BvD

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

AGENTES METABÓLICOS PARA LA ENFERMEDAD ÓSEA

Agentes Metabólicos para la Enfermedad Ósea

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

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

AGENTES OFTÁLMICOS

Agentes Oftálmicos Antialérgicos

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

Agentes Oftálmicos Bloqueadores Beta-Adrenérgicos

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

Agentes Oftálmicos para Bajar la Presión Intraocular, Otros

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23%</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1%</i>	1	
Análogos de Prostaglandina y Prostamida Oftálmicos		
<i>latanoprost ophthalmic solution 0.005%</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01%	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004%</i>	1	MO
Antiinfecciosos Oftálmicos		
AZASITE OPHTHALMIC SOLUTION 1%	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>erythromycin ophthalmic ointment 5mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5%</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5%</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5%	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10%</i>	1	
<i>tobramycin ophthalmic solution 0.3%</i>	1	
Antiinflamatorios Oftálmicos		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09%</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075%	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05%	1	
<i>fluorometholone ophthalmic suspension 0.1%</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ILEVRO OPHTHALMIC SUSPENSION 0.3%	1	
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.5%</i>	1	
<i>prednisolone acetate ophthalmic suspension 1%</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	

AGENTES ÓTICOS

Agentes Óticos

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

AGENTES PARA ENFERMEDAD INTESTINAL INFLAMATORIA

Aminosalicilatos

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ENDARI ORAL PACKET 5GM	1	PA
GALAFOLD ORAL CAPSULE 123MG	1	PA
<i>miglustat oral capsule 100mg</i>	1	PA
<i>nitisinone oral capsule 10mg, 2mg, 20mg, 5mg</i>	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000MG	1	PA
RAVICTI ORAL LIQUID 1.1GM/ML	1	PA
<i>sapropterin dihydrochloride oral packet 100mg, 500mg</i>	1	PA
<i>sapropterin dihydrochloride oral tablet 100mg</i>	1	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284MG/1.5ML	1	PA
VYNDAMAX ORAL CAPSULE 61MG	1	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2GM	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	MO
ZOKINVY ORAL CAPSULE 50MG, 75MG	1	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	
NICOTROL INHALATION INHALER 10MG	1	
<i>varenicline tartrate oral tablet 0.5mg, 1mg</i>	1	
<i>varenicline tartrate oral tablet therapy pack 0.5mg x 11 & 1mg x 42</i>	1	

Agentes para la Reversión de Opioides

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>naloxone hcl nasal liquid 4mg/0.1ml</i>	1	
NARCAN NASAL LIQUID 4MG/0.1ML	1	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5MG/0.5ML	1	
Dependencia de Opioides		
<i>buprenorphine hcl sublingual tablet sublingual 2mg, 8mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5mg, 8-2mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3MG, 2-0.5MG, 4-1MG, 8-2MG	1	
Disuasivos de Alcohol/Anti-Deseo		
<i>acamprosate calcium oral tablet delayed release 333mg</i>	1	MO
<i>disulfiram oral tablet 250mg</i>	1	MO
<i>naltrexone hcl oral tablet 50mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380MG	1	
AGENTES PARA TRATAMIENTO DE LA GOTA		
Agentes para Tratamiento de la Gota		
<i>allopurinol oral tablet 100mg, 300mg</i>	1	MO
<i>colchicine oral capsule 0.6mg</i>	1	
<i>colchicine oral tablet 0.6mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500mg</i>	1	MO
<i>febuxostat oral tablet 40mg, 80mg</i>	1	PA; MO
<i>probenecid oral tablet 500mg</i>	1	MO
AGENTES PULMONARES/ TRACTO RESPIRATORIO		
Agentes de Fibrosis Pulmonar		
OFEV ORAL CAPSULE 100MG, 150MG	1	PA
<i>pirfenidone oral capsule 267mg</i>	1	PA
<i>pirfenidone oral tablet 267mg, 534mg, 801mg</i>	1	PA

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25MCG/ACT, 200-62.5-25MCG/ACT	1	MO; QL (60 EA per 30 days)
Agentes para Fibrosis Quística		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75MG	1	PA
KALYDECO ORAL PACKET 13.4MG, 25MG, 50MG, 75MG	1	PA
KALYDECO ORAL TABLET 150MG	1	PA
ORKAMBI ORAL PACKET 100-125MG, 150-188MG, 75-94MG	1	PA
ORKAMBI ORAL TABLET 100-125MG, 200-125MG	1	PA
PULMOZYME INHALATION SOLUTION 2.5MG/2.5ML	1	BvD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150MG, 50-75 & 75MG	1	PA
TOBI PODHALER INHALATION CAPSULE 28MG	1	PA
<i>tobramycin inhalation nebulization solution 300mg/5ml</i>	1	BvD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150MG, 50-25-37.5 & 75MG	1	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75MG, 80-40-60 & 59.5MG	1	PA
Antihipertensivos Pulmonares		
ADEMPAS ORAL TABLET 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	1	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10mg, 5mg</i>	1	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125mg, 62.5mg</i>	1	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10MG	1	PA; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20mg</i>	1	PA; MO; QL (90 EA per 30 days)
Antihistamínicos		
<i>azelastine hcl nasal solution 0.1%</i>	1	QL (30ML per 25 days)
<i>cetirizine hcl oral solution 1mg/ml</i>	1	
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	1	

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

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>oxycodone-acetaminophen oral tablet 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg</i>	1	QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100mg</i>	1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325mg</i>	1	QL (240 EA per 30 days)
Analgésicos Opioides, de Acción Prolongada		
<i>fentanyl transdermal patch 72-hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	1	PA; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10mg, 5mg</i>	1	QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12-hour abuse-deterrent 10mg, 20mg</i>	1	
Analgésicos		
<i>butalbital-apap-caffeine oral tablet 50-325-40mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40mg</i>	1	QL (180 EA per 30 days)
Fármacos Anti-Inflamatorios No Esteroideos		
<i>celecoxib oral capsule 100mg, 200mg, 400mg, 50mg</i>	1	MO
<i>diclofenac potassium oral tablet 50mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24-hour 100mg</i>	1	MO
<i>diclofenac sodium external gel 1%</i>	1	
<i>diclofenac sodium oral tablet delayed release 25mg, 50mg, 75mg</i>	1	MO
<i>diflunisal oral tablet 500mg</i>	1	MO
<i>etodolac oral capsule 200mg, 300mg</i>	1	MO
<i>etodolac oral tablet 400mg, 500mg</i>	1	MO
<i>flurbiprofen oral tablet 100mg</i>	1	MO
IBU ORAL TABLET 600MG, 800MG	1	MO

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

ANESTÉSICOS

Anestésicos Locales

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

ANSIOLÍTICOS

Ansiolíticos, Otros

<i>buspirone hcl oral tablet 10mg, 15mg, 30mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine hcl oral syrup 10mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100mg, 25mg, 50mg</i>	1	
<i>oxazepam oral capsule 10mg, 15mg, 30mg</i>	1	QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Benzodiazepinas		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1MG/ML	1	QL (300ML per 30 days)
<i>alprazolam oral tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1mg</i>	1	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10mg, 25mg, 5mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2mg</i>	1	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15mg, 3.75mg, 7.5mg</i>	1	QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5MG/ML	1	QL (240ML per 30 days)
<i>diazepam oral solution 5mg/5ml</i>	1	QL (1200ML per 30 days)
<i>diazepam oral tablet 10mg, 2mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 5mg</i>	1	QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2MG/ML	1	QL (240ML per 30 days)
<i>lorazepam oral tablet 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days)
ANTIBACTERIANOS		
Aminoglucósidos		
<i>amikacin sulfate injection solution 500mg/2ml</i>	1	BvD
ARIKAYCE INHALATION SUSPENSION 590MG/8.4ML	1	PA
<i>gentamicin in saline intravenous solution 0.8-0.9mg/ml-%, 1-0.9mg/ml-%, 1.2-0.9mg/ml-%, 1.6-0.9mg/ml-%</i>	1	
<i>gentamicin sulfate external cream 0.1%</i>	1	
<i>gentamicin sulfate external ointment 0.1%</i>	1	
<i>gentamicin sulfate injection solution 40mg/ml</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>neomycin sulfate oral tablet 500mg</i>	1	
<i>paromomycin sulfate oral capsule 250mg</i>	1	
<i>tobramycin sulfate injection solution 10mg/ml, 80mg/2ml</i>	1	BvD
ZEMDRI INTRAVENOUS SOLUTION 500MG/10ML	1	
Antibacterianos, Otros		
<i>aztreonam injection solution reconstituted 1gm</i>	1	
<i>aztreonam injection solution reconstituted 2gm</i>	1	BvD
<i>clindamycin hcl oral capsule 150mg, 300mg, 75mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300mg/50ml, 600mg/50ml, 900mg/50ml</i>	1	
<i>clindamycin phosphate injection solution 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	BvD
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150mg</i>	1	BvD
<i>daptomycin intravenous solution reconstituted 350mg, 500mg</i>	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	1	
<i>linezolid intravenous solution 600mg/300ml</i>	1	PA
<i>linezolid oral tablet 600mg</i>	1	PA
<i>methenamine hippurate oral tablet 1gm</i>	1	
<i>metronidazole external cream 0.75%</i>	1	
<i>metronidazole external gel 0.75%, 1%</i>	1	
<i>metronidazole external lotion 0.75%</i>	1	
<i>metronidazole intravenous solution 500mg/100ml</i>	1	BvD
<i>metronidazole oral tablet 250mg, 500mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>nitrofurantoin macrocrystal oral capsule 100mg, 25mg, 50mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100mg</i>	1	
<i>tigecycline intravenous solution reconstituted 50mg</i>	1	BvD
<i>tinidazole oral tablet 250mg, 500mg</i>	1	
<i>trimethoprim oral tablet 100mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1gm, 10gm, 500mg, 750mg</i>	1	
<i>vancomycin hcl oral capsule 125mg, 250mg</i>	1	
<i>vancomycin hcl oral solution reconstituted 25mg/ml, 250mg/5ml</i>	1	
XIFAXAN ORAL TABLET 200MG	1	
XIFAXAN ORAL TABLET 550MG	1	MO
Betalactámicos, Cefalosporinas		
<i>cefaclor er oral tablet extended release 12-hour 500mg</i>	1	
<i>cefaclor oral capsule 250mg, 500mg</i>	1	
<i>cefaclor oral suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil oral capsule 500mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250mg/5ml, 500mg/5ml</i>	1	
<i>cefadroxil oral tablet 1gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1gm, 10gm, 500mg</i>	1	
<i>cefdinir oral capsule 300mg</i>	1	
<i>cefdinir oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1gm</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2gm</i>	1	
<i>cefixime oral capsule 400mg</i>	1	
<i>cefixime oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>cefotetan disodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1gm, 10gm, 2gm</i>	1	BvD
<i>cefepodoxime proxetil oral suspension reconstituted 100mg/5ml, 50mg/5ml</i>	1	
<i>cefepodoxime proxetil oral tablet 100mg, 200mg</i>	1	
<i>cefprozil oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cefprozil oral tablet 250mg, 500mg</i>	1	
<i>ceftazidime injection solution reconstituted 1gm, 6gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1gm, 2gm, 250mg, 500mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10gm</i>	1	
<i>cefuroxime axetil oral tablet 250mg, 500mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750mg</i>	1	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5gm</i>	1	BvD
<i>cephalexin oral capsule 250mg, 500mg</i>	1	
<i>cephalexin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>cephalexin oral tablet 250mg, 500mg</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400MG, 600MG	1	BvD
Betalactámicos, Penicilinas		
<i>amoxicillin oral capsule 250mg, 500mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin oral tablet 500mg, 875mg</i>	1	
<i>amoxicillin oral tablet chewable 125mg, 250mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>amoxicillin-pot clavulanate er oral tablet extended release 12-hour 1000-62.5mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5mg/5ml, 250-62.5mg/5ml, 400-57mg/5ml, 600-42.9mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125mg, 500-125mg, 875-125mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5mg, 400-57mg</i>	1	
<i>ampicillin oral capsule 500mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1gm, 125mg</i>	1	BvD
<i>ampicillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5)gm, 3 (2-1)gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5)gm</i>	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250mg, 500mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>nafcillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>oxacillin sodium in dextrose intravenous solution 1gm/50ml, 2gm/50ml</i>	1	BvD
<i>oxacillin sodium injection solution reconstituted 1gm, 2gm</i>	1	BvD
<i>oxacillin sodium intravenous solution reconstituted 10gm</i>	1	BvD
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD
<i>penicillin v potassium oral solution reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250mg, 500mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25)gm, 3.375 (3-0.375)gm, 4.5 (4-0.5)gm</i>	1	
Carbapenémicos		
<i>ertapenem sodium injection solution reconstituted 1gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250mg, 500mg</i>	1	
<i>meropenem intravenous solution reconstituted 1gm, 500mg</i>	1	
Macrólidos		
<i>azithromycin intravenous solution reconstituted 500mg</i>	1	BvD
<i>azithromycin oral packet 1gm</i>	1	
<i>azithromycin oral suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	
<i>azithromycin oral tablet 250mg, 250mg (6 pack), 500mg, 500mg (3 pack), 600mg</i>	1	
<i>clarithromycin er oral tablet extended release 24-hour 500mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	
<i>clarithromycin oral tablet 250mg, 500mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40MG/ML	1	PA; QL (136ML per 10 days)
DIFICID ORAL TABLET 200MG	1	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500MG	1	BvD

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>erythromycin base oral capsule delayed release particles 250mg</i>	1	
<i>erythromycin base oral tablet 250mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200mg/5ml, 400mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400mg</i>	1	
<i>erythromycin oral tablet delayed release 250mg, 333mg, 500mg</i>	1	
Quinolonas		
<i>ciprofloxacin hcl ophthalmic solution 0.3%</i>	1	
<i>ciprofloxacin hcl oral tablet 100mg, 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200mg/100ml</i>	1	BvD
<i>levofloxacin in d5w intravenous solution 500mg/100ml, 750mg/150ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin oral tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400mg/250ml</i>	1	BvD
<i>moxifloxacin hcl oral tablet 400mg</i>	1	
<i>ofloxacin oral tablet 300mg, 400mg</i>	1	
Sulfonamidas		
<i>sulfacetamide sodium (acne) external lotion 10%</i>	1	
<i>sulfadiazine oral tablet 500mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80mg, 800-160mg</i>	1	
Tetraciclinas		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100MG	1	BvD
<i>doxycycline hyclate oral capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate oral tablet 100mg, 20mg</i>	1	

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>doxycycline monohydrate oral capsule 100mg, 50mg</i>	1	
<i>doxycycline monohydrate oral tablet 100mg, 50mg, 75mg</i>	1	
<i>minocycline hcl oral capsule 100mg, 50mg, 75mg</i>	1	
<i>minocycline hcl oral tablet 100mg, 50mg, 75mg</i>	1	
<i>tetracycline hcl oral capsule 250mg, 500mg</i>	1	

ANTICONVULSIVOS

Agentes de Aumento del Ácido Gamma-Aminobutírico (GABA)

<i>clobazam oral suspension 2.5mg/ml</i>	1	MO; QL (480ML per 30 days)
<i>clobazam oral tablet 10mg, 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>diazepam rectal gel 10mg, 2.5mg, 20mg</i>	1	
<i>gabapentin oral capsule 100mg, 300mg, 400mg</i>	1	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600mg, 800mg</i>	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5MG/0.1ML	1	
SYMPAZAN ORAL FILM 10MG, 20MG	1	ST; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5MG	1	ST; MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12mg, 16mg, 2mg, 4mg</i>	1	MO
VALTOCO 10MG DOSE NASAL LIQUID 10MG/0.1ML	1	ST
VALTOCO 15MG DOSE NASAL LIQUID THERAPY PACK 7.5MG/0.1ML	1	ST
VALTOCO 20MG DOSE NASAL LIQUID THERAPY PACK 10MG/0.1ML	1	ST
VALTOCO 5MG DOSE NASAL LIQUID 5MG/0.1ML	1	ST
<i>vigabatrin oral packet 500mg</i>	1	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500mg</i>	1	PA; QL (180 EA per 30 days)

Agentes del Canal de Sodio

APTiom ORAL TABLET 200MG, 400MG, 800MG	1	ST; QL (30 EA per 30 days)
APTiom ORAL TABLET 600MG	1	ST; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>carbamazepine er oral capsule extended release 12-hour 100mg, 200mg, 300mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12-hour 100mg, 200mg, 400mg</i>	1	MO
<i>carbamazepine oral suspension 100mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100mg</i>	1	MO
DILANTIN ORAL CAPSULE 30MG	1	ST; MO
EPITOL ORAL TABLET 200MG	1	MO
<i>lacosamide oral solution 10mg/ml</i>	1	MO; QL (1395ML per 30 days)
<i>lacosamide oral tablet 100mg, 150mg, 200mg, 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150mg, 300mg, 600mg</i>	1	MO
<i>phenytoin oral suspension 125mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100mg, 200mg, 300mg</i>	1	MO
<i>rufinamide oral suspension 40mg/ml</i>	1	QL (2760ML per 30 days)
<i>rufinamide oral tablet 200mg</i>	1	MO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400mg</i>	1	QL (240 EA per 30 days)
Agentes Modificadores de los Canales de Calcio		
<i>ethosuximide oral capsule 250mg</i>	1	MO
<i>ethosuximide oral solution 250mg/5ml</i>	1	MO
<i>methsuximide oral capsule 300mg</i>	1	MO
ZONISADE ORAL SUSPENSION 100MG/5ML	1	MO; QL (900ML per 30 days)
<i>zonisamide oral capsule 100mg, 25mg, 50mg</i>	1	MO
Anticonvulsivos, Otros		
BRIVIACT ORAL SOLUTION 10MG/ML	1	MO; QL (600ML per 30 days)
BRIVIACT ORAL TABLET 10MG, 100MG, 25MG, 50MG, 75MG	1	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250MG, 500MG	1	PA; MO
DIACOMIT ORAL PACKET 250MG, 500MG	1	PA; MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
EPIDIOLEX ORAL SOLUTION 100MG/ML	1	PA; MO
<i>felbamate oral suspension 600mg/5ml</i>	1	
<i>felbamate oral tablet 400mg, 600mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2MG/ML	1	PA; MO
FYCOMPA ORAL SUSPENSION 0.5MG/ML	1	ST; MO; QL (720ML per 30 days)
FYCOMPA ORAL TABLET 10MG, 12MG, 4MG, 6MG	1	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2MG, 8MG	1	ST; MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24-hour 100mg, 200mg, 25mg, 250mg, 300mg, 50mg</i>	1	MO
<i>lamotrigine oral kit 21 x 25mg & 7 x 50mg, 25 & 50 & 100mg, 42 x 50mg & 14x100mg</i>	1	
<i>lamotrigine oral tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25mg, 5mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25mg & 14x100mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25mg & 7 x 100mg</i>	1	
<i>levetiracetam er oral tablet extended release 24-hour 500mg, 750mg</i>	1	MO
<i>levetiracetam oral solution 100mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO
<i>phenobarbital oral elixir 20mg/5ml</i>	1	MO; QL (1500ML per 30 days)
<i>phenobarbital oral tablet 100mg, 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	1	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15mg, 60mg</i>	1	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30mg</i>	1	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 125mg, 250mg, 50mg</i>	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000MG	1	ST; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	1	ST; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250mg</i>	1	MO
<i>valproic acid oral solution 250mg/5ml</i>	1	MO
XCOPRI (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150MG	1	MO; QL (56 EA per 28 days)
XCOPRI (350MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200MG	1	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5MG & 14 X 25MG, 14 X 150MG & 14 X 200MG, 14 X 50MG & 14 X 100MG	1	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50MG/ML	1	PA; QL (1100ML per 30 days)

ANTIDEPRESIVOS

Antidepressivos, Otros

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>mirtazapine oral tablet 7.5mg</i>	1	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15mg, 30mg, 45mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25mg, 12-50mg, 6-50mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25mg, 6-25mg</i>	1	MO; QL (90 EA per 30 days)
<i>Inhibidores de la Monoaminoxidasa</i>		
EMSAM TRANSDERMAL PATCH 24-HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	1	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10MG	1	ST; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15mg</i>	1	MO
<i>tranylcypromine sulfate oral tablet 10mg</i>	1	MO
<i>ISRS/IRSN (Inhibidor Selectivo de la Recaptación de Serotonina/Inhibidor de la Recaptación de Serotonina y Norepinefrina)</i>		
<i>citalopram hydrobromide oral capsule 30mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral solution 10mg/5ml</i>	1	MO; QL (600ML per 30 days)
<i>citalopram hydrobromide oral tablet 10mg, 40mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24-hour 100mg, 50mg</i>	1	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24-hour 100mg, 25mg, 50mg</i>	1	MO; QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20mg, 30mg, 40mg, 60mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5mg/5ml</i>	1	MO; QL (600ML per 30 days)
<i>escitalopram oxalate oral tablet 10mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24-HOUR 120MG, 20MG, 40MG, 80MG	1	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24-HOUR THERAPY PACK 20 & 40MG	1	QL (28 EA per 28 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>desipramine hcl oral tablet 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl oral capsule 10mg, 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl oral concentrate 10mg/ml</i>	1	MO
<i>imipramine hcl oral tablet 10mg, 25mg, 50mg</i>	1	MO
<i>nortriptyline hcl oral capsule 10mg, 25mg, 50mg, 75mg</i>	1	MO
<i>nortriptyline hcl oral solution 10mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10mg, 5mg</i>	1	MO
<i>trimipramine maleate oral capsule 100mg, 25mg, 50mg</i>	1	MO

ANTIEMÉTICOS

Antieméticos, Otros

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

Complementos de Terapia Emetogénica

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>fluconazole in sodium chloride intravenous solution 200-0.9mg/100ml-%, 400-0.9mg/200ml-%</i>	1	BvD
<i>fluconazole oral suspension reconstituted 10mg/ml, 40mg/ml</i>	1	
<i>fluconazole oral tablet 100mg, 150mg, 200mg, 50mg</i>	1	
<i>flucytosine oral capsule 250mg, 500mg</i>	1	
<i>griseofulvin microsize oral suspension 125mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125mg, 250mg</i>	1	
<i>itraconazole oral capsule 100mg</i>	1	PA
<i>itraconazole oral solution 10mg/ml</i>	1	PA
JUBLIA EXTERNAL SOLUTION 10%	1	
<i>ketokonazole external cream 2%</i>	1	
<i>ketokonazole external shampoo 2%</i>	1	
<i>ketokonazole oral tablet 200mg</i>	1	
NOXAFIL ORAL PACKET 300MG	1	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral suspension 40mg/ml</i>	1	PA
<i>posaconazole oral tablet delayed release 100mg</i>	1	PA; MO
<i>terbinafine hcl oral tablet 250mg</i>	1	
<i>terconazole vaginal cream 0.4%, 0.8%</i>	1	
<i>terconazole vaginal suppository 80mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200mg</i>	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>voriconazole oral suspension reconstituted 40mg/ml</i>	1	PA
<i>voriconazole oral tablet 200mg, 50mg</i>	1	PA
ANTINEOPLÁSICOS		
Agentes Alquilantes		
<i>cyclophosphamide oral capsule 25mg, 50mg</i>	1	BvD
<i>cyclophosphamide oral tablet 25mg, 50mg</i>	1	BvD
GLEOSTINE ORAL CAPSULE 10MG, 100MG, 40MG	1	PA
LEUKERAN ORAL TABLET 2MG	1	
MATULANE ORAL CAPSULE 50MG	1	PA
VALCHLOR EXTERNAL GEL 0.016%	1	PA; QL (60GM per 14 days)
Agentes Antiangiogénicos		
<i>lenalidomide oral capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	1	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1MG, 2MG, 3MG, 4MG	1	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100MG, 200MG, 50MG	1	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
Antiandrógenos		
<i>abiraterone acetate oral tablet 250mg, 500mg</i>	1	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50mg</i>	1	
ERLEADA ORAL TABLET 240MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60MG	1	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500MG	1	
<i>nilutamide oral tablet 150mg</i>	1	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80MG	1	PA; QL (90 EA per 30 days)
YONSA ORAL TABLET 125MG	1	PA; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Antiestrógenos/Modificadores		
EMCYT ORAL CAPSULE 140MG	1	
ORSERDU ORAL TABLET 345MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86MG	1	PA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10MG/5ML	1	PA; MO
<i>tamoxifen citrate oral tablet 10mg, 20mg</i>	1	MO
<i>toremifene citrate oral tablet 60mg</i>	1	PA
Antimetabolitos		
DROXIA ORAL CAPSULE 200MG, 300MG, 400MG	1	MO
<i>hydroxyurea oral capsule 500mg</i>	1	
INQOVI ORAL TABLET 35-100MG	1	PA
<i>mercaptopurine oral tablet 50mg</i>	1	
ONUREG ORAL TABLET 200MG, 300MG	1	PA
PURIXAN ORAL SUSPENSION 2000MG/100ML	1	
TABLOID ORAL TABLET 40MG	1	PA
Antineoplásticos, Otros		
IDHIFA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50MG	1	PA; QL (60 EA per 30 days)
KISQALI FEMARA (200MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA (400MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
KISQALI FEMARA (600MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5MG	1	PA
<i>leucovorin calcium oral tablet 10mg, 15mg, 25mg, 5mg</i>	1	
LONSURF ORAL TABLET 15-6.14MG, 20-8.19MG	1	PA
LUMAKRAS ORAL TABLET 120MG	1	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320MG	1	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100MG	1	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150MG	1	PA; QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
MESNEX ORAL TABLET 400MG	1	
NINLARO ORAL CAPSULE 2.3MG, 3MG, 4MG	1	PA
ORGOVYX ORAL TABLET 120MG	1	PA; QL (60 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125MG, 200 & 50MG, 50MG	1	PA
WELIREG ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5MG/ML	1	BvD
XPOVIO (100MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50MG	1	PA
XPOVIO (40MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (40MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (60MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60MG	1	PA
XPOVIO (60MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
XPOVIO (80MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40MG	1	PA
XPOVIO (80MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20MG	1	PA
ZOLINZA ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
<i>Inhibidores de Aromatasa, 3ra Generación</i>		
<i>anastrozole oral tablet 1mg</i>	1	MO
<i>exemestane oral tablet 25mg</i>	1	MO
<i>letrozole oral tablet 2.5mg</i>	1	MO
<i>Inhibidores de Blanco Molecular</i>		
ALECENSA ORAL CAPSULE 150MG	1	PA
ALUNBRIG ORAL TABLET 180MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30MG	1	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90MG	1	PA; QL (60 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180MG	1	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100MG, 200MG, 25MG, 300MG, 50MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3MG	1	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4MG	1	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5MG	1	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100MG	1	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400MG, 500MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75MG	1	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80MG	1	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20MG, 40MG, 60MG	1	PA
CALQUENCE ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100MG DAILY DOSE) ORAL KIT 80 & 20MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140MG DAILY DOSE) ORAL KIT 3 X 20MG & 80MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60MG DAILY DOSE) ORAL KIT 20MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15MG, 25MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20MG	1	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100MG, 25MG	1	PA
ERIVEDGE ORAL CAPSULE 150MG	1	PA
<i>erlotinib hcl oral tablet 100mg, 150mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25mg</i>	1	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2mg, 3mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5mg</i>	1	PA; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
FOTIVDA ORAL CAPSULE 0.89MG, 1.34MG	1	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250mg</i>	1	PA
GILOTRIF ORAL TABLET 20MG, 30MG, 40MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100MG, 125MG, 75MG	1	PA
IBRANCE ORAL TABLET 100MG, 125MG, 75MG	1	PA
ICLUSIG ORAL TABLET 10MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15MG	1	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100mg</i>	1	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70MG	1	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70MG/ML	1	PA; QL (240ML per 30 days)
IMBRUVICA ORAL TABLET 140MG, 280MG, 420MG, 560MG	1	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5MG	1	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100MG	1	PA; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10MG, 15MG, 20MG, 25MG, 5MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50MG	1	PA; QL (30 EA per 30 days)
KISQALI (200MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (400MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KISQALI (600MG DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA
KOSELUGO ORAL CAPSULE 10MG	1	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25MG	1	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200MG	1	PA; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250mg</i>	1	PA; QL (180 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LENVIMA (10MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG	1	PA
LENVIMA (12MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4MG	1	PA
LENVIMA (14MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4MG	1	PA
LENVIMA (18MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10MG & 2 X 4MG	1	PA
LENVIMA (20MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG	1	PA
LENVIMA (24MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10MG & 4MG	1	PA
LENVIMA (4MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4MG	1	PA
LENVIMA (8MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4MG	1	PA
LORBRENA ORAL TABLET 100MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25MG	1	PA; QL (120 EA per 30 days)
LYTGOBI (12MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (84 EA per 28 days)
LYTGOBI (16MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (112 EA per 28 days)
LYTGOBI (20MG DAILY DOSE) ORAL TABLET THERAPY PACK 4MG	1	PA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05MG/ML	1	PA; QL (1200ML per 30 days)
MEKINIST ORAL TABLET 0.5MG	1	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15MG	1	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40MG	1	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200MG	1	PA
PEMAZYRE ORAL TABLET 13.5MG, 4.5MG, 9MG	1	PA; QL (14 EA per 21 days)
PIQRAY (200MG DAILY DOSE) ORAL TABLET THERAPY PACK 200MG	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
PIQRAY (250MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50MG	1	PA
PIQRAY (300MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150MG	1	PA
QINLOCK ORAL TABLET 50MG	1	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40MG	1	PA; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80MG	1	PA; QL (180 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150MG	1	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100MG	1	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200MG	1	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200MG, 250MG, 300MG	1	PA
RYDAPT ORAL CAPSULE 25MG	1	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20MG, 40MG	1	PA
<i>sorafenib tosylate oral tablet 200mg</i>	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100MG, 50MG, 70MG, 80MG	1	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20MG	1	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40MG	1	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	1	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150MG, 200MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50MG	1	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10MG	1	PA; QL (900 EA per 30 days)
TAGRISSO ORAL TABLET 40MG, 80MG	1	PA
TALZENNA ORAL CAPSULE 0.25MG	1	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5MG	1	PA; QL (60 EA per 30 days)
TALZENNA ORAL CAPSULE 0.75MG, 1MG	1	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150MG, 200MG, 50MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200MG	1	PA; QL (240 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
TEPMETKO ORAL TABLET 225MG	1	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250MG	1	PA; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150MG, 50MG	1	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125MG, 200MG	1	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10MG, 100MG, 50MG	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100MG	1	PA
VERZENIO ORAL TABLET 100MG, 150MG, 200MG, 50MG	1	PA
VITRAKVI ORAL CAPSULE 100MG	1	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20MG/ML	1	PA; QL (310ML per 30 days)
VIZIMPRO ORAL TABLET 15MG, 30MG, 45MG	1	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100MG	1	PA
VOTRIENT ORAL TABLET 200MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200MG, 250MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40MG	1	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100MG	1	PA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100MG, 150MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150MG	1	PA; QL (150 EA per 30 days)
Retinoides		
<i>bexarotene external gel 1%</i>	1	PA
<i>bexarotene oral capsule 75mg</i>	1	PA; QL (300 EA per 30 days)
<i>tretinoin oral capsule 10mg</i>	1	
ANTIPARASITARIOS		
Antihelmínticos		
<i>albendazole oral tablet 200mg</i>	1	
EMVERM ORAL TABLET CHEWABLE 100MG	1	
<i>ivermectin oral tablet 3mg</i>	1	PA

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Antiprotozoarios		
<i>atovaquone oral suspension 750mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100mg, 62.5-25mg</i>	1	
<i>benznidazole oral tablet 100mg, 12.5mg</i>	1	
<i>chloroquine phosphate oral tablet 250mg, 500mg</i>	1	MO
COARTEM ORAL TABLET 20-120MG	1	
<i>hydroxychloroquine sulfate oral tablet 100mg, 200mg, 300mg, 400mg</i>	1	MO
LAMPIT ORAL TABLET 120MG, 30MG	1	
<i>mefloquine hcl oral tablet 250mg</i>	1	MO
<i>nitazoxanide oral tablet 500mg</i>	1	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	1	BvD
<i>pentamidine isethionate injection solution reconstituted 300mg</i>	1	BvD
<i>primaquine phosphate oral tablet 26.3 (15 base)mg</i>	1	
<i>quinine sulfate oral capsule 324mg</i>	1	PA
ANTIPSICÓTICOS		
Atípico/2da Generación		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720MG/2.4ML, 960MG/3.2ML	1	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300MG, 400MG	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300MG, 400MG	1	
<i>aripiprazole oral solution 1mg/ml</i>	1	MO; QL (750ML per 30 days)
<i>aripiprazole oral tablet 10mg, 15mg, 2mg, 20mg, 30mg, 5mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10mg</i>	1	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15mg</i>	1	QL (60 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>quetiapine fumarate er oral tablet extended release 24-hour 150mg</i>	1	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 200mg, 300mg, 400mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24-hour 50mg</i>	1	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100mg, 150mg, 25mg, 300mg, 400mg, 50mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200mg</i>	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5MG, 25MG, 37.5MG, 50MG	1	
<i>risperidone oral solution 1mg/ml</i>	1	MO; QL (480ML per 30 days)
<i>risperidone oral tablet 0.25mg, 1mg, 2mg, 3mg, 4mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25mg, 1mg, 2mg, 3mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5mg, 4mg</i>	1	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24-HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5MG	1	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3MG, 4.5MG, 6MG	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3MG	1	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20mg, 40mg, 60mg, 80mg</i>	1	MO; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20mg</i>	1	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210MG	1	ST
Resistente al Tratamiento		
<i>clozapine oral tablet 100mg, 200mg, 25mg, 50mg</i>	1	QL (120 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ANTIVIRALES		
Agentes Anti-Citomegalovirus (CMV)		
LIVTENCITY ORAL TABLET 200MG	1	PA
PREVYMIS ORAL TABLET 240MG, 480MG	1	PA; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450mg</i>	1	MO
ZIRGAN OPHTHALMIC GEL 0.15%	1	
Agentes Antigripales		
<i>oseltamivir phosphate oral capsule 30mg, 45mg, 75mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5MG/ACT	1	
<i>rimantadine hcl oral tablet 100mg</i>	1	
XOFLUZA (40MG DOSE) ORAL TABLET THERAPY PACK 1 X 40MG	1	
XOFLUZA (80MG DOSE) ORAL TABLET THERAPY PACK 1 X 80MG	1	
Agentes Antiherpéticos		
<i>acyclovir oral capsule 200mg</i>	1	
<i>acyclovir oral suspension 200mg/5ml</i>	1	
<i>acyclovir oral tablet 400mg, 800mg</i>	1	
<i>acyclovir sodium intravenous solution 50mg/ml</i>	1	BvD
<i>famciclovir oral tablet 125mg, 250mg, 500mg</i>	1	
<i>trifluridine ophthalmic solution 1%</i>	1	
<i>valacyclovir hcl oral tablet 1gm, 500mg</i>	1	
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa de Nucleósidos y Nucleótidos (NRTI)		
<i>abacavir sulfate oral solution 20mg/ml</i>	1	MO; QL (960ML per 30 days)
<i>abacavir sulfate oral tablet 300mg</i>	1	MO; QL (60 EA per 30 days)

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
ISENTRESS ORAL TABLET 400MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100MG, 25MG	1	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300MG	1	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25MG, 50MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5MG	1	MO; QL (360 EA per 30 days)
Agentes Anti-VIH, Inhibidores de la Proteasa (PI)		
APTIVUS ORAL CAPSULE 250MG	1	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150mg, 200mg</i>	1	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300mg</i>	1	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150MG	1	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700mg</i>	1	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50MG/ML	1	MO; QL (1575ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100mg/5ml</i>	1	MO; QL (400ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25mg</i>	1	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50mg</i>	1	MO; QL (150 EA per 30 days)
NORVIR ORAL PACKET 100MG	1	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150MG	1	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100MG/ML	1	QL (360ML per 30 days)
PREZISTA ORAL TABLET 150MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600MG	1	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75MG	1	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800MG	1	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50MG	1	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625MG	1	QL (120 EA per 30 days)

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
Agentes Anti-VIH, Inhibidores de la Transcriptasa Inversa No Nucleósidos (NNRTI)		
COMPLERA ORAL TABLET 200-25-300MG	1	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25MG	1	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200mg</i>	1	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50mg</i>	1	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600mg</i>	1	MO; QL (30 EA per 30 days)
<i>etravirine oral tablet 100mg</i>	1	QL (120 EA per 30 days)
<i>etravirine oral tablet 200mg</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 100mg</i>	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24-hour 400mg</i>	1	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50mg/5ml</i>	1	MO; QL (1200ML per 30 days)
<i>nevirapine oral tablet 200mg</i>	1	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100MG	1	QL (30 EA per 30 days)
Agentes Anti-VIH, Otros		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90MG	1	QL (60 EA per 30 days)
<i>maraviroc oral tablet 150mg, 300mg</i>	1	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12-HOUR 600MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20MG/ML	1	QL (1800ML per 30 days)
SELZENTRY ORAL TABLET 25MG	1	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75MG	1	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300MG	1	QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300MG	1	QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30MG	1	QL (180 EA per 30 days)

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
<i>deferasirox oral tablet 90mg</i>	1	PA; MO
<i>deferasirox oral tablet soluble 125mg, 250mg, 500mg</i>	1	PA
<i>deferiprone oral tablet 1000mg, 500mg</i>	1	PA
FERRIPROX ORAL SOLUTION 100MG/ML	1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000MG	1	PA
LOKELMA ORAL PACKET 10GM, 5GM	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15GM/60ML	1	
<i>tolvaptan oral tablet 15mg</i>	1	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30mg</i>	1	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250mg</i>	1	PA
Reemplazo de Electrolitos/Minerales		
<i>carglumic acid oral tablet soluble 200mg</i>	1	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO

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

PRODUCTOS Y MODIFICADORES DE SANGRE

Agentes Modificadores de Plaquetas

<i>aspirin-dipyridamole er oral capsule extended release 12-hour 25-200mg</i>	1	MO
BRILINTA ORAL TABLET 60MG, 90MG	1	MO
CABLIVI INJECTION KIT 11MG	1	PA
<i>cilostazol oral tablet 100mg, 50mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75mg</i>	1	MO
<i>prasugrel hcl oral tablet 10mg, 5mg</i>	1	MO

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
LEUKINE INJECTION SOLUTION RECONSTITUTED 250MCG	1	PA
PROMACTA ORAL PACKET 12.5MG	1	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25MG	1	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5MG, 25MG, 50MG, 75MG	1	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA; QL (12ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA; QL (23ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA; QL (16ML per 30 days)
<i>tranexamic acid oral tablet 650mg</i>	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300MCG/0.5ML, 480MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6MG/0.6ML	1	PA

REGULADORES DE GLUCOSA EN SANGRE

Agentes Antidiabéticos

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

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

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

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO

Nombre del medicamento	Nivel de medicamento	Requisitos/Limites
RELAJANTES DEL MÚSCULO ESQUELÉTICO		
<i>Relajantes del Músculo Esquelético</i>		
<i>chlorzoxazone oral tablet 250mg, 375mg, 500mg, 750mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10mg, 5mg, 7.5mg</i>	1	
<i>methocarbamol oral tablet 500mg, 750mg</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12-hour 100mg</i>	1	

Index of Drugs / Índice de drogas

A

abacavir sulfate	54, 185	alyacen 1/35.....	85, 128	asenapine maleate	50, 182
abacavir sulfate-lamivudine		amantadine hcl.....	48, 108	ASMANEX (120 METERED	
.....	54, 186	AMBISOME.....	36, 171	DOSES)	102, 152
ABELCET.....	36, 171	ambrisentan	104, 151	ASMANEX (30 METERED	
ABILIFY ASIMTUFII	49, 181	amcinonide.....	73, 122	DOSES)	102, 152
ABILIFY MAINTENA	50, 181	amikacin sulfate	22, 157	ASMANEX (60 METERED	
abiraterone acetate	39, 173	amiloride hcl.....	68, 116	DOSES)	102, 152
acamprosate calcium	21, 149	amiloride-hydrochlorothiazide.....		ASMANEX HFA	102, 152
acarbose	57, 194	.....	66, 112	aspirin-dipyridamole er	62, 192
ACCUTANE	72, 121	amiodarone hcl.....	64, 115	ASSURE ID INSULIN SAFETY	
acebutolol hcl	64, 111	amitriptyline hcl	34, 169	SYR	59, 196
acetaminophen-codeine		amlodipine besy-benazepril hcl		atazanavir sulfate	55, 187
.....	20, 154	.....	66, 112	atenolol	64, 111
acetazolamide	100, 143	amlodipine besylate.....	65, 110	atenolol-chlorthalidone	66, 112
acetazolamide er.....	100, 143	.....	66, 112	atomoxetine hcl	71, 118
acetic acid.....	101, 146	amlodipine atorvastatin ...	66, 112	atorvastatin calcium.....	69, 114
acetylcysteine.....	105, 150	amlodipine-olmesartan	66, 112	atovaquone	47, 181
acitretin	72, 121	AMNESTEEM	72, 121	atovaquone-proguanil hcl	
ACTHIB.....	94, 139	amoxapine	35, 169	.....	47, 181
ACTIMMUNE	92, 137	amoxicillin	25, 160	atropine sulfate.....	98, 144
acyclovir	53, 185	amoxicillin-pot clavulanate.....		ATROVENT HFA.....	103, 153
acyclovir sodium.....	53, 185	.....	25, 161	AUBRA EQ	85, 128
ADACEL.....	95, 139	amoxicillin-pot clavulanate er.....		AURYXIA	79, 190
adefovir dipivoxil.....	52, 189	.....	25, 161	AUSTEDO.....	71, 120
ADEMPAS	104, 151	amphetamine-		AUSTEDO XR.....	71, 120
ADVAIR DISKUS.....	105, 150	dextroamphetamine.....	70, 119	AUVELITY.....	32, 167
ADVAIR HFA.....	105, 150	amphotericin b.....	36, 171	AVIANE.....	85, 128
albendazole.....	47, 180	ampicillin	25, 161	AVONEX PEN.....	72, 119
albuterol sulfate.....	103, 153	ampicillin sodium	25, 161	AVONEX PREFILLED	72, 119
albuterol sulfate hfa	103, 153	ampicillin-sulbactam sodium.....		AYVAKIT	42, 176
alclometasone dipropionate.....		.....	26, 161	AZASAN.....	93, 137
.....	73, 122	anagrelide hcl.....	62, 193	AZASITE	99, 145
ALECENSA	42, 175	anastrozole	42, 175	azathioprine	93, 137
alendronate sodium	98, 142	ANORO ELLIPTA.....	105, 150	azelastrine hcl ..	99, 102, 143, 151
alfuzosin hcl er	83, 127	apraclonidine hcl	100, 143	azithromycin.....	27, 162
aliskiren fumarate	66, 112	aprepitant	35, 170	AZOPT	100, 143
allopurinol.....	37, 149	APRI	85, 128	aztreonam	22, 158
alosetron hcl.....	80, 124	APTIOM	31, 164		
ALPHAGAN P	100, 143	APTIVUS.....	55, 187		
alprazolam	56, 57, 157	ARANELLE	85, 128		
ALPRAZOLAM INTENSOL.....		ARCALYST	91, 136		
.....	56, 157	ARIKAYCE	22, 157		
ALTAVERA	85, 128	aripiprazole	50, 181		
ALUNBRIG.....	42, 175, 176	armodafinil	106, 147		
		ARNUIITY ELLIPTA	102, 152		

B

bacitracin.....	99, 145
bacitracin-polymyxin b	99, 145
bacitra-neomycin-polymyxin-hc	
.....	98, 144
baclofen	52, 107
balsalazide disodium	97, 146
BALVERSA	42, 176

BALZIVA85, 128
 BAQSIMI ONE PACK.....59, 196
 BARACLUDE52, 189
 bcg vaccine95, 139
 BELSOMRA 106, 147
 benazepril hcl63, 117
 benazepril-hydrochlorothiazide
66, 112
 BENLYSTA 93, 137, 138
 benznidazole47, 181
 benzoyl peroxide-erythromycin
72, 121
 benzotropine mesylate47, 109
 BESREMI.....92, 137
 betaine81, 147
 betamethasone dipropionate
73, 122
 betamethasone dipropionate aug
73, 122
 betamethasone valerate
73, 122
 BETASERON.....72, 119
 betaxolol hcl 64, 100, 111, 143
 bethanechol chloride83, 127
 bexarotene47, 180
 BEXSERO.....95, 140
 bicalutamide.....40, 173
 BICILLIN L-A26, 161
 BIKTARVY53, 186
 bisoprolol fumarate64, 111
 bisoprolol-hydrochlorothiazide
67, 112
 BLISOVI FE 1.5/3085, 128
 BOOSTRIX95, 140
 bosentan104, 151
 BOSULIF.....42, 176
 BRAFTOVI42, 176
 BREO ELLIPTA.....105, 150
 BREZTRI AEROSPHERE
105, 150
 briellyn85, 128
 BRILINTA.....62, 192
 brimonidine tartrate101, 144
 brimonidine tartrate-timolol
101, 144
 BRIVIACT28, 165
 bromfenac sodium (once-daily)
100, 145
 bromocriptine mesylate ...48, 108
 BROMSITE100, 145
 BRUKINSA.....42, 176
 budesonide 97, 102, 147, 152
 budesonide er97, 147

budesonide-formoterol fumarate
105, 150
 bumetanide68, 116
 buprenorphine hcl.....21, 149
 buprenorphine hcl-naloxone hcl
21, 149
 bupropion hcl.....33, 167
 bupropion hcl er (smoking det)
22, 148
 bupropion hcl er (sr)32, 167
 bupropion hcl er (xl)...32, 33, 167
 buspirone hcl.....56, 156
 butalbital-apap-caffeine ...19, 155
 butalbital-asa-caff-codeine
19, 155
 butalbital-aspirin-caffeine.19, 155
 BYLVAY80, 125
 BYLVAY (PELLETS)80, 125

C

cabergoline90, 135
 CABLIVI62, 192
 CABOMETYX.....42, 176
 calcipotriene75, 121
 calcitonin (salmon)98, 142
 calcitriol98, 142
 calcium acetate79, 190
 calcium acetate (phos binder).....
79, 190
 CALQUENCE42, 176
 CAMILA.....89, 132
 CAMZYOS67, 112
 candesartan cilexetil63, 115
 candesartan cilexetil-hctz
67, 112
 CAPLYTA.....50, 182
 CAPRELSA42, 176
 captopril63, 117
 carbamazepine.....31, 165
 carbamazepine er.....31, 165
 carbidopa48, 109
 carbidopa-levodopa48, 109
 carbidopa-levodopa er.....48, 109
 carbidopa-levodopa-entacapone
48, 108
 carglumic acid76, 191
 carteolol hcl100, 143
 CARTIA XT65, 110
 carvedilol64, 111
 caspofungin acetate36, 171
 CAYSTON.....104, 151
 cefaclor24, 159

cefaclor er24, 159
 cefadroxil.....24, 159
 cefazolin sodium24, 159
 cefdinir24, 159
 cefepime hcl24, 159
 cefixime24, 159
 cefotetan disodium24, 160
 cefoxitin sodium24, 160
 cefpodoxime proxetil24, 160
 cefprozil.....24, 160
 ceftazidime24, 25, 160
 ceftriaxone sodium25, 160
 cefuroxime axetil25, 160
 cefuroxime sodium25, 160
 celecoxib19, 155
 cephalixin25, 160
 cetirizine hcl102, 151
 chlordiazepoxide hcl.....57, 157
 chlorhexidine gluconate...72, 120
 chloroquine phosphate47, 181
 chlorpromazine hcl49, 184
 chlorthalidone.....68, 116
 chlorzoxazone106, 198
 cholestyramine69, 114
 cholestyramine light.....69, 114
 ciclopirox76, 124
 ciclopirox olamine.....36, 171
 cilostazol62, 192
 CIMDUO54, 186
 cinacalcet hcl.....98, 142
 ciprofloxacin hcl.....
27, 101, 146, 163
 ciprofloxacin in d5w27, 163
 ciprofloxacin-dexamethasone
101, 146
 ciprofloxacin-fluocinolone pf
101, 146
 citalopram hydrobromide
33, 168
 CLARAVIS73, 122
 clarithromycin27, 162
 clarithromycin er27, 162
 CLENPIQ80, 125
 clindamycin hcl.....23, 158
 clindamycin palmitate hcl.....
23, 158
 clindamycin phos-benzoyl perox
73, 122
 clindamycin phosphate
23, 76, 124, 158
 clindamycin phosphate in d5w
23, 158

CLINIMIX E/DEXTROSE (2.75/5)
78, 189
 CLINIMIX E/DEXTROSE
 (4.25/10)78, 189
 CLINIMIX E/DEXTROSE (4.25/5)
78, 189
 CLINIMIX E/DEXTROSE (5/15)
78, 189
 CLINIMIX E/DEXTROSE (5/20)
78, 189
 CLINIMIX/DEXTROSE (4.25/10)
78, 189
 CLINIMIX/DEXTROSE (4.25/5)
78, 189
 CLINIMIX/DEXTROSE (5/15).....
78, 189
 CLINIMIX/DEXTROSE (5/20).....
78, 190
 clobazam.....30, 164
 clobetasol propionate
73, 74, 122, 123
 clobetasol propionate e ...73, 122
 clomipramine hcl35, 169
 clonazepam.....57, 157
 clonidine.....63, 115
 clonidine hcl63, 115
 clopidogrel bisulfate.....62, 192
 clorazepate dipotassium.....
57, 157
 clotrimazole36, 171
 clotrimazole-betamethasone.....
75, 121
 clozapine.....52, 183, 184
 COARTEM.....47, 181
 codeine sulfate20, 154
 colchicine37, 149
 colchicine-probenecid.....37, 149
 colestipol hcl.....69, 114
 colistimethate sodium (cba).....
23, 158
 COMBIGAN101, 144
 COMBIVENT RESPIMAT.....
105, 150
 COMETRIQ (100 MG DAILY
 DOSE)43, 176
 COMETRIQ (140 MG DAILY
 DOSE)43, 176
 COMETRIQ (60 MG DAILY
 DOSE)43, 176
 COMFORT ASSIST INSULIN
 SYRINGE.....59, 196
 COMPLERA.....53, 188
 constulose.....79, 125

COPAXONE.....72, 119
 COPIKTRA.....43, 176
 CORLANOR.....67, 112
 COSENTYX92, 136
 COSENTYX (300 MG DOSE).....
92, 136
 COSENTYX SENSOREADY
 (300 MG).....92, 136
 COTELLIC43, 176
 CREON.....81, 147
 cromolyn sodium
81, 99, 105, 143, 147, 150
 CRYSELLE-2885, 128
 cvs gauze sterile59, 196
 cyclobenzaprine hcl.....106, 198
 cyclophosphamide.....39, 173
 cyclosporine93, 98, 138, 144
 cyclosporine modified.....93, 138
 cyproheptadine hcl
102, 151, 152
 CYRED EQ85, 128
 CYSTADROPS99, 144
 CYSTAGON.....81, 147
 CYSTARAN99, 144

D

dalfampridine er72, 119
 danazol84, 131
 dapson39, 171
 DAPTACEL95, 140
 daptomycin.....23, 158
 darifenacin hydrobromide er
82, 127
 DAURISMO.....43, 176
 DEBLITANE89, 132
 deferasirox77, 190, 191
 deferasirox granules.....77, 190
 deferiprone78, 191
 DELSTRIGO54, 186
 DESCOVY54, 186
 desipramine hcl35, 170
 desmopressin acetate84, 133
 desmopressin acetate spray.....
84, 133
 desogestrel-ethinyl estradiol.....
86, 128
 desonide74, 123
 desoximetasone74, 123
 desvenlafaxine er33, 168
 desvenlafaxine succinate er
33, 168
 dexamethasone.....83, 133, 134

dexamethasone sodium
 phosphate100, 145
 dexlansoprazole81, 126
 dexmethylphenidate hcl...71, 118
 dextroamphetamine sulfate
70, 71, 120
 dextroamphetamine sulfate er
70, 120
 dextrose78, 190
 dextrose-nacl.....78, 190
 DIACOMIT28, 165
 diazepam30, 57, 157, 164
 DIAZEPAM INTENSOL ...57, 157
 diazoxide.....59, 196
 diclofenac potassium19, 155
 diclofenac sodium.....
19, 75, 100, 121, 145, 155
 diclofenac sodium er19, 155
 dicloxacin sodium.....26, 161
 dicyclomine hcl.....80, 126
 DIFICID.....27, 162
 diflunisal19, 155
 digoxin67, 112
 dihydroergotamine mesylate.....
38, 107
 DILANTIN.....31, 165
 diltiazem hcl66, 110
 diltiazem hcl er66, 110
 diltiazem hcl er beads.....65, 110
 diltiazem hcl er coated beads
65, 110
 dilt-xr66, 111
 dimethyl fumarate.....72, 119
 dimethyl fumarate starter pack ...
72, 119
 diphenoxylate-atropine80, 125
 diphtheria-tetanus toxoids dt.....
95, 140
 disopyramide phosphate
64, 115
 disulfiram.....21, 149
 divalproex sodium57, 109
 divalproex sodium er57, 109
 dofetilide.....64, 115
 DOJOLVI.....78, 190
 donepezil hcl32, 118
 dorzolamide hcl101, 144
 dorzolamide hcl-timolol mal
101, 144
 dorzolamide hcl-timolol mal pf
101, 144
 DOVATO.....53, 186
 doxazosin mesylate63, 116

doxepin hcl.....35, 170
 DOXY 100.....28, 163
 doxycycline hyclate28, 163
 doxycycline monohydrate.....
28, 164
 dronabinol35, 170
 drospirenone-ethinyl estradiol.....
86, 128
 DROXIA40, 174
 droxidopa63, 115
 DUAVEE85, 132
 duloxetine hcl33, 168
 DUPIXENT92, 136
 DUREZOL.....100, 145
 dutasteride83, 127
 dutasteride-tamsulosin hcl.....
83, 127

E

econazole nitrate.....36, 171
 EDURANT.....53, 188
 efavirenz53, 188
 efavirenz-emtricitab-tenofo df
54, 186
 efavirenz-lamivudine-tenofovir....
54, 186
 ELIGARD90, 135
 ELIQUIS.....61, 193
 ELIQUIS DVT/PE STARTER
 PACK.....61, 193
 ELMIRON.....83, 127
 ELURYNG.....86, 128
 EMCYT40, 174
 EMGALITY38, 108
 EMSAM.....33, 168
 emtricitabine.....54, 186
 emtricitabine-tenofovir df
54, 186
 EMTRIVA.....54, 186
 EMVERM47, 180
 enalapril maleate63, 117
 enalapril-hydrochlorothiazide.....
67, 112
 ENBREL.....93, 138
 ENBREL MINI93, 138
 ENBREL SURECLICK.....93, 138
 ENDARI81, 148
 ENGERIX-B95, 140
 enoxaparin sodium61, 193
 ENPRESSE-2886, 128
 ENSKYCE.....86, 128
 ENSPRYNG.....93, 138

entacapone48, 108
 entecavir52, 189
 ENTRESTO67, 112
 enulose79, 125
 ENVARSUS XR93, 138
 EPIDIOLEX28, 166
 epinephrine103, 153
 EPITOL.....31, 165
 eplerenone68, 116
 EPRONTIA.....38, 108
 ERAXIS.....36, 171
 ergotamine-caffeine.....38, 107
 ERIVEDGE43, 176
 ERLEADA40, 173
 erlotinib hcl.....43, 176
 ERRIN.....89, 132
 ertapenem sodium.....26, 162
 ery.....76, 124
 ERYTHROCIN LACTOBIONATE
27, 162
 erythromycin.....
27, 76, 99, 124, 145, 163
 erythromycin base27, 163
 erythromycin ethylsuccinate
27, 163
 escitalopram oxalate33, 168
 esomeprazole magnesium
81, 126
 ESTARYLLA86, 128
 estradiol85, 132
 ethambutol hcl.....39, 171
 ethosuximide30, 165
 ethynodiol diac-eth estradiol.....
86, 128
 etodolac19, 155
 etonogestrel-ethinyl estradiol.....
86, 128
 etravirine53, 54, 188
 EUCRISA74, 123
 EUTHYROX90, 134
 everolimus.....43, 93, 138, 176
 EVOTAZ.....55, 187
 EVRYSDI71, 120
 EXEL COMFORT POINT PEN
 NEEDLE59, 196
 exemestane42, 175
 EXKIVITY.....43, 176
 ezetimibe.....69, 114

F

FALMINA86, 128
 famciclovir53, 185
 famotidine81, 126
 FANAPT.....50, 182
 FANAPT TITRATION PACK.....
50, 182
 febuxostat37, 149
 felbamate28, 29, 166
 felodipine er65, 110
 fenofibrate68, 69, 113, 114
 fenofibrate micronized68, 113
 fenofibric acid.....69, 114
 fentanyl20, 155
 fentanyl citrate.....20, 154
 FERRIPROX78, 191
 FERRIPROX TWICE-A-DAY.....
78, 191
 fesoterodine fumarate er
82, 127
 FETZIMA.....34, 168
 FETZIMA TITRATION34, 168
 FIASP60, 196
 FIASP FLEXTOUCH60, 196
 FIASP PENFILL60, 196
 FILSPARI67, 112
 finasteride83, 127
 fingolimod hcl72, 119
 FINTEPLA.....29, 166
 FIRAZYR.....91, 136
 FIRVANQ.....23, 158
 flecainide acetate64, 115
 FLOVENT DISKUS102, 152
 FLOVENT HFA102, 152
 fluconazole36, 172
 fluconazole in sodium chloride....
36, 172
 flucytosine36, 172
 fludrocortisone acetate83, 134
 flunisolide102, 152
 fluocinolone acetonide.....
74, 101, 123, 146
 fluocinonide74, 123
 fluocinonide emulsified base.....
74, 123
 fluorometholone100, 145
 fluorouracil75, 121
 fluoxetine hcl34, 169
 fluphenazine decanoate ..49, 184
 fluphenazine hcl49, 184
 flurbiprofen19, 155
 flurbiprofen sodium.....100, 145

fluticasone propionate
 74, 102, 123, 152
 fluticasone-salmeterol ... 105, 150
 fluvoxamine maleate 34, 169
 fondaparinux sodium 61, 193
 fosamprenavir calcium..... 55, 187
 fosinopril sodium 63, 117
 fosinopril sodium-hctz..... 67, 113
 FOTIVDA 43, 177
 furosemide 68, 116
 FUZEON 55, 188
 FYCOMPA 29, 166

G

gabapentin 30, 164
 GALAFOLD..... 81, 148
 galantamine hydrobromide
 32, 118
 galantamine hydrobromide er
 32, 118
 GARDASIL 9 95, 140
 gatifloxacin 99, 145
 GATTEX..... 80, 125
 GAVILYTE-C..... 80, 125
 GAVILYTE-G..... 80, 125
 GAVRETO 43, 177
 gefitinib 43, 177
 gemfibrozil..... 69, 114
 generlac 79, 125
 GENGRAF 93, 138
 gentamicin in saline 22, 157
 gentamicin sulfate
 22, 99, 145, 157
 GENVOYA 53, 186
 GILOTRIF 43, 177
 GLEOSTINE..... 39, 173
 glimepiride..... 58, 194
 glipizide 58, 194
 glipizide er 58, 194
 glipizide-metformin hcl..... 58, 194
 global alcohol prep ease.....
 75, 121
 GLUCAGEN HYPOKIT.... 59, 196
 glucagon emergency 59, 196
 glyburide-metformin..... 58, 194
 glycopyrrolate 80, 126
 granisetron hcl..... 35, 170
 griseofulvin microsize 36, 172
 griseofulvin ultramicrosize
 36, 172
 guanfacine hcl 63, 115
 guanfacine hcl er 71, 118

H

halobetasol propionate 74, 123
 haloperidol 49, 184
 haloperidol decanoate 49, 184
 haloperidol lactate 49, 184
 HAVRIX..... 95, 140
 heparin sodium (porcine).....
 61, 193
 HEPLISAV-B..... 95, 140
 HIBERIX..... 95, 140
 HUMIRA..... 94, 139
 HUMIRA PEDIATRIC CROHNS
 START 93, 138
 HUMIRA PEN..... 93, 138
 HUMIRA PEN-CD/UC/HS
 STARTER 94, 138
 HUMIRA PEN-PEDIATRIC UC
 START 94, 138
 HUMIRA PEN-PS/UV/ADOL HS
 START 94, 139
 HUMIRA PEN-PSOR/UEIT
 STARTER 94, 139
 hydralazine hcl 70, 117
 hydrochlorothiazide 68, 116
 hydrocodone-acetaminophen
 20, 154
 hydrocodone-ibuprofen..... 20, 154
 hydrocortisone.....
 74, 83, 97, 123, 134, 147
 hydrocortisone (perianal).....
 74, 123
 hydrocortisone ace-pramoxine ...
 75, 121
 hydrocortisone valerate ... 74, 123
 hydromorphone hcl..... 20, 154
 hydroxychloroquine sulfate.....
 47, 181
 hydroxyurea 40, 174
 hydroxyzine hcl 56, 156
 hydroxyzine pamoate 56, 156
 HYFTOR 75, 121

I

ibandronate sodium 98, 142
 IBRANCE 43, 177
 IBU..... 19, 155
 ibuprofen 19, 156
 icatibant acetate 91, 136
 ICLEVIA 86, 128
 ICLUSIG..... 43, 177
 IDHIFA 41, 174

ILEVRO..... 100, 146
 imatinib mesylate..... 43, 177
 IMBRUVICA 43, 177
 imipenem-cilastatin..... 26, 162
 imipramine hcl 35, 170
 imiquimod..... 75, 121
 IMOVAX RABIES 95, 140
 IMVEXXY MAINTENANCE
 PACK..... 85, 132
 IMVEXXY STARTER PACK.....
 85, 132
 INBRIJA 48, 109
 INCASSIA 89, 132
 INCRELEX 84, 133
 indapamide 68, 116
 indomethacin..... 19, 156
 indomethacin er..... 19, 156
 INFANRIX 95, 140
 INLYTA 43, 177
 INQOVI 40, 174
 INREBIC 44, 177
 INTELENCE 54, 188
 INTRALIPID 79, 190
 INTRAROSA 86, 128
 INTROVALE..... 86, 129
 INVEGA HAFYERA..... 50, 182
 INVEGA SUSTENNA 50, 182
 INVEGA TRINZA..... 50, 182
 INVOKAMET 58, 194
 INVOKAMET XR 58, 194
 INVOKANA 58, 194
 IPOL..... 95, 140
 ipratropium bromide 103, 153
 ipratropium-albuterol 105, 150
 irbesartan 63, 115
 irbesartan-hydrochlorothiazide ...
 67, 113
 ISENTRESS..... 53, 186, 187
 ISENTRESS HD..... 53, 186
 ISIBLOOM..... 86, 129
 ISOLYTE-P IN D5W 79, 190
 ISOLYTE-S PH 7.4..... 76, 191
 isoniazid 39, 171
 isosorb dinitrate-hydralazine.....
 67, 113
 isosorbide dinitrate 70, 117
 isosorbide mononitrate ... 70, 117
 isosorbide mononitrate er
 70, 117
 isotretinoin..... 73, 122
 isradipine..... 65, 110
 ISTURISA 83, 134
 itraconazole..... 36, 172

ivermectin.....47, 180
IXIARO.....95, 140

J

JAKAFI.....44, 177
JANTOVEN.....61, 193
JANUMET.....58, 195
JANUMET XR.....58, 195
JANUVIA.....58, 195
JARDIANCE.....58, 195
JASMIEL.....86, 129
JAYPIRCA.....44, 177
JUBLIA.....36, 172
JULEBER.....86, 129
JULUCA.....54, 186
JUNEL 1.5/30.....86, 129
JUNEL 1/20.....86, 129
JUNEL FE 1.5/30.....86, 129
JUNEL FE 1/20.....86, 129
JUXTAPID.....69, 114
JYNNEOS.....95, 140

K

KALYDECO.....104, 151
KARIVA.....86, 129
KATERZIA.....65, 110
kcl in dextrose-nacl.....76, 191
kcl-lactated ringers-d5w...76, 191
KELNOR 1/35.....86, 129
KELNOR 1/50.....86, 129
KERENDIA.....68, 116
KESIMPTA.....72, 119
ketoconazole.....36, 37, 172
ketorolac tromethamine.....
.....19, 100, 146, 156
KINRIX.....95, 140
KISQALI (200 MG DOSE).....
.....44, 177
KISQALI (400 MG DOSE).....
.....44, 177
KISQALI (600 MG DOSE).....
.....44, 177
KISQALI FEMARA (200 MG
DOSE).....41, 174
KISQALI FEMARA (400 MG
DOSE).....41, 174
KISQALI FEMARA (600 MG
DOSE).....41, 174
KLOR-CON.....77, 191
KLOR-CON 10.....76, 191
KLOR-CON M10.....76, 191
KLOR-CON M15.....76, 191

KLOR-CON M20.....76, 191
KLOXXADO.....21, 148
KORLYM.....59, 196
KOSELUGO.....44, 177
KRAZATI.....44, 177
KURVELO.....86, 129

L

labetalol hcl.....64, 111
lacosamide.....31, 165
lactulose.....79, 125
lamivudine.....52, 54, 186, 189
lamivudine-zidovudine.....54, 186
lamotrigine.....29, 166
lamotrigine er.....29, 166
lamotrigine starter kit-blue.....
.....29, 166
lamotrigine starter kit-green.....
.....29, 166
lamotrigine starter kit-orange.....
.....29, 166
LAMPIT.....47, 181
lansoprazole.....81, 126
LANTUS.....60, 196
LANTUS SOLOSTAR.....60, 196
lapatinib ditosylate.....44, 177
LARIN 1.5/30.....86, 129
LARIN 1/20.....86, 129
LARIN FE 1.5/30.....86, 129
LARIN FE 1/20.....86, 129
latanoprost.....101, 145
LEENA.....86, 129
leflunomide.....92, 136
lenalidomide.....40, 173
LENVIMA (10 MG DAILY DOSE)
.....44, 178
LENVIMA (12 MG DAILY DOSE)
.....44, 178
LENVIMA (14 MG DAILY DOSE)
.....44, 178
LENVIMA (18 MG DAILY DOSE)
.....44, 178
LENVIMA (20 MG DAILY DOSE)
.....44, 178
LENVIMA (24 MG DAILY DOSE)
.....44, 178
LENVIMA (4 MG DAILY DOSE)
.....44, 178
LENVIMA (8 MG DAILY DOSE)
.....44, 178
LESSINA.....86, 129
letrozole.....42, 175

leucovorin calcium.....41, 174
LEUKERAN.....39, 173
LEUKINE.....62, 194
leuprolide acetate.....90, 135
leuprolide acetate (3 month).....
.....90, 135
LEVEMIR.....60, 196
LEVEMIR FLEXPEN.....60, 196
levetiracetam.....29, 166
levetiracetam er.....29, 166
levobunolol hcl.....100, 143
levocarnitine.....79, 190
levocetirizine dihydrochloride.....
.....102, 152
levofloxacin.....28, 163
levofloxacin in d5w.....27, 163
LEVONEST.....87, 129
levonorgest-eth estrad 91-day....
.....87, 129
levonorgestrel-ethinyl estrad.....
.....87, 129
levonorg-eth estrad triphasic.....
.....87, 129
LEVORA 0.15/30 (28).....87, 129
levothyroxine sodium.....90, 134
LEVOXYL.....90, 134
LEXIVA.....55, 187
LIALDA.....97, 146
lidocaine.....21, 156
lidocaine hcl.....21, 156
lidocaine viscous hcl.....21, 156
lidocaine-prilocaine.....21, 156
linezolid.....23, 158
LINZESS.....79, 125
liothyronine sodium.....90, 135
lisinopril.....64, 117
lisinopril-hydrochlorothiazide.....
.....67, 113
lithium carbonate.....57, 110
lithium carbonate er.....57, 109
LIVALO.....69, 114
LIVMARLI.....80, 125
LIVTENCITY.....52, 185
LOKELMA.....78, 191
LONSURF.....41, 174
loperamide hcl.....80, 125
lopinavir-ritonavir.....55, 187
lorazepam.....57, 157
LORAZEPAM INTENSOL.....
.....57, 157
LORBRENA.....44, 178
LORYNA.....87, 129
losartan potassium.....63, 115

losartan potassium-hctz...67, 113
 loteprednol etabonate.... 100, 146
 lovastatin.....69, 114
 LOW-OGESTREL87, 129
 loxapine succinate.....49, 184
 lubiprostone79, 125
 LUMAKRAS41, 174
 LUMIGAN..... 101, 145
 LUPKYNIS94, 139
 LUPRON DEPOT (1-MONTH)....
90, 135
 LUPRON DEPOT (3-MONTH)....
90, 135
 LUPRON DEPOT (4-MONTH)....
90, 135
 LUPRON DEPOT (6-MONTH)....
90, 135
 lurasidone hcl.....50, 182
 LUTERA.....87, 129
 LYBALVI50, 182
 LYLEQ89, 132
 LYNPARZA41, 174
 LYSODREN40, 173
 LYTGOBI (12 MG DAILY DOSE)
44, 178
 LYTGOBI (16 MG DAILY DOSE)
44, 178
 LYTGOBI (20 MG DAILY DOSE)
45, 178
 LYZA.....89, 132

M

magnesium sulfate77, 192
 malathion76, 124
 maraviroc55, 188
 marlissa.....87, 129
 MARPLAN.....33, 168
 MATULANE39, 173
 MAVYRET.....52, 189
 MAYZENT.....72, 119
 MAYZENT STARTER PACK.....
72, 119
 meclizine hcl.....35, 170
 medroxyprogesterone acetate
89, 133
 mefloquine hcl.....47, 181
 megestrol acetate.....89, 133
 MEKINIST45, 178
 MEKTOVI.....45, 178
 meloxicam.....19, 156
 memantine hcl.....32, 118
 memantine hcl er.....31, 117

MENACTRA.....96, 140
 MENEST85, 132
 MENQUADFI.....96, 140
 MENVEO96, 141
 mercaptopurine40, 174
 meropenem27, 162
 mesalamine.....97, 146
 mesalamine er.....97, 146
 MESNEX.....41, 175
 metformin hcl.....58, 195
 metformin hcl er58, 195
 methadone hcl.....20, 155
 methazolamide..... 101, 144
 methenamine hippurate...23, 158
 methimazole.....91, 136
 methocarbamol 106, 198
 methotrexate sodium94, 139
 methotrexate sodium (pf).....
94, 139
 methsuximide30, 165
 methylphenidate hcl71, 118
 methylprednisolone83, 134
 metoclopramide hcl80, 125
 metolazone68, 116
 metoprolol succinate er ...64, 111
 metoprolol tartrate64, 111
 metoprolol-hydrochlorothiazide
67, 113
 metronidazole.....23, 158
 metyrosine67, 113
 mexiletine hcl64, 115
 MICROGESTIN 1.5/3087, 130
 MICROGESTIN 1/2087, 130
 MICROGESTIN FE 1.5/30.....
87, 130
 MICROGESTIN FE 1/20.....
87, 130
 midodrine hcl.....63, 115
 miglitol.....58, 195
 miglustat.....82, 148
 MILI.....87, 130
 minocycline hcl.....28, 164
 minoxidil70, 117
 mirtazapine33, 167, 168
 misoprostol.....81, 126
 M-M-R II.....96, 141
 modafinil.....106, 147
 moxipril hcl64, 117
 molindone hcl.....49, 184
 mometasone furoate
74, 102, 123, 152
 montelukast sodium
103, 152, 153

morphine sulfate.....20, 154
 morphine sulfate (concentrate)
20, 154
 morphine sulfate er.....20, 155
 MOVANTIK79, 125
 moxifloxacin hcl.....
28, 99, 145, 163
 moxifloxacin hcl in nacl....28, 163
 MULTAQ64, 116
 mupirocin76, 124
 mupirocin calcium.....76, 124
 mycophenolate mofetil.....94, 139
 mycophenolate sodium....94, 139
 MYRBETRIQ.....82, 127

N

na sulfate-k sulfate-mg sulf.....
80, 125
 nabumetone19, 156
 nadolol65, 111
 nafcillin sodium.....26, 161
 naloxone hcl.....21, 22, 148, 149
 naltrexone hcl.....21, 149
 NAMZARIC32, 118
 naproxen19, 156
 naproxen sodium.....19, 156
 naratriptan hcl38, 107
 NARCAN.....22, 149
 NATACYN.....99, 145
 nateglinide.....58, 195
 NATPARA98, 142
 NAYZILAM30, 164
 nebivolol hcl65, 111
 NECON 0.5/35 (28)87, 130
 nefazodone hcl.....34, 169
 neomycin sulfate22, 158
 neomycin-bacitracin zn-polymyx
99, 145
 neomycin-polymyxin-dexameth
99, 144
 neomycin-polymyxin-gramicidin
99, 144
 neomycin-polymyxin-hc.....
99, 101, 144, 146
 NERLYNX45, 178
 NEUPRO.....48, 108
 nevirapine54, 188
 nevirapine er54, 188
 niacin er (antihyperlipidemic).....
69, 114
 nifedipine hcl65, 110
 NICOTROL22, 148

nifedipine.....65, 110
nifedipine er65, 110
nifedipine er osmotic release
.....65, 110
NIKKI87, 130
nilutamide.....40, 173
NINLARO41, 175
nitazoxanide.....47, 181
nitisinone.....82, 148
NITRO-BID.....70, 117
nitrofurantoin macrocrystal
.....23, 159
nitrofurantoin monohyd macro
.....23, 159
nitroglycerin.....70, 117
nizatidine.....81, 126
NOCDURNA84, 133
NORA-BE.....89, 133
norethin ace-eth estrad-fe
.....87, 130
norethindrone89, 133
norethindrone acetate89, 133
norethindrone acet-ethinyl est
.....87, 130
norethindrone-eth estradiol.....
.....87, 130
norgestimate-eth estradiol.....
.....87, 130
norgestim-eth estrad triphasic
.....87, 130
NORTREL 0.5/35 (28)87, 130
NORTREL 1/35 (21)88, 130
NORTREL 1/35 (28)88, 130
NORTREL 7/7/788, 130
nortriptyline hcl35, 170
NORVIR.....55, 187
NOVOLIN 70/3060, 197
NOVOLIN 70/30 FLEXPEN
.....60, 197
NOVOLIN N60, 197
NOVOLIN N FLEXPEN ...60, 197
NOVOLIN R60, 197
NOVOLIN R FLEXPEN ...60, 197
NOVOLOG.....60, 197
NOVOLOG FLEXPEN.....60, 197
NOVOLOG MIX 70/30.....60, 197
NOVOLOG MIX 70/30 FLEXPEN
.....60, 197
NOVOLOG PENFILL.....60, 197
NOXAFIL.....37, 172
NUBEQA.....40, 173
NUCALA 105, 106, 150
NUEDEXTA71, 120

NUPLAZID50, 182
NUTRILIPID79, 190
NYAMYC.....37, 172
NYLIA 1/35.....88, 130
NYLIA 7/7/7.....88, 130
NYMYO.....88, 130
nystatin37, 172
nystatin-triamcinolone75, 121
NYSTOP37, 172

O

OCELLA.....88, 130
octreotide acetate.....91, 135
ODEFSEY54, 186
ODOMZO.....45, 178
OFEV 105, 149
ofloxacin.....
.....28, 99, 101, 145, 146, 163
olanzapine.....50, 51, 182
olanzapine-fluoxetine hcl
.....33, 168
olmesartan medoxomil63, 115
olmesartan medoxomil-hctz.....
.....67, 113
olmesartan-amlodipine-hctz.....
.....67, 113
olopatadine hcl.....99, 143
omega-3-acid ethyl esters
.....69, 114
omeprazole81, 126
OMNITROPE84, 133
ondansetron35, 170
ondansetron hcl.....35, 170
ONUREG40, 174
OPSUMIT.....104, 151
ORGOVYX.....41, 175
ORKAMBI104, 151
orphenadrine citrate er ..106, 198
ORSERDU40, 174
oseltamivir phosphate56, 185
OSPHEA88, 130
oxacillin sodium26, 161
oxacillin sodium in dextrose.....
.....26, 161
oxaprozin20, 156
oxazepam56, 156
oxcarbazepine.....31, 165
oxybutynin chloride.....82, 127
oxybutynin chloride er82, 127
oxycodone hcl20, 21, 154
oxycodone hcl er20, 155

oxycodone-acetaminophen.....
.....21, 154, 155
OZEMPIC (0.25 OR 0.5
MG/DOSE).....58, 195
OZEMPIC (1 MG/DOSE).....
.....58, 195
OZEMPIC (2 MG/DOSE).....
.....58, 195

P

paliperidone er51, 182
PANRETIN.....75, 121
pantoprazole sodium81, 126
PANZYGA.....91, 137
paricalcitol98, 142
paromomycin sulfate22, 158
paroxetine hcl.....34, 169
PEDIARIX96, 141
PEDVAX HIB.....96, 141
peg 3350-kcl-na bicarb-nacl
.....80, 125
peg-3350/electrolytes80, 125
PEGASYS.....92, 93, 137
PEMAZYRE45, 178
penicillamine83, 127
penicillin g pot in dextrose
.....26, 161
penicillin g potassium26, 161
penicillin g procaine26, 162
penicillin g sodium26, 162
penicillin v potassium26, 162
PENTACEL96, 141
pentamidine isethionate...47, 181
pentoxifylline er67, 113
perindopril erbumine.....64, 117
PERIOGARD.....72, 120
permethrin76, 124
perphenazine49, 184
phenelzine sulfate33, 168
phenobarbital29, 166
phenytoin31, 165
phenytoin sodium extended.....
.....31, 165
PIFELTRO54, 188
pilocarpine hcl
.....72, 101, 120, 144
pimecrolimus74, 124
pimozide.....49, 184
PIMTREA.....88, 130
pindolol65, 111
pioglitazone hcl58, 195

pioglitazone hcl-glimepiride	PREZCOBIX	55, 187	RECOMBIVAX HB	96, 141
.....58, 195	PREZISTA	56, 187	RECTIV.....	70, 117
pioglitazone hcl-metformin hcl	PRIFTIN.....	39, 171	REGRANEX.....	75, 121
.....59, 195	primaquine phosphate	47, 181	RELENZA DISKHALER...	56, 185
piperacillin sod-tazobactam so ...	primidone	29, 166	RELI-ON INSULIN SYRINGE.....	60, 197
.....26, 162	PRIORIX	96, 141	repaglinide	59, 195
PIQRAY (200 MG DAILY DOSE)	PRIVIGEN.....	91, 137	REPATHA	69, 115
.....45, 178	probenecid	37, 149	REPATHA PUSHTRONEX	
PIQRAY (250 MG DAILY DOSE)	prochlorperazine	35, 170	SYSTEM.....	69, 114
.....45, 179	prochlorperazine maleate	35, 170	REPATHA SURECLICK.....	70, 115
PIQRAY (300 MG DAILY DOSE)	.....		RETACRIT	62, 194
.....45, 179	PROCTO-MED HC.....	74, 124	RETEVMO	45, 179
pirfenidone	PROCTO-PAK	75, 124	REXULTI.....	51, 183
105, 149	PROCTOSOL HC.....	75, 124	REYATAZ	56, 187
piroxicam.....	PROCTOZONE-HC.....	75, 124	REZLIDHIA	45, 179
20, 156	progesterone	89, 133	REZUROCK.....	94, 139
PLASMA-LYTE 148.....	PROGRAF	94, 139	RHOPRESSA.....	101, 144
77, 192	PROLASTIN-C.....	82, 148	ribavirin	52, 189
PLASMA-LYTE A.....	PROLIA.....	98, 142	rifabutin	39, 171
77, 192	PROMACTA.....	62, 194	rifampin	39, 171
podofilox.....	promethazine hcl.....	35, 170	riluzole	71, 120
75, 121	propafenone hcl	64, 116	rimantadine hcl.....	56, 185
polymyxin b-trimethoprim	propranolol hcl.....	38, 65, 108, 111, 112	RINVOQ.....	92, 136
.....99, 144	propranolol hcl er	38, 65, 108, 111	risedronate sodium.....	98, 143
POMALYST	propylthiouracil	91, 136	RISPERDAL CONSTA	51, 183
40, 173	PROQUAD	96, 141	risperidone	51, 183
PORTIA-28	PROSOL.....	79, 190	ritonavir	56, 187
88, 131	protriptiline hcl	35, 170	rivastigmine	32, 118
posaconazole.....	PULMOZYME	104, 151	rivastigmine tartrate.....	32, 118
37, 172	PURIXAN.....	40, 174	rizatriptan benzoate.....	38, 107
potassium chloride	pyrazinamide.....	39, 171	ROCKLATAN	101, 144
77, 192	pyridostigmine bromide ...	39, 107	roflumilast.....	104, 153
potassium chloride crys er.....			ropinirole hcl.....	48, 109
.....77, 192			rosuvastatin calcium	69, 114
potassium chloride er			ROTARIX.....	96, 141
77, 192			ROTATEQ.....	96, 141
potassium chloride in nacl			ROZLYTREK.....	45, 179
.....77, 192			RUBRACA	45, 179
potassium citrate er			rufinamide	31, 165
77, 192			RUKOBIA.....	55, 188
potassium cl in dextrose 5%.....			RYBELSUS	59, 195
.....77, 192			RYDAPT	45, 179
pramipexole dihydrochloride.....			RYTARY	48, 109
.....48, 108				
prasugrel hcl.....				
62, 192				
pravastatin sodium				
69, 114				
prazosin hcl.....				
63, 116				
prednisolone				
83, 134				
prednisolone acetate				
100, 146				
prednisolone sodium phosphate				
.....83, 84, 100, 134, 146				
prednisone				
84, 134				
PREDNISONO INTENSOL.....				
.....84, 134				
preferred plus insulin syringe.....				
.....60, 197				
pregabalin				
71, 119				
prehevbrio				
96, 141				
PREMARIN				
85, 132				
PREMASOL.....				
79, 190				
PREMPHASE.....				
88, 131				
PREMPRO.....				
88, 131				
prenatal.....				
79, 190				
PREVYMIS				
52, 185				

Q

QINLOCK.....	45, 179
QUADRACEL.....	96, 141
quetiapine fumarate.....	51, 183
quetiapine fumarate er.....	51, 183
quinapril hcl.....	64, 117
quinidine sulfate	64, 116
quinine sulfate	47, 181

R

RABAVERT	96, 141
raloxifene hcl	98, 142
ramipril	64, 117
ranolazine er	67, 113
rasagiline mesylate.....	48, 109
RAVICTI.....	82, 148
RECLIPSEN.....	88, 131

S

SANTYL.....75, 121
 sapropterin dihydrochloride
82, 148
 SAVELLA.....71, 119
 SAVELLA TITRATION PACK.....
71, 119
 SCEMBLIX.....45, 179
 scopolamine.....35, 170
 SECUADO.....51, 183
 selegiline hcl.....48, 109
 selenium sulfide.....75, 124
 SELZENTRY.....55, 188
 SEREVENT DISKUS.....103, 153
 sertraline hcl.....34, 169
 SETLAKIN.....88, 131
 sevelamer carbonate.....79, 190
 SHAROBEL.....89, 133
 SHINGRIX.....96, 141
 SIGNIFOR.....91, 135
 sildenafil citrate.....104, 151
 silodosin.....83, 127
 silver sulfadiazine.....75, 121
 SIMBRINZA.....101, 144
 simvastatin.....69, 114
 sirolimus.....94, 139
 SIRTURO.....39, 171
 SKYRIZI.....92, 137
 SKYRIZI PEN.....92, 137
 sodium chloride.....77, 192
 sodium fluoride.....77, 192
 sodium oxybate.....106, 147
 sodium polystyrene sulfonate.....
78, 191
 sofosbuvir-velpatasvir.....53, 189
 solifenacin succinate.....82, 127
 SOLIQUA.....61, 197
 SOLTAMOX.....40, 174
 SOMAVERT.....91, 135
 sorafenib tosylate.....45, 179
 sotalol hcl.....64, 116
 sotalol hcl (af).....64, 116
 SPIRIVA HANDIHALER.....
103, 153
 SPIRIVA RESPIMAT.....103, 153
 spironolactone.....68, 116
 spironolactone-hctz.....67, 113
 SPRINTEC 28.....88, 131
 SPRITAM.....29, 167
 SPRYCEL.....45, 179
 SPS.....78, 191
 SRONYX.....88, 131

SSD.....75, 121
 STELARA.....92, 137
 STIVARGA.....45, 179
 STRIBILD.....53, 187
 SUBOXONE.....21, 149
 sucralfate.....81, 126
 sulfacetamide sodium.....99, 145
 sulfacetamide sodium (acne).....
28, 163
 sulfacetamide-prednisolone.....
99, 145
 sulfadiazine.....28, 163
 sulfamethoxazole-trimethoprim
28, 163
 sulfasalazine.....97, 146
 sulindac.....20, 156
 sumatriptan.....38, 107
 sumatriptan succinate.....38, 107
 sumatriptan succinate refill.....
38, 107
 sunitinib malate.....45, 179
 SUNLENCA.....55, 188
 SUNOSI.....106, 147
 SUPREP BOWEL PREP KIT.....
80, 126
 SUTAB.....80, 126
 SYEDA.....88, 131
 SYMDEKO.....104, 151
 SYMLINPEN 120.....59, 195
 SYMLINPEN 60.....59, 195
 SYMPAZAN.....30, 164
 SYMTUZA.....53, 187
 SYNAREL.....91, 135
 SYNJARDY.....59, 195
 SYNJARDY XR.....59, 195
 SYNRIPO.....41, 175
 SYNTHROID.....90, 135

T

TABLOID.....41, 174
 TABRECTA.....46, 179
 tacrolimus.....75, 94, 124, 139
 TAFINLAR.....46, 179
 TAGRISSO.....46, 179
 TAKHZYRO.....91, 136
 TALZENNA.....46, 179
 tamoxifen citrate.....40, 174
 tamsulosin hcl.....83, 127
 TARINA FE 1/20 EQ.....88, 131
 TASIGNA.....46, 179
 TAVNEOS.....92, 137
 tazarotene.....73, 122

TAZORAC.....73, 122
 TAZTIA XT.....66, 111
 TAZVERIK.....46, 179
 TDVAX.....96, 141
 TEFLARO.....25, 160
 TEGSEDI.....82, 148
 telmisartan.....63, 115
 telmisartan-hctz.....68, 113
 temazepam.....106, 147
 TENIVAC.....96, 141
 tenofovir disoproxil fumarate.....
54, 186
 TEPMETKO.....46, 180
 terazosin hcl.....63, 116
 terbinafine hcl.....37, 172
 terbutaline sulfate.....103, 153
 terconazole.....37, 172
 teriparatide (recombinant).....
98, 143
 testosterone.....84, 132
 testosterone cypionate.....84, 131
 testosterone enanthate.....84, 132
 tetrabenazine.....71, 120
 tetracycline hcl.....28, 164
 THALOMID.....40, 173
 theophylline er.....104, 154
 thioridazine hcl.....49, 184
 thiothixene.....49, 184
 TIADYLT ER.....66, 111
 tiagabine hcl.....30, 164
 TIBSOVO.....46, 180
 TICOVAC.....97, 142
 tigecycline.....23, 159
 timolol maleate.....
65, 100, 112, 143
 timolol maleate (once-daily).....
100, 143
 tinidazole.....23, 159
 TIVICAY.....53, 187
 TIVICAY PD.....53, 187
 tizanidine hcl.....52, 107
 TOBI PODHALER.....104, 151
 tobramycin.....99, 104, 145, 151
 tobramycin sulfate.....22, 158
 tobramycin-dexamethasone.....
99, 145
 tolterodine tartrate.....82, 127
 tolterodine tartrate er.....82, 127
 tolvaptan.....78, 191
 topiramate.....38, 108
 topiramate er.....38, 108
 toremifene citrate.....40, 174
 toremide.....68, 116

TOUJEO MAX SOLOSTAR.....
61, 197
 TOUJEO SOLOSTAR61, 197
 TPN ELECTROLYTES79, 190
 tramadol hcl21, 155
 tramadol-acetaminophen.....
21, 155
 trandolapril64, 117
 tranexamic acid62, 194
 tranylcypromine sulfate....33, 168
 TRAVASOL.....79, 190
 travoprost (bak free) 101, 145
 trazodone hcl.....34, 169
 TRECATOR39, 171
 TRELEGY ELLIPTA 106, 151
 TRELSTAR MIXJECT91, 136
 TRESIBA.....61, 197
 TRESIBA FLEXTOUCH ..61, 197
 tretinoin 47, 73, 122, 180
 TREXALL.....94, 139
 triamcinolone acetonide.....
 72, 75, 120, 124
 triamterene-hctz68, 113
 trientine hcl.....78, 191
 TRI-ESTARYLLA.....88, 131
 trifluoperazine hcl49, 184
 trifluridine53, 185
 trihexyphenidyl hcl.....47, 109
 TRIKAFTA..... 104, 151
 trimethoprim23, 159
 TRI-MILI.....88, 131
 trimipramine maleate35, 170
 TRINTELLIX.....34, 169
 TRI-NYMYO.....88, 131
 TRI-SPRINTEC88, 131
 TRIUMEQ55, 188
 TRIUMEQ PD.....55, 188
 TRIVORA (28).....88, 131
 TRI-VYLIBRA.....89, 131
 TRIZIVIR.....54, 186
 TROPHAMINE79, 190
 trospium chloride83, 128
 trospium chloride er83, 127
 TRULICITY59, 196
 TRUMENBA.....97, 142
 TUKYSA.....46, 180
 TURALIO46, 180
 TWINRIX.....97, 142
 TYBOST.....55, 189
 TYMLOS98, 143
 TYPHIM VI.....97, 142

U

UBRELVY38, 108
 UNITHROID90, 135
 ursodiol81, 126

V

valacyclovir hcl53, 185
 VALCHLOR.....39, 173
 valganciclovir hcl52, 185
 valproic acid30, 167
 valsartan63, 115
 valsartan-hydrochlorothiazide.....
68, 113
 VALTOCO 10 MG DOSE
30, 164
 VALTOCO 15 MG DOSE
30, 164
 VALTOCO 20 MG DOSE
31, 164
 VALTOCO 5 MG DOSE
31, 164
 vancomycin hcl.....23, 159
 VAQTA.....97, 142
 varenicline tartrate.....22, 148
 VARIVAX97, 142
 VARUBI (180 MG DOSE).....
36, 170
 VASCEPA70, 115
 VELIVET89, 131
 VELPHORO79, 190
 VEMLIDY52, 189
 VENCLEXTA.....46, 180
 VENCLEXTA STARTING PACK
46, 180
 venlafaxine besylate er....34, 169
 venlafaxine hcl34, 169
 venlafaxine hcl er34, 169
 VENTOLIN HFA 104, 153
 verapamil hcl66, 111
 verapamil hcl er66, 111
 VERQUVO68, 113
 VERSACLOZ52, 184
 VERZENIO.....46, 180
 VESTURA89, 131
 VICTOZA59, 196
 VIENVA.....89, 131
 vigabatrin31, 164
 VIIBRYD STARTER PACK.....
34, 169
 VIJOICE41, 175
 vilazodone hcl34, 169

VIRACEPT56, 187
 VIREAD.....54, 55, 186
 VITRAKVI.....46, 180
 VIVITROL.....21, 149
 VIZIMPRO.....46, 180
 VONJO46, 180
 voriconazole37, 172, 173
 VOSEVI.....53, 189
 VOTRIENT.....46, 180
 VRAYLAR51, 183
 VYFEMLA89, 131
 VYLIBRA.....89, 131
 VYNDAMAX.....82, 148

W

warfarin sodium62, 193
 WELIREG41, 175

X

XALKORI46, 180
 XARELTO62, 193
 XARELTO STARTER PACK
62, 193
 XATMEP41, 175
 XCOPRI30, 167
 XCOPRI (250 MG DAILY DOSE)
30, 167
 XCOPRI (350 MG DAILY DOSE)
30, 167
 XGEVA98, 143
 XIFAXAN.....24, 159
 XOFLUZA (40 MG DOSE).....
56, 185
 XOFLUZA (80 MG DOSE).....
56, 185
 XOLAIR.....92, 137
 XOSPATA.....46, 180
 XPOVIO (100 MG ONCE
 WEEKLY).....41, 175
 XPOVIO (40 MG ONCE
 WEEKLY).....41, 175
 XPOVIO (40 MG TWICE
 WEEKLY).....41, 175
 XPOVIO (60 MG ONCE
 WEEKLY).....41, 175
 XPOVIO (60 MG TWICE
 WEEKLY).....42, 175
 XPOVIO (80 MG ONCE
 WEEKLY).....42, 175
 XPOVIO (80 MG TWICE
 WEEKLY).....42, 175
 XTANDI.....40, 173

XULTOPHY.....59, 196
 XURIDEN.....82, 148
 XYREM106, 147
 XYWAV106, 147

Y

YF-VAX.....97, 142
 YONSA40, 173

Z

zafirlukast.....103, 153
 zaleplon.....106, 147
 ZARXIO.....62, 194
 ZEJULA.....46, 180
 ZELBORAF46, 180
 ZEMDRI22, 158
 ZENPEP.....82, 148
 zidovudine.....55, 186
 ZIEXTENZO.....62, 194
 ZIMHI22, 149
 ziprasidone hcl51, 183

ziprasidone mesylate.....52, 183
 ZIRGAN52, 185
 ZOKINVY82, 148
 ZOLINZA.....42, 175
 zolmitriptan.....39, 107
 zolpidem tartrate106, 147
 ZONISADE.....30, 165
 zonisamide.....30, 165
 ZOVIA 1/35 (28)89, 131
 ZTALMY.....30, 167
 ZYDELIG.....46, 180
 ZYKADIA.....46, 180
 ZYPITAMAG69, 114
 ZYPREXA RELPREVV.....52, 183

To learn what the abbreviations on this table mean, see the beginning of the drug list table.
 (Para saber qué significan las abreviaturas en esta tabla, consulte el comienzo de la tabla de la lista de medicamentos.)

This formulary was updated on 07/24/2023. For more recent information or other questions, please contact Imperial Insurance Companies at 1-800-838-8271 October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. PST or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. PST, or visit www.imperialhealthplan.com.

Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

Este formulario se actualizó el 24/07/2023. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Departamento de Membresía de Imperial Insurance Companies llamando al 1-800-838-8271, del 1 de octubre al 31 de marzo: lunes a domingo, de 8:00 a.m. a 8:00 p.m. PST o del 1 de abril al 30 de septiembre: lunes a viernes, de 8:00 a.m. a 8:00 p.m. PST, o visite www.imperialhealthplan.com.

Imperial Insurance Companies (HMO) (HMO SNP) cumple con leyes federales de derechos civiles aplicables y no discrimina basándose en raza, color, origen nacional, edad, discapacidad, o sexo.

ATENCIÓN: Si habla inglés, tiene a su disposición servicios de asistencia lingüística gratuitos. Llame al 1-800-838-8271 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).