

Formulario de CareFirst BlueCross BlueShield Group

Advantage (PPO) de

2025

Lista de Medicamentos Cubiertos

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

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Este formulario se actualizó el 15/10/2024. Para obtener información más reciente u para otras preguntas, comuníquese con el servicio para afiliados de CareFirst BlueCross BlueShield Group Advantage (PPO) Servicio para el Afiliado al 1-888-970-0917 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los 7 días de la semana, o visite carefirst.com/learn/groupma.

CareFirst BlueCross BlueShield Medicare Advantage es el nombre comercial de CareFirst Advantage PPO Inc., un licenciataria independiente de Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® y los símbolos de la Cruz y el Escudo son marcas de servicio registradas de Blue Cross and Blue Shield Association, una asociación de planes independientes de Blue Cross and Blue Shield.

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SUMA MA02993 SPN (24/10)

Nota para afiliados existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando esta Lista de Medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro”, significa CareFirst BlueCross BlueShield Group Advantage (PPO). La referencia al “plan” o “nuestro plan” significa CareFirst BlueCross BlueShield Group Advantage.

Este documento incluye una Lista de Medicamentos (formulario) para nuestro plan que está vigente al de 15/10/2024. Para obtener una Lista de Medicamentos actualizada (formulario), comuníquese con nosotros. Nuestra información de contacto aparece, junto con la fecha de la última actualización de la Lista de Medicamentos (formulario), en la portada y en la contraportada.

Por lo general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguro pueden cambiar el 1 de enero de 2025 y de vez en cuando durante el año.

¿Qué es el formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)?

En este documento, utilizamos los términos Lista de Medicamentos y formulario para significar lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por CareFirst BlueCross BlueShield Group Advantage (PPO) en consulta con un equipo de proveedores de atención médica que representa las terapias recetadas que se cree que son una parte necesaria de un programa de tratamiento de calidad. CareFirst BlueCross BlueShield Group Advantage (PPO) generalmente cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea medicamento necesario, la receta se surta en una farmacia de la red CareFirst BlueCross BlueShield Group Advantage (PPO) y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de Cobertura.

Para obtener una lista completa de todos los medicamentos con receta cubiertos por CareFirst BlueCross BlueShield Group Advantage (PPO), visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero CareFirst BlueCross BlueShield Group Advantage (PPO) puede agregar o eliminar medicamentos del formulario durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: carefirst.com/learn/groupma.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario

si lo reemplazamos con una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel de costo compartido o en uno inferior y con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero inmediatamente trasladarlo a un nivel de costo compartido diferente o agregar nuevas restricciones.

Podemos realizar estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o agregando ciertas versiones biosimilares nuevas de un producto biológico original, que ya estaba en el formulario (por ejemplo, agregando un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente está tomando ese medicamento de marca o el producto biológico original, es posible que no se le informe con anticipación antes de realizar ese cambio, pero luego se le proporcionará información sobre los cambios específicos realizados.

Si realizamos dicho cambio, usted o su médico pueden solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que se está modificando. Para obtener más información, consulte la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)?”

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA) determina que debe retirarse por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y luego notificar a los afiliados que toman el medicamento.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los afiliados que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario cuando agregamos un equivalente genérico o eliminar un producto biológico original cuando agregamos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o trasladarlo a un nivel diferente de participación en los costos, o ambas cosas. Podemos hacer cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada en un medicamento, o movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los afiliados afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigencia. Alternativamente, cuando un afiliado solicita el reabastecimiento del medicamento, puede recibir un suministro de 30 días del medicamento y una notificación del cambio.

Si realizamos estos otros cambios, usted o su médico pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento que venía tomando. El aviso que le brindamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)?”

Cambios que no lo afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario de 2025 que estaba cubierto al comienzo del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para los afiliados que los tomen durante el resto del año de cobertura. Durante este año usted no recibirá notificación directa sobre cambios que no le afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios lo afectarían, y es importante que consulte la Lista de medicamentos para el nuevo año de vigencia de los beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está actualizado a partir del 15/10/2024. Para obtener información actualizada sobre los medicamentos cubiertos por CareFirst BlueCross BlueShield Group Advantage (PPO), comuníquese con nosotros. Nuestra información de contacto aparece detallada en la portada y contraportada. En caso que se produzcan cambios en el formulario que no sean de mantenimiento a mitad de año, los formularios se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo utilizo el formulario?

Hay dos formas de encontrar su medicamento en el formulario:

Condición médica

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de condiciones médicas para las que se usan. Por ejemplo, los medicamentos que se usan para tratar una afección cardíaca se enumeran en la categoría CARDIOVASCULAR. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en 1. Luego, busque debajo del nombre de la categoría de su medicamento.

Listado por Orden Alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el índice que comienza en la página 153. El índice brinda una lista por orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

CareFirst BlueCross BlueShield Group Advantage (PPO) cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) por tener el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los de marca. Hay sustitutos de medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituir al medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de Cobertura, Capítulo 5, Sección 3.1, “La ‘Lista de Medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden contar con requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización Previa:** CareFirst BlueCross BlueShield Group Advantage (PPO) requiere que usted o su médico obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de CareFirst BlueCross BlueShield Group Advantage (PPO) antes de surtir sus recetas. Si no obtiene la aprobación, es posible que CareFirst BlueCross BlueShield Group Advantage (PPO) no cubra el medicamento.
- **Límites de Cantidad:** Para ciertos medicamentos, CareFirst BlueCross BlueShield Group Advantage (PPO) limita la cantidad del medicamento cubierto por CareFirst BlueCross BlueShield Group Advantage (PPO). Por ejemplo, CareFirst BlueCross BlueShield Group Advantage (PPO) ofrece 30 tabletas por receta de tabletas de simvastatina de 80 mg. Esto puede ser adicional al suministro estándar para uno o tres meses.

- **Terapia por Etapas:** En algunos casos, CareFirst BlueCross BlueShield Group Advantage (PPO) requiere que primero pruebe ciertos medicamentos para tratar la condición médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, CareFirst BlueCross BlueShield Group Advantage (PPO) puede no cubrir el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le funciona, CareFirst BlueCross BlueShield Group Advantage (PPO) cubrirá el medicamento B.

Puede averiguar si su medicamento cuenta con requisitos o límites adicionales consultando el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de terapia por etapas. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede pedirle a CareFirst BlueCross BlueShield Group Advantage (PPO) que haga una excepción a estas restricciones o límites o que le brinde una lista de otros medicamentos similares que puede usar para tratar la afección médica. Consulte la sección, “¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)?” en la página vi para obtener información sobre cómo solicitar una excepción.

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

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para el Afiliado y preguntar si su medicamento está cubierto.

Si se entera de que CareFirst BlueCross BlueShield Group Advantage (PPO) no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para el Afiliado una lista de medicamentos similares cubiertos por CareFirst BlueCross BlueShield Group Advantage (PPO). Cuando reciba la lista, muéstrelela a su médico y solicítele que le recete un medicamento similar cubierto por CareFirst BlueCross BlueShield Group Advantage (PPO).
- Puede solicitarle a CareFirst BlueCross BlueShield Group Advantage (PPO) que haga una excepción y cubra su medicamento. Vea a continuación la información sobre cómo solicitar una excepción.

¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)?

Puede solicitarle a CareFirst BlueCross BlueShield Group Advantage (PPO) que haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitar.

- Puede solicitar que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba su solicitud, este medicamento estará cubierto a un nivel de costo compartido predeterminado y no podrá solicitar que le brindemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que eliminemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, CareFirst BlueCross BlueShield Group Advantage (PPO) limita la cantidad del medicamento cubierto. Si su medicamento tiene un límite de cantidad, puede solicitar que no apliquemos el límite y que se cubre una cantidad mayor.
- Puede solicitar que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad. Si es aprobado, esto reduciría la cantidad que usted debe pagar por su medicamento.

Por lo general, CareFirst BlueCross BlueShield Group Advantage (PPO) solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no resultarían ser tan eficaces en el tratamiento de su afección o causarían efectos médicos adversos.

Usted o su médico deben comunicarse con nosotros para solicitar una excepción de nivel o de formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, su médico deberá explicarle las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una decisión acelerada (rápida) si usted cree, y nosotros estamos de acuerdo, que su salud podría verse gravemente dañada si tiene que esperar hasta 72 horas por una decisión. Si estamos de acuerdo, o si su médico le solicita una decisión acelerada, debemos darle una decisión a más tardar 24 horas después de que recibamos la declaración de respaldo de su médico.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene alguna restricción?

Como afiliado nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no se encuentran en nuestro formulario. O es posible que esté tomando un medicamento que está en nuestro formulario pero tiene una restricción de cobertura, como una autorización previa. Debe hablar con su médico sobre cómo solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción correcto para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en que sea afiliado de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta es para menos días, permitiremos resurtidos para proporcionar un suministro máximo de medicamentos de 30 días. Si la cobertura no es aprobada, después de

su primer suministro de 30 días, no pagaremos estos medicamentos, incluso si ha sido afiliado del plan por menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada pero ha pasado los primeros 90 días de afiliación en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras busca una excepción al formulario.

Si experimenta un cambio en el nivel de atención (como ser dado de alta o ingresado en un centro de atención a largo plazo), su médico o su farmacia puede solicitar una prórroga de la receta por única vez. Esta única prórroga le proporcionará cobertura temporal (hasta 31 días de suministro) para el/los medicamento(s) aplicable(s).

Más información

Para obtener información más detallada sobre su cobertura de medicamentos con receta de CareFirst BlueCross BlueShield Group Advantage (PPO), consulte la Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre CareFirst BlueCross BlueShield Group Advantage (PPO), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, 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 CareFirst BlueCross BlueShield Group Advantage (PPO)

El formulario a continuación brinda información sobre la cobertura de los medicamentos cubiertos por CareFirst BlueCross BlueShield Group Advantage (PPO). Si tiene problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página 153.

La primera columna del cuadro muestra el nombre del medicamento. Las marcas están en mayúscula (por ejemplo, SYNTHROID) y los medicamentos genéricos están en cursiva minúscula (por ejemplo, *levotiroxina*).

La segunda columna, “Nivel del medicamento”, le indicará en qué niveles de copago figuran los medicamentos con receta cubiertos. Los montos de copago y los porcentajes de coseguro varían para cada nivel. Consulte la Evidencia de Cobertura de su plan para conocer los montos de copagos y coseguros aplicables.

- Nivel 1 - genérico preferido: es el nivel más bajo e incluye medicamentos genéricos preferidos y puede incluir algunos medicamentos de marca.
- Nivel 2 - genérico: incluye medicamentos genéricos y puede incluir algunos medicamentos de marca.
- Nivel 3 - marca preferida: incluye medicamentos de marca preferida y medicamentos genéricos no preferidos.

- Nivel 4 - medicamento no preferido: incluye medicamentos genéricos y de marca no preferidos.
- Nivel 5 - especializado: es el nivel más alto e incluye medicamentos genéricos y de marca de alto costo.

La información de la columna Requisitos/Límites le dice si CareFirst BlueCross BlueShield Advantage Core (HMO) tiene algún requisito especial para la cobertura de su medicamento. A continuación se describen los acrónimos mencionados en la columna Requisitos/Límites.

PA – Autorización Previa: Nuestro plan requiere que usted o su proveedor obtengan autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener nuestra aprobación antes de surtir sus recetas. Si no recibe esta aprobación, puede que no cubramos su medicamento.

QL – Límites de Cantidad: Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 tabletas cada 30 días por receta de rosuvastatina.

ST – Terapia por Etapas: En algunos casos, requerimos que primero pruebe algunos medicamentos para tratar su afección médica antes de que podamos cubrir el costo de otro medicamento para esa condición. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, es posible que no cubramos el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le funciona, entonces le cubriremos el medicamento B.

NM – No disponible para venta de farmacias por correo: Este medicamento no está disponible a través de pedido por correo a la farmacia.

B/D: Es posible que el medicamento esté cubierto por Medicare Parte B o D: Es posible que algunos medicamentos estén cubiertos por Medicare Parte B o Parte D, dependiendo de las circunstancias: es posible que sea necesario enviar información que describa el uso y la configuración del medicamento para tomar la determinación.

CareFirst BlueCross BlueShield Group Advantage (PPO)

Nombre del Medicamento	Nivel	Requisitos/Limites
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>allopurinol</i> TABS 200mg	2	
<i>allopurinol sodium</i> SOLR 500mg	5	
ALOPRIM SOLR 500mg	5	
<i>colchicine</i> CAPS .6mg	2	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
COLCRYS TABS .6mg	4	QL (120 tabs / 30 days)
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
GLOPERBA SOLN .6mg/5ml	4	QL (300 mL / 30 days)
KRYSTEXXA SOLN 8mg/ml	5	NM, PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
ULORIC TABS 40mg, 80mg	4	PA
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 10mg/ml	2	
<i>clonidine hcl (analgesia)</i> SOLN 100mcg/ml	2	B/D
DURACLON SOLN 100mcg/ml	4	B/D
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	2	B/D
XYLOCAINE SOLN .5%, 1%, 2%	4	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	4	B/D
NSAIDS		
ARTHROTEC 50 TAB	4	
ARTHROTEC 75 TAB	4	
CELEBREX CAPS 50mg, 100mg, 200mg	4	QL (60 caps / 30 days)
CELEBREX CAPS 400mg	4	QL (30 caps / 30 days)
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
COMBOGESIC INJ 300-1000	4	
DAYPRO TABS 600mg	4	
<i>diclofenac potassium</i> CAPS 25mg	5	QL (120 caps / 30 days), PA
<i>diclofenac potassium</i> TABS 25mg	5	QL (120 tabs / 30 days), PA
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal TABS 500mg</i>	2	
<i>etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg</i>	2	
<i>fenoprofen calcium CAPS 400mg</i>	2	QL (240 caps / 30 days), PA
<i>fenoprofen calcium TABS 600mg</i>	2	QL (150 tabs / 30 days), PA
<i>flurbiprofen TABS 100mg</i>	2	
<i>ibu TABS 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen SUSP 100mg/5ml</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	2	QL (90 tabs / 30 days), PA
<i>ketoprofen CAPS 25mg</i>	5	QL (120 caps / 30 days), PA
<i>ketoprofen CAPS 50mg</i>	5	QL (180 caps / 30 days), PA
<i>ketoprofen CP24 200mg</i>	2	QL (30 caps / 30 days), PA
<i>ketorolac tromethamine TABS 10mg</i>	2	QL (20 tabs / 30 days), PA; PA applies if 70 years and older
<i>kiprofen CAPS 25mg</i>	5	QL (120 caps / 30 days), PA
<i>lofena TABS 25mg</i>	5	QL (120 tabs / 30 days), PA
<i>meclofenamate sodium CAPS 50mg, 100mg</i>	2	
<i>mefenamic acid CAPS 250mg</i>	2	
<i>meloxicam CAPS 5mg, 10mg</i>	2	QL (30 caps / 30 days), PA
<i>meloxicam TABS 7.5mg, 15mg</i>	1	
<i>nabumetone TABS 500mg, 750mg</i>	1	
<i>NALFON TABS 600mg</i>	4	QL (150 tabs / 30 days), PA
<i>NAPRELAN TB24 375mg</i>	5	QL (120 tabs / 30 days), PA
<i>NAPRELAN TB24 500mg</i>	5	QL (90 tabs / 30 days), PA
<i>NAPRELAN TB24 750mg</i>	5	QL (60 tabs / 30 days), PA
<i>NAPROSYN SUSP 125mg/5ml</i>	4	QL (1800 mL / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>naproxen</i> SUSP 125mg/5ml	2	QL (1800 mL / 30 days), PA
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>naproxen sodium</i> TB24 375mg	2	QL (120 tabs / 30 days), PA
<i>naproxen sodium</i> TB24 500mg	2	QL (90 tabs / 30 days), PA
<i>naproxen sodium</i> TB24 750mg	2	QL (60 tabs / 30 days), PA
<i>naproxen-esomeprazole magnesium tab dr</i> 375-20 mg	5	QL (60 tabs / 30 days), PA
<i>naproxen-esomeprazole magnesium tab dr</i> 500-20 mg	5	QL (60 tabs / 30 days), PA
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
RELAFEN DS TABS 1000mg	5	PA
SPRIX SOLN 15.75mg/spray	5	QL (5 bottles / 30 days), NM, PA
<i>sulindac</i> TABS 150mg, 200mg	2	
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	2	
VIMOVO TAB 375-20MG	5	QL (60 tabs / 30 days), PA
VIMOVO TAB 500-20MG	5	QL (60 tabs / 30 days), PA
ZIPSOR CAPS 25mg	5	QL (120 caps / 30 days), PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	4	QL (60 buccal films / 30 days), PA
BELBUCA FILM 750mcg, 900mcg	5	QL (60 buccal films / 30 days), PA
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	QL (4 patches / 28 days), PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	4	QL (4 patches / 28 days), PA
CONZIP CP24 100mg, 200mg, 300mg	4	QL (30 caps / 30 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	2	QL (60 caps / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	2	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg	4	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 60mg, 80mg, 100mg, 120mg	5	QL (30 tabs / 30 days), PA
<i>levorphanol tartrate</i> TABS 2mg, 3mg	5	QL (120 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
METHADONE HCL INJ SOLN 10mg/ml	4	
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	2	QL (60 caps / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	2	QL (30 caps / 30 days), PA
MS CONTIN TBCR 15mg, 30mg	4	QL (90 tabs / 30 days), PA
MS CONTIN TBCR 60mg, 100mg, 200mg	5	QL (90 tabs / 30 days), PA
NUCYNTA ER TB12 50mg	4	QL (60 tabs / 30 days), PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg	5	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 40mg, 60mg, 80mg	5	QL (60 tabs / 30 days), PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>oxymorphone hcl</i> TB12 30mg, 40mg	5	QL (60 tabs / 30 days), PA
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg	2	QL (30 caps / 30 days), PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg	4	QL (60 caps / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
XTAMPZA ER C12A 27mg, 36mg	5	QL (60 caps / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	QL (300 caps / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>butorphanol tartrate SOLN 10mg/ml</i>	2	QL (10 mL / 30 days)
CODEINE SULFATE TABS 15mg, 60mg	4	QL (180 tabs / 30 days)
<i>codeine sulfate TABS 30mg</i>	2	QL (180 tabs / 30 days)
DILAUDID LIQD 1mg/ml	4	QL (600 mL / 30 days)
DILAUDID SOLN 1mg/ml, 2mg/ml	4	B/D
DILAUDID TABS 2mg, 4mg	4	QL (180 tabs / 30 days)
DILAUDID TABS 8mg	5	QL (180 tabs / 30 days)
<i>endocet tab 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate TABS 200mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 tabs / 30 days), PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	QL (150 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml, 50mg/5ml	4	B/D
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
NALOCET TAB 2.5-300	5	QL (360 tabs / 30 days), PA
NUCYNTA TABS 50mg	4	QL (180 tabs / 30 days)
NUCYNTA TABS 75mg, 100mg	5	QL (180 tabs / 30 days)
OXAYDO TABS 5mg	4	QL (180 tabs / 30 days)
OXAYDO TABS 7.5mg	5	QL (360 tabs / 30 days)
OXY-ACETAMIN TAB 7.5-300	5	QL (240 tabs / 30 days), PA
OXYCOD-APAP TAB 2.5-300	5	QL (360 tabs / 30 days), PA
OXYCOD/ACETA SOL 10/300MG	5	QL (900 mL / 30 days), PA
OXYCOD/APAP TAB 5-300MG	5	QL (360 tabs / 30 days), PA
OXYCOD/APAP TAB 10-300MG	5	QL (180 tabs / 30 days), PA
<i>oxycodone hcl</i> CAPS 5mg	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i> 5-325 mg/5ml	2	QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	2	QL (240 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>oxymorphone hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days)
PERCOCET TAB 2.5-325	5	QL (360 tabs / 30 days), PA
PERCOCET TAB 5-325MG	5	QL (360 tabs / 30 days), PA
PERCOCET TAB 7.5-325	5	QL (240 tabs / 30 days), PA
PERCOCET TAB 10-325MG	5	QL (180 tabs / 30 days), PA
PROLATE SOL 10/300MG	5	QL (900 mL / 30 days), PA
PROLATE TAB 5-300MG	5	QL (360 tabs / 30 days), PA
PROLATE TAB 7.5-300	5	QL (240 tabs / 30 days), PA
PROLATE TAB 10-300MG	5	QL (180 tabs / 30 days), PA
QDOLO SOLN 5mg/ml	4	QL (2400 mL / 30 days), PA
ROXICODONE TABS 15mg	4	QL (180 tabs / 30 days)
ROXICODONE TABS 30mg	5	QL (180 tabs / 30 days)
ROXYBOND TABA 5mg, 15mg, 30mg	5	QL (180 tabs / 30 days)
SEGLENTIS TAB 56-44MG	4	QL (120 tabs / 30 days), PA
<i>tramadol hcl SOLN 5mg/ml</i>	2	QL (2400 mL / 30 days), PA
<i>tramadol hcl TABS 25mg, 100mg</i>	2	QL (120 tabs / 30 days), PA
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml	4	QL (2400 mL / 30 days), PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>trezix</i>	2	QL (300 caps / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

AEMCOLO TBEC 194mg	4	QL (12 tabs / 30 days)
<i>albendazole TABS 200mg</i>	5	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
ARIKAYCE SUSP 590mg/8.4ml	5	NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	2	QL (300 mL / 30 days), PA
AZACTAM SOLR 1gm, 2gm	4	
<i>aztreonam SOLR 1gm, 2gm</i>	2	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
BACTRIM DS TAB 800-160	4	
BACTRIM TAB 400-80MG	4	
BETHKIS NEBU 300mg/4ml	5	NM, PA
BILTRICIDE TABS 600mg	4	
CAYSTON SOLR 75mg	5	NM, PA
CLEOCIN CAPS 75mg, 150mg, 300mg	4	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	4	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	4	
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	2	
COLY-MYCIN M SOLR 150mg	4	
CUBICIN RF SOLR 500mg	5	
DALVANCE SOLR 500mg	5	
<i>dapsone</i> TABS 25mg, 100mg	2	
DAPTOMY/NAACL INJ 350/50ML	4	
DAPTOMY/NAACL INJ 500/50ML	4	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
DAPTOMYCIN SOLR 350mg, 500mg	5	
DARAPRIM TABS 25mg	5	QL (90 tabs / 30 days), PA
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	2	
FIRVANQ SOLR 25mg/ml, 50mg/ml	4	QL (1800 mL / 180 days)
FLAGYL CAPS 375mg	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	
HIPREX TABS 1gm	4	
HUMATIN CAPS 250mg	5	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	2	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	2	
IMPAVIDO CAPS 50mg	5	PA
INVANZ SOLR 1gm	4	
<i>ivermectin</i> TABS 3mg	2	QL (12 tabs / 90 days), PA
KIMYRSA SOLR 1200mg	5	
KITABIS PAK NEBU 300mg/5ml	5	NM, PA
<i>linezolid</i> SOLN 600mg/300ml	2	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
MACROBID CAPS 100mg	4	
MACRODANTIN CAPS 25mg, 50mg, 100mg	4	
MEPRON SUSP 750mg/5ml	5	QL (300 mL / 30 days), PA
MEROP/NACL INJ 1GM/50ML	4	
MEROP/NACL INJ 500/50ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	2	
<i>methenamine hippurate</i> TABS 1gm	2	
<i>metronidazole</i> CAPS 375mg; SOLN 500mg/100ml	2	
METRONIDAZOLE SOLN 500mg/100ml	4	
<i>metronidazole</i> TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	4	B/D
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin</i> SUSP 25mg/5ml	5	PA
NITROFURANTOIN SUSP 50mg/5ml	5	PA
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
ORBACTIV SOLR 400mg	5	
PENTAM 300 SOLR 300mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	2	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	
<i>polymyxin b sulfate</i> SOLR 500000unit	2	
<i>praziquantel</i> TABS 600mg	2	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
PRIMAXIN IV INJ 500MG	4	
<i>pyrimethamine</i> TABS 25mg	5	QL (90 tabs / 30 days), PA
RECARBRIO INJ 1.25GM	5	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
SOLOSEC PACK 2gm	4	
<i>streptomycin sulfate</i> SOLR 1gm	5	
STROMECTOL TABS 3mg	4	QL (12 tabs / 90 days), PA
<i>sulfadiazine</i> TABS 500mg	5	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim susp</i> 200- 40 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800- 160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	2	
TOBI NEBU 300mg/5ml	5	NM, PA
TOBI PODHALER CAPS 28mg	5	NM, PA
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	5	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
<i>tobramycin sulfate</i> SOLR 1.2gm	5	PA
<i>trimethoprim</i> TABS 100mg	2	
VABOMERE INJ 2GM(1-1)	5	
VANCOGIN CAPS 125mg	5	QL (80 caps / 180 days)
VANCOGIN CAPS 250mg	5	QL (160 caps / 180 days)
VANCOMYC/D5W INJ 1.5/300	4	
VANCOMYC/D5W INJ 1.25/250	4	
VANCOMYCIN SOLN 2000mg/400ml	4	
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
<i>vancomycin hcl</i> SOLR 25mg/ml, 250mg/5ml	2	QL (180 mL / 180 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	4	

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Nombre del Medicamento	Nivel	Requisitos/Limites
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
VIBATIV SOLR 750mg	5	
XIFAXAN TABS 200mg	4	QL (9 tabs / 30 days)
ZEMDRI SOLN 500mg/10ml	5	
ZYVOX SOLN 200mg/100ml, 600mg/300ml	5	
ZYVOX SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
ZYVOX TABS 600mg	5	QL (60 tabs / 30 days)

ANTIFUNGALS

ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
ANCOBON CAPS 250mg, 500mg	5	PA
CANCIDAS SOLR 50mg, 70mg	5	
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	5	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	5	PA
DIFLUCAN SUSR 40mg/ml; TABS 100mg	4	
DIFLUCAN TABS 200mg	5	
ERAXIS SOLR 50mg	4	
ERAXIS SOLR 100mg	5	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	PA
<i>itraconazole</i> SOLN 10mg/ml	5	
<i>ketoconazole</i> TABS 200mg	2	PA
MICAFUNGIN SOLR 50mg, 100mg	5	
<i>micafungin sodium</i> SOLR 50mg, 100mg	2	
MICAFUNGIN/NACL INJ 50MG/50ML	5	
MICAFUNGIN/NACL INJ 100MG/100ML	5	
MYCAMINE SOLR 50mg, 100mg	5	
NOXAFIL PACK 300mg	5	QL (32 packets / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
NOXAFIL SOLN 300mg/16.7ml	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
NOXAFIL TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SOLN 300mg/16.7ml	5	
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
REZZAYO SOLR 200mg	5	
SPORANOX CAPS 100mg	4	PA
SPORANOX SOLN 10mg/ml	5	
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
TOLSURA CAPS 65mg	5	PA
VFEND SUSR 40mg/ml	5	QL (600 mL / 28 days), PA
VFEND TABS 50mg	4	QL (480 tabs / 30 days)
VFEND TABS 200mg	4	QL (120 tabs / 30 days)
VFEND IV SOLR 200mg	4	PA
VIVJOA CPPK 150mg	5	QL (18 caps / 84 days), NM, PA
<i>voriconazole</i> SOLR 200mg	2	PA
VORICONAZOLE SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
KRINTAFEL TABS 150mg	4	
MALARONE TAB 62.5-25	4	
MALARONE TAB 250-100	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
QUALAQUIN CAPS 324mg	4	PA
<i>quinine sulfate</i> CAPS 324mg	2	PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	NM
<i>darunavir</i> TABS 600mg	5	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	4	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM
INTELENCE TABS 25mg	4	NM
INTELENCE TABS 100mg, 200mg	5	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	NM
NORVIR PACK 100mg; TABS 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	4	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	NM

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Nombre del Medicamento	Nivel	Requisitos/Limites
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	5	NM
ZIAGEN SOLN 20mg/ml	4	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM

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Nombre del Medicamento	Nivel	Requisitos/Limites
JULUCA TAB 50-25MG	5	NM
KALETRA SOL	4	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMFI LO TAB	5	NM
SYMFI TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	5	NM
TRUVADA TAB 100-150	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days), NM

ANTITUBERCULAR AGENTS

<i>cycloserine</i> CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	2	
<i>isoniazid</i> SYRP 50mg/5ml	2	
<i>isoniazid</i> TABS 100mg, 300mg	1	
MYCOBUTIN CAPS 150mg	5	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	2	
<i>rifabutin</i> CAPS 150mg	2	
RIFADIN SOLR 600mg	5	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NM, PA
TRECTOR TABS 250mg	4	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>adefovir dipivoxil</i> TABS 10mg	2	NM
BARACLUDE SOLN .05mg/ml	5	NM, ST
BARACLUDE TABS .5mg, 1mg	5	NM
<i>cidofovir</i> SOLN 75mg/ml	2	
<i>entecavir</i> TABS .5mg, 1mg	2	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>foscarnet sodium</i> SOLN 6000mg/250ml	5	B/D
GANCICLOVIR SOLN 500mg/10ml	4	B/D
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
LIVTENCITY TABS 200mg	5	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID TAB 150-100	3	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	3	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	5	
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RAPIVAB SOLN 200mg/20ml	5	
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
TAMIFLU CAPS 30mg	4	QL (168 caps / year)
TAMIFLU CAPS 45mg, 75mg	4	QL (84 caps / year)
TAMIFLU SUSR 6mg/ml	4	QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
VALCYTE SOLR 50mg/ml; TABS 450mg	5	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	

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Nombre del Medicamento	Nivel	Requisitos/Limites
VALTREX TABS 1gm, 500mg	4	
VEMLIDY TABS 25mg	5	NM, PA
VOSEVI TAB	5	NM, PA
XOFLUZA TBPK 40mg, 80mg	4	QL (1 tab / 180 days)

CEPHALOSPORINS

AVYCAZ INJ 2-0.5GM	5	
<i>cefactor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
CEFACTOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	4	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
CEFEPIME/DEX INJ 1GM	4	
CEFEPIME/DEX INJ 2GM	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
CEFOXITIN INJ 1GM	4	
CEFOXITIN INJ 2GM	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> CAPS 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
FETROJA SOLR 1gm	5	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
ZERBAXA INJ 1.5GM	5	

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Nombre del Medicamento	Nivel	Requisitos/Limites
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	2	
E.E.S. GRANULES SUSR 200mg/5ml	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYPED 200 SUSR 200mg/5ml	4	
ERYPED 400 SUSR 400mg/5ml	5	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml; TABS 400mg	2	
<i>erythromycin ethylsuccinate</i> SUSR 400mg/5ml	5	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	4	
ZITHROMAX TRI-PAK TABS 500mg	4	
ZITHROMAX Z-PAK TABS 250mg	4	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	5	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	2	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	2	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	2	

Nombre del Medicamento	Nivel	Requisitos/Limites
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
AMOXICILLIN SUSR 400mg/5ml	4	
<i>amoxicillin & k clavulanate chew tab 400- 57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2- 1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	2	
AUGMENTIN SUS 125/5ML	4	
AUGMENTIN SUS ES-600	4	
AUGMENTIN TAB 500MG	4	
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	2	
NAFCILLIN INJ 1GM/50ML	5	
NAFCILLIN INJ 2GM/100	5	

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>nafcillin sodium</i> SOLR 1gm, 2gm	2	
<i>nafcillin sodium</i> SOLR 10gm	5	
OXACILLIN INJ 1GM	4	
OXACILLIN INJ 2GM	4	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	2	
PEN GK/DEXTR INJ 20000/ML	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	
<i>penicillin g sodium</i> SOLR 5000000unit	2	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
UNASYN INJ 1.5GM	4	
UNASYN INJ 3GM	4	
UNASYN INJ 15GM	4	
ZOSYN SOL 2-0.25GM	4	
ZOSYN SOL 3-0.375G	4	
ZOSYN SOL 4-0.50GM	4	
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	2	
DORYX MPC TBEC 60mg	4	PA
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	2	
<i>doxycycline (monohydrate)</i> CAPS 75mg, 150mg	2	PA
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>doxycycline hyclate</i> TABS 50mg, 75mg, 150mg; TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	2	PA
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	2	
<i>minocycline hcl</i> TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	2	PA
NUZYRA SOLR 100mg	5	NM
NUZYRA TABS 150mg	5	QL (30 tabs / 14 days), NM
SEYSARA TABS 60mg, 100mg, 150mg	5	PA
<i>targadox</i> TABS 50mg	2	PA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	5	PA
<i>tigecycline</i> SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	
TYGACIL SOLR 50mg	5	
XERAVA SOLR 50mg, 100mg	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>bendamustine hcl</i> SOLR 25mg, 100mg	5	B/D, NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	B/D, NM
BENDEKA SOLN 100mg/4ml	5	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
IFEX SOLR 3gm	4	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	2	B/D
IFOSFAMIDE SOLR 3gm	4	B/D
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
TREANDA SOLR 25mg, 100mg	5	B/D, NM
ZEPZELCA SOLR 4mg	5	NM, PA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
azacitidine SUSR 100mg	5	B/D, NM
cytarabine SOLN 20mg/ml, 100mg/ml	2	B/D
decitabine SOLR 50mg	5	B/D, NM
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	2	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	5	NM, PA
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	4	B/D
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, PA
mercaptopurine TABS 50mg	2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	5	B/D
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	5	B/D
pralatrexate SOLN 20mg/ml, 40mg/2ml	5	NM, PA
PURIXAN SUSP 2000mg/100ml	5	NM
VIDAZA SUSR 100mg	5	B/D, NM
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
ARIMIDEX TABS 1mg	5	
AROMASIN TABS 25mg	5	
<i>bicalutamide</i> TABS 50mg	2	
CASODEX TABS 50mg	5	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	
FARESTON TABS 60mg	5	PA
FASLODEX SOSY 250mg/5ml	5	B/D
FEMARA TABS 2.5mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	4	NM, PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	5	NM, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	5	NM, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
NILANDRON TABS 150mg	5	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NM, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	QL (120 tabs / 30 days), NM, PA
ZOLADEX IMPL 3.6mg, 10.8mg	4	NM, PA
ZYTIGA TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
ZYTIGA TABS 500mg	5	QL (60 tabs / 30 days), NM, PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA

MISCELLANEOUS

ASPARLAS SOLN 3750unit/5ml	5	NM, PA
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	2	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	4	B/D
<i>dacarbazine</i> SOLR 100mg	2	B/D
DOXIL SUSP 2mg/ml	5	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	4	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D

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Nombre del Medicamento	Nivel	Requisitos/Limites
HYDREA CAPS 500mg	4	
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	5	NM
<i>mitomycin</i> SOLR 5mg	2	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	5	B/D
<i>mitoxantrone hcl</i> CONC 2mg/ml	2	B/D, NM
NIPENT SOLR 10mg	5	B/D
ONCASPAR SOLN 750unit/ml	5	NM, PA
ONIVYDE INJ 43mg/10ml	5	B/D, NM
RYLAZE SOLN 10mg/0.5ml	5	NM, PA
SYLVANT SOLR 100mg, 400mg	5	NM, PA
TARGRETIN CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>topotecan hcl</i> SOLN 4mg/4ml	2	B/D
TOPOTECAN HCL SOLN 4mg/4ml	4	B/D
<i>topotecan hcl</i> SOLR 4mg	5	B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
<i>valrubicin</i> SOLN 40mg/ml	5	B/D, NM
VALSTAR SOLN 40mg/ml	5	B/D, NM
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	5	B/D, NM
<i>docetaxel</i> CONC 20mg/ml	2	B/D
DOCETAXEL CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>eribulin mesylate</i> SOLN 1mg/2ml	5	B/D, NM
ETOPOPHOS SOLR 100mg	4	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
HALAVEN SOLN 1mg/2ml	5	B/D, NM
IXEMPRA KIT SOLR 15mg, 45mg	5	B/D, NM
JEVTANA SOLN 60mg/1.5ml	5	NM, PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
PACLITAXEL INJ 100MG	5	B/D, NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	5	B/D, NM
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, PA
BAVENCIO SOLN 200mg/10ml	5	NM, PA
BELEODAQ SOLR 500mg	5	NM, PA
BESPONSA SOLR .9mg	5	NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	5	NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	5	NM, PA
DARZALEX SOL FASPRO	5	NM, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
EMPLICITI SOLR 300mg, 400mg	5	NM, PA
ENHERTU SOLR 100mg	5	NM, PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	5	NM, PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	5	B/D, NM
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, PA
FYARRO SUSR 100mg	5	NM, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
GAZYVA SOLN 1000mg/40ml	5	NM, PA
<i>gefitinib</i> TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, PA
GLEEVEC TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
GLEEVEC TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
IMDELLTRA SOLR 1mg, 10mg	5	NM, PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	5	NM, PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	5	NM, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
IRESSA TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
JEMPERLI SOLN 500mg/10ml	5	NM, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KIMMTRAK SOLN 100mcg/0.5ml	5	NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, PA
KYPROLIS SOLR 10mg, 30mg, 60mg	5	NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA
LIBTAYO SOLN 350mg/7ml	5	NM, PA
LOQTORZI SOLN 240mg/6ml	5	NM, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	5	NM, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, PA
MARGENZA SOLN 250mg/10ml	5	NM, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NM, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
MYLOTARG SOLR 4.5mg	5	NM, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 30

Nombre del Medicamento	Nivel	Requisitos/Limites
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NM, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	5	NM, PA
OPDUALAG SOL	5	NM, PA
PADCEV SOLR 20mg, 30mg	5	NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PERJETA SOLN 420mg/14ml	5	NM, PA
PHESGO SOL	5	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
POLIVY SOLR 30mg, 140mg	5	NM, PA
POTELIGEO SOLN 20mg/5ml	5	NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	5	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	5	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RITUXAN INJ HYCELA	5	NM, PA
ROZLYTREK CAPS 100mg	5	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYBREVANT SOLN 350mg/7ml	5	NM, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	5	NM, PA
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	QL (900 tabs / 30 days), NM, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
TASIGNA CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	5	NM, PA
<i>temsirolimus</i> SOLN 25mg/ml	5	B/D, NM
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
TIVDAK SOLR 40mg	5	NM, PA
TORISEL SOLN 25mg/ml	5	B/D, NM
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRODELVY SOLR 180mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, PA
TYKERB TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	5	B/D, NM
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
VELCADE SOLR 3.5mg	5	NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
VOTRIENT TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	QL (8 tabs / 28 days), NM, PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	5	NM, PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	5	NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
ZYNLONTA SOLR 10mg	5	NM, PA
ZYNYZ SOLN 500mg/20ml	5	NM, PA

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	5	B/D
ELITEK SOLR 1.5mg, 7.5mg	5	B/D
KHAPZORY SOLR 175mg	5	B/D, NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	2	B/D, NM
MESNEX TABS 400mg	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

ACCURETIC TAB 10-12.5	4	
ACCURETIC TAB 20-12.5	4	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
LOTREL CAP 5-10MG	4	QL (30 caps / 30 days)
LOTREL CAP 5-20MG	4	QL (30 caps / 30 days)
LOTREL CAP 10-20MG	4	QL (30 caps / 30 days)
LOTREL CAP 10-40MG	4	QL (30 caps / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VASERETIC TAB 10-25MG	4	
ZESTORETIC TAB 10-12.5	4	
ZESTORETIC TAB 20-12.5	4	
ZESTORETIC TAB 20-25MG	4	
ACE INHIBITORS		
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	4	
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate SOLN 1mg/ml</i>	2	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
EPANED SOLN 1mg/ml	5	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
LOTENSIN TABS 10mg, 20mg, 40mg	4	

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	5	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	4	
VASOTEC TABS 20mg	5	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	4	

ALDOSTERONE RECEPTOR ANTAGONISTS

ALDACTONE TABS 25mg, 50mg, 100mg	4	
CAROSPIR SUSP 25mg/5ml	4	
<i>eplerenone</i> TABS 25mg, 50mg	2	
INSPIRA TABS 25mg, 50mg	4	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> SUSP 25mg/5ml	2	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	

ALPHA BLOCKERS

CARDURA TABS 1mg, 2mg, 4mg, 8mg	4	
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-12.5 mg	1	QL (30 tabs / 30 days)

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
ATACAND HCT TAB 16-12.5	4	QL (60 tabs / 30 days)
ATACAND HCT TAB 32-12.5	4	QL (30 tabs / 30 days)
ATACAND HCT TAB 32-25MG	4	QL (30 tabs / 30 days)
AVALIDE TAB 150-12.5	4	QL (60 tabs / 30 days)
AVALIDE TAB 300-12.5	4	QL (30 tabs / 30 days)
AZOR TAB 5-20MG	4	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	4	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	4	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	4	QL (30 tabs / 30 days)
BENICAR HCT TAB 20-12.5	4	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	4	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-25MG	4	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
DIOVAN HCT TAB 80/12.5	4	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-12.5	4	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-25MG	4	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-12.5	4	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-25MG	4	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
EXFORGE HCT TAB 5-160-12.5MG	4	QL (30 tabs / 30 days)
EXFORGE HCT TAB 5-160-25MG	4	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-12.5MG	4	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-25MG	4	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-320-25MG	4	QL (30 tabs / 30 days)
EXFORGE TAB 5-160MG	4	QL (30 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 38

Nombre del Medicamento	Nivel	Requisitos/Limites
EXFORGE TAB 5-320MG	4	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	4	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	4	QL (30 tabs / 30 days)
HYZAAR TAB 50-12.5	4	
HYZAAR TAB 100-12.5	4	
HYZAAR TAB 100-25	4	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
MICARDIS HCT TAB 40/12.5	4	QL (30 tabs / 30 days)
MICARDIS HCT TAB 80-25MG	4	QL (30 tabs / 30 days)
MICARDIS HCT TAB 80/12.5	4	QL (60 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
TRIBENZOR20- TAB 5-12.5MG	4	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-12.5MG	4	QL (30 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 39

Nombre del Medicamento	Nivel	Requisitos/Limites
TRIBENZOR40- TAB 5-25MG	4	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-12.5	4	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-25MG	4	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND TABS 4mg, 8mg, 16mg	4	QL (60 tabs / 30 days)
ATACAND TABS 32mg	4	QL (30 tabs / 30 days)
AVAPRO TABS 75mg, 150mg, 300mg	4	QL (30 tabs / 30 days)
BENICAR TABS 5mg	4	QL (60 tabs / 30 days)
BENICAR TABS 20mg, 40mg	4	QL (30 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	1	QL (30 tabs / 30 days)
COZAAR TABS 25mg, 50mg, 100mg	4	
DIOVAN TABS 40mg, 80mg, 160mg	4	QL (60 tabs / 30 days)
DIOVAN TABS 320mg	4	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
MICARDIS TABS 20mg, 40mg, 80mg	4	QL (30 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> SOLN 4mg/ml	5	QL (2400 mL / 30 days), PA
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	5	
BETAPACE AF TABS 80mg	4	
BETAPACE AF TABS 120mg, 160mg	5	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
NORPACE CAPS 100mg, 150mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	2	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	2	
SOTYLIZE SOLN 5mg/ml	4	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	4	NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<i>fenofibrate</i> CAPS 50mg	2	QL (60 caps / 30 days), PA
<i>fenofibrate</i> CAPS 150mg	2	QL (30 caps / 30 days), PA
<i>fenofibrate</i> TABS 40mg	2	QL (60 tabs / 30 days), PA
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate</i> TABS 120mg	2	QL (30 tabs / 30 days), PA
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	2	
<i>fenofibrate micronized</i> CAPS 130mg	2	QL (30 caps / 30 days), PA
<i>fenofibric acid</i> TABS 35mg	2	QL (60 tabs / 30 days), PA
<i>fenofibric acid</i> TABS 105mg	2	QL (30 tabs / 30 days), PA
FENOGLIDE TABS 40mg	4	QL (60 tabs / 30 days), PA
FENOGLIDE TABS 120mg	5	QL (30 tabs / 30 days), PA
FIBRICOR TABS 35mg	4	QL (60 tabs / 30 days), PA
FIBRICOR TABS 105mg	5	QL (30 tabs / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 41

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>gemfibrozil</i> TABS 600mg	1	
LIPOFEN CAPS 50mg	4	QL (60 caps / 30 days), PA
LIPOFEN CAPS 150mg	4	QL (30 caps / 30 days), PA
LOPID TABS 600mg	4	
TRICOR TABS 48mg, 145mg	4	
TRILIPIX CPDR 45mg, 135mg	4	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), ST
ATORVALIQ SUSP 20mg/5ml	4	QL (600 mL / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	4	QL (300 mL / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
LESCOL XL TB24 80mg	4	QL (30 tabs / 30 days), ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg	4	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZOCOR TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
COLESTID GRAN 5gm; TABS 1gm	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	5	NM, PA
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	NM, PA
LOVAZA CAP 1GM	4	PA
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TABS 500mg	2	PA
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>niacor</i> TABS 500mg	2	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
QUESTRAN PACK 4gm; POWD 4gm/dose	4	
QUESTRAN LIGHT POWD 4gm/dose	4	
REPATHA SOSY 140mg/ml	3	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM, PA
VASCEPA CAPS .5gm, 1gm	3	
VYTORIN TAB 10-10MG	4	QL (30 tabs / 30 days)
VYTORIN TAB 10-20MG	4	QL (30 tabs / 30 days)
VYTORIN TAB 10-40MG	4	QL (30 tabs / 30 days)
VYTORIN TAB 10-80MG	4	QL (30 tabs / 30 days)
WELCHOL PACK 3.75gm; TABS 625mg	4	
ZETIA TABS 10mg	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
TENORETIC TAB 50	4	
TENORETIC TAB 100	4	

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	2	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg</i>	2	QL (30 caps / 30 days)
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	5	
KASPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	4	
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>	2	
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	4	
LOPRESSOR TABS 50mg, 100mg	4	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
TENORMIN TABS 25mg, 50mg, 100mg	4	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	4	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
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Nombre del Medicamento	Nivel	Requisitos/Limites
CARDIZEM TABS 30mg, 60mg, 120mg	4	
CARDIZEM CD CP24 120mg	4	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	5	
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	2	
KATERZIA SUSP 1mg/ml	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
NICARDIPINE SOL 20/200ML	4	
NICARDIPINE SOL 40/200ML	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
NORLIQVA SOLN 1mg/ml	4	
NORVASC TABS 2.5mg, 5mg, 10mg	4	
NYMALIZE SOLN 6mg/ml	5	
PROCARDIA XL TB24 30mg, 60mg, 90mg	4	
SULAR TB24 8.5mg, 17mg, 34mg	4	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	

Nombre del Medicamento	Nivel	Requisitos/Limites
VERELAN CP24 120mg, 180mg, 240mg, 360mg	4	
VERELAN PM CP24 100mg, 200mg, 300mg	4	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>dichlorphenamide</i> TABS 50mg	5	NM, PA
DIURIL SUSP 250mg/5ml	4	
DYRENIUM CAPS 50mg, 100mg	4	
EDECIN TABS 25mg	5	
<i>ethacrynic acid</i> TABS 25mg	2	
FUROSCIX CTKT 80mg/10ml	5	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	5	NM, PA
LASIX TABS 20mg, 40mg, 80mg	4	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>ormalvi</i> TABS 50mg	5	NM, PA
SOANZ TABS 20mg, 40mg, 60mg	4	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
THALITONE TABS 15mg	4	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> CAPS 50mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-80 mg</i>	1	
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	4	PA
BIDIL TAB	4	
CADUET TAB 5-10MG	4	
CADUET TAB 5-20MG	4	
CADUET TAB 5-40MG	4	
CADUET TAB 5-80MG	4	
CADUET TAB 10-10MG	4	
CADUET TAB 10-20MG	4	
CADUET TAB 10-40MG	4	
CADUET TAB 10-80MG	4	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (30 caps / 30 days), NM, PA
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TB24 .17mg	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	3	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
DEMSER CAPS 250mg	5	NM, PA
DIBENZYLINE CAPS 10mg	5	PA
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	2	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	4	
LANOXIN TABS 125mcg, 250mcg	4	QL (30 tabs / 30 days)
LANOXIN PEDIATRIC SOLN .1mg/ml	4	
LODOCO TABS .5mg	4	QL (30 tabs / 30 days), PA
<i>metyrosine</i> CAPS 250mg	5	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
NEXICLON XR TB24 .17mg	4	
NORTHERA CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NORTHERA CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>phenoxybenzamine hcl</i> CAPS 10mg	5	PA
<i>ranolazine</i> TB12 500mg, 1000mg	2	
TEKTURNA TABS 150mg, 300mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	5	QL (30 caps / 30 days), NM, PA
VYNDAQEL CAPS 20mg	5	QL (120 caps / 30 days), NM, PA

NITRATES

ISORDIL TITRADOSE TABS 5mg	4	
ISORDIL TITRADOSE TABS 40mg	5	PA
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide dinitrate</i> TABS 40mg	2	PA
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	4	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	5	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	2	
NITROLINGUAL SOLN .4mg/spray	4	
NITROSTAT SUBL .3mg, .4mg, .6mg	4	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, PA
<i>epoprostenol sodium</i> SOLR .5mg, 1.5mg	5	B/D, NM
FLOLAN SOLR .5mg, 1.5mg	5	B/D, NM
LETAIRIS TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
OPSYNVI TAB 10-20MG	5	QL (30 tabs / 30 days), NM, PA
OPSYNVI TAB 10-40MG	5	QL (30 tabs / 30 days), NM, PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	5	NM, PA
ORENITRAM TBCR .125mg	4	NM, PA
ORENITRAM TAB MONTH 1	5	NM, PA
ORENITRAM TAB MONTH 2	5	NM, PA
ORENITRAM TAB MONTH 3	5	NM, PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA
REVATIO SOLN 10mg/12.5ml	5	NM, PA
REVATIO TABS 20mg	5	QL (360 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN 10mg/12.5ml	5	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml	5	QL (784 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
TADLIQ SUSP 20mg/5ml	5	QL (300 mL / 30 days), NM, PA

Nombre del Medicamento	Nivel	Requisitos/Limites
TRACLEER TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, PA
TRACLEER TBSO 32mg	5	QL (120 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA
TYVASO SOLN .6mg/ml	5	NM, PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	5	QL (112 cartridges / 28 days), NM, PA
TYVASO DPI POW 16-32-48	5	QL (252 cartridges / 28 days), NM, PA
UPTRAVI SOLR 1800mcg	5	NM, PA
UPTRAVI TABS 200mcg	5	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	QL (1 pack / 28 days), NM, PA
VELETRI SOLR .5mg, 1.5mg	5	B/D, NM
WINREVAIR KIT 45mg, 60mg	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	QL (2 vials / 21 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg; TBP .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>alprazolam</i> TB24 2mg, 3mg	2	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
<i>alprazolam</i> TB24 .5mg, 1mg	2	QL (150 tabs / 30 days), PA; PA applies if 65 years and older
<i>alprazolam</i> TBP .25mg	2	QL (120 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	4	QL (300 mL / 30 days)
ATIVAN SOLN 2mg/ml, 4mg/ml	4	
ATIVAN TABS .5mg, 1mg, 2mg	5	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	2	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	2	QL (60 caps / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 50

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
LOREEV XR CS24 1mg, 1.5mg, 2mg	4	QL (150 caps / 30 days), PA; PA applies if 65 years and older
LOREEV XR CS24 3mg	4	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	2	QL (120 caps / 30 days), PA; PA applies if 65 years and older
XANAX TABS .25mg, .5mg, 1mg, 2mg	4	QL (150 tabs / 30 days)
XANAX XR TB24 2mg, 3mg	4	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
XANAX XR TB24 .5mg, 1mg	4	QL (150 tabs / 30 days), PA; PA applies if 65 years and older

ANTIDEMENTIA

ADLARITY PTWK 5mg/day, 10mg/day	4	QL (4 patches / 28 days), PA
ARICEPT TABS 5mg	4	QL (30 tabs / 30 days)
ARICEPT TABS 10mg, 23mg	4	
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>donepezil hydrochloride</i> TABS 23mg	2	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	PA; PA applies if 29 years and younger
NAMENDA TAB 5-10MG	4	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
ANAFRANIL CAPS 25mg, 50mg, 75mg	5	PA
APLENZIN TB24 174mg	5	QL (60 tabs / 30 days), PA
APLENZIN TB24 348mg, 522mg	5	QL (30 tabs / 30 days), PA
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>bupropion hcl</i> TB24 450mg	2	QL (30 tabs / 30 days), PA
CELEXA TABS 10mg, 20mg, 40mg	4	
CITALOPRAM HYDROBROMIDE CAPS 30mg	4	QL (30 caps / 30 days), PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
CYMBALTA CPEP 20mg, 30mg, 60mg	4	QL (60 caps / 30 days)
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
DESVENLAFAXINE ER TB24 50mg, 100mg	4	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	2	QL (60 caps / 30 days)
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	4	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg	2	QL (4 caps / 28 days)
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>fluoxetine hcl</i> TABS 10mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>fluoxetine hcl</i> TABS 20mg	2	QL (120 tabs / 30 days), PA
<i>fluoxetine hcl (pmd)</i> TABS 10mg	2	QL (30 tabs / 30 days), PA; (generic of SARAFEM)
<i>fluoxetine hcl (pmd)</i> TABS 20mg	2	QL (120 tabs / 30 days), PA; (generic of SARAFEM)
FLUOXETINE HYDROCHLORIDE TABS 60mg	4	QL (30 tabs / 30 days), PA
FORFIVO XL TB24 450mg	4	QL (30 tabs / 30 days), PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	4	
LEXAPRO TABS 5mg, 10mg, 20mg	4	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TDBP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	4	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
NORPRAMIN TABS 10mg, 25mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	5	
PARNATE TABS 10mg	5	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 53

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
PAXIL TABS 10mg, 20mg, 30mg, 40mg	4	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	3	PA; PA applies if 70 years and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	3	PA; PA applies if 70 years and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	3	PA; PA applies if 70 years and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	3	PA; PA applies if 70 years and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	3	PA; PA applies if 70 years and older
<i>phenelzine sulfate</i> TABS 15mg	2	
PRISTIQ TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days)
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
PROZAC CAPS 10mg, 20mg, 40mg	4	
REMERON TABS 15mg, 30mg	4	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	4	QL (30 caps / 30 days), PA
SPRAVATO SOL 56MG DOS	5	NM, PA
SPRAVATO SOL 84MG DOS	5	NM, PA
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trazodone hcl</i> TABS 300mg	2	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
VENLAFAXINE BESYLATE ER TB24 112.5mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	2	

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>venlafaxine hcl</i> TB24 225mg	2	QL (30 tabs / 30 days), PA
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days), PA
WELLBUTRIN XL TB24 150mg	5	QL (60 tabs / 30 days), PA
WELLBUTRIN XL TB24 300mg	5	QL (30 tabs / 30 days), PA
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	4	
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
APOKYN SOCT 30mg/3ml	5	QL (20 cartridges / 30 days), NM, PA
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml	5	QL (20 cartridges / 30 days), NM, PA
AZILECT TABS .5mg, 1mg	5	QL (30 tabs / 30 days)
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	2	
<i>carbidopa</i> TABS 25mg	2	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	2	
<i>carbidopa & levodopa tab er</i> 50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	2	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
COMTAN TABS 200mg	4	
DHIVY TAB 25-100MG	4	
DUOPA SUS 4.63-20	5	B/D, NM
<i>entacapone TABS 200mg</i>	2	
GOCOVRI CP24 68.5mg	5	QL (30 caps / 30 days), NM, PA
GOCOVRI CP24 137mg	5	QL (60 caps / 30 days), NM, PA
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, PA
LODOSYN TABS 25mg	5	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	PA
NOURIANZ TABS 20mg, 40mg	5	QL (30 tabs / 30 days), NM
ONGENTYS CAPS 25mg, 50mg	4	QL (30 caps / 30 days), PA
PARLODEL CAPS 5mg; TABS 2.5mg	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	2	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	2	
RYTARY CAP 95MG	4	ST
RYTARY CAP 145MG	4	ST
RYTARY CAP 195MG	4	ST
RYTARY CAP 245MG	4	ST
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	
SINEMET TAB 10-100MG	4	
SINEMET TAB 25-100MG	4	
STALEVO 50 TAB	4	
STALEVO 75 TAB	4	

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Nombre del Medicamento	Nivel	Requisitos/Limites
STALEVO 100 TAB	4	
STALEVO 125 TAB	4	
STALEVO 150 TAB	4	
STALEVO 200 TAB	4	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	PA; PA applies if 70 years and older
XADAGO TABS 50mg, 100mg	5	
ZELAPAR TBDP 1.25mg	5	

ANTIPSYCHOTICS

ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	QL (30 tabs / 30 days), PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	QL (30 tabs / 30 days), PA
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>clozapine</i> TBDP 200mg	2	QL (120 tabs / 30 days), PA
CLOZARIL TABS 25mg, 50mg	4	
CLOZARIL TABS 100mg	5	QL (270 tabs / 30 days)
CLOZARIL TABS 200mg	5	QL (120 tabs / 30 days)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	5	QL (60 caps / 30 days)
GEODON SOLR 20mg	4	QL (6 injections / 3 days)
HALDOL DECANOATE 50 SOLN 50mg/ml	4	
HALDOL DECANOATE 100 SOLN 100mg/ml	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA TB24 3mg, 9mg	4	QL (30 tabs / 30 days)
INVEGA TB24 6mg	4	QL (60 tabs / 30 days)
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	5	QL (30 tabs / 30 days)
LATUDA TABS 80mg	5	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	QL (30 tabs / 30 days), PA
LYBALVI TAB 10-10MG	5	QL (30 tabs / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
LYBALVI TAB 15-10MG	5	QL (30 tabs / 30 days), PA
LYBALVI TAB 20-10MG	5	QL (30 tabs / 30 days), PA
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days), ST
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
RISPERDAL SOLN 1mg/ml	4	QL (240 mL / 30 days)
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	4	
RISPERDAL CONSTA SRER 12.5mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days), ST

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SAPHRIS SUBL 2.5mg, 5mg, 10mg	5	QL (60 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
SEROQUEL TABS 25mg	4	QL (180 tabs / 30 days)
SEROQUEL TABS 50mg, 100mg, 200mg	4	QL (90 tabs / 30 days)
SEROQUEL TABS 300mg, 400mg	4	QL (60 tabs / 30 days)
SEROQUEL XR TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
SEROQUEL XR TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	5	QL (1 syringe / 30 days)
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	5	QL (1 syringe / 60 days)
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA SOLR 10mg	4	QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
ZYPREXA TABS 7.5mg	4	QL (30 tabs / 30 days)
ZYPREXA TABS 15mg, 20mg	5	QL (30 tabs / 30 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA
ZYPREXA ZYDIS TBDP 5mg	4	QL (30 tabs / 30 days), ST

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Nombre del Medicamento	Nivel	Requisitos/Limites
ZYPREXA ZYDIS TBDP 10mg	4	QL (60 tabs / 30 days), ST
ZYPREXA ZYDIS TBDP 15mg, 20mg	5	QL (30 tabs / 30 days), ST

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
BANZEL TABS 200mg	5	QL (480 tabs / 30 days), PA
BANZEL TABS 400mg	5	QL (240 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CARBATROL CP12 100mg, 200mg, 300mg	4	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DEPAKOTE TBEC 125mg, 250mg, 500mg	4	
DEPAKOTE ER TB24 250mg, 500mg	4	
DEPAKOTE SPRINKLES CSDR 125mg	4	
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FELBATOL TABS 400mg, 600mg	5	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)

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Nombre del Medicamento	Nivel	Requisitos/Limites
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	5	
KEPPRA TABS 250mg	4	
KEPPRA XR TB24 500mg, 750mg	5	
KLONOPIN TABS 2mg	4	QL (300 tabs / 30 days)
KLONOPIN TABS .5mg, 1mg	4	QL (90 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	5	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	5	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	5	ST
LAMICTAL ODT KIT BLUE	4	
LAMICTAL ODT KIT GREEN	4	
LAMICTAL ODT KIT ORANGE	4	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	4	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	4	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	4	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	5	ST
LAMICTAL XR KIT	4	
<i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	ST
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	2	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	2	
LEVETIRACETA INJ 5MG/ML	4	
LEVETIRACETA INJ 10MG/ML	4	

Nombre del Medicamento	Nivel	Requisitos/Limites
LEVETIRACETA INJ 15MG/ML	4	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	4	QL (10 buccal films / 30 days)
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	4	QL (120 caps / 30 days), PA
LYRICA CAPS 200mg	4	QL (90 caps / 30 days), PA
LYRICA CAPS 225mg, 300mg	4	QL (60 caps / 30 days), PA
LYRICA SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>methsuximide</i> CAPS 300mg	2	
MOTPOLY XR CP24 100mg, 150mg, 200mg	5	QL (60 caps / 30 days), PA
MYSOLINE TABS 50mg, 250mg	5	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units per 30 days)
NEURONTIN CAPS 100mg, 300mg	4	QL (360 caps / 30 days)
NEURONTIN CAPS 400mg	4	QL (270 caps / 30 days)
NEURONTIN SOLN 250mg/5ml	4	QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	5	QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	5	QL (120 tabs / 30 days)
ONFI SUSP 2.5mg/ml	5	QL (480 mL / 30 days), PA
ONFI TABS 10mg, 20mg	5	QL (60 tabs / 30 days), PA
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
OXTELLAR XR TB24 150mg, 300mg	4	PA
OXTELLAR XR TB24 600mg	5	PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 70 years and older

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
QUDEXY XR CS24 25mg	4	QL (480 caps / 30 days), PA
QUDEXY XR CS24 50mg	4	QL (240 caps / 30 days), PA
QUDEXY XR CS24 100mg	4	QL (120 caps / 30 days), PA
QUDEXY XR CS24 150mg, 200mg	5	QL (60 caps / 30 days), PA
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SABRIL PACK 500mg	5	QL (180 packets / 30 days), NM, PA
SABRIL TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> KIT 25mg	2	
<i>subvenite starter kit/gre</i>	2	
<i>subvenite starter kit/ora</i>	2	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	4	

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Nombre del Medicamento	Nivel	Requisitos/Limites
TEGRETOL-XR TB12 100mg, 200mg, 400mg	4	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
TOPAMAX TABS 25mg	4	
TOPAMAX TABS 50mg, 100mg, 200mg	5	
TOPAMAX SPRINKLE CPSP 15mg	4	
TOPAMAX SPRINKLE CPSP 25mg	5	
<i>topiramate</i> CP24 25mg; CS24 25mg	2	QL (480 caps / 30 days), PA
<i>topiramate</i> CP24 50mg; CS24 50mg	2	QL (240 caps / 30 days), PA
<i>topiramate</i> CP24 100mg; CS24 100mg	2	QL (120 caps / 30 days), PA
<i>topiramate</i> CP24 200mg; CS24 150mg, 200mg	2	QL (60 caps / 30 days), PA
<i>topiramate</i> CPSP 15mg, 25mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	5	
TRILEPTAL TABS 150mg	4	
TROKENDI XR CP24 25mg	4	QL (480 caps / 30 days), PA
TROKENDI XR CP24 50mg	4	QL (240 caps / 30 days), PA
TROKENDI XR CP24 100mg	5	QL (120 caps / 30 days), PA
TROKENDI XR CP24 200mg	5	QL (60 caps / 30 days), PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	5	QL (180 packets / 30 days), NM, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	4	
ZONEGRAN CAPS 25mg, 100mg	5	
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADDERALL TAB 5MG	4	QL (60 tabs / 30 days), PA
ADDERALL TAB 7.5MG	4	QL (60 tabs / 30 days), PA
ADDERALL TAB 10MG	4	QL (60 tabs / 30 days), PA
ADDERALL TAB 12.5MG	4	QL (60 tabs / 30 days), PA
ADDERALL TAB 15MG	4	QL (60 tabs / 30 days), PA
ADDERALL TAB 20MG	4	QL (90 tabs / 30 days), PA
ADDERALL TAB 30MG	4	QL (60 tabs / 30 days), PA
ADDERALL XR CAP 5MG	4	QL (30 caps / 30 days), PA
ADDERALL XR CAP 10MG	4	QL (30 caps / 30 days), PA
ADDERALL XR CAP 15MG	4	QL (30 caps / 30 days), PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
ADDERALL XR CAP 20MG	4	QL (30 caps / 30 days), PA
ADDERALL XR CAP 25MG	4	QL (30 caps / 30 days), PA
ADDERALL XR CAP 30MG	4	QL (30 caps / 30 days), PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg	4	QL (60 tabs / 30 days), PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg	4	QL (30 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
APTENSIO XR CP24 40mg, 50mg, 60mg	4	QL (30 caps / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	2	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
AZSTARYS CAP 26.1-5.2	4	QL (30 caps / 30 days), PA
AZSTARYS CAP 39.2-7.8	4	QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	4	QL (30 caps / 30 days), PA
CONCERTA TBCR 18mg, 27mg, 36mg	4	QL (60 tabs / 30 days), PA
CONCERTA TBCR 54mg	4	QL (30 tabs / 30 days), PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	4	QL (60 tabs / 30 days), PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	4	QL (30 patches / 30 days), PA
DEXEDRINE CP24 10mg	5	QL (150 caps / 30 days), PA
DEXEDRINE CP24 15mg	5	QL (120 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> CP24 5mg, 10mg, 15mg, 20mg	2	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> CP24 25mg, 30mg, 35mg, 40mg	2	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg	2	QL (150 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 15mg	2	QL (120 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 15mg	2	QL (120 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 20mg	2	QL (90 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 30mg	2	QL (60 tabs / 30 days), PA
DYANAVEL XR SUER 2.5mg/ml	4	QL (240 mL / 30 days), PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
DYANAVEL XR TBCR 5mg	4	QL (60 tabs / 30 days), PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days), PA
FOCALIN TABS 2.5mg, 5mg	4	QL (120 tabs / 30 days), PA
FOCALIN TABS 10mg	4	QL (60 tabs / 30 days), PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg	4	QL (60 caps / 30 days), PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg	4	QL (30 caps / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
INTUNIV TB24 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
INTUNIV TB24 3mg	4	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
JORNAY PM CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
JORNAY PM CP24 60mg, 80mg, 100mg	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg	2	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg	2	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	2	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	2	QL (30 tabs / 30 days), PA
METADATE CD CPCR 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
METADATE CD CPCR 40mg, 50mg, 60mg	4	QL (30 caps / 30 days), PA
METHYLIN SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
METHYLIN SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate</i> PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	2	QL (30 patches / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 70

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>methylphenidate hcl</i> CP24 10mg, 15mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl</i> CP24 40mg, 50mg, 60mg; CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg	2	QL (30 tabs / 30 days), PA
MYDAYIS CAP 12.5MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 25MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 37.5MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	4	QL (30 caps / 30 days), PA
QELBREE CP24 100mg	4	QL (180 caps / 30 days), PA
QELBREE CP24 150mg	4	QL (60 caps / 30 days), PA
QELBREE CP24 200mg	4	QL (90 caps / 30 days), PA
QUILLICHEW ER CHER 20mg, 30mg	4	QL (60 tabs / 30 days), PA
QUILLICHEW ER CHER 40mg	4	QL (30 tabs / 30 days), PA
QUILLIVANT XR SRER 25mg/5ml	4	QL (360 mL / 30 days), PA
RELEXXII TBCR 18mg, 27mg, 36mg	4	QL (60 tabs / 30 days), PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg	4	QL (30 tabs / 30 days), PA
RITALIN TABS 5mg, 10mg	4	QL (180 tabs / 30 days), PA
RITALIN TABS 20mg	4	QL (90 tabs / 30 days), PA
RITALIN LA CP24 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
RITALIN LA CP24 40mg	4	QL (30 caps / 30 days), PA
STRATTERA CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
STRATTERA CAPS 40mg	4	QL (60 caps / 30 days)
STRATTERA CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	4	QL (30 patches / 30 days), PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (180 tabs / 30 days), PA
zenzedi TABS 15mg	2	QL (120 tabs / 30 days), PA
zenzedi TABS 20mg	2	QL (90 tabs / 30 days), PA
zenzedi TABS 30mg	2	QL (60 tabs / 30 days), PA

HYPNOTICS

AMBIEN TABS 5mg, 10mg	4	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
AMBIEN CR TBCR 6.25mg, 12.5mg	4	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
EDLUAR SUBL 5mg, 10mg	4	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
estazolam TABS 1mg, 2mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	4	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HALCION TABS .25mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
HETLIOZ LQ SUSP 4mg/ml	5	QL (158 ml / 30 days), NM, PA
QUVIVIQ TABS 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	2	QL (30 tabs / 30 days)
RESTORIL CAPS 7.5mg, 22.5mg, 30mg	5	QL (30 caps / 30 days), PA; PA applies if 65 years and older
RESTORIL CAPS 15mg	5	QL (60 caps / 30 days), PA; PA applies if 65 years and older
ROZEREM TABS 8mg	4	QL (30 tabs / 30 days)
SILENOR TABS 3mg, 6mg	4	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 22.5mg, 30mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>triazolam</i> TABS .25mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>triazolam</i> TABS .125mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 5mg	3	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>zaleplon</i> CAPS 10mg	3	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
ZOLPIDEM TARTRATE CAPS 7.5mg	4	QL (30 caps / 30 days), PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg	4	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
AJOVY SOAJ 225mg/1.5ml	4	QL (3 pens / 90 days), NM, PA
AJOVY SOSY 225mg/1.5ml	4	QL (3 syringes / 90 days), NM, PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	2	QL (12 tabs / 30 days), ST
CAMBIA PACK 50mg	5	QL (9 packets / 30 days), PA
<i>diclofenac potassium (migraine)</i> PACK 50mg	2	QL (9 packets / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i> TABS 20mg, 40mg	2	QL (12 tabs / 30 days), ST
ELYXYB SOLN 120mg/4.8ml	5	QL (28.8 mL / 21 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
FROVA TABS 2.5mg	5	QL (18 tabs / 30 days), ST
<i>frovatriptan succinate</i> TABS 2.5mg	2	QL (18 tabs / 30 days), ST
IMITREX TABS 25mg, 50mg, 100mg	4	QL (12 tabs / 30 days)
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml	5	QL (18 injections / 30 days)
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml	5	QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml	5	QL (18 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml	5	QL (12 injections / 30 days)
MAXALT TABS 10mg	4	QL (18 tabs / 30 days)
MAXALT-MLT TBDP 10mg	4	QL (18 tabs / 30 days)
<i>migergot</i>	5	QL (20 suppositories / 28 days), PA
MIGRANAL SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
ONZETRA XSAIL EXHP 11mg/nosepc	5	QL (16 nosepieces / 30 days), ST
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
RELPAK TABS 20mg	4	QL (12 tabs / 30 days), ST
RELPAK TABS 40mg	5	QL (12 tabs / 30 days), ST
REYVOW TABS 50mg	4	QL (4 tabs / 30 days), PA
REYVOW TABS 100mg	4	QL (8 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	2	QL (9 tabs / 30 days), ST
TOSYMRA SOLN 10mg/act	4	QL (18 units / 30 days), ST
TREXIMET TAB 85-500MG	5	QL (9 tabs / 30 days), ST
TRUDHESA AERS .725mg/act	5	QL (12 mL / 28 days), PA
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
VYEPTI SOLN 100mg/ml	5	NM, PA
ZAVZPRET SOLN 10mg/act	5	QL (6 nasal units / 21 days), PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	5	QL (24 pens / 30 days), ST
<i>zolmitriptan</i> SOLN 5mg	2	QL (12 units / 30 days), ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	QL (12 tabs / 30 days), ST
<i>zomig</i> TABS 2.5mg, 5mg	2	QL (12 tabs / 30 days), ST

MISCELLANEOUS

AMVUTTRA SOSY 25mg/0.5ml	5	QL (1 syringe / 90 days), NM, PA
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
DAYBUE SOLN 200mg/ml	5	QL (3600 mL / 30 days), NM, PA
DUVYZAT SUSP 8.86mg/ml	5	QL (420 mL / 30 days), NM, PA
<i>edaravone</i> SOLN 30mg/100ml	5	NM, PA
ENSPRYNG SOSY 120mg/ml	5	NM, PA
EQUETRO CP12 100mg, 200mg, 300mg	4	
EVRYSDI SOLR .75mg/ml	5	NM, PA
FIRDAPSE TABS 10mg	5	NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>gabapentin (once-daily)</i> TABS 300mg	2	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	2	QL (90 tabs / 30 days), PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	QL (60 tabs / 30 days), PA
HORIZANT TBCR 300mg, 600mg	4	QL (60 tabs / 30 days), PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
LITHOBID TBCR 300mg	5	
LYRICA CR TB24 82.5mg, 165mg	4	QL (90 tabs / 30 days), PA
LYRICA CR TB24 330mg	4	QL (60 tabs / 30 days), PA
MESTINON SOLN 60mg/5ml; TABS 60mg	5	
MESTINON TIMESPAN TBCR 180mg	5	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA
<i>paroxetine mesylate (vasomotor)</i> CAPS 7.5mg	4	QL (30 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg	2	QL (90 tabs / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 330mg	2	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml; TABS 30mg, 60mg; TBCR 180mg	2	
RADICAVA SOLN 30mg/100ml	5	NM, PA
RADICAVA ORS SUSP 105mg/5ml	5	QL (70 mL / 28 days), NM, PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	5	QL (70 mL / 28 days), NM, PA
<i>riluzole</i> TABS 50mg	2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	QL (2 packs / year), PA
SKYCLARYS CAPS 50mg	5	QL (90 caps / 30 days), NM, PA
TEGLUTIK SUSP 50mg/10ml	5	QL (600 mL / 30 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
TEGSEDI SOSY 284mg/1.5ml	5	QL (4 syringes / 28 days), NM, PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
UPLIZNA SOLN 100mg/10ml	5	NM, PA
WAINUA SOAJ 45mg/0.8ml	5	QL (1 pen / 30 days), NM, PA
XENAZINE TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
XENAZINE TABS 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA TB12 10mg	5	QL (60 tabs / 30 days), NM, PA
AUBAGIO TABS 7mg, 14mg	5	QL (30 tabs / 30 days), NM, PA
AVONEX PSKT 30mcg/0.5ml	5	QL (4 syringes / 28 days), NM, PA
AVONEX PEN AJKT 30mcg/0.5ml	5	QL (4 injections / 28 days), NM, PA
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
BRIUMVI SOLN 150mg/6ml	5	NM, PA
COPAXONE SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), NM, PA
<i>dimethyl fumarate</i> CPDR 120mg	5	QL (14 caps / 7 days), NM, PA
<i>dimethyl fumarate</i> CPDR 240mg	5	QL (60 caps / 30 days), NM, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	QL (2 packs / year), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
GILENYA CAPS .25mg, .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / 365 days), NM, PA
LEMTRADA SOLN 12mg/1.2ml	5	NM, PA
MAVENCLAD (4 TABS) TBPK 10mg	5	QL (16 tabs per lifetime), NM, PA
MAVENCLAD (5 TABS) TBPK 10mg	5	QL (20 tabs per lifetime), NM, PA
MAVENCLAD (6 TABS) TBPK 10mg	5	QL (24 tabs per lifetime), NM, PA
MAVENCLAD (7 TABS) TBPK 10mg	5	QL (28 tabs per lifetime), NM, PA
MAVENCLAD (8 TABS) TBPK 10mg	5	QL (32 tabs per lifetime), NM, PA
MAVENCLAD (9 TABS) TBPK 10mg	5	QL (36 tabs per lifetime), NM, PA
MAVENCLAD (10 TABS) TBPK 10mg	5	QL (40 tabs per lifetime), NM, PA
MAYZENT TABS 1mg, 2mg	5	QL (30 tabs / 30 days), NM, PA
MAYZENT TABS .25mg	5	QL (112 tabs / 28 days), NM, PA
MAYZENT STARTER PACK (7) TBPK .25mg	5	QL (2 packs / year), NM, PA
MAYZENT STARTER PACK (12) TBPK .25mg	5	QL (2 packs / year), NM, PA
OCREVUS SOLN 300mg/10ml	5	NM, PA
PLEGRIDY SOAJ 125mcg/0.5ml	5	QL (2 pens / 28 days), NM, PA
PLEGRIDY SOSY 125mcg/0.5ml	5	QL (2 syringes / 28 days), NM, PA
PLEGRIDY INJ STARTER	5	QL (2 packs / year), NM, PA
PLEGRIDY PEN INJ STARTER	5	QL (2 packs / year), NM, PA
PONVORY TABS 20mg	5	QL (30 tabs / 30 days), NM, PA
PONVORY TAB STARTER	5	QL (2 packs / year), NM, PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	QL (12 syringes / 28 days), NM, PA
REBIF REBIDO INJ TITRATN	5	QL (12 injections / 28 days), NM, PA

Nombre del Medicamento	Nivel	Requisitos/Limites
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	QL (12 injections / 28 days), NM, PA
REBIF TITRTN INJ PACK	5	QL (12 syringes / 28 days), NM, PA
TASCENSO ODT TBDP .25mg, .5mg	5	QL (30 tabs / 30 days), NM, PA
TECFIDERA CPDR 120mg	5	QL (14 caps / 7 days), NM, PA
TECFIDERA CPDR 240mg	5	QL (60 caps / 30 days), NM, PA
TECFIDERA CAP STARTER	5	QL (2 packs / year), NM, PA
<i>teriflunomide</i> TABS 7mg, 14mg	5	QL (30 tabs / 30 days), NM, PA
TYSABRI CONC 300mg/15ml	5	NM, PA
VUMERITY CPDR 231mg	5	QL (120 caps / 30 days), NM, PA
ZEPOSIA CAPS .92mg	5	QL (30 caps / 30 days), NM, PA
ZEPOSIA 7DAY CAP STR PACK	5	QL (2 packs / year), NM, PA
ZEPOSIA CAP STR KIT	5	QL (2 packs / year), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml	2	PA
<i>baclofen</i> SUSP 25mg/5ml	5	PA
<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 15mg, 20mg	2	
BOTOX SOLR 100unit, 200unit	5	PA
<i>carisoprodol</i> TABS 250mg	4	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>carisoprodol</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
DANTRIUM CAPS 25mg	4	
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
DYSPORT SOLR 300unit	4	NM, PA
DYSPORT SOLR 500unit	5	NM, PA
FLEQSUVY SUSP 25mg/5ml	5	PA
LYVISPAH PACK 5mg, 10mg, 20mg	4	PA
<i>metaxalone</i> TABS 400mg	4	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>metaxalone</i> TABS 800mg	4	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	4	NM, PA
MYOBLOC SOLN 10000unit/2ml	5	NM, PA
OZOBAX DS SOLN 10mg/5ml	4	PA
SOMA TABS 250mg	4	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
SOMA TABS 350mg	5	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	2	
XEOMIN SOLR 50unit	4	NM, PA
XEOMIN SOLR 100unit, 200unit	5	NM, PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	4	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	5	QL (30 packets / 30 days), NM, PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
NUVIGIL TABS 50mg	4	QL (60 tabs / 30 days), PA
NUVIGIL TABS 150mg, 200mg, 250mg	5	QL (30 tabs / 30 days), PA
PROVIGIL TABS 100mg	5	QL (30 tabs / 30 days), PA
PROVIGIL TABS 200mg	5	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA
SUNOSI TABS 75mg, 150mg	4	QL (30 tabs / 30 days), PA
WAKIX TABS 4.45mg, 17.8mg	5	QL (60 tabs / 30 days), NM, PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA
XYWAV SOL 0.5GM/ML	5	QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	2	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	5	NM
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>disulfiram</i> TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>lofexidine hcl</i> TABS .18mg	5	QL (228 tabs / 14 days), PA
LUCEMYRA TABS .18mg	5	QL (228 tabs / 14 days), PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
OPVEE SOLN 2.7mg/0.1ml	4	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	NM
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NM
ZIMHI SOSY 5mg/0.5ml	4	
ZUBSOLV SUB 0.7-0.18	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 5.7-1.4	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	4	QL (60 tabs / 30 days)
ZUBSOLV SUB 11.4-2.9	4	QL (30 tabs / 30 days)

ENDOCRINE AND METABOLIC

ANDROGENS

ANDROGEL PUMP GEL 1.62%	4	QL (150 gm / 30 days), PA
AVEED SOLN 750mg/3ml	4	NM, PA
<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
JATENZO CAPS 158mg, 198mg	4	QL (120 caps / 30 days), PA
JATENZO CAPS 237mg	5	QL (60 caps / 30 days), PA
<i>methyltestosterone</i> CAPS 10mg	5	QL (600 caps / 30 days), PA
TESTIM GEL 1%	4	QL (300 gm / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%, 20.25mg/1.25gm, 40.5mg/2.5gm	2	QL (150 gm / 30 days), PA
<i>testosterone</i> GEL 10mg/act	2	QL (120 gm / 30 days), PA
<i>testosterone</i> SOLN 30mg/act	2	QL (180 mL / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA
TLANDO CAPS 112.5mg	4	QL (120 caps / 30 days), PA
VOGELXO GEL 50mg/5gm	4	QL (300 gm / 30 days), PA
VOGELXO PUMP GEL 1%	4	QL (300 gm / 30 days), PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	4	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
ACTOPLUS MET TAB 15-850MG	4	QL (90 tabs / 30 days)
ACTOS TABS 15mg, 30mg, 45mg	4	QL (30 tabs / 30 days)
<i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg	4	QL (30 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	4	QL (60 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	4	QL (60 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-15 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	4	QL (30 tabs / 30 days), ST
BYDUREON BCISE AUIJ 2mg/0.85ml	4	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
DUETACT TAB 30-2MG	4	QL (30 tabs / 30 days)
DUETACT TAB 30-4MG	4	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 2.5mg	1	QL (480 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 84

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLUCOTROL XL TB24 5mg	4	QL (90 tabs / 30 days)
GLUCOTROL XL TB24 10mg	4	QL (60 tabs / 30 days)
GLUMETZA TB24 500mg	5	QL (120 tabs / 30 days), PA
GLUMETZA TB24 1000mg	5	QL (60 tabs / 30 days), PA
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	4	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	4	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKANA TABS 100mg	4	QL (60 tabs / 30 days)
INVOKANA TABS 300mg	4	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
KAZANO 12.5- TAB 500MG	4	QL (60 tabs / 30 days), ST
KAZANO 12.5- TAB 1000MG	4	QL (60 tabs / 30 days), ST
KOMBIGLYZ XR TAB 2.5-1000	4	QL (60 tabs / 30 days), ST

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
KOMBIGLYZ XR TAB 5-500MG	4	QL (30 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-1000MG	4	QL (30 tabs / 30 days), ST
<i>liraglutide</i> SOPN 18mg/3ml	2	QL (3 pens / 30 days), PA
<i>metformin hcl</i> SOLN 500mg/5ml	2	QL (765 mL / 30 days), PA
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 625mg	5	QL (120 tabs / 30 days), PA
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 500mg	2	QL (120 tabs / 30 days), PA; (generic of FORTAMET)
<i>metformin hcl</i> TB24 500mg	2	QL (120 tabs / 30 days), PA; (generic of GLUMETZA)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 1000mg	2	QL (60 tabs / 30 days), PA; (generic of FORTAMET)
<i>metformin hcl</i> TB24 1000mg	2	QL (60 tabs / 30 days), PA; (generic of GLUMETZA)
<i>migliitol</i> TABS 25mg, 50mg, 100mg	2	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
NESINA TABS 6.25mg, 12.5mg, 25mg	4	QL (30 tabs / 30 days), ST
ONGLYZA TABS 2.5mg, 5mg	4	QL (30 tabs / 30 days), ST
OSENI TAB 12.5-30	4	QL (30 tabs / 30 days), ST
OSENI TAB 25-15MG	4	QL (30 tabs / 30 days), ST
OSENI TAB 25-30MG	4	QL (30 tabs / 30 days), ST

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
OSENI TAB 25-45MG	4	QL (30 tabs / 30 days), ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
QTERN TAB 5-5MG	4	QL (30 tabs / 30 days)
QTERN TAB 10-5MG	4	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
<i>saxagliptin hcl</i> TABS 2.5mg, 5mg	2	QL (30 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	2	QL (60 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	2	QL (30 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	2	QL (30 tabs / 30 days)
SEGLUROMET TAB 2.5-500	4	QL (120 tabs / 30 days)
SEGLUROMET TAB 2.5-1000	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-500	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-1000	4	QL (60 tabs / 30 days)
SITAG/METFOR TAB 50-500MG	4	QL (60 tabs / 30 days), ST
SITAG/METFOR TAB 50-1000	4	QL (60 tabs / 30 days), ST
SITAGLIPTIN TABS 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), ST
STEGLATRO TABS 5mg	4	QL (90 tabs / 30 days)
STEGLATRO TABS 15mg	4	QL (30 tabs / 30 days)
STEGLUJAN TAB 5-100MG	4	QL (30 tabs / 30 days)
STEGLUJAN TAB 15-100MG	4	QL (30 tabs / 30 days)
SYMLINPEN 60 SOPN 1500mcg/1.5ml	5	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	5	PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 87

Nombre del Medicamento	Nivel	Requisitos/Limites
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
TZIELD SOLN 2mg/2ml	5	NM, PA
VICTOZA SOPN 18mg/3ml	4	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ZITUVIO TABS 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), ST

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
AFREZZA POWD 4unit, 8unit	4	
AFREZZA POWD 12unit	5	
AFREZZA POW 4-8 UNIT	5	
AFREZZA POW 4-8-12	5	
AFREZZA POW 8-12UNIT	5	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	3	PA
APIDRA SOLN 100unit/ml	4	
APIDRA SOLOSTAR SOPN 100unit/ml	4	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BASAGLAR TEMPO PEN SOPN 100unit/ml	4	
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2X2	3	PA
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	4	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	4	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
HUMALOG MIX INJ 50/50KWP	4	
HUMALOG MIX INJ 75/25KWP	4	
HUMALOG MIX SUS 75/25	4	
HUMALOG TEMPO PEN SOPN 100unit/ml	4	
HUMULIN INJ 70/30	4	
HUMULIN INJ 70/30KWP	4	
HUMULIN N SUSP 100unit/ml	4	
HUMULIN N KWIKPEN SUPN 100unit/ml	4	
HUMULIN R SOLN 100unit/ml	4	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INS ASP PROT INJ FLEXPEN	4	
INSULIN ASPA INJ 70/30	4	
INSULIN ASPART SOLN 100unit/ml	4	
INSULIN ASPART FLEXPEN SOPN 100unit/ml	4	
INSULIN ASPART PENFILL SOCT 100unit/ml	4	
INSULIN DEGLUDEC SOLN 100unit/ml	4	
INSULIN DEGLUDEC FLEXTOUC SOPN 100unit/ml, 200unit/ml	4	
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	4	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	4	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	4	
INSULIN LISP INJ PROTAMIN	4	
INSULIN LISPRO SOLN 100unit/ml	4	
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	4	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	4	
INSULIN PEN NEEDLES: BD-EMBECTA	3	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	3	PA
INSULIN SYRINGES: BD-EMBECTA	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LYUMJEV SOLN 100unit/ml	4	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
LYUMJEV TEMPO PEN SOPN 100unit/ml	4	
NOVOLIN70/30 INJ RELION	4	
NOVOLIN INJ 70/30	3	
NOVOLIN INJ 70/30 FP	3	
NOVOLIN INJ 70/30 FP RELION	4	
NOVOLIN N SUSP 100unit/ml	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	4	
NOVOLIN N RELION SUSP 100unit/ml	4	
NOVOLIN R SOLN 100unit/ml	3	
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	4	
NOVOLIN R RELION SOLN 100unit/ml	4	
NOVOLOG SOLN 100unit/ml	3	
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	4	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEX REL	4	
NOVOLOG MIX INJ FLEXPEN	3	
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELI INJ 70/30	4	
NOVOLOG RELION SOLN 100unit/ml	4	
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	4	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	4	
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (30 devices / 30 days), PA
V-GO 30 KIT	4	QL (30 devices / 30 days), PA
V-GO 40 KIT	4	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	4	
<i>alendronate sodium</i> SOLN 70mg/75ml	2	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
ATELVIA TBEC 35mg	4	ST
BINOSTO TBEF 70mg	4	ST
<i>calcitonin (salmon) inj</i> SOLN 200unit/ml	5	B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
EVENITY SOSY 105mg/1.17ml	5	NM, PA
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
FOSAMAX TABS 70mg	4	
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
MIACALCIN SOLN 200unit/ml	5	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
RECLAST SOLN 5mg/100ml	4	B/D, NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg	2	
<i>risedronate sodium</i> TBEC 35mg	2	ST
<i>teriparatide</i> SOPN 600mcg/2.4ml	5	NM, PA
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
TYMLOS SOPN 3120mcg/1.56ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D, NM
ZOLEDRONIC ACID SOLN 4mg/100ml	4	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	5	
CUVRIOR TABS 300mg	5	NM, PA
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg	4	NM, PA
<i>deferiprone</i> TABS 500mg, 1000mg	5	NM, PA
<i>deferoxamine mesylate</i> SOLR 2gm, 500mg	2	NM, PA
DEPEN TITRATABS TABS 250mg	5	NM
DESFERAL SOLR 500mg	4	NM, PA
EXJADE TBSO 125mg, 250mg, 500mg	5	NM, PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	5	NM, PA
FERRIPROX TWICE-A-DAY TABS 1000mg	5	NM, PA
JADENU TABS 90mg, 180mg, 360mg	5	NM, PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	5	NM, PA
<i>kionex</i> SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
SYPRINE CAPS 250mg	5	NM, PA
<i>trientine hcl</i> CAPS 250mg, 500mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
ANNOVERA MIS	4	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
BALCOLTRA TAB 0.1-20	4	
<i>balziva</i>	2	
BEYAZ TAB	4	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	4	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emzahn</i> TABS .35mg	2	

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>finzala</i>	2	
<i>gemmily</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>haloette</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>joyeaux</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	2	
<i>levora 0.15/30-28</i>	2	
LILETTA IUD 20.1mcg/day	3	NM
LO LOESTRIN TAB 1-10-10	4	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutura</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
NATAZIA TAB	4	
<i>necon 0.5/35-28</i>	2	
NEXPLANON IMPL 68mg	3	NM

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Nombre del Medicamento	Nivel	Requisitos/Limites
NEXTSTELLIS TAB 3-14.2MG	4	PA
<i>nikki</i>	2	
<i>nora-be</i> TABS .35mg	2	
<i>norelgestromin-ethinyl estradiol td ptwk</i> <i>150-35 mcg/24hr</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone (contraceptive) TABS</i> <i>.35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> <i>20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab</i> <i>1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew</i> <i>tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe cap</i> <i>1 mg-20 mcg (24)</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING MIS	4	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
PHEXXI GEL	4	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
SAFYRAL TAB	4	

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>setlakin</i>	2	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
TAYTULLA CAP 1MG/20MC	4	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
YASMIN 28 TAB 3-0.03MG	4	
YAZ TAB 3-0.02MG	4	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
ACTIVELLA TAB 1-0.5MG	4	
BIJUVA CAP 0.5-100	4	
BIJUVA CAP 1-100MG	4	

Nombre del Medicamento	Nivel	Requisitos/Limites
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	4	
CLIMARA PRO DIS WEEKLY	4	
COMBIPATCH DIS	4	
DELESTROGEN OIL 10mg/ml, 20mg/ml	4	
DEPO-ESTRADIOL OIL 5mg/ml	4	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
ELESTRIN GEL .06%	4	
ESTRACE CREA .1mg/gm	4	
<i>estradiol</i> GEL .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	4	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
ESTRING RING 7.5mcg/24hr	4	
EVAMIST SOLN 1.53mg/spray	4	
FEMRING RING .05mg/24hr, .1mg/24hr	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	4	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	4	PA
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	4	
MENOSTAR PTWK 14mcg/24hr	4	
<i>mimvey</i>	3	

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Nombre del Medicamento	Nivel	Requisitos/Limites
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	3	
PREMARIN CREA .625mg/gm; SOLR 25mg	4	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
PREMPHASE TAB	3	
PREMPRO TAB	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-5	3	
VAGIFEM TABS 10mcg	4	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	5	NM, PA
ALKINDI SPRINKLE CPSP .5mg	4	NM, PA
<i>betamethasone sod phosphate & acetate</i> <i>inj susp 6 (3-3) mg/ml</i>	2	
CELESTONE INJ SOLUSPAN	4	
CORTEF TABS 5mg, 10mg, 20mg	4	
CORTISONE ACETATE TABS 25mg	4	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	4	B/D
DEXABLISS TBPK 1.5mg	4	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
HEMADY TABS 20mg	4	PA
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
KENALOG-10 SUSP 10mg/ml	4	B/D
KENALOG-40 SUSP 40mg/ml	4	B/D
KENALOG-80 SUSP 80mg/ml	4	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	4	B/D

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Nombre del Medicamento	Nivel	Requisitos/Limites
MEDROL DOSEPAK TBPK 4mg	4	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	2	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	4	B/D
PEDIAPRED SOLN 6.7mg/5ml	4	B/D
<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONO INTENSOL CONC 5mg/ml	4	B/D
RAYOS TBEC 1mg, 2mg, 5mg	5	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	4	B/D
<i>taperdex 6-day</i> TBPK 1.5mg	2	
<i>taperdex 7-day</i> TBPK 1.5mg	2	
<i>taperdex 12-day</i> TBPK 1.5mg	2	
<i>triamcinolone acetonide</i> SUSP 40mg/ml	2	B/D
ZILRETTA SRER 32mg	4	B/D, NM
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	4	
<i>diazoxide</i> SUSP 50mg/ml	5	
<i>glucagon (rdna)</i> KIT 1mg	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
PROGLYCEM SUSP 50mg/ml	5	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml	5	QL (1.5 mL / 1 day), NM, PA
ACTHAR GEL AUIJ 40unit/0.5ml, 80unit/ml	5	QL (30 injectors / 30 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
ALDURAZYME SOLN 2.9mg/5ml	5	NM, PA
<i>betaine powder for oral solution</i>	5	NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	5	NM, PA
<i>cabergoline</i> TABS .5mg	2	
CARBAGLU TBSO 200mg	5	NM, PA
<i>carglumic acid</i> TBSO 200mg	5	NM, PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	4	B/D
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, PA
CHORIONIC GONADOTROPIN SOLR 10000unit	4	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CORTROPHIN GEL 80unit/ml	5	QL (1.5 mL / 1 day), NM, PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	5	NM, PA
CYSTADANE POW	5	NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
DDAVP SOLN 4mcg/ml; TABS .2mg	5	
DDAVP TABS .1mg	4	
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
DOJOLVI LIQD 100%	5	NM, PA
EGRIFTA SV SOLR 2mg	5	NM, PA
ELAPRASE SOLN 6mg/3ml	5	NM, PA
ELELYSO SOLR 200unit	5	NM, PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	5	NM, PA
EVISTA TABS 60mg	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
FENSOLVI KIT 45mg	5	NM, PA
GALAFOLD CAPS 123mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
HUMATROPE CART 6mg, 12mg, 24mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
ISTURISA TABS 1mg	5	QL (240 tabs / 30 days), NM, PA
ISTURISA TABS 5mg	5	QL (360 tabs / 30 days), NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	5	NM, PA
JYNARQUE PAK 30-15MG	5	NM, PA
JYNARQUE PAK 45-15MG	5	NM, PA
JYNARQUE PAK 60-30MG	5	NM, PA
JYNARQUE PAK 90-30MG	5	NM, PA
KANUMA SOLN 20mg/10ml	5	NM, PA
KORLYM TABS 300mg	5	NM, PA
KUVAN PACK 100mg, 500mg; TABS 100mg	5	NM, PA
LAMZEDE SOLR 10mg	5	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml, 200mg/ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM, PA
<i>methergine</i> TABS .2mg	5	PA
<i>methylergonovine maleate</i> TABS .2mg	5	PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
MYALEPT SOLR 11.3mg	5	NM, PA
MYCAPSSA CPDR 20mg	5	QL (112 caps / 28 days), NM, PA
MYFEMBREE TAB	5	PA
NAGLAZYME SOLN 1mg/ml	5	NM, PA
NEXVIAZYME SOLR 100mg	5	NM, PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	5	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
NITYR TABS 2mg, 5mg, 10mg	5	NM, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	NM, PA
NOVAREL SOLR 5000unit	4	NM, PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	5	NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	5	NM, PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	5	NM, PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	5	NM, PA
OPFOLDA CAPS 65mg	4	QL (8 caps / 28 days), NM, PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	5	NM, PA
ORIAHNN CAP	5	PA
ORILISSA TABS 150mg, 200mg	5	PA
OSPHENA TABS 60mg	4	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	NM, PA
PHEBURANE PLLT 483mg/gm	5	NM, PA
POMBILITI SOLR 105mg	5	NM, PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	4	NM, PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
RAVICTI LIQD 1.1gm/ml	5	NM, PA
RECORLEV TABS 150mg	5	QL (240 tabs / 30 days), NM, PA
REVCOVI SOLN 2.4mg/1.5ml	5	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
SAMSCA TABS 15mg, 30mg	5	NM, PA
SANDOSTATIN SOLN 50mcg/ml	4	NM, PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	5	NM, PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SENSIPAR TABS 30mg	4	B/D, QL (60 tabs / 30 days), NM
SENSIPAR TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
SENSIPAR TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
SEROSTIM SOLR 4mg, 5mg, 6mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	5	NM, PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	5	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	5	NM, PA
SYNAREL SOLN 2mg/ml	5	PA
TEPEZZA SOLR 500mg	5	NM, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NM, PA
VEOZAH TABS 45mg	4	PA
VIJOICE PACK 50mg	5	QL (28 packets / 28 days), NM, PA
VIJOICE TBPK 50mg, 125mg	5	QL (28 tabs / 28 days), NM, PA
VIJOICE TAB 250MG	5	QL (56 tabs / 28 days), NM, PA
VIMIZIM SOLN 5mg/5ml	5	NM, PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	5	NM, PA
VPRIV SOLR 400unit	5	NM, PA
XENPOZYME SOLR 4mg, 20mg	5	NM, PA
<i>yargesa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
ZAVESCA CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
ZOMACTON SOLR 5mg	4	NM, PA
ZOMACTON SOLR 10mg	5	NM, PA
PROGESTINS		
CRINONE GEL 4%, 8%	4	PA
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>megestrol acetate (appetite) SUSP</i> 625mg/5ml	4	PA
<i>norethindrone acetate TABS</i> 5mg	2	
<i>progesterone CAPS</i> 100mg, 200mg	2	
PROMETRIUM CAPS 100mg, 200mg	4	
PROVERA TABS 2.5mg, 5mg, 10mg	4	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	4	
ERMEZA SOLN 150mcg/5ml	4	
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	ST
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
THYQUIDITY SOLN 100mcg/5ml	4	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	4	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	4	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	4	B/D
ZEMPLAR CAPS 1mcg, 2mcg	4	B/D

GASTROINTESTINAL

ANTIEMETICS

AKYNZEO CAP 300-0.5	4	B/D
AKYNZEO INJ 235-0.25	4	NM
AKYNZEO INJ 235-0.25MG/20ML	4	NM
ANTIVERT CHEW 25mg	4	QL (120 tabs / 30 days), PA
ANTIVERT TABS 50mg	4	QL (60 tabs / 30 days), PA
APONVIE EMUL 32mg/4.4ml	4	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
BONJESTA TAB 20-20MG	4	
CINVANTI EMUL 130mg/18ml	4	
<i>compro</i> SUPP 25mg	2	
DICLEGIS TAB 10-10MG	4	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
EMEND CAPS 80mg	4	B/D
EMEND SOLR 150mg	4	
EMEND SUSR 125mg/5ml	5	B/D
EMEND TRIPAC PAK 80 & 125	4	B/D
FOCINVEZ SOLN 150mg/50ml	4	
<i>fosaprepitant dimeglumine</i> SOLR 150mg	2	
GIMOTI SOLN 15mg/act	5	PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
MARINOL CAPS 2.5mg	4	B/D, QL (60 caps / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
MARINOL CAPS 5mg, 10mg	5	B/D, QL (60 caps / 30 days)
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>meclizine hcl</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg, 16mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	2	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	4	
PHENERGAN SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	4	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	4	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
REGLAN TABS 5mg, 10mg	4	
SANCUSO PTCH 3.1mg/24hr	5	QL (4 patches / 28 days)

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
SUSTOL PRSY 10mg/0.4ml	4	
<i>trimethobenzamide hcl</i> CAPS 300mg	2	
VARUBI TBPK 90mg	4	B/D, NM

ANTISPASMODICS

<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	4	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	4	
BENTYL SOLN 10mg/ml	4	
CUVPOSA SOLN 1mg/5ml	4	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml, 10mg/ml	4	
GLYCATE TABS 1.5mg	5	QL (90 tabs / 30 days), PA
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	2	
GLYCOPYRROLATE TABS 1.5mg	5	QL (90 tabs / 30 days), PA
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)
<i>glycopyrrolate (oral)</i> SOLN 1mg/5ml	2	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	4	PA; PA applies if 70 years and older
ROBINUL TABS 1mg	4	QL (90 tabs / 30 days), PA
ROBINUL FORTE TABS 2mg	5	QL (120 tabs / 30 days), PA

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	2	
<i>cimetidine hcl</i> SOLN 300mg/5ml	2	QL (1200 mL / 30 days)
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	
PEPCID TABS 20mg, 40mg	4	

Nombre del Medicamento	Nivel	Requisitos/Limites
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm	4	QL (120 caps / 30 days)
AZULFIDINE TABS 500mg	4	
AZULFIDINE EN-TABS TBEC 500mg	4	
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>budesonide (intrarectal)</i> FOAM 2mg	2	
CANASA SUPP 1000mg	5	QL (30 suppositories / 30 days)
COLAZAL CAPS 750mg	5	
CORTENEMA ENEM 100mg/60ml	4	
DELZICOL CPDR 400mg	4	QL (180 caps / 30 days)
DIPENTUM CAPS 250mg	5	
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
LIALDA TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPCR 500mg	2	QL (240 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	2	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	2	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine</i> TBEC 800mg	2	QL (180 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	QL (28 bottles / 28 days)
PENTASA CPCR 250mg	4	QL (480 caps / 30 days)
PENTASA CPCR 500mg	5	QL (240 caps / 30 days)
ROWASA KIT 4gm	5	QL (28 bottles / 28 days)
SFROWASA ENEM 4gm/60ml	5	QL (1680 mL / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
UCERIS FOAM 2mg/act	4	
UCERIS TB24 9mg	5	QL (30 tabs / 30 days), PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	4	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	4	
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>gavilyte-n/</i> flavor pack	1	
<i>generlac</i> SOLN 10gm/15ml	2	
GOLYTELY SOL	4	
KRISTALOSE PACK 10gm	4	QL (30 packets / 30 days), PA
KRISTALOSE PACK 20gm	4	QL (60 packets / 30 days), PA
LACTULOSE PACK 10gm	5	QL (30 packets / 30 days), PA
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
MOVIPREP SOL	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
SUFLAVE SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
SUTAB TAB	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	2	QL (60 tabs / 30 days), PA
AMITIZA CAPS 8mcg, 24mcg	4	QL (60 caps / 30 days)
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	2	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	
BYLVAY CAPS 400mcg, 1200mcg	5	NM, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	5	NM, PA
CARAFATE SUSP 1gm/10ml	4	QL (1200 mL / 30 days), PA
CARAFATE TABS 1gm	4	
CHOLBAM CAPS 50mg, 250mg	5	NM, PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	
CYTOTEC TABS 100mcg, 200mcg	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
EOHILIA SUSP 2mg/10ml	5	QL (600 mL / 30 days), PA
GASTROCROM CONC 100mg/5ml	5	
GATTEX KIT 5mg	5	NM, PA
HELIDAC MIS THERAPY	5	
IBSRELA TABS 50mg	5	QL (60 tabs / 30 days), PA
IQIRVO TABS 80mg	5	QL (30 tabs / 30 days), NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
LIVMARLI SOLN 9.5mg/ml	5	NM, PA
LOMOTIL TAB 2.5MG	4	
<i>loperamide hcl</i> CAPS 2mg	2	
LOTRONEX TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
<i>lubiprostone</i> CAPS 8mcg, 24mcg	2	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOTEGRITY TABS 1mg, 2mg	4	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
OICALIVA TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
PANCREAZE CAP 2600UNIT	4	
PANCREAZE CAP 4200UNIT	4	
PANCREAZE CAP 10500UNT	4	
PANCREAZE CAP 16800UNT	4	
PANCREAZE CAP 21000UNT	4	
PANCREAZE CAP 37000	4	
PERTZYE CAP 4000UNIT	4	
PERTZYE CAP 8000UNIT	4	
PERTZYE CAP 16000U	4	
PERTZYE CAP 24000U	4	
PYLERA CAP	4	
REBYOTA SUSP 150ml	5	QL (150 mL / 30 days), NM, PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
RELISTOR TABS 150mg	5	QL (90 tabs / 30 days), PA
RELTONE CAPS 200mg, 400mg	5	PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
SUCRAID SOLN 8500unit/ml	5	NM, PA
<i>sucralfate</i> SUSP 1gm/10ml	2	QL (1200 mL / 30 days), PA
<i>sucralfate</i> TABS 1gm	2	
SYMPROIC TABS .2mg	4	QL (30 tabs / 30 days)
TALICIA CAP	4	
TRULANCE TABS 3mg	4	QL (30 tabs / 30 days)
URSO 250 TABS 250mg	4	
URSO FORTE TABS 500mg	4	
URSODIOL CAPS 200mg, 400mg	5	PA
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
VIBERZI TABS 75mg, 100mg	5	PA
VIOKACE TAB 10440	4	
VIOKACE TAB 20880	5	
VOQUEZNA PAK DUAL PAK	4	QL (2 kits / year)
VOQUEZNA PAK TRIP PK	4	QL (2 kits / year)
VOWST CAP	5	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
ZENPEP CAP 60000UNT	3	
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	4	QL (30 caps / 30 days)
<i>dexlansoprazole</i> CPDR 30mg, 60mg	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium</i> PACK 10mg, 20mg, 40mg	2	QL (30 packets / 30 days)
<i>esomeprazole sodium</i> SOLR 40mg	2	
KONVOMEPEP SUS 2-84/ML	4	QL (600 mL / 30 days), PA
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	2	QL (60 tabs / 30 days), ST
NEXIUM CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
NEXIUM PACK 2.5mg, 5mg	4	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 112

Nombre del Medicamento	Nivel	Requisitos/Limites
NEXIUM PACK 10mg, 20mg, 40mg	4	QL (30 packets / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	5	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	5	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	5	QL (30 packets / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	5	QL (30 packets / 30 days), PA
PANTOPR/NACL SOL 40MG/100	4	
PANTOPR/NACL SOL 80MG/100	4	
<i>pantoprazole sodium</i> PACK 40mg	2	QL (30 packets / 30 days), ST
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
PREVACID CPDR 30mg	4	QL (60 caps / 30 days)
PREVACID SOLUTAB TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
PRILOSEC PACK 2.5mg, 10mg	4	PA
PROTONIX PACK 40mg	4	QL (30 packets / 30 days), ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	4	
<i>rabeprazole sodium</i> TBEC 20mg	2	QL (30 tabs / 30 days)
VOQUEZNA TABS 10mg	4	QL (30 tabs / 30 days)
VOQUEZNA TABS 20mg	4	QL (60 tabs / 30 days)
ZEGERID CAP 20-1100	5	QL (30 caps / 30 days), PA
ZEGERID CAP 40-1100	5	QL (30 caps / 30 days), PA

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
CARDURA XL TB24 4mg, 8mg	4	QL (30 tabs / 30 days), ST
CIALIS TABS 5mg	4	QL (30 tabs / 30 days), PA
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
ENTADFI CAP 5-5MG	4	QL (30 caps / 30 days), PA
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
FLOMAX CAPS .4mg	4	QL (60 caps / 30 days)
PROSCAR TABS 5mg	4	QL (30 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 113

Nombre del Medicamento	Nivel	Requisitos/Limites
RAPAFLO CAPS 4mg, 8mg	4	QL (30 caps / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	2	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	2	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
UROXATRAL TB24 10mg	4	QL (30 tabs / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
ELMIRON CAPS 100mg	5	QL (90 caps / 30 days)
FILSPARI TABS 200mg, 400mg	5	QL (30 tabs / 30 days), NM, PA
INTRAROSA INST 6.5mg	4	PA
LITHOSTAT TABS 250mg	4	
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
OXLUMO SOLN 94.5mg/0.5ml	5	NM, PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
RIMSO-50 SOLN 50%	4	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	5	NM, PA
TARPEYO CPDR 4mg	5	QL (120 caps / 30 days), NM, PA
THIOLA TABS 100mg	5	NM
THIOLA EC TBEC 100mg, 300mg	5	NM
<i>tiopronin</i> TABS 100mg; TBEC 100mg, 300mg	5	NM
UROCIT-K 5 TBCR 540mg	4	
UROCIT-K 10 TBCR 1080mg	4	
UROCIT-K 15 TBCR 15meq	4	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	2	QL (30 tabs / 30 days), ST
DETROL TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
DETROL LA CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	2	QL (30 tabs / 30 days)
GELNIQUE GEL 10%	4	QL (30 gm / 30 days), ST
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 2.5mg	2	QL (90 tabs / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 114

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	4	QL (8 patches / 28 days), ST
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
TOVIAZ TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	2	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
VESICARE TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
VESICARE LS SUSP 5mg/5ml	4	QL (300 mL / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN CREA 2%; SUPP 100mg	4	
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
CLINDESSE CREA 2%	4	
GYNAZOLE-1 CREA 2%	4	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>miconazole 3</i> SUPP 200mg	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
VANDAZOLE GEL .75%	4	
XACIATO GEL 2%	4	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA SOLN 2.5mg/0.5ml	4	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	4	

Nombre del Medicamento	Nivel	Requisitos/Limites
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	5	
HEP SOD/D5W INJ 20000UNT	4	
HEP SOD/D5W INJ 25000UNT	4	
HEP SOD/NAACL INJ 12500UNT	3	
HEP SOD/NAACL INJ 25000UNT	3	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	4	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	4	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	5	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
PRADAXA PACK 20mg, 150mg	5	QL (60 packets / 30 days), PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg	5	QL (120 packets / 30 days), PA
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	3	NM, PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM, PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM, PA
EPOGEN SOLN 20000unit/ml	5	NM, PA
FULPHILA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
FYLNETRA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
LEUKINE SOLR 250mcg	5	NM, PA
MOZOBIL SOLN 24mg/1.2ml	5	NM, PA
NEULASTA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	5	NM, PA
NYVEPRIA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
<i>plerixafor</i> SOLN 24mg/1.2ml	5	NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	4	NM, PA
RETACRIT SOLN 40000unit/ml	5	NM, PA
ROLVEDON SOSY 13.2mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
STIMUFEND SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
UDENYCA SOAJ 6mg/0.6ml	5	QL (2 pens / 28 days), NM, PA
UDENYCA SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
UDENYCA ONBODY SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
XOLREMDI CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	5	NM, PA
ADZYNMA KIT 500unit, 1500unit	5	NM, PA
AGRYLIN CAPS .5mg	4	
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	5	
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, PA
CABLIVI KIT 11mg	5	NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	5	QL (20 vials / 30 days), NM, PA
DOPTELET TABS 20mg	5	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
EMPAVELI SOLN 1080mg/20ml	5	QL (200 mL / 30 days), NM, PA
ENDARI PACK 5gm	5	NM, PA
ENJAYMO SOLN 1100mg/22ml	5	NM, PA
FABHALTA CAPS 200mg	5	QL (60 caps / 30 days), NM, PA
FIRAZYR SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
GIVLAARI SOLN 189mg/ml	5	NM, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
KALBITOR SOLN 10mg/ml	5	QL (18 mL / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NM, PA
MULPLETA TABS 3mg	5	NM, PA
ORLADEYO CAPS 110mg, 150mg	5	QL (28 caps / 28 days), NM, PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	5	NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	5	PA
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, PA
PYRUKYND TABS 5mg, 20mg, 50mg	5	QL (56 tabs / 28 days), NM, PA
PYRUKYND TAB 20MGX5MG	5	QL (14 tabs / 14 days), NM, PA
PYRUKYND TAB 50MGX20M	5	QL (14 tabs / 14 days), NM, PA
PYRUKYND TAPER PACK TBPK 5mg	5	QL (7 tabs / 7 days), NM, PA
REBLOZYL SOLR 25mg, 75mg	5	NM, PA
RUCONEST SOLR 2100unit	5	QL (12 vials / 30 days), NM, PA
RYTELO SOLR 47mg, 188mg	5	NM, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
SOLIRIS SOLN 300mg/30ml	5	NM, PA
TAKHZYRO SOLN 300mg/2ml	5	QL (2 vials / 28 days), NM, PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	5	QL (2 syringes / 28 days), NM, PA
TAVALISSE TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, PA
TAVNEOS CAPS 10mg	5	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	
<i>tranexamic acid-sodium chloride iv soln</i> <i>1000 mg/100ml-0.7%</i>	2	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	5	NM, PA
VOYDEYA TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
VOYDEYA TAB 50-100MG	5	QL (180 tabs / 30 days), NM, PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	5	QL (28 syringes / 28 days), NM, PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200</i> <i>mg</i>	2	
BRILINTA TABS 60mg, 90mg	3	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 119

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	2	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 70 years and older
EFFIENT TABS 5mg, 10mg	4	
PLAVIX TABS 75mg	4	
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
ACTEMRA SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
ADBRY SOAJ 300mg/2ml	5	QL (28 injectors / 365 days), NM, PA
ADBRY SOSY 150mg/ml	5	QL (56 syringes / 365 days), NM, PA
AVSOLA SOLR 100mg	5	NM, PA
BIMZELX SOAJ 160mg/ml	5	QL (2 auto-injectors / 28 days), NM, PA
BIMZELX SOSY 160mg/ml	5	QL (2 syringes / 28 days), NM, PA
CIBINQO TABS 50mg, 100mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
CIMZIA KIT 200mg; PSKT 200mg/ml	5	QL (2 kits / 28 days), NM, PA
CIMZIA STARTER KIT PSKT 200mg/ml	5	QL (2 kits / year), NM, PA
COSENTYX SOLN 125mg/5ml	5	NM, PA
COSENTYX SOSY 75mg/0.5ml	5	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	5	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	5	QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 100mg/0.67ml	5	NM, PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
ILUMYA SOSY 100mg/ml	5	QL (6 syringes / 365 days), NM, PA
INFLECTRA SOLR 100mg	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
KINERET SOSY 100mg/0.67ml	5	QL (28 syringes / 28 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
LITFULO CAPS 50mg	5	QL (28 caps / 28 days), NM, PA
OLUMIANT TABS 1mg, 2mg, 4mg	5	QL (30 tabs / 30 days), NM, PA
OMVOH SOAJ 100mg/ml	5	QL (2 auto-injectors / 28 days), NM, PA
OMVOH SOLN 300mg/15ml	5	NM, PA
OMVOH SOSY 100mg/ml	5	QL (2 syringes / 28 days), NM, PA
ORENCIA SOLR 250mg	5	NM, PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	5	QL (4 syringes / 28 days), NM, PA
ORENCIA CLICKJECT SOAJ 125mg/ml	5	QL (4 autoinjectors / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	5	QL (110 tabs / year), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLXIS SOLR 100mg	5	NM, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA
SILIQ SOSY 210mg/1.5ml	5	QL (3 syringes / 28 days), NM, PA
SIMPONI SOAJ 50mg/0.5ml	5	QL (6 autoinjectors / 28 days), NM, PA
SIMPONI SOAJ 100mg/ml	5	QL (3 autoinjectors / 28 days), NM, PA
SIMPONI SOSY 50mg/0.5ml	5	QL (6 syringes / 28 days), NM, PA
SIMPONI SOSY 100mg/ml	5	QL (3 syringes / 28 days), NM, PA
SIMPONI ARIA SOLN 50mg/4ml	5	NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
SOTYKTU TABS 6mg	5	QL (30 tabs / 30 days), NM, PA
SPEVIGO SOLN 450mg/7.5ml	5	NM, PA
SPEVIGO SOSY 150mg/ml	5	QL (28 syringes / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	5	QL (1 syringe / 28 days), NM, PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TREMFYA SOAJ 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

ARAVA TABS 10mg, 20mg	5	QL (30 tabs / 30 days)
<i>hydroxychloroquine sulfate</i> TABS 100mg, 200mg, 300mg, 400mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	4	NM, PA
PLAQUENIL TABS 200mg	4	

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Nombre del Medicamento	Nivel	Requisitos/Limites
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	4	NM, PA
SOVUNA TABS 200mg, 300mg	4	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	5	NM, PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	5	NM, PA
CYTOGAM SOLN 50mg/ml	5	B/D, NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
HEPAGAM B SOLN 312unit/ml	5	B/D, NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	5	NM, PA
HYQVIA INJ 2.5-200	5	NM, PA
HYQVIA INJ 5-400	5	NM, PA
HYQVIA INJ 10-800	5	NM, PA
HYQVIA INJ 20-1600	5	NM, PA
HYQVIA INJ 30-2400	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA

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Nombre del Medicamento	Nivel	Requisitos/Limites
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA
GRASTEK SUBL 2800bau	4	PA
ILARIS SOLN 150mg/ml	5	NM, PA
JOENJA TABS 70mg	5	QL (60 tabs / 30 days), NM, PA
ODACTRA SUB	4	PA
PALFORZIA CAP ESCALAT	5	NM, PA
PALFORZIA CAP LEVEL 3	5	NM, PA
PALFORZIA CAP LEVEL 7	5	NM, PA
PALFORZIA CAP LEVEL 8	5	NM, PA
PALFORZIA CAP LEVEL 10	5	NM, PA
PALFORZIA LEVEL 1 CSPK 1mg	5	NM, PA
PALFORZIA LEVEL 2 CSPK 1mg	5	NM, PA
PALFORZIA LEVEL 4 CSPK 20mg	5	NM, PA
PALFORZIA LEVEL 5 CSPK 20mg	5	NM, PA
PALFORZIA LEVEL 6 CSPK 20mg	5	NM, PA
PALFORZIA LEVEL 9 CSPK 100mg	5	NM, PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	5	NM, PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	5	NM, PA
RAGWITEK SUBL 12amba1-u	4	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	5	NM, PA
VYVGART SOLN 400mg/20ml	5	NM, PA
VYVGART INJ HYTRULO	5	NM, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
ATGAM SOLN 50mg/ml	5	B/D
azasan TABS 75mg, 100mg	2	B/D
azathioprine TABS 50mg, 75mg, 100mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	5	B/D, NM

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>cyclosporine</i> CAPS 25mg, 100mg	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
ENVARUS XR TB24 4mg	5	B/D, NM
ENVARUS XR TB24 .75mg, 1mg	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
IMURAN TABS 50mg	4	B/D
LUPKYNIS CAPS 7.9mg	5	NM, PA
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
MYFORTIC TBEC 180mg	4	B/D, NM
MYFORTIC TBEC 360mg	5	B/D, NM
MYHIBBIN SUSP 200mg/ml	5	B/D, NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF CAPS 5mg	5	B/D, NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	4	B/D, NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	5	B/D, NM
REZUROCK TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	4	B/D, NM
SANDIMMUNE CAPS 100mg	5	B/D, NM
SAPHNELO SOLN 300mg/2ml	5	NM, PA
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	

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Nombre del Medicamento	Nivel	Requisitos/Limites
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	

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Nombre del Medicamento	Nivel	Requisitos/Limites
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/LACT INJ 20MEQ/L	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NAACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	4	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	2	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	2	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	

Nombre del Medicamento	Nivel	Requisitos/Limites
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	4	B/D
CLINIMIX E INJ 4.25/D5W	4	B/D
CLINIMIX E INJ 4.25/D10	4	B/D
CLINIMIX E INJ 5%/D15W	4	B/D
CLINIMIX E INJ 5%/D20W	4	B/D
CLINIMIX E INJ 8/10	4	B/D
CLINIMIX E INJ 8/14	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	2	
<i>dextrose SOLN 50%, 70%</i>	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
KABIVEN EMU	5	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
SMOFLIPID EMU	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
MAXITROL OIN 0.1% OP	4	
MAXITROL SUS 0.1% OP	4	
<i>neo-polycin hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOLN 1%	4	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN 1.5%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
OCUFLOX SOLN .3%	4	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	4	
<i>trifluridine SOLN 1%</i>	2	
VIGAMOX SOLN .5%	4	QL (12 mL / 30 days)
XDEMVI SOLN .25%	5	NM, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	4	
ACULAR LS SOLN .4%	4	
ACUVAIL SOLN .45%	4	
ALREX SUSP .2%	4	
<i>bromfenac sodium (ophth) SOLN .07%, .075%, .09%</i>	2	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
DEXYCU SUSP 9%	4	

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	2	
DUREZOL EMUL .05%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
FML FORTE SUSP .25%	4	
FML LIQUIFILM SUSP .1%	4	
ILEVRO SUSP .3%	4	
INVELTYS SUSP 1%	4	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX GEL .5%; SUSP .5%	4	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
<i>loteprednol etabonate</i> GEL .5%; SUSP .2%, .5%	2	
MAXIDEX SUSP .1%	4	
NEVANAC SUSP .1%	4	
PRED FORTE SUSP 1%	4	
PRED MILD SUSP .12%	4	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	4	
XIPERE SUSP 40mg/ml	4	NM, PA
YUTIQ IMPL .18mg	5	NM
ANTIALLERGICS		
ALOMIDE SOLN .1%	4	
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>bepotastine besilate</i> SOLN 1.5%	2	
BEPREVE SOLN 1.5%	4	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	2	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	4	
AZOPT SUSP 1%	4	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETIMOL SOLN .25%, .5%	4	
BETOPTIC-S SUSP .25%	4	
<i>bimatoprost</i> SOLN .03%	2	
<i>brimonidine tartrate</i> SOLN .1%, .15%	2	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide</i> SUSP 1%	2	

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Nombre del Medicamento	Nivel	Requisitos/Limites
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	4	
COSOPT SOL 2-0.5%OP	4	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln</i> 2-0.5%	2	
ISTALOL SOLN .5%	4	
IYUZEH SOLN .005%	4	ST
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
PHOSPHOLINE IODIDE SOLR .125%	5	NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	4	
<i>tafluprost</i> SOLN .015mg/ml	2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	2	
<i>timolol maleate (ophth) pf</i> SOLN .25%, .5%	2	
TIMOPTIC OCUDOSE SOLN .25%, .5%	4	
TRAVATAN Z SOLN .004%	4	
<i>travoprost</i> SOLN .004%	2	
VYZULTA SOLN .024%	4	
XALATAN SOLN .005%	4	
XELPROS EMUL .005%	4	ST
ZIOPTAN SOLN .015mg/ml	4	ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
BEOVU SOSY 6mg/0.05ml	5	NM, PA
BYOOVIZ SOLN .5mg/0.05ml	5	NM, PA
CEQUA SOLN .09%	4	QL (60 single use vials / 30 days), PA
CIMERLI SOLN .3mg/0.05ml	4	NM, PA
CIMERLI SOLN .5mg/0.05ml	5	NM, PA
CYSTADROPS SOLN .37%	5	NM, PA
CYSTARAN SOLN .44%	5	NM, PA

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	5	NM, PA
EYLEA HD SOLN 8mg/0.07ml	5	NM, PA
EYSUVIS SUSP .25%	4	
IZERVAY SOLN 2mg/0.1ml	5	NM, PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	5	NM, PA
MIEBO SOLN 1.338gm/ml	3	
OXERVATE SOLN .002%	5	QL (112 mL / year), NM, PA
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
SUSVIMO SOLN 10mg/0.1ml	5	NM, PA
SYFOVRE SOLN 15mg/0.1ml	5	NM, PA
TYRVAYA SOLN .03mg/act	4	PA
VABYSMO SOLN 6mg/0.05ml	5	NM, PA
VEVYE SOLN .1%	5	PA
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	2	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
CORTISPORIN SUS -TC OTIC	4	
DERMOTIC OIL .01%	4	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)

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Nombre del Medicamento	Nivel	Requisitos/Limites
DUAKLIR AER 400/12	4	QL (1 inhaler / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
STIOLTO AER 2.5-2.5	4	QL (1 inhaler / 30 days)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	
SPIRIVA HANDIHALER CAPS 18mcg	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	4	QL (1 inhaler / 30 days)
<i>tiotropium bromide monohydrate CAPS 18mcg</i>	2	QL (30 caps / 30 days)
TUDORZA PRESSAIR AEPB 400mcg/act	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act	4	QL (2 inhalers / 30 days)
YUPELRI SOLN 175mcg/3ml	5	PA

ANTI-HISTAMINE COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50	4	QL (1 bottle / 30 days)
<i>promethazine vc</i>	3	PA; PA applies if 70 years and older
RYALTRIS SPR 665-25	4	QL (29 gm / 30 days)

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%</i>	2	
<i>carbinoxamine maleate SOLN 4mg/5ml; TABS 4mg</i>	3	PA; PA applies if 70 years and older
CARBINOXAMINE MALEATE TABS 6mg	4	PA; PA applies if 70 years and older
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
CLARINEX TABS 5mg	4	QL (30 tabs / 30 days)
<i>clemastine fumarate SYRP .67mg/5ml</i>	5	QL (1800 mL / 30 days), PA
<i>clemastine fumarate TABS 2.68mg</i>	3	PA; PA applies if 70 years and older

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>desloratadine</i> TABS 5mg; TBDP 2.5mg, 5mg	2	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	2	
QUZYTIR SOLN 10mg/ml	5	QL (30 mL / 30 days), PA
<i>ryclora</i> SOLN 2mg/5ml	2	PA; PA applies if 70 years and older
RYVENT TABS 6mg	4	PA; PA applies if 70 years and older
VISTARIL CAPS 25mg	4	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	2	B/D
BROVANA NEBU 15mcg/2ml	5	B/D

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>formoterol fumarate</i> NEBU 20mcg/2ml	2	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
PERFOROMIST NEBU 20mcg/2ml	5	B/D
PROAIR RESPICLICK AEPB 108mcg/act	4	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
XOPENEX HFA AERO 45mcg/act	4	QL (2 inhalers / 30 days), ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	4	
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	4	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
<i>zileuton</i> TB12 600mg	5	QL (120 tabs / 30 days), PA
ZYFLO TABS 600mg	5	QL (120 tabs / 30 days), PA
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, PA
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, PA
CINQAIR SOLN 100mg/10ml	5	NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
DALIRESPI TABS 250mcg	4	QL (56 tabs / year)
DALIRESPI TABS 500mcg	4	QL (30 tabs / 30 days)
<i>elixophyllin</i> ELIX 80mg/15ml	5	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	4	

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Nombre del Medicamento	Nivel	Requisitos/Limites
EIPEN-JR 2-PAK SOAJ .15mg/0.3ml	4	
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	QL (1 pen / 28 days), NM, PA
GLASSIA SOLN 1000mg/50ml	5	NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
NUCALA SOAJ 100mg/ml	5	QL (3 pens / 28 days), NM, PA
NUCALA SOLR 100mg	5	QL (3 vials / 28 days), NM, PA
NUCALA SOSY 40mg/0.4ml	5	QL (1 syringe / 28 days), NM, PA
NUCALA SOSY 100mg/ml	5	QL (3 syringes / 28 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 138

Nombre del Medicamento	Nivel	Requisitos/Limites
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, PA
TEZSPIRE SOAJ 210mg/1.91ml	5	QL (1 pen / 28 days), NM, PA
TEZSPIRE SOSY 210mg/1.91ml	5	QL (1 syringe / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	2	QL (2 inhalers / 30 days)
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days), ST
QNASL AERS 80mcg/act	4	QL (1 inhaler / 30 days), ST
QNASL CHILDRENS AERS 40mcg/act	4	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 139

Nombre del Medicamento	Nivel	Requisitos/Limites
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	4	QL (1 inhaler / 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	4	QL (8 inhalers / 28 days)
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	4	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	4	QL (4 inhalers / 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	4	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	4	QL (1 inhaler / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	2	B/D
<i>fluticasone propionate (inhalation) AEPB 50mcg/act</i>	3	QL (180 inhalations / 30 days)
<i>fluticasone propionate (inhalation) AEPB 100mcg/act, 250mcg/act</i>	3	QL (240 inhalations / 30 days)
<i>fluticasone propionate hfa AERO 44mcg/act, 110mcg/act, 220mcg/act</i>	3	QL (2 inhalers / 30 days)
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	4	B/D
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	4	QL (60 inhalations / 30 days), PA
ADVAIR DISKU AER 250/50	4	QL (60 inhalations / 30 days), PA
ADVAIR DISKU AER 500/50	4	QL (60 inhalations / 30 days), PA
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	4	QL (3 inhalers / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>brey-na</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
SYMBICORT AER 80-4.5	4	QL (3 inhalers / 30 days), PA
SYMBICORT AER 160-4.5	4	QL (3 inhalers / 30 days), PA
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	5	PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	5	PA
ACANYA GEL 1.2-2.5%	4	QL (50 gm / 30 days)
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
ACZONE GEL 5%, 7.5%	4	QL (90 gm / 30 days)
<i>adapalene</i> CREA .1%; GEL .3%	2	QL (45 gm / 30 days), PA
<i>adapalene</i> PADS .1%	5	QL (28 swabs / 28 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
ADAPALENE SOLN .1%	4	QL (120 mL / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	QL (45 gm / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	QL (60 gm / 30 days), PA
AKLIEF CREA .005%	4	QL (45 gm / 30 days), PA
ALTRENO LOTN .05%	4	QL (45 gm / 30 days), PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	2	PA
ARAZLO LOTN .045%	4	QL (45 gm / 30 days), PA
ATRALIN GEL .05%	4	QL (45 gm / 30 days), PA
AZELEX CREA 20%	4	QL (50 gm / 30 days), PA
BENZAMYCIN GEL 5-3%	4	QL (46.6 gm / 30 days)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
CABTREO GEL	5	QL (50 gm / 30 days), PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
CLEOCIN-T LOTN 1%	4	QL (60 mL / 30 days)
<i>clindacin</i> FOAM 1%	2	QL (100 gm / 30 days)
<i>clindacin etz pledgets</i> SWAB 1%	2	QL (69 pledgets / 30 days)
<i>clindacin-p</i> SWAB 1%	2	QL (69 pledgets / 30 days)
CLINDAGEL GEL 1%	5	QL (75 mL / 30 days), PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) FOAM 1%</i>	2	QL (100 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>clindamycin phosphate (topical) SWAB 1%</i>	2	QL (69 pledgets / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	2	QL (60 gm / 30 days), PA
<i>dapsone (topical) GEL 5%, 7.5%</i>	2	QL (90 gm / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 142

Nombre del Medicamento	Nivel	Requisitos/Limites
DIFFERIN CREA .1%; GEL .3%	4	QL (45 gm / 30 days), PA
DIFFERIN LOTN .1%	4	QL (118 mL / 30 days), PA
EPIDUO FORTE GEL 0.3-2.5%	4	QL (60 gm / 30 days), PA
EPIDUO GEL 0.1-2.5%	4	QL (45 gm / 30 days), PA
EPSOLAY CREA 5%	4	QL (30 gm / 30 days), PA
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
ERYGEL GEL 2%	4	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	QL (60 mL / 30 days)
FABIOR FOAM .1%	4	QL (100 gm / 30 days), PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>isotretinoin</i> CAPS 25mg, 35mg	5	PA
KLARON LOTN 10%	4	QL (118 mL / 30 days)
<i>neuac gel</i> 1.2-5%	2	QL (45 gm / 30 days)
ONEXTON GEL 1.2-3.75	4	QL (50 gm / 30 days)
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
RETIN-A MICRO GEL .04%, .06%, .1%	4	QL (50 gm / 30 days), PA
RETIN-A MICRO PUMP GEL .08%	4	QL (50 gm / 30 days), PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
TAZAROTENE FOAM .1%	4	QL (100 gm / 30 days), PA
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	2	QL (45 gm / 30 days), PA
<i>tretinoin microsphere</i> GEL .04%, .08%, .1%	2	QL (50 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	2	QL (75 gm / 30 days)
TWYNEO CRE 0.1-3%	4	QL (30 gm / 30 days), PA
VELTIN GEL	4	QL (60 gm / 30 days), PA
WINLEVI CREA 1%	4	QL (60 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
ZIANA GEL	4	QL (60 gm / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 143

Nombre del Medicamento	Nivel	Requisitos/Limites
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	4	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>mupirocin calcium (topical)</i> CREA 2%	2	QL (30 gm / 30 days), PA
SILVADENE CREA 1%	4	
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%	2	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	2	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	2	QL (85 gm / 30 days)
ERTACZO CREA 2%	5	QL (60 gm / 30 days), ST
JUBLIA SOLN 10%	5	QL (8 mL / 30 days)
<i>ketconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>ketconazole (topical)</i> FOAM 2%	2	QL (100 gm / 30 days), PA
<i>ketconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>ketodan</i> FOAM 2%	2	QL (100 gm / 30 days), PA
<i>klayesta</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>luliconazole</i> CREA 1%	2	QL (60 gm / 30 days), ST
LUZU CREA 1%	4	QL (60 gm / 30 days), ST
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	2	QL (50 gm / 30 days), PA
<i>naftifine hcl</i> CREA 1%	2	QL (90 gm / 30 days)
<i>naftifine hcl</i> CREA 2%; GEL 2%	2	QL (60 gm / 30 days)
NAFTIN GEL 1%	4	QL (90 gm / 30 days)
NAFTIN GEL 2%	4	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 144

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>oxiconazole nitrate</i> CREA 1%	2	QL (90 gm / 30 days), PA
OXISTAT LOTN 1%	4	QL (60 mL / 30 days), PA
<i>selenium sulfide</i> LOTN 2.5%	2	
VUSION OIN	4	QL (50 gm / 30 days), PA
ZORYVE FOAM .3%	4	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA
CALCIPOTRIENE FOAM .005%	5	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	QL (400 gm / 28 days), PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	2	QL (420 gm / 28 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>calcitriol (topical)</i> OINT 3mcg/gm	2	QL (800 gm / 28 days), PA
ENSTILAR AER	5	QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	
SORILUX FOAM .005%	5	QL (120 gm / 30 days), PA
TACLONEX SUS	5	QL (420 gm / 28 days), PA
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
<i>tazarotene</i> GEL .05%, .1%	2	QL (100 gm / 30 days), PA
TAZORAC CREA .05%, .1%	4	QL (60 gm / 30 days), PA
TAZORAC GEL .05%, .1%	4	QL (100 gm / 30 days), PA
VECTICAL OINT 3mcg/gm	5	QL (800 gm / 28 days), PA
VTAMA CREA 1%	5	QL (60 gm / 30 days), PA
ZORYVE CREA .3%	4	QL (60 gm / 30 days), PA

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2%	2	QL (60 mL / 30 days)
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>amcinonide</i> CREA .1%; OINT .1%	5	QL (60 gm / 30 days), PA
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
BRYHALI LOTN .01%	4	QL (100 gm / 30 days), PA
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> FOAM .05%	2	QL (100 gm / 30 days)
<i>clobetasol propionate</i> LIQD .05%	2	QL (125 mL / 30 days)
<i>clobetasol propionate</i> LOTN .05%; SHAM .05%	2	QL (118 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate emulsion</i> FOAM .05%	2	QL (100 gm / 30 days)
CLOBEX LIQD .05%	4	QL (125 mL / 30 days)
CLOBEX LOTN .05%; SHAM .05%	4	QL (118 mL / 30 days)
<i>clocortolone pivalate</i> CREA .1%	2	QL (90 gm / 30 days), PA
<i>clodan</i> SHAM .05%	2	QL (118 mL / 30 days)
CORDRAN CREA .05%	5	QL (120 gm / 30 days), PA
CORDRAN LOTN .05%	5	QL (120 mL / 30 days), PA
CORDRAN TAPE 4mcg/sqcm	4	QL (1 roll / 30 days), PA
DERMA-SMOOTH/FS BODY OIL .01%	4	QL (118.28 mL / 30 days)
DERMA-SMOOTH/FS SCALP OIL .01%	4	QL (118.28 mL / 30 days)
<i>desonide</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>desonide</i> GEL .05%	2	QL (60 gm / 30 days), PA
<i>desonide</i> LOTN .05%	2	QL (118 mL / 30 days)
DESOWEN CREA .05%	4	QL (60 gm / 30 days), PA
<i>desoximetasone</i> CREA .05%; OINT .05%	2	QL (100 gm / 30 days), PA
<i>desoximetasone</i> CREA .25%; OINT .25%	2	QL (100 gm / 30 days)
<i>desoximetasone</i> GEL .05%	2	QL (60 gm / 30 days), PA
<i>desoximetasone</i> LIQD .25%	2	QL (100 mL / 30 days)
<i>diflorasone diacetate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days), PA
DIPROLENE OINT .05%	4	QL (120 gm / 30 days)
DUOBRII LOT	5	QL (200 gm / 28 days), PA
EPIFOAM AER 1%	4	
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .1%	2	QL (120 gm / 30 days), PA
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>flurandrenolide</i> CREA .05%	2	QL (120 gm / 30 days), PA
<i>flurandrenolide</i> LOTN .05%	2	QL (120 mL / 30 days), PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>fluticasone propionate</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>halcinonide</i> CREA .1%	2	QL (240 gm / 30 days), PA
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>halobetasol propionate</i> FOAM .05%	2	QL (200 gm / 28 days), PA
HALOG CREA .1%; OINT .1%	4	QL (240 gm / 30 days), PA
HALOG SOLN .1%	4	QL (120 mL / 30 days), PA
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare 147

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>hydrocortisone (topical)</i> LOTN 2%	2	QL (60 mL / 30 days)
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%	2	QL (45 gm / 30 days)
<i>hydrocortisone butyrate</i> LOTN .1%	2	QL (118 mL / 30 days), PA
<i>hydrocortisone butyrate</i> SOLN .1%	2	QL (60 mL / 30 days)
<i>hydrocortisone butyrate hydrophilic lipo base</i> CREA .1%	2	QL (60 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	2	QL (60 gm / 30 days)
KENALOG AERS .147mg/gm	4	QL (100 gm / 30 days), PA
LEXETTE FOAM .05%	4	QL (200 gm / 28 days), PA
LOCOID LOTN .1%	4	QL (118 mL / 30 days), PA
LOCOID LIPOCREAM CREA .1%	4	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
PANDEL CREA .1%	5	QL (80 gm / 30 days)
SYNALAR CREA .025%; OINT .025%	4	QL (120 gm / 30 days)
TEXACORT SOLN 2.5%	4	
TOPICORT CREA .05%; OINT .05%	4	QL (100 gm / 30 days), PA
TOPICORT CREA .25%	4	QL (100 gm / 30 days)
TOPICORT GEL .05%	4	QL (60 gm / 30 days), PA
TOPICORT LIQD .25%	4	QL (100 mL / 30 days), PA
<i>tovet</i> FOAM .05%	2	QL (100 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm	2	QL (100 gm / 30 days), PA
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .05%	2	QL (430 gm / 30 days), PA
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
ULTRAVATE LOTN .05%	5	QL (120 mL / 30 days), PA

Nombre del Medicamento	Nivel	Requisitos/Limites
VANOS CREA .1%	5	QL (120 gm / 30 days), PA
VERDESO FOAM .05%	5	QL (100 gm / 30 days), PA

DERMATOLOGY, LOCAL ANESTHETICS

DYCLOPRO SOLN .5%	4	
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA
PLIAGLIS CRE 7-7%	4	QL (30 gm / 30 days), PA
QUTENZA KIT 8% 1-PCH	5	QL (4 patches / 90 days), NM, PA
QUTENZA KIT 8% 2-PCH	5	QL (4 patches / 90 days), NM, PA
QUTENZA KIT 8% 4-PCH	5	QL (4 patches / 90 days), NM, PA
<i>tridacaine ii</i> PTCH 5%	2	QL (3 patches / 1 day), PA
ZTLIDO PTCH 1.8%	4	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir topical</i> CREA 5%	2	QL (5 gm / 30 days), PA
<i>acyclovir topical</i> OINT 5%	2	QL (30 gm / 30 days)
ANUSOL-HC CREA 2.5%	4	
<i>azelaic acid</i> GEL 15%	2	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>brimonidine tartrate (topical)</i> GEL .33%	2	QL (30 gm / 30 days), PA
CARAC CREA .5%	5	QL (30 gm / 30 days)
CONDYLOX GEL .5%	4	QL (7 gm / 28 days)
CORTIFOAM FOAM 10%	4	
DENAVIR CREA 1%	4	QL (5 gm / 30 days)
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	2	QL (100 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL (300 mL / 28 days)

Nombre del Medicamento	Nivel	Requisitos/Limites
<i>diclofenac sodium (topical)</i> SOLN 2%	5	QL (224 gm / 28 days), PA
<i>doxepin hcl (antipruritic)</i> CREA 5%	2	QL (45 gm / 30 days), PA
<i>doxycycline (rosacea)</i> CPDR 40mg	2	
EFUDEX CREA 5%	4	QL (40 gm / 30 days)
ELIDEL CREA 1%	4	QL (100 gm / 30 days), PA
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
FINACEA FOAM 15%; GEL 15%	4	QL (50 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
HYFTOR GEL .2%	5	QL (20 gm / 25 days), NM, PA
<i>imiquimod</i> CREA 3.75%	2	QL (28 packets / 28 days)
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>imiquimod pump</i> CREA 3.75%	2	QL (7.5 gm / 28 days)
<i>ivermectin (rosacea)</i> CREA 1%	2	QL (45 gm / 30 days), PA
KLISYRI OINT 1%	5	QL (5 packets / 30 days), PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
METROCREAM CREA .75%	4	QL (45 gm / 30 days), PA
METROGEL GEL 1%	4	QL (60 gm / 30 days), PA
METROLOTION LOTN .75%	4	QL (59 mL / 30 days), PA
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL 1%	2	QL (60 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
MIRVASO GEL .33%	4	QL (30 gm / 30 days), PA
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days), PA
OPZELURA CREA 1.5%	5	QL (240 gm / 28 days), PA
ORACEA CPDR 40mg	4	

PA - Autorización previa **QL** - Cantidades límite **ST** - Terapia escalonada **NM** - No disponible para venta por correo **B/D** - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>penciclovir</i> CREA 1%	2	QL (5 gm / 30 days)
PENNSAID SOLN 2%	5	QL (224 gm / 28 days), PA
<i>pimecrolimus</i> CREA 1%	2	QL (100 gm / 30 days), PA
<i>podofilox</i> GEL .5%	2	QL (7 gm / 28 days)
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
PROCTOFOAM AER HC 1%	4	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
PRUDOXIN CREA 5%	4	QL (45 gm / 30 days), PA
RECTIV OINT .4%	4	QL (30 gm / 30 days)
SOOLANTRA CREA 1%	4	QL (45 gm / 30 days), PA
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days), PA
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, PA
XERESE CRE 5-1%	5	QL (5 gm / 30 days)
YCANTH SOLN .7%	4	NM, PA
ZONALON CREA 5%	4	QL (45 gm / 30 days), PA
ZOVIRAX CREA 5%	4	QL (5 gm / 30 days), PA
ZOVIRAX OINT 5%	4	QL (30 gm / 30 days)
ZYCLARA CREA 3.75%	5	QL (28 packets / 28 days)
ZYCLARA PUMP CREA 2.5%, 3.75%	5	QL (7.5 gm / 28 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	5	QL (454 gm / 30 days), PA
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
NATROBA SUSP .9%	4	
OVIDE LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
<i>spinosad</i> SUSP .9%	2	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ GEL 10%	5	QL (30 tubes / 30 days), NM, PA

PA - Autorización previa QL - Cantidades límite ST - Terapia escalonada NM - No disponible para venta por correo B/D - Contemplado en la cobertura B o D de Medicare

Nombre del Medicamento	Nivel	Requisitos/Limites
REGANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
<i>MOUTH/THROAT/DENTAL AGENTS</i>		
<i>cevimeline hcl</i> CAPS 30mg	2	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
EVOXAC CAPS 30mg	4	
<i>kourzeq</i> PSTE .1%	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
SALAGEN TABS 5mg, 7.5mg	4	
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AUSTEDO XR TAB TITR KIT	76	<i>baclofen</i>	80
AUVELITY TAB 45-105MG	52	BACTRIM DS TAB 800-160	8
AVALIDE TAB 150-12.5	38	BACTRIM TAB 400-80MG.....	8
AVALIDE TAB 300-12.5	38	BAFIERTAM	78
AVAPRO	40	BALCOLTRA TAB 0.1-20	93
		<i>balsalazide disodium</i>	109
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BARACLUDGE.....	16	BETAPACE AF	40
BASAGLAR KWIKPEN.....	88	BETASERON	78
BASAGLAR TEMPO PEN.....	88	<i>betaxolol hcl</i>	44
BAVENCIO	26	<i>betaxolol hcl (ophth)</i>	132
BAXDELA.....	18	<i>bethanechol chloride</i>	114
BCG VACCINE	126	BETHKIS	8
BELBUCA.....	3	BETIMOL.....	132
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BELSOMRA	72	BEVESPI AER 9-4.8MCG	134
<i>benazepril & hydrochlorothiazide tab</i>		<i>bexarotene</i>	24
<i>10-12.5 mg</i>	35	<i>bexarotene (topical)</i>	149
<i>benazepril & hydrochlorothiazide tab</i>		BEXSERO INJ.....	126
<i>20-12.5 mg</i>	35	BEYAZ TAB.....	93
<i>benazepril & hydrochlorothiazide tab</i>		<i>bicalutamide</i>	23
<i>20-25 mg</i>	35	BICILLIN C-R INJ 1200000	19
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<i>6.25mg</i>	35	BICILLIN L-A	19
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BENICAR HCT TAB 40-12.5	38	<i>bimatoprost</i>	132
BENICAR HCT TAB 40-25MG	38	BIMZELX.....	120
BENLYSTA	125	BINOSTO	91
BENTYL	108	<i>bismuth subcit-metronidazole-</i>	
BENZAMYCIN GEL 5-3%	142	<i>tetracycline cap 140-125-125 mg</i> 110	
<i>benzoyl peroxide-erythromycin gel 5-</i>		<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>3%</i>	142	<i>10-6.25 mg</i>	43
<i>benztropine mesylate</i>	55	<i>bisoprolol & hydrochlorothiazide tab</i>	
BEOVU	133	<i>2.5-6.25 mg</i>	43
<i>bepotastine besilate</i>	132	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
BEPREVE	132	<i>6.25 mg</i>	43
BERINERT.....	118	<i>bisoprolol fumarate</i>	44
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BESREMI	24	<i>blisovi 24 fe</i>	93
<i>betaine powder for oral solution</i>	101	<i>blisovi fe 1.5/30</i>	93
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<i>augmented</i>	146	BORTEZOMIB	26
<i>betamethasone sod phosphate &</i>		<i>bosentan</i>	49
<i>acetate inj susp 6 (3-3) mg/ml</i>	99	BOSULIF	26

BOTOX.....	80	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BRAFTOVI.....	27	<i>8-2 mg (base equiv)</i>	82
BREO ELLIPTA INH 100-25.....	141	<i>bupropion hcl</i>	52
BREO ELLIPTA INH 200-25.....	141	<i>bupropion hcl (smoking deterrent)</i> ...	82
BREO ELLIPTA INH 50-25MCG	141	<i>buspirone hcl</i>	50
<i>breyna</i>	141	<i>butorphanol tartrate</i>	5
BREZTRI AERO AER SPHERE	134	BUTRANS	3
BREZTRI AERO AER SPHERE		BYDUREON BCISE	84
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<i>briellyn</i>	93	BYLVAY	110
BRILINTA	119	BYLVAY (PELLETS)	110
<i>brimonidine tartrate</i>	132	BYOOVIZ	133
<i>brimonidine tartrate (topical)</i>	149	BYSTOLIC	44
<i>brimonidine tartrate-timolol maleate</i>		C	
<i>ophth soln 0.2-0.5%</i>	132	<i>cabergoline</i>	101
<i>brinzolamide</i>	132	CABLIVI	118
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<i>bromfenac sodium (ophth)</i>	131	CADUET TAB 10-20MG.....	47
<i>bromocriptine mesylate</i>	55	CADUET TAB 10-40MG.....	47
BROMSITE	131	CADUET TAB 10-80MG.....	47
BRONCHITOL	137	CADUET TAB 5-10MG.....	47
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<i>budesonide</i>	109	<i>calcipotriene</i>	145
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<i>budesonide (intrarectal)</i>	109	<i>calcipotriene-betamethasone</i>	
<i>budesonide-formoterol fumarate dihyd</i>		<i>dipropionate oint 0.005-0.064%</i> ..	145
<i>aerosol 160-4.5 mcg/act</i>	141	<i>calcipotriene-betamethasone</i>	
<i>budesonide-formoterol fumarate dihyd</i>		<i>dipropionate susp 0.005-0.064%</i> .	145
<i>aerosol 80-4.5 mcg/act</i>	141	<i>calcitonin (salmon) inj</i>	91
<i>bumetanide</i>	46	<i>calcitonin (salmon) spray</i>	91
BUPHENYL	101	<i>calcitrene</i>	145
<i>buprenorphine</i>	3	<i>calcitriol</i>	106
<i>buprenorphine hcl</i>	82	<i>calcitriol (oral)</i>	106
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitriol (topical)</i>	145
<i>12-3 mg (base equiv)</i>	82	CALQUENCE	27
<i>buprenorphine hcl-naloxone hcl sl film</i>		CAMBIA	74
<i>2-0.5 mg (base equiv)</i>	82	<i>camila</i>	93
<i>buprenorphine hcl-naloxone hcl sl film</i>		CAMPTOSAR	24
<i>4-1 mg (base equiv)</i>	82	<i>camrese</i>	93
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>camrese lo</i>	93
<i>8-2 mg (base equiv)</i>	82	CAMZYOS.....	47
<i>buprenorphine hcl-naloxone hcl sl tab</i>		CANASA.....	109
<i>2-0.5 mg (base equiv)</i>	82	CANCIDAS	11

<i>candesartan cilexetil</i>	40	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-</i>		<i>37.5-150-200 mg</i>	56
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
.....	38	<i>50-200-200 mg</i>	56
<i>candesartan cilexetil-</i>		<i>carbinoxamine maleate</i>	135
<i>hydrochlorothiazide tab 32-12.5 mg</i>		CARBINOXAMINE MALEATE.....	135
.....	38	<i>carboplatin</i>	21
<i>candesartan cilexetil-</i>		CARDIZEM	45
<i>hydrochlorothiazide tab 32-25 mg</i> .	38	CARDIZEM CD	45
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<i>15 mg</i>	35	<i>carisoprodol</i>	80
<i>captopril & hydrochlorothiazide tab 25-</i>		CARNITOR.....	101
<i>25 mg</i>	35	CAROSPIR.....	37
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>carteolol hcl (ophth)</i>	133
<i>15 mg</i>	35	<i>cartia xt</i>	45
<i>captopril & hydrochlorothiazide tab 50-</i>		<i>carvedilol</i>	44
<i>25 mg</i>	35	<i>carvedilol phosphate</i>	44
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CARAFATE	110	<i>caspofungin acetate</i>	11
<i>carb/levo orally disintegrating tab 10-</i>		CASPOFUNGIN ACETATE	11
<i>100mg</i>	55	CAYSTON	8
<i>carb/levo orally disintegrating tab 25-</i>		<i>cefaclor</i>	17
<i>100mg</i>	55	CEFACTOR ER	17
<i>carb/levo orally disintegrating tab 25-</i>		<i>cefadroxil</i>	17
<i>250mg</i>	55	CEFAZOLIN	17
CARBAGLU.....	101	CEFAZOLIN INJ 1GM/50ML	17
<i>carbamazepine</i>	61	<i>cefazolin sodium</i>	17
CARBATROL.....	61	CEFAZOLIN SOLN 2GM/100ML-4% ..	17
<i>carbidopa</i>	55	<i>cefdinir</i>	17
<i>carbidopa & levodopa tab 10-100 mg</i>	55	CEFEPIME	17
<i>carbidopa & levodopa tab 25-100 mg</i>	55	<i>cefepime hcl</i>	17
<i>carbidopa & levodopa tab 25-250 mg</i>	55	CEFEPIME/DEX INJ 1GM.....	17
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<i>mg</i>	55	<i>cefixime</i>	17
<i>carbidopa & levodopa tab er 50-200</i>		<i>cefotetan disodium</i>	17
<i>mg</i>	55	CEFOXITIN INJ 1GM	17
<i>carbidopa-levodopa-entacapone tabs</i>		CEFOXITIN INJ 2GM	17
<i>12.5-50-200 mg</i>	55	<i>cefoxitin sodium</i>	17
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefpodoxime proxetil</i>	17
<i>18.75-75-200 mg</i>	55	<i>cefprozil</i>	17
<i>carbidopa-levodopa-entacapone tabs</i>		<i>ceftazidime</i>	17
<i>25-100-200 mg</i>	56	<i>ceftriaxone sodium</i>	17
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefuroxime axetil</i>	17
<i>31.25-125-200 mg</i>	56	<i>cefuroxime sodium</i>	17

CELEBREX	1	<i>ciprofloxacin hcl (ophth)</i>	131
<i>celecoxib</i>	1	<i>ciprofloxacin-dexamethasone otic susp</i>	
CELESTONE INJ SOLUSPAN	99	0.3-0.1%	134
CELEXA	52	<i>cisplatin</i>	21
CELLCEPT	125	<i>citalopram hydrobromide</i>	52
CELONTIN	61	CITALOPRAM HYDROBROMIDE	52
<i>cephalexin</i>	17	<i>claravis</i>	142
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CEREZYME.....	101	<i>clarithromycin</i>	18
<i>cetirizine hcl</i>	135	<i>clemastine fumarate</i>	135
<i>cevimeline hcl</i>	152	CLENPIQ SOL 10 MG-3.5 GM-12	
<i>chateal eq</i>	93	GM/160ML.....	109
CHEMET	92	CLENPIQ SOL 10 MG-3.5 GM-12	
<i>chlordiazepoxide hcl</i>	50	GM/175ML.....	109
<i>chlorhexidine gluconate (mouth-throat)</i>		CLEOCIN.....	8, 115
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<i>chloroquine phosphate</i>	12	CLEOCIN PHOSPHATE	8
<i>chlorpromazine hcl</i>	57	CLEOCIN-T	142
<i>chlorthalidone</i>	46	CLIMARA.....	98
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<i>cholestyramine</i>	42	<i>clindacin</i>	142
<i>cholestyramine light</i>	42	<i>clindacin etz pledgets</i>	142
<i>choline fenofibrate</i>	41	<i>clindacin-p</i>	142
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CIALIS	113	<i>clindamycin hcl</i>	8
CIBINQO	120	<i>clindamycin palmitate hydrochloride</i> ..	8
<i>ciclopirox</i>	144	<i>clindamycin phosphate</i>	8
<i>ciclopirox olamine</i>	144	<i>clindamycin phosphate (topical)</i>	142
<i>cidofovir</i>	16	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cilostazol</i>	118	300 mg/50ml.....	8
CILOXAN	131	<i>clindamycin phosphate in d5w iv soln</i>	
CIMDUO TAB 300-300	14	600 mg/50ml.....	8
CIMERLI	133	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cimetidine</i>	108	900 mg/50ml.....	8
<i>cimetidine hcl</i>	108	<i>clindamycin phosphate vaginal</i>	115
CIMZIA	120	<i>clindamycin phosphate-benzoyl</i>	
CIMZIA STARTER KIT	120	<i>peroxide gel 1.2-2.5%</i>	142
<i>cinacalcet hcl</i>	101	<i>clindamycin phosphate-benzoyl</i>	
CINQAIR	137	<i>peroxide gel 1.2-3.75%</i>	142
CINRYZE	118	<i>clindamycin phosphate-benzoyl</i>	
CINVANTI	106	<i>peroxide gel 1-5%</i>	142
CIPRO	18	<i>clindamycin phosphate-tretinoin gel</i>	
CIPRO HC SUS OTIC	134	1.2-0.025%.....	142
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	18	<i>clindamycin phosph-benzoyl peroxide</i>	
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	18	(refrig) gel 1.2 (1)-5%	142
<i>ciprofloxacin hcl</i>	18	CLINDESSE	115

CLINDMYC/NAC INJ 300/50ML.....	8	<i>colesevelam hcl</i>	43
CLINDMYC/NAC INJ 600/50ML.....	8	COLESTID	43
CLINDMYC/NAC INJ 900/50ML.....	8	<i>colestipol hcl</i>	43
CLINIMIX E INJ 2.75/D5W	130	<i>colistimethate sodium</i>	8
CLINIMIX E INJ 4.25/D10	130	COLUMVI	27
CLINIMIX E INJ 4.25/D5W	130	COLY-MYCIN M	8
CLINIMIX E INJ 5%/D15W	130	COMBIGAN SOL 0.2/0.5%	133
CLINIMIX E INJ 5%/D20W	130	COMBIPATCH DIS	98
CLINIMIX E INJ 8/10	130	COMBIVENT AER 20-100	134
CLINIMIX E INJ 8/14	130	COMBOGESIC INJ 300-1000	1
CLINIMIX INJ 4.25/D10	130	COMETRIQ (60MG DOSE)	27
CLINIMIX INJ 4.25/D5W	130	COMETRIQ KIT 100MG	27
CLINIMIX INJ 5%/D15W	130	COMETRIQ KIT 140MG	27
CLINIMIX INJ 5%/D20W	130	COMPLERA TAB	14
CLINIMIX INJ 6/5	130	<i>compro</i>	106
CLINIMIX INJ 8/10	130	COMTAN	56
CLINIMIX INJ 8/14	130	CONCERTA	69
<i>clinisol sf 15%</i>	130	CONDYLOX	149
CLINOLIPID EMU 20%	130	<i>constulose</i>	109
<i>clobazam</i>	61	CONZIP	3
<i>clobetasol propionate</i>	146	COPAXONE	78
<i>clobetasol propionate e</i>	146	COPIKTRA	27
<i>clobetasol propionate emulsion</i>	146	CORDRAN	146
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<i>clocortolone pivalate</i>	146	CORTEF	99
<i>clodan</i>	146	CORTENEMA	109
<i>clomipramine hcl</i>	52	CORTIFOAM	149
<i>clonazepam</i>	61	CORTISONE ACETATE	99
<i>clonidine</i>	47	CORTISPORIN SUS -TC OTIC	134
<i>clonidine hcl</i>	47	CORTROPHIN	101
<i>clonidine hcl (analgesia)</i>	1	COSENTYX	120
<i>clopidogrel bisulfate</i>	120	COSENTYX SENSOREADY PEN	120
<i>clorazepate dipotassium</i>	61	COSENTYX UNOREADY	120
<i>clotrimazole</i>	152	COSOPT PF SOL 2%-0.5%	133
<i>clotrimazole (topical)</i>	144	COSOPT SOL 2-0.5%OP	133
<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i>	144	COTELLIC	27
<i>clozapine</i>	57, 58	COTEMPLA XR-ODT	69
CLOZARIL	58	COZAAR	40
COARTEM TAB 20-120MG	12	CREON CAP 12000UNT	110
<i>codeine sulfate</i>	5	CREON CAP 24000UNT	110
CODEINE SULFATE	5	CREON CAP 3000UNIT	110
COLAZAL	109	CREON CAP 36000UNT	110
<i>colchicine</i>	1	CREON CAP 6000UNIT	110
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	1	CRESEMBA	11
COLCRYS	1	CRESTOR	42
		CRINONE	104
		<i>cromolyn sodium</i>	137

<i>cromolyn sodium (mastocytosis)</i>	111	<i>daptomycin</i>	8
<i>cromolyn sodium (ophth)</i>	132	DAPTOMYCIN.....	8
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<i>cryselle-28</i>	93	<i>darifenacin hydrobromide</i>	114
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<i>cyclobenzaprine hcl</i>	80	DAYBUE	76
<i>cyclophosphamide</i>	21	DAYPRO	1
CYCLOPHOSPHAMIDE	21	<i>daysee</i>	93
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<i>cycloserine</i>	15	DAYVIGO	72
<i>cyclosporine</i>	126	DDAVP.....	101
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	126	<i>deblitane</i>	93
CYMBALTA	52	<i>decitabine</i>	22
<i>cyproheptadine hcl</i>	136	<i>deferasirox</i>	92
CYRAMZA	27	<i>deferiprone</i>	92
<i>cyred eq</i>	93	<i>deferoxamine mesylate</i>	92
CYSTADANE POW	101	DELESTROGEN.....	98
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<i>cytarabine</i>	22	DEMSE.....	47
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D5W/LYTES INJ #48	128	DEPO-ESTRADIOL	98
<i>dabigatran etexilate mesylate</i>	115	DEPO-MEDROL.....	99
<i>dacarbazine</i>	24	DEPO-PROVERA CONTRACEPTIV.....	93
<i>dalfampridine</i>	78	DEPO-SUBQ PROVERA 104	93
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<i>danazol</i>	83	DERMA-SMOOTH/FS SCALP.....	146
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<i>dantrolene sodium</i>	80	DESCOVY TAB 120-15MG	14
<i>dapsone</i>	8	DESCOVY TAB 200/25MG	14
<i>dapsone (topical)</i>	142	DESFERAL	92
DAPTACEL INJ	127	<i>desipramine hcl</i>	52
DAPTOMY/NACL INJ 350/50ML	8	<i>desloratadine</i>	136
DAPTOMY/NACL INJ 500/50ML	8	<i>desmopressin acetate</i>	101
		<i>desmopressin acetate spray</i>	101

<i>desmopressin acetate spray</i>	
<i>refrigerated</i>	101
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0.15-0.02/0.01 mg(21/5)	93
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<i>dexmethylphenidate hcl</i>	69
<i>dexrazoxane hcl</i>	35
<i>dextroamphetamine sulfate</i>	69
<i>dextrose</i>	130
<i>dextrose 10% w/ sodium chloride</i>	
0.45%	128
<i>dextrose 2.5% w/ sodium chloride</i>	
0.45%	128
<i>dextrose 5% in lactated ringers</i>	128
<i>dextrose 5% w/ sodium chloride 0.2%</i>	
.....	128
<i>dextrose 5% w/ sodium chloride</i>	
0.225%	128
<i>dextrose 5% w/ sodium chloride 0.3%</i>	
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<i>dextrose 5% w/ sodium chloride 0.45%</i>	
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<i>dextrose 5% w/ sodium chloride 0.9%</i>	
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<i>diazepam (anticonvulsant)</i>	62
<i>diazepam inj</i>	62
<i>diazepam intensol</i>	62
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<i>jinteli</i>	98	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	128
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<i>metronidazole vaginal</i>	115	MONJUVI	30
<i>metyrosine</i>	48	<i>mono-linyah</i>	95
MG SO4/D5W INJ 10MG/ML	129	<i>montelukast sodium</i>	137
MIACALCIN	91	<i>morphine sulfate</i>	4, 6
<i>mibelas 24 fe</i>	95	MORPHINE SULFATE.....	6
MICAFUNGIN	11	<i>morphine sulfate beads</i>	4
<i>micafungin sodium</i>	11	MORPHINE SULFATE/SODIUM C	6
MICAFUNGIN/NACL INJ 100MG/100ML		MOTEGRITY.....	111
.....	11	MOTPOLY XR	64
MICAFUNGIN/NACL INJ 50MG/50ML	11	MOUNJARO.....	86
MICARDIS	40	MOVANTIK	111
MICARDIS HCT TAB 40/12.5	39	MOVIPREP SOL	110
MICARDIS HCT TAB 80/12.5	39	<i>moxifloxacin hcl</i>	18
MICARDIS HCT TAB 80-25MG.....	39	<i>moxifloxacin hcl (ophth)</i>	131
<i>miconazole 3</i>	115	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>miconazole-zinc oxide-white</i>		<i>sodium chloride 0.8% inj</i>	18
<i>petrolatum oint 0.25-15-81.35%</i>	144	MOXIFLOXACIN HYDROCHLORID.....	19
<i>microgestin 1.5/30</i>	95	MOZOBIL	117
<i>microgestin 1/20</i>	95	MRESVIA.....	127
<i>microgestin 24 fe</i>	95	MS CONTIN	4
<i>microgestin fe 1.5/30</i>	95	MULPLETA	118
<i>microgestin fe 1/20</i>	95	MULTAQ.....	41
<i>midodrine hcl</i>	48	<i>multiple electrolytes ph 5.5</i>	129
MIEBO	134	<i>multiple electrolytes ph 7.4</i>	129
<i>mifepristone (hyperglycemia)</i>	102	<i>mupirocin</i>	144
<i>migergot</i>	75	<i>mupirocin calcium (topical)</i>	144
<i>miglitol</i>	86	MVASI	30
<i>miglustat</i>	102	MYALEPT	102
MIGRANAL.....	75	MYCAMINE	11
<i>mili</i>	95	MYCAPSSA	102
<i>mimvey</i>	98	MYCOBUTIN	15
MINIVELLE.....	99	<i>mycophenolate mofetil</i>	126
<i>minocycline hcl</i>	21	<i>mycophenolate sodium</i>	126

MYDAYIS CAP 12.5MG	71	NEBUPENT	9
MYDAYIS CAP 25MG.....	71	<i>necon 0.5/35-28</i>	95
MYDAYIS CAP 37.5MG	71	<i>nefazodone hcl</i>	53
MYDAYIS CAP 50MG.....	71	<i>neomycin sulfate</i>	9
MYFEMBREE TAB	102	<i>neomycin-bacitrac zn-polymyx</i>	
MYFORTIC	126	5(3.5)mg-400unt-10000unt op oin	
MYHIBBIN.....	126	.....	131
MYLOTARG	30	<i>neomycin-polymy-gramicid op sol</i>	
MYOBLOC	81	1.75-10000-0.025mg-unt-mg/ml.	131
MYRBETRIQ	114	<i>neomycin-polymyxin b gu irrigation</i>	
MYSOLINE	64	soln	114
N		<i>neomycin-polymyxin-dexamethasone</i>	
<i>nabumetone</i>	2	ophth oint 0.1%	130
<i>nadolol</i>	44	<i>neomycin-polymyxin-dexamethasone</i>	
NAFCILLIN INJ 1GM/50ML.....	19	ophth susp 0.1%	130
NAFCILLIN INJ 2GM/100.....	19	<i>neomycin-polymyxin-hc ophth susp</i>	130
<i>nafcillin sodium</i>	20	<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>naftifine hcl</i>	144	.....	134
NAFTIN	144	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
NAGLAZYME.....	102	mg/ml-10000 unit/ml-1%.....	134
<i>nalbuphine hcl</i>	6	<i>neo-polycin 5(3.5)mg-400unt-</i>	
NALFON	2	10000unt op oin	131
NALOCET TAB 2.5-300	6	<i>neo-polycin hc ophth oint 1%</i>	130
<i>naloxone hcl</i>	83	NEORAL	126
<i>naltrexone hcl</i>	83	NERLYNX	30
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NAMZARIC CAP 14-10MG.....	51	<i>neuac gel 1.2-5%</i>	143
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NAPROSYN	2	NEVANAC.....	132
<i>naproxen</i>	3	<i>nevirapine</i>	13
<i>naproxen dr</i>	3	NEXAVAR	30
<i>naproxen sodium</i>	3	NEXICLON XR	48
<i>naproxen-esomeprazole magnesium</i>		NEXIUM	112, 113
<i>tab dr 375-20 mg</i>	3	NEXLETOL	43
<i>naproxen-esomeprazole magnesium</i>		NEXLIZET TAB 180/10MG.....	43
<i>tab dr 500-20 mg</i>	3	NEXPLANON	95
<i>naratriptan hcl</i>	75	NEXTSTELLIS TAB 3-14.2MG	96
NARDIL	53	NEXVIAZYME	102
NATAZIA TAB	95	NGENLA.....	102
<i>nateglinide</i>	86	<i>niacin (antihyperlipidemic)</i>	43
NATROBA	151	<i>niacor</i>	43
NAYZILAM	64	<i>nicardipine hcl</i>	45
<i>nebivolol hcl</i>	44	NICARDIPINE SOL 20/200ML	45

NICARDIPINE SOL 40/200ML.....	45	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	99
NICOTROL INHALER.....	83	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	99
NICOTROL NS	83	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	96
<i>nifedipine</i>	45	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	96
<i>nikki</i>	96	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	96
NILANDRON.....	23	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	96
<i>nilutamide</i>	23	NORITATE	150
<i>nimodipine</i>	45	NORLIQVA.....	45
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NIPENT	25	NORPACE	41
<i>nisoldipine</i>	45	NORPACE CR	41
<i>nitazoxanide</i>	9	NORPRAMIN	53
<i>nitisinone</i>	102	NORTHERA.....	48
NITRO-BID	48	<i>nortrel 0.5/35 (28)</i>	96
NITRO-DUR	48	<i>nortrel 1/35 (21)</i>	96
<i>nitrofurantoin</i>	9	<i>nortrel 1/35 (28)</i>	96
NITROFURANTOIN	9	<i>nortrel 7/7/7</i>	96
<i>nitrofurantoin macrocrystal</i>	9	<i>nortriptyline hcl</i>	53
<i>nitrofurantoin monohyd macro</i>	9	NORVASC.....	45
<i>nitroglycerin</i>	49	NORVIR	13
<i>nitroglycerin (intra-anal)</i>	150	NOURIANZ	56
NITROLINGUAL	49	NOVAREL	102
NITROSTAT.....	49	NOVOLIN INJ 70/30.....	90
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<i>nizatidine</i>	108	NOVOLIN N	90
<i>nora-be</i>	96	NOVOLIN N FLEXPEN	90
NORDITROPIN FLEXPRO	102	NOVOLIN N FLEXPEN RELION.....	90
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	96	NOVOLIN N RELION.....	90
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	96	NOVOLIN R	90
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	96	NOVOLIN R FLEXPEN	90
<i>norethindrone (contraceptive)</i>	96	NOVOLIN R FLEXPEN RELION.....	90
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	96	NOVOLIN R RELION.....	90
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	96	NOVOLIN70/30 INJ RELION.....	90
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	96	NOVOLOG	90
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	96	NOVOLOG FLEXPEN	90
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	96	NOVOLOG FLEXPEN RELION.....	90
<i>norethindrone acetate</i>	105	NOVOLOG MIX INJ 70/30	90
		NOVOLOG MIX INJ FLEX REL.....	90
		NOVOLOG MIX INJ FLEXPEN	90
		NOVOLOG PENFILL.....	90

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NOVOLOG RELION	90	<i>olmesartan medoxomil-</i>	
NOXAFIL	11, 12	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
NPLATE	117	.....	39
NUBEQA	23	<i>olmesartan medoxomil-</i>	
NUCALA	138	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NUCYNTA	6	.....	39
NUCYNTA ER.....	4	<i>olmesartan medoxomil-</i>	
NUDEXTA CAP 20-10MG.....	77	<i>hydrochlorothiazide tab 40-25 mg</i>	39
NULOJIX.....	126	<i>olmesartan-amlodipine-</i>	
NUPLAZID	59	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NURTEC	75	<i>mg</i>	39
NUTRILIPID	130	<i>olmesartan-amlodipine-</i>	
NUTROPIN AQ NUSPIN 10.....	103	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NUTROPIN AQ NUSPIN 20.....	103	<i>mg</i>	39
NUTROPIN AQ NUSPIN 5.....	102	<i>olmesartan-amlodipine-</i>	
NUVARING MIS	96	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NUVIGIL.....	82	.....	39
NUZYRA	21	<i>olmesartan-amlodipine-</i>	
<i>nyamyc</i>	144	<i>hydrochlorothiazide tab 40-5-12.5</i>	
<i>nylia 1/35</i>	96	<i>mg</i>	39
<i>nylia 7/7/7</i>	96	<i>olmesartan-amlodipine-</i>	
NYMALIZE	45	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
<i>nymyo</i>	96	.....	39
<i>nystatin</i>	12	<i>olopatadine hcl (nasal)</i>	136
<i>nystatin (mouth-throat)</i>	152	OLPRUVA	103
<i>nystatin (topical)</i>	144	OLUMIANT	122
<i>nystop</i>	144	<i>omega-3-acid ethyl esters cap 1 gm</i>	43
NYVEPRIA.....	117	<i>omeprazole</i>	113
○		<i>omeprazole-sodium bicarbonate cap</i>	
OICALIVA	111	<i>20-1100 mg</i>	113
<i>ocella</i>	96	<i>omeprazole-sodium bicarbonate cap</i>	
OCREVUS	79	<i>40-1100 mg</i>	113
OCTAGAM.....	124	<i>omeprazole-sodium bicarbonate powd</i>	
<i>octreotide acetate</i>	103	<i>pack for susp 20-1680 mg</i>	113
OCUFLOX	131	<i>omeprazole-sodium bicarbonate powd</i>	
ODACTRA SUB	125	<i>pack for susp 40-1680 mg</i>	113
ODEFSEY TAB	15	OMNARIS.....	139
ODOMZO	31	OMNIPOD 5 DX KIT INT G7G6.....	90
OFEV	138	OMNIPOD 5 DX MIS POD G7G6	90
<i>ofloxacin (ophth)</i>	131	OMNIPOD 5 G7 KIT INTRO	90
<i>ofloxacin (otic)</i>	134	OMNIPOD 5 G7 MIS PODS	90
OGIVRI	31	OMNIPOD DASH KIT INTRO	90
OGSIVEO.....	31	OMNIPOD DASH MIS PODS.....	90
OJEMDA	31	OMNIPOD GO KIT 10UNT/DY	90
OJJAARA.....	31	OMNIPOD GO KIT 15UNT/DY	90
<i>olanzapine</i>	59	OMNIPOD GO KIT 20UNT/DY	90

OMNIPOD GO KIT 25UNT/DY.....	90	<i>oseltamivir phosphate</i>	16
OMNIPOD GO KIT 30UNT/DY.....	90	OSENI TAB 12.5-30.....	86
OMNIPOD GO KIT 35UNT/DY.....	91	OSENI TAB 25-15MG.....	86
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OMNIPOD MIS CLASSIC.....	91	OSENI TAB 25-45MG.....	87
OMNITROPE.....	103	OSPHENA.....	103
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<i>ondansetron</i>	107	OTEZLA TAB 10/20/30.....	122
<i>ondansetron hcl</i>	107	OTREXUP.....	123
ONEXTON GEL 1.2-3.75.....	143	OVIDE.....	151
ONFI.....	64	OXACILLIN INJ 1GM.....	20
ONGENTYS.....	56	OXACILLIN INJ 2GM.....	20
ONGLYZA.....	86	<i>oxacillin sodium</i>	20
ONIVYDE.....	25	<i>oxaliplatin</i>	21
ONTRUZANT.....	31	<i>oxaprozin</i>	3
ONUREG.....	22	OXAYDO.....	6
ONZETRA XSAIL.....	75	<i>oxazepam</i>	51
OPDIVO.....	31	OXBRYTA.....	118
OPDUALAG SOL.....	31	<i>oxcarbazepine</i>	64
OPFOLDA.....	103	OXERVATE.....	134
OPSUMIT.....	49	<i>oxiconazole nitrate</i>	145
OPSYNVI TAB 10-20MG.....	49	OXISTAT.....	145
OPSYNVI TAB 10-40MG.....	49	OXLUMO.....	114
OPVEE.....	83	OXTELLAR XR.....	64
OPZELURA.....	150	OXY-ACETAMIN TAB 7.5-300.....	6
ORACEA.....	150	<i>oxybutynin chloride</i>	114, 115
ORAPRED ODT.....	100	OXYCOD/ACETA SOL 10/300MG.....	6
ORBACTIV.....	9	OXYCOD/APAP TAB 10-300MG.....	6
ORENCIA.....	122	OXYCOD/APAP TAB 5-300MG.....	6
ORENCIA CLICKJECT.....	122	OXYCOD-APAP TAB 2.5-300.....	6
ORENITRAM.....	49	<i>oxycodone hcl</i>	6
ORENITRAM TAB MONTH 1.....	49	<i>oxycodone w/ acetaminophen soln 5-</i> <i>325 mg/5ml</i>	6
ORENITRAM TAB MONTH 2.....	49	<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	7
ORENITRAM TAB MONTH 3.....	49	<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	6
ORFADIN.....	103	<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	6
ORGOVYX.....	23	<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	6
ORIAHNN CAP.....	103	OXYCONTIN.....	4
ORILISSA.....	103	<i>oxymorphone hcl</i>	4, 7
ORKAMBI GRA 100-125.....	138	OXYTROL.....	115
ORKAMBI GRA 150-188.....	138	OZEMPIC (0.25 OR 0.5 MG/DOSE)...	87
ORKAMBI GRA 75-94MG.....	138	OZEMPIC (0.25 OR 0.5MG/DOSE)....	87
ORKAMBI TAB 100-125.....	138		
ORKAMBI TAB 200-125.....	138		
ORLADEYO.....	118		
<i>ormarvi</i>	46		
ORSERDU.....	23		

OZEMPIC (1MG/DOSE)	87	PAXLOVID TAB 150-100	16
OZEMPIC (2MG/DOSE)	87	PAXLOVID TAB 300-100	16
OZOBAX DS	81	<i>pazopanib hcl</i>	31
P		PEDIAPRED	100
<i>pacerone</i>	41	PEDIARIX INJ 0.5ML	127
<i>paclitaxel</i>	25	PEDVAX HIB	127
PACLITAXEL INJ 100MG	25	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
PADCEV	31	<i>for soln 236 gm</i>	110
PALFORZIA CAP ESCALAT	125	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
PALFORZIA CAP LEVEL 10	125	<i>420 gm</i>	110
PALFORZIA CAP LEVEL 3	125	<i>peg-3350/electrolytes/asc</i>	110
PALFORZIA CAP LEVEL 7	125	PEGASYS	16
PALFORZIA CAP LEVEL 8	125	PEMAZYRE	31
PALFORZIA LEVEL 1	125	PEMETREXED	22
PALFORZIA LEVEL 11 (MAINT	125	<i>pemetrexed disodium</i>	22
PALFORZIA LEVEL 11 (TITRA	125	PEMRYDI RTU	22
PALFORZIA LEVEL 2	125	PEN GK/DEXTR INJ 20000/ML	20
PALFORZIA LEVEL 4	125	PEN GK/DEXTR INJ 40000/ML	20
PALFORZIA LEVEL 5	125	PEN GK/DEXTR INJ 60000/ML	20
PALFORZIA LEVEL 6	125	PENBRAYA INJ	127
PALFORZIA LEVEL 9	125	<i>penciclovir</i>	151
<i>paliperidone</i>	59	<i>penicillamine</i>	92
<i>palonosetron hcl</i>	107	<i>penicillin g potassium</i>	20
PALONOSETRON HYDROCHLORID ..	107	<i>penicillin g sodium</i>	20
PALYNZIQ	103	<i>penicillin v potassium</i>	20
PAMELOR	53	PENNSAID	151
<i>pamidronate disodium</i>	91	PENTACEL INJ	127
PAMIDRONATE DISODIUM	91	PENTAM 300	9
PANCREAZE CAP 10500UNT	111	<i>pentamidine isethionate inh</i>	9
PANCREAZE CAP 16800UNT	111	<i>pentamidine isethionate inj</i>	9
PANCREAZE CAP 21000UNT	111	PENTASA	109
PANCREAZE CAP 2600UNIT	111	<i>pentoxifylline</i>	118
PANCREAZE CAP 37000	111	PEPCID	108
PANCREAZE CAP 4200UNIT	111	PERCOCET TAB 10-325MG	7
PANDEL	148	PERCOCET TAB 2.5-325	7
PANRETIN	151	PERCOCET TAB 5-325MG	7
PANTOPR/NAACL SOL 40MG/100	113	PERCOCET TAB 7.5-325	7
PANTOPR/NAACL SOL 80MG/100	113	PERFOROMIST	137
<i>pantoprazole sodium</i>	113	<i>perindopril erbumine</i>	37
PANZYGA	125	<i>perio gard</i>	152
<i>paricalcitol</i>	106	PERJETA	31
PARLODEL	56	<i>permethrin</i>	151
PARNATE	53	<i>perphenazine</i>	59
<i>paroxetine hcl</i>	53, 54	<i>perphenazine-amitriptyline tab 2-10</i>	
<i>paroxetine mesylate (vasomotor)</i>	77	<i>mg</i>	54
PAXIL	54	<i>perphenazine-amitriptyline tab 2-25</i>	
PAXIL CR	54	<i>mg</i>	54

<i>perphenazine-amitriptyline tab 4-10 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	20
<i>perphenazine-amitriptyline tab 4-25 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	20
<i>perphenazine-amitriptyline tab 4-50 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	20
PERSERIS	59	PIQRAY 200MG DAILY DOSE	31
PERTZYE CAP 16000U	111	PIQRAY 250MG TAB DOSE	31
PERTZYE CAP 24000U	111	PIQRAY 300MG DAILY DOSE	31
PERTZYE CAP 4000UNIT	111	<i>pirfenidone</i>	138
PERTZYE CAP 8000UNIT	111	<i>piroxicam</i>	3
<i>pfizerpen</i>	20	<i>pitavastatin calcium</i>	42
PHEBURANE	103	PLAQUENIL	123
<i>phenelzine sulfate</i>	54	PLASMA-LYTE INJ -148	129
PHENERGAN	107	PLASMA-LYTE INJ -A	129
<i>phenobarbital</i>	64	PLAVIX	120
<i>phenobarbital sodium</i>	64	PLEGRIDY	79
<i>phenoxybenzamine hcl</i>	48	PLEGRIDY INJ STARTER	79
<i>phenytek</i>	65	PLEGRIDY PEN INJ STARTER	79
<i>phenytoin</i>	65	<i>plenamine</i>	130
<i>phenytoin sodium</i>	65	PLENVU SOL	110
<i>phenytoin sodium extended</i>	65	<i>plerixafor</i>	117
PHESGO SOL	31	PLIAGLIS CRE 7-7%	149
PHEXXI GEL	96	<i>podofilox</i>	151
<i>philith</i>	96	POLIVY	31
PHOSPHOLINE IODIDE	133	<i>polycin ophth oint</i>	131
PIASKY	118	<i>polymyxin b sulfate</i>	9
PIFELTRO	13	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	131
<i>pilocarpine hcl</i>	133	POMALYST	24
<i>pilocarpine hcl (oral)</i>	152	POMBILITI	103
<i>pimecrolimus</i>	151	PONVORY	79
<i>pimozide</i>	59	PONVORY TAB STARTER	79
<i>pimtrea</i>	96	<i>portia-28</i>	96
<i>pindolol</i>	44	<i>posaconazole</i>	12
<i>pioglitazone hcl</i>	87	POT CHL 20MEQ/L IN NAACL 0.45% INJ	129
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	87	POT CHL 20MEQ/L IN NAACL 0.9% INJ	129
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	87	POT CHL 40MEQ/L IN NAACL 0.9% INJ	129
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	87	<i>potassium chloride</i>	129
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	87	POTASSIUM CHLORIDE	129
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	20	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	129
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	20	<i>potassium chloride microencapsulated crystals er</i>	129

<i>potassium citrate (alkalinizer)</i>	114	<i>probenecid</i>	1
POTELIGEO	31	PROCARDIA XL	45
PRADAXA.....	116	<i>prochlorperazine</i>	107
<i>pralatrexate</i>	22	<i>prochlorperazine edisylate</i>	107
<i>pramipexole dihydrochloride</i>	56	<i>prochlorperazine maleate</i>	107
<i>prasugrel hcl</i>	120	PROCRIT	117
<i>pravastatin sodium</i>	42	<i>proctocort</i>	151
<i>praziquantel</i>	9	PROCTOFOAM AER HC 1%	151
<i>prazosin hcl</i>	37	<i>procto-med hc</i>	151
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<i>selenium sulfide</i>	145	17.5-3.13-1.6 gm/177ml	110
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SPORANOX	12	<i>sulfadiazine</i>	10
SPRAVATO SOL 56MG DOS	54	<i>sulfamethoxazole-trimethoprim iv soln</i>	
SPRAVATO SOL 84MG DOS	54	<i>400-80 mg/5ml</i>	10
<i>sprintec 28</i>	97	<i>sulfamethoxazole-trimethoprim susp</i>	
SPRITAM	65	<i>200-40 mg/5ml</i>	10
SPRIX	3	<i>sulfamethoxazole-trimethoprim tab</i>	
SPRYCEL	32	<i>400-80 mg</i>	10
<i>sps</i>	92	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sronyx</i>	97	<i>800-160 mg</i>	10
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<i>tacrolimus</i>	126	39
<i>tacrolimus (topical)</i>	151	<i>telmisartan-amlodipine tab 40-5 mg</i>	39
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