

CareFirst BlueCross BlueShield Group Advantage (PPO)

Formulario 2026

Lista de medicamentos cubiertos o “Lista de medicamentos”

**LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS CUBIERTOS EN ESTE PLAN**

ID de la presentación del archivo de formulario aprobado por HPMS 00026145, número de versión 7

Este formulario se actualizó el 15/10/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio para Miembros de CareFirst BlueCross BlueShield Group Advantage (PPO) 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., licenciataria independiente de Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® y los símbolos de la cruz y del escudo son marcas de servicio registradas de Blue Cross and Blue Shield Association, una asociación de planes independientes de Blue Cross and Blue Shield.

Nota para los miembros actuales: Este Formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que usted toma.

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

Este documento incluye una Lista de medicamentos (formulario) de nuestro plan que tiene vigencia desde el 15/10/2025. *Para* obtener una Lista de medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez la Lista de medicamentos (Formulario), aparece en la portada y la contraportada.

Por lo general, usted debe usar las farmacias de la red para obtener sus beneficios de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, los copagos o el coseguro podrán cambiar el 1 de enero de 2026 y ocasionalmente durante el año.

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

En este documento, los términos “Lista de medicamentos” y “Formulario” se refieren a lo mismo. Un formulario es una lista de medicamentos con cobertura seleccionados por CareFirst BlueCross BlueShield Group Advantage (PPO) en consulta con un equipo de profesionales médicos que representa las terapias de medicamentos recetados que se consideran una parte necesaria de un programa de tratamiento de calidad. CareFirst BlueCross BlueShield Group Advantage (PPO) generalmente cubrirá los medicamentos que figuran en el Formulario, siempre que el medicamento sea de necesidad médica, la receta se surta en una farmacia de la red de CareFirst BlueCross BlueShield Group Advantage (PPO) y se cumplan otras reglas del plan. Consulte su Evidencia de cobertura para obtener más información sobre cómo surtir sus recetas. Para obtener una lista completa de todos los medicamentos recetados cubiertos por CareFirst BlueCross BlueShield Group Advantage (PPO), visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el Formulario, aparece en la portada y la contraportada.

¿El Formulario puede cambiar?

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

Cambios que pueden afectarlo este año: En los siguientes casos, usted 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 producto biológico original en nuestro

Formulario, pero trasladarlo de inmediato a un nivel diferente de costos compartidos o agregar nuevas restricciones.

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

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le brindaremos información sobre los cambios específicos que hemos realizado.

Si hacemos dicho cambio, usted o la persona autorizada para extender recetas pueden solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que se está modificando. Para obtener más información, consulte la sección “¿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 (Food and Drug Administration, FDA) determina que un medicamento se retire por motivos de seguridad o eficacia, podemos retirar de inmediato el medicamento de nuestro Formulario y luego notificar a los miembros que lo usan.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los asegurados que actualmente toman un medicamento. Por ejemplo, podemos retirar un medicamento de marca del formulario cuando se agrega un equivalente genérico o retirar un producto biológico original cuando se agrega un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o producto biológico original, trasladarlo a un nivel diferente de costos compartidos o ambas opciones. Podemos efectuar cambios en función de nuevas pautas clínicas. Si eliminamos medicamentos de nuestro Formulario, agregamos autorización previa, límites de cantidad o restricciones en las terapias escalonadas de un medicamento, o movemos un medicamento a un nivel de costo compartido más elevado, debemos notificar a los miembros afectados acerca del cambio al menos 30 días antes de que el cambio entre en vigencia. O bien, cuando el miembro solicite resurtir el medicamento, puede recibir un suministro del medicamento para 30 días y un aviso sobre el cambio.

Si hacemos estos otros cambios, usted o la persona autorizada para extender recetas pueden solicitarnos que hagamos una excepción para usted y continuemos cubriendo el medicamento que

ha estado tomando. La notificación que le proporcionemos también incluirá información sobre cómo solicitar una excepción y puede encontrar información en la siguiente sección titulada “¿Cómo solicito una excepción al Formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)?”.

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento de nuestro Formulario 2026 que estaba cubierto al comienzo del año, no interrumpiremos ni reduciremos la cobertura de dicho medicamento durante el año de cobertura 2026, excepto según lo descrito anteriormente. Esto significa que estos medicamentos permanecerán disponibles con los mismos costos compartidos y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. No recibirá una notificación directa este año sobre cambios que no le afecten a usted. Sin embargo, el 1 de enero del año próximo, dichos cambios podrían afectarle, y es importante verificar el Formulario del nuevo año de beneficios por cualquier cambio en los medicamentos.

Este formulario adjunto está actualizado al 15/10/2025. Para obtener información actualizada sobre los medicamentos cubiertos por CareFirst BlueCross BlueShield Group Advantage (PPO), contáctenos. Nuestra información de contacto aparece en la portada y la contraportada. En caso de que haya cambios en el formulario a mitad de año que no sean de mantenimiento, los formularios se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo utilizo el Formulario?

Hay dos maneras en las que puede encontrar su medicamento en el Formulario:

Afección médica

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

Listado alfabético

Si no está seguro de qué categoría buscar, debe buscar su medicamento en el índice que comienza en la página 141. El Índice proporciona una lista alfabética de todos los medicamentos que se incluyen en este documento. El Índice incluye tanto los medicamentos de marca como los medicamentos genéricos. Busque en el Índice hasta encontrar su medicamento. Al lado del nombre del medicamento, encontrará el número de la página donde puede encontrar la información de la cobertura. Vaya a la página indicada en el Índice y encuentre el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

CareFirst BlueCross BlueShield Group Advantage (PPO) cubre tanto los medicamentos de marca como los medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como medicamento que contiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos son tan eficaces como los medicamentos de marca y normalmente cuestan menos. Existen medicamentos

genéricos disponibles que reemplazan a los medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituirse por el medicamento de marca en la farmacia sin necesidad de una receta nueva, según las leyes estatales.

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

En el Formulario, cuando nos referimos a “medicamentos”, podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos habituales. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. En general, los biosimilares funcionan tan bien como el producto biológico original y podrían costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una receta nueva, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

Para obtener información sobre los tipos de medicamentos, consulte la Sección 3.1 del Capítulo 5 de la Evidencia de cobertura, “La lista de medicamentos contiene los medicamentos de la Parte D que están cubiertos”.

¿Existen restricciones en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir los siguientes:

- **Autorización previa:** CareFirst BlueCross BlueShield Group Advantage (PPO) requiere que usted o la persona autorizada para extender recetas obtenga una autorización previa para ciertos medicamentos. Esto significa que usted deberá obtener la aprobación de CareFirst BlueCross BlueShield Group Advantage (PPO) antes de surtir sus medicamentos recetados. Si no obtiene la aprobación, CareFirst BlueCross BlueShield Group Advantage (PPO) posiblemente no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, CareFirst BlueCross BlueShield Group Advantage (PPO) limita la cantidad del medicamento que cubrirá CareFirst BlueCross BlueShield Group Advantage (PPO). Por ejemplo, CareFirst BlueCross BlueShield Group Advantage (PPO) proporciona 30 comprimidos cada 30 días por receta para comprimidos de simvastatina de 80 mg. Esto puede ser adicional a un suministro normal de uno o tres meses.
- **Terapia escalonada:** en algunos casos, CareFirst BlueCross BlueShield Group Advantage (PPO) requiere que pruebe primero ciertos medicamentos para tratar su afección de salud antes de cubrir otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica es posible que CareFirst BlueCross BlueShield Group Advantage (PPO) no cubra el medicamento B hasta que primero pruebe el medicamento A. Si el medicamento A no funciona para usted, entonces CareFirst BlueCross BlueShield Group Advantage (PPO) cubrirá el medicamento B.

Usted puede averiguar si el medicamento tiene algún requisito o límite adicional buscándolo en el formulario que comienza en la página 1. Usted también puede obtener más información acerca de las restricciones que aplican a medicamentos específicos cubiertos al visitar nuestra página de Internet. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También nos puede pedir que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el Formulario, aparece en la portada y la contraportada.

Usted puede solicitar a CareFirst BlueCross BlueShield Group Advantage (PPO) que haga una excepción a estas restricciones o límites, o pedir una lista de otros medicamentos similares que podrían tratar su afección de salud. Consulte la sección “¿Cómo solicito una excepción al Formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)?” en la página vi para obtener información sobre cómo solicitar una excepción.

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

Si su medicamento no está incluido en este Formulario (Lista de medicamentos cubiertos), debe comunicarse primero con el Servicio para Miembros y preguntar si su medicamento está cubierto.

Si descubre que CareFirst BlueCross BlueShield Group Advantage (PPO) no cubre su medicamento, usted tiene dos opciones:

- Puede solicitarle al Servicio para Miembros una lista de los medicamentos similares que CareFirst BlueCross BlueShield Group Advantage (PPO) cubre. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por CareFirst BlueCross BlueShield Group Advantage (PPO).
- Puede solicitar a CareFirst BlueCross BlueShield Group Advantage (PPO) que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)?

Puede solicitar a CareFirst BlueCross BlueShield Group Advantage (PPO) que haga una excepción a las normas de cobertura. Existen muchos tipos de excepciones que usted puede solicitar.

- Nos puede solicitar que cubramos un medicamento aun si no está en el Formulario. Si es aprobado, este medicamento será cubierto al nivel de costo compartido predeterminado y usted no podrá solicitarnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos la exención de una restricción sobre la cobertura, como una autorización previa, terapia escalonada o un límite de cantidad para su medicamento. Por ejemplo, para ciertos medicamentos, CareFirst BlueCross BlueShield Group Advantage (PPO) limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que eliminemos el límite y cubramos una cantidad mayor.
- Puede solicitarnos que cubramos un medicamento del Formulario a un nivel de costo compartido más bajo, a menos que el medicamento se encuentre en el nivel de medicamentos especializados. Si es aprobado, esto reducirá la cantidad que debe pagar por el medicamento.

- Por lo general, CareFirst BlueCross BlueShield Group Advantage (PPO) solo aprobará su solicitud de una excepción si los medicamentos alternativos que están incluidos en el formulario del plan, el medicamento con los costos compartidos más bajos o la aplicación de la restricción no sería tan eficaz para usted o le causaría efectos adversos.

Usted o la persona autorizada para extender recetas deben comunicarse con nosotros para solicitarnos una excepción al nivel o al Formulario, incluida una excepción a una restricción de cobertura. ***Cuando solicite una excepción, la persona autorizada para extender recetas deberá explicar el motivo médico por el que usted necesita la excepción.*** En general, luego de recibir la declaración de respaldo de la persona autorizada para extender recetas, debemos tomar nuestra decisión dentro de 72 horas. Puede solicitar una decisión acelerada (rápida) si cree, y nosotros estamos de acuerdo, que su salud podría verse gravemente perjudicada al esperar hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si la persona autorizada para extender recetas solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de que obtengamos la declaración de respaldo de la persona autorizada para extender recetas.

¿Qué puedo hacer si mi medicamento no está en el Formulario o tiene una restricción?

Como miembro nuevo o actual de nuestro plan, puede que usted esté tomando medicamentos que no están en nuestro formulario. O bien es posible que esté usando un medicamento que está en nuestro formulario, pero tiene una restricción de cobertura, como la autorización previa. Debe hablar con la persona autorizada para extender recetas sobre 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 usted y su médico determinan el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días en los que es miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro Formulario o tenga una restricción sobre la cobertura, cubriremos un suministro temporal de 30 días. Si su receta es por menos días, permitiremos reposiciones para brindarle un suministro máximo del medicamento de 30 días. Si no se aprueba la cobertura, después de su primer suministro para 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

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

Si experimenta un cambio en el nivel de atención (como ser dado de alta o admitido en un centro de atención a largo plazo), su médico o farmacia pueden solicitar la anulación de una receta por única vez. Esta anulación única le proporcionará cobertura temporal (suministro de hasta 31 días) para los medicamentos aplicables. Debe surtir los medicamentos en una farmacia de la red. Debe utilizar el proceso de excepción del plan si desea continuar con la cobertura del medicamento después de que finalice el suministro temporal.

Para obtener más información

Para obtener información más detallada acerca de la cobertura de medicamentos recetados de CareFirst BlueCross BlueShield Group Advantage (PPO), revise su Evidencia de cobertura y los otros materiales de la cobertura.

Si tiene preguntas sobre CareFirst BlueCross BlueShield Group Advantage (PPO), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el Formulario, aparece en la portada y la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados 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 siguiente formulario proporciona información de cobertura sobre los medicamentos cubiertos por CareFirst BlueCross BlueShield Group Advantage (PPO). Si tiene dificultades para encontrar su medicamento en la lista, consulte el índice que comienza en la página 141.

La primera columna de la tabla muestra el nombre del medicamento. Los medicamentos de marca están en mayúsculas (por ejemplo, SYNTHROID) y los medicamentos genéricos están en minúsculas cursivas (por ejemplo, *levothyroxine*).

La segunda columna, “Nivel de medicamentos”, indicará en qué niveles de copago están clasificados los medicamentos recetados cubiertos. Los montos de copago y los porcentajes de coseguro para cada nivel varían. Consulte la Evidencia de

Cobertura del plan para conocer los montos aplicables de copagos y coseguro.

- **Nivel 1: medicamentos genéricos:** es el nivel más bajo e incluye la mayoría de los medicamentos genéricos y puede incluir algunos medicamentos de marca.
- **Nivel 2: medicamentos de marca preferidos:** incluye medicamentos de marca preferidos y medicamentos genéricos no preferidos.
- **Nivel 3: medicamentos no preferidos:** incluye medicamentos no preferidos de marca y medicamentos genéricos.
- **Nivel 4: medicamentos especializados:** es el nivel más alto e incluye medicamentos genéricos y de marca de alto costo.

La información en la columna de Requisitos/Límites indica si CareFirst BlueCross BlueShield Group Advantage (PPO) tiene algún requisito especial para la cobertura de su medicamento. A continuación, encontrará una descripción de los acrónimos que enumeramos en la columna “Requisitos/Límites”.

PA: autorización previa. Nuestro plan requiere que usted o su proveedor obtenga autorización previa para ciertos medicamentos. Esto significa que deberá obtener nuestra aprobación antes de poder surtir sus medicamentos recetados. Si no obtiene aprobación, es posible que no cubramos el medicamento.

QL: límite de cantidad. Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que puede cubrir. Por ejemplo, nuestro plan proporciona 30 tabletas cada 30 días por receta para tabletas de simvastatin 80 mg.

ST: terapia escalonada. En algunos casos, nuestro plan le pedirá que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica es posible que no cubramos el medicamento B hasta que usted pruebe el medicamento A primero. Si el medicamento A no le funciona, entonces cubriremos el medicamento B.

NM: no disponible para pedidos por correo. Los medicamentos con esta abreviatura generalmente no están disponibles en la farmacia de servicios por correo de CVS Caremark®. Los medicamentos de mantenimiento (medicamentos que toma regularmente para una afección crónica o a largo plazo) sin esta abreviatura suelen estar disponibles en la farmacia de servicios por correo de CVS Caremark®. La disponibilidad real puede variar.

B/D: cobertura de la Parte B o la Parte D de Medicare. Este medicamento puede estar cubierto por la Parte B o la Parte D de Medicare, según el caso. Para tomar una determinación, es posible que deba presentar información que describa el uso y el entorno del medicamento.

CareFirst BlueCross BlueShield Group Advantage (PPO) Group Plus

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>allopurinol</i> TABS 200mg	1	ST
<i>allopurinol sodium</i> SOLR 500mg	4	
ALOPRIM SOLR 500mg	4	
<i>colchicine</i> CAPS .6mg	1	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat</i> TABS 40mg, 80mg	1	PA
GLOPERBA SOLN .6mg/5ml	3	QL (300 mL / 30 days)
KRYSTEXXA SOLN 8mg/ml	4	NM, PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
CELEBREX CAPS 400mg	3	QL (30 caps / 30 days)
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>diflunisal</i> TABS 500mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ketorolac tromethamine</i> TABS 10mg	1	QL (20 tabs / 30 days), PA; PA applies if 65 years and older
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
<i>tolmetin sodium</i> CAPS 400mg	4	
OPIOID ANALGESICS, LONG-ACTING		
<i>BELBUCA</i> FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL (60 buccal films / 30 days), PA
<i>BELBUCA</i> FILM 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>BUTRANS</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 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	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	1	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	4	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	1	QL (60 caps / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	1	QL (30 caps / 30 days), PA
MS CONTIN TBCR 15mg, 30mg	3	QL (90 tabs / 30 days), PA
MS CONTIN TBCR 60mg	4	QL (90 tabs / 30 days), PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>acetaminophen-caffeine-dihydrocodeine</i> cap 320.5-30-16 mg	1	QL (300 caps / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml	1	QL (10 mL / 30 days)
CODEINE SULFATE TABS 15mg, 60mg	3	QL (180 tabs / 30 days)
<i>codeine sulfate</i> TABS 30mg	1	QL (180 tabs / 30 days)
DILAUDID LIQD 1mg/ml	3	QL (600 mL / 30 days)
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg	3	QL (180 tabs / 30 days)
DILAUDID TABS 8mg	4	QL (180 tabs / 30 days)
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen soln</i> 10-300 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen soln</i> 10-325 mg/15ml	1	QL (2700 mL / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	1	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN .2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml, 50mg/5ml</i>	3	B/D
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	1	QL (180 tabs / 30 days)
<i>HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml</i>	3	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml</i>	3	B/D
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>MORPHINE SULFATE/SODIUM C SOLN 1mg/ml</i>	3	B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	3	
<i>oxycodone hcl CAPS 5mg</i>	1	QL (180 caps / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	1	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>oxymorphone hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 30 days)
PERCOCET TAB 5-325MG	4	QL (360 tabs / 30 days), PA
PERCOCET TAB 7.5-325	4	QL (240 tabs / 30 days), PA
PERCOCET TAB 10-325MG	4	QL (180 tabs / 30 days), PA
ROXICODONE TABS 15mg	3	QL (180 tabs / 30 days)
ROXICODONE TABS 30mg	4	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>trezix</i>	1	QL (300 caps / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	1	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NM, PA
CAYSTON SOLR 75mg	4	NM, PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium SOLR 150mg</i>	1	
COLY-MYCIN M SOLR 150mg	3	
DALVANCE SOLR 500mg	4	
<i>dapsone TABS 25mg, 100mg</i>	1	
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
<i>daptomycin SOLR 350mg, 500mg</i>	4	
DAPTOMYCIN SOLR 350mg, 500mg	4	
EMBLAVEO INJ 2GM	4	
EMVERM CHEW 100mg	4	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	QL (1800 mL / 180 days)
<i>fosfomycin tromethamine PACK 3gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
HUMATIN CAPS 250mg	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	4	PA
<i>ivermectin TABS 3mg</i>	1	QL (20 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	1	QL (10 tabs / 90 days), PA
KIMYRSA SOLR 1200mg	4	
KITABIS PAK NEBU 300mg/5ml	4	NM, PA
LIKMEZ SUSP 500mg/5ml	3	
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MEPRON SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; SOLN 500mg/100ml; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	4	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	
ORLYNVAH TAB 500-500	4	
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> TABS 25mg	4	QL (90 tabs / 30 days), PA
RECARBRIO INJ 1.25GM	4	
SIVEXTRO SOLR 200mg; TABS 200mg	4	
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	4	
STROMECTOL TABS 3mg	3	QL (20 tabs / 90 days), PA
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200- 40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800- 160 mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NM, PA
TOBI PODHALER CAPS 28mg	4	NM, PA
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	4	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	4	
VANCOCIN CAPS 125mg	4	QL (80 caps / 180 days)
VANCOCIN CAPS 250mg	4	QL (160 caps / 180 days)
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>vancomycin hcl</i> SOLR 25mg/ml, 250mg/5ml	1	QL (1800 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	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	
XACDURO INJ 1-1GM	4	
XIFAXAN TABS 200mg	3	QL (9 tabs / 30 days)
ZEMDRI SOLN 500mg/10ml	4	
ZYVOX SOLN 600mg/300ml	4	
ZYVOX SUSR 100mg/5ml	4	QL (1800 mL / 30 days)
ZYVOX TABS 600mg	4	QL (60 tabs / 30 days)
ANTIFUNGALS		
AMBISOME SUSR 50mg	4	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	4	B/D
ANCOBON CAPS 250mg, 500mg	4	PA
CANCIDAS SOLR 50mg, 70mg	4	
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	4	PA
<i>fulvicin p/g 165</i> TABS 165mg	4	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>griseofulvin ultramicrosize</i> TABS 165mg	4	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>itraconazole</i> SOLN 10mg/ml	4	
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	
MICAFUNGIN/NACL INJ 100MG/100ML	4	
MICAFUNGIN/NACL INJ 150MG/150ML	4	
MYCAMINE SOLR 50mg, 100mg	4	
NOXAFIL PACK 300mg	4	QL (32 packets / 30 days), PA
NOXAFIL SOLN 300mg/16.7ml	4	
NOXAFIL SUSP 40mg/ml	4	QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SOLN 300mg/16.7ml	4	
<i>posaconazole</i> SUSP 40mg/ml	4	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	4	QL (93 tabs / 30 days), PA
REZZAYO SOLR 200mg	4	
SPORANOX CAPS 100mg	3	QL (120 caps / 30 days)
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
TOLSURA CAPS 65mg	4	QL (120 caps / 30 days), PA
VFEND SUSR 40mg/ml	4	QL (600 mL / 28 days), PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	4	QL (18 caps / 84 days), NM, PA
<i>voriconazole</i> SOLR 200mg	1	PA
VORICONAZOLE SOLR 200mg	3	PA
<i>voriconazole</i> SUSR 40mg/ml	4	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>quinine sulfate</i> CAPS 324mg	1	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	4	NM
EDURANT PED TBSO 2.5mg	4	NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> TABS 100mg, 200mg	4	NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>fosamprenavir calcium</i> TABS 700mg	4	NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NM
ISENTRESS HD TABS 600mg	4	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	4	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg; TABS 100mg	3	NM
PIFELTRO TABS 100mg	4	NM
PREZISTA SUSP 100mg/ml	4	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	4	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	4	QL (30 tabs / 30 days), NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NM
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	NM
SUNLENCA TABS 300mg; TBPK 300mg	4	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 50mg	4	NM
TIVICAY PD TBSO 5mg	4	NM
TROGARZO SOLN 200mg/1.33ml	4	NM
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NM
ZIAGEN SOLN 20mg/ml	3	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	4	NM
BIKTARVY TAB 50-200-25 MG	4	NM
CIMDUO TAB 300-300	4	NM
COMPLERA TAB	4	NM
DELSTRIGO TAB	4	NM
DESCOVY TAB 120-15MG	4	NM
DESCOVY TAB 200/25MG	4	NM
DOVATO TAB 50-300MG	4	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	4	NM
GENVOYA TAB	4	NM
JULUCA TAB 50-25MG	4	NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	4	NM
PREZCOBIX TAB 675/150	4	NM
PREZCOBIX TAB 800-150	4	NM
STRIBILD TAB	4	NM
SYMFI TAB	4	NM
SYM TUZA TAB	4	NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	4	NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	4	
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NM, PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	4	NM, ST
BARACLUDE TABS .5mg, 1mg	4	NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NM, PA
EPCLUSA PAK 200-50MG	4	NM, PA
EPCLUSA TAB 200-50MG	4	NM, PA
EPCLUSA TAB 400-100	4	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> SOLN 6000mg/250ml	4	B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NM, PA
HARVONI PAK 45-200MG	4	NM, PA
HARVONI TAB 45-200MG	4	NM, PA
HARVONI TAB 90-400MG	4	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	4	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	4	NM, PA
MAVYRET TAB 100-40MG	4	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NM, PA
PREVYMIS PACK 20mg, 120mg	4	QL (120 packets / 30 days), PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	
PREVYMIS TABS 240mg, 480mg	4	QL (28 tabs / 28 days), PA
RAPIVAB SOLN 200mg/20ml	4	
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
TAMIFLU CAPS 30mg	3	QL (168 caps / year)
TAMIFLU CAPS 45mg, 75mg	3	QL (84 caps / year)
TAMIFLU SUSR 6mg/ml	3	QL (1080 mL / year)
valacyclovir hcl TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	
valganciclovir hcl SOLR 50mg/ml	4	
valganciclovir hcl TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VOSEVI TAB	4	NM, PA
XOFLUZA TBPB 40mg, 80mg	3	QL (1 tab / 180 days)
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	
cefactor CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
cefepime hcl SOLR 1gm, 2gm	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	
ZERBAXA INJ 1.5GM	4	
ZEVERTA SOLR 500mg	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	
<i>e.e.s. 400</i> TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml; TABS 400mg	1	
<i>erythromycin ethylsuccinate</i> SUSR 400mg/5ml	4	
<i>erythromycin lactobionate</i> SOLR 500mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
<i>fidaxomicin</i> TABS 200mg	4	
ZITHROMAX SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	1	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	1	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate</i> for susp 200- 28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 250- 62.5 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 400-57 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> for susp 600- 42.9 mg/5ml	1	
<i>amoxicillin & k clavulanate</i> tab 250-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab 500-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab 875-125 mg	1	
<i>amoxicillin & k clavulanate</i> tab er 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
NAFCILLIN INJ 2GM/100	4	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	4	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
UNASYN INJ 1.5GM	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	
TETRACYCLINES		
<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	4	NM
NUZYRA TABS 150mg	4	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	
TIGECYCLINE SOLR 50mg	4	
TYGACIL SOLR 50mg	4	
XERAVAL SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> SOLR 25mg, 100mg	4	B/D, NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	B/D, NM
BENDEKA SOLN 100mg/4ml	4	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	4	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	B/D

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	B/D, NM
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NM
GRAFAPEX SOLR 1gm, 5gm	4	B/D, NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	PA
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	4	B/D
TREANDA SOLR 25mg, 100mg	4	B/D, NM
VIVIMUSTA SOLN 100mg/4ml	4	B/D, NM
ZEPZELCA SOLR 4mg	4	NM, PA
ANTIMETABOLITES		
AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml	4	B/D, NM
AXTLE SOLR 100mg, 500mg	4	B/D, NM
<i>azacitidine</i> SUSR 100mg	4	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	4	B/D, NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NM, PA
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG	4	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	4	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	4	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	4	NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	4	QL (14 tabs / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	4	B/D
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	4	B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	B/D
PURIXAN SUSP 2000mg/100ml	4	NM
TABLOID TABS 40mg	4	PA
VIDAZA SUSR 100mg	4	B/D, NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	4	QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	4	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	4	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
ARIMIDEX TABS 1mg	4	
AROMASIN TABS 25mg	4	
<i>bicalutamide</i> TABS 50mg	1	
CASODEX TABS 50mg	4	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM, PA
ERLEADA TABS 60mg	4	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	4	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	4	
<i>exemestane</i> TABS 25mg	1	
FARESTON TABS 60mg	4	PA
FASLODEX SOSY 250mg/5ml	4	B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM, PA
FIRMAGON SOLR 120mg/vial	4	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	4	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
<i>leuprolide acetate (3 month)</i> INJ 22.5mg	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NM, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NM, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NM, PA
LUTRATE DEPOT INJ 22.5mg	3	NM, PA
LYSODREN TABS 500mg	4	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> TABS 150mg	4	
NUBEQA TABS 300mg	4	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	4	NM, PA
ORSERDU TABS 86mg	4	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	4	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	4	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM, PA
XTANDI CAPS 40mg	4	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	4	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	4	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	4	QL (120 tabs / 30 days), NM, PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM, PA
ZYTIGA TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
ZYTIGA TABS 500mg	4	QL (60 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	4	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	QL (21 caps / 28 days), NM, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (28 caps / 28 days), NM, PA
REVLIMID CAPS 20mg, 25mg	4	QL (21 caps / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
THALOMID CAPS 50mg	4	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	4	QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	NM, PA
BESREMI SOSY 500mcg/ml	4	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	4	QL (300 caps / 30 days), NM, PA
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
<i>dacarbazine</i> SOLR 100mg	1	B/D
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	B/D
DOXIL SUSP 2mg/ml	4	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	4	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	4	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	4	QL (240 tabs / 30 days), NM, PA
KHAPZORY SOLR 175mg	4	B/D, NM
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D, NM
MATULANE CAPS 50mg	4	NM
<i>mesna</i> TABS 400mg	4	
MESNEX TABS 400mg	4	
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	B/D
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D, NM
MODEYSO CAPS 125mg	4	QL (20 caps / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
NIPENT SOLR 10mg	4	B/D
ONCASPAR SOLN 750unit/ml	4	NM, PA
ONIVYDE SUSP 43mg/10ml	4	B/D, NM
RYLAZE SOLN 10mg/0.5ml	4	NM, PA
TARGRETIN CAPS 75mg	4	QL (300 caps / 30 days), NM, PA
<i>topotecan hcl</i> SOLN 4mg/4ml	1	B/D
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> SOLR 4mg	4	B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	
<i>valrubicin</i> SOLN 40mg/ml	4	B/D, NM
VALSTAR SOLN 40mg/ml	4	B/D, NM
WELIREG TABS 40mg	4	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	B/D, NM
<i>docetaxel</i> CONC 20mg/ml	1	B/D
DOCETAXEL CONC 20mg/ml	3	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D, NM
<i>eribulin mesylate</i> SOLN 1mg/2ml	4	B/D, NM
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	B/D, NM
IXEMPRA KIT SOLR 15mg, 45mg	4	B/D, NM
JEVTANA SOLN 60mg/1.5ml	4	NM, PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	4	B/D, NM
PACLITAXEL INJ 100MG	4	B/D, NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2mg, 5mg	4	QL (60 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
AFINITOR DISPERZ TBSO 3mg	4	QL (90 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	4	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	4	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	4	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	4	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	4	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	4	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	4	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	4	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	4	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	4	QL (28 tabs / 28 days), NM, PA
BAVENCIO SOLN 200mg/10ml	4	NM, PA
BELEODAQ SOLR 500mg	4	NM, PA
BESPONSA SOLR .9mg	4	NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	NM, PA
<i>bortezomib</i> SOLR 3.5mg	4	NM, PA
BORUZU SOLN 3.5mg/1.4ml	4	NM, PA
BOSULIF CAPS 50mg	4	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	4	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	4	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	4	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	4	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	4	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	4	QL (30 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
CALQUENCE TABS 100mg	4	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	4	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	4	QL (30 tabs / 30 days), NM, PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	4	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	4	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	4	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	4	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	4	QL (63 tabs / 28 days), NM, PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NM, PA
DANZITEN TABS 71mg, 95mg	4	QL (112 tabs / 28 days), NM, PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NM, PA
DARZALEX INJ FASPRO	4	NM, PA
<i>dasatinib</i> TABS 20mg	4	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs / 30 days), NM, PA
DATROWAY SOLR 100mg	4	NM, PA
DAURISMO TABS 25mg	4	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	4	QL (30 tabs / 30 days), NM, PA
ELAHERE SOLN 100mg/20ml	4	NM, PA
EMPLICITI SOLR 300mg, 400mg	4	NM, PA
EMRELIS SOLR 20mg, 100mg	4	NM, PA
ENHERTU SOLR 100mg	4	NM, PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	NM, PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	B/D, NM
ERIVEDGE CAPS 150mg	4	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	4	QL (90 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>erlotinib hcl</i> TABS 100mg, 150mg	4	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	4	QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	4	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	4	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	4	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	4	QL (21 caps / 28 days), NM, PA
FYARRO SUSR 100mg	4	NM, PA
GAVRETO CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
GAZYVA SOLN 1000mg/40ml	4	NM, PA
<i>gefitinib</i> TABS 250mg	4	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	QL (30 tabs / 30 days), NM, PA
GLEEVEC TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
GLEEVEC TABS 400mg	4	QL (60 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	4	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	4	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	4	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	4	NM, PA
HERCEPTIN SOLR 150mg	4	NM, PA
HERNEXEOS TABS 60mg	4	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	4	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	4	QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	4	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	QL (30 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
IDHIFA TABS 50mg, 100mg	4	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	4	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	4	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	4	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	4	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	4	QL (30 tabs / 30 days), NM, PA
IMDELLTRA SOLR 1mg, 10mg	4	NM, PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NM, PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NM, PA
IMKELDI SOLN 80mg/ml	4	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	4	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	4	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
IRESSA TABS 250mg	4	QL (60 tabs / 30 days), NM, PA
ITOVEBI TABS 3mg	4	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	4	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	4	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	4	QL (60 tabs / 30 days), NM, PA
JEMPERLI SOLN 500mg/10ml	4	NM, PA
KADCYLA SOLR 100mg, 160mg	4	B/D, NM
KANJINTI SOLR 150mg, 420mg	4	NM, PA
KEYTRUDA SOLN 100mg/4ml	4	NM, PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NM, PA
KISQALI 200 DOSE TBP 200mg	4	QL (21 tabs / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
KISQALI 400 DOSE TBPK 200mg	4	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	4	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	4	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	4	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	4	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	4	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	4	QL (180 tabs / 30 days), NM, PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	4	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	4	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	4	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	4	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	4	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	4	QL (90 caps / 30 days), NM, PA
LIBTAYO SOLN 350mg/7ml	4	NM, PA
LOQTORZI SOLN 240mg/6ml	4	NM, PA
LORBRENA TABS 25mg	4	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	4	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	4	QL (240 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
LUMAKRAS TABS 240mg	4	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	4	QL (90 tabs / 30 days), NM, PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NM, PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	4	NM, PA
LYNPARZA TABS 100mg, 150mg	4	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPk 4mg	4	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPk 4mg	4	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPk 4mg	4	QL (140 tabs / 28 days), NM, PA
MARGENZA SOLN 250mg/10ml	4	NM, PA
MEKINIST SOLR .05mg/ml	4	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	4	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	4	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	4	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	4	NM, PA
MYLOTARG SOLR 4.5mg	4	NM, PA
NERLYNX TABS 40mg	4	QL (180 tabs / 30 days), NM, PA
NEXAVAR TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
NILOTINIB CAPS 50mg	4	QL (120 caps / 30 days), PA
NILOTINIB CAPS 150mg, 200mg	4	QL (112 caps / 28 days), PA
<i>nilotinib hcl</i> CAPS 50mg	4	QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	4	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	4	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	4	NM, PA
OGSIVEO TABS 50mg	4	QL (180 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
OGSIVEO TABS 100mg, 150mg	4	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	4	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	4	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	4	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	4	NM, PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NM, PA
OPDIVO INJ QVANTIG	4	NM, PA
OPDUALAG SOL	4	NM, PA
PADCEV SOLR 20mg, 30mg	4	NM, PA
<i>pazopanib hcl</i> TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	QL (28 tabs / 28 days), NM, PA
PERJETA SOLN 420mg/14ml	4	NM, PA
PHESGO SOL	4	NM, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	4	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	4	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	4	QL (56 tabs / 28 days), NM, PA
POLIVY SOLR 30mg, 140mg	4	NM, PA
POTELIGEO SOLN 20mg/5ml	4	NM, PA
QINLOCK TABS 50mg	4	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	4	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	4	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	4	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	4	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	4	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	4	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	4	QL (60 caps / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ROMVIMZA CAPS 14mg, 20mg, 30mg	4	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	4	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	4	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	4	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	4	QL (120 tabs / 30 days), NM, PA
RYBREVA SOLN 350mg/7ml	4	NM, PA
RYDAPT CAPS 25mg	4	QL (224 caps / 28 days), NM, PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NM, PA
SCSEMBLIX TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	4	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	4	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	4	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	4	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	4	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	4	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	4	QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	4	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	4	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	4	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	4	QL (120 caps / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
TASIGNA CAPS 150mg, 200mg	4	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	4	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NM, PA
TECENTRIQ INJ HYBREZA	4	QL (1 vial / 21 days), NM, PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NM, PA
<i>temsirolimus</i> SOLN 25mg/ml	4	B/D, NM
TEPMETKO TABS 225mg	4	QL (60 tabs / 30 days), NM, PA
TEVIMBRA SOLN 100mg/10ml	4	NM, PA
TIBSOVO TABS 250mg	4	QL (60 tabs / 30 days), NM, PA
TIVDAK SOLR 40mg	4	NM, PA
TORISEL SOLN 25mg/ml	4	B/D, NM
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	4	NM, PA
TRODELVY SOLR 180mg	4	NM, PA
TRUQAP TABS 160mg, 200mg	4	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	4	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NM, PA
TUKYSA TABS 50mg, 150mg	4	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	4	QL (120 caps / 30 days), NM, PA
TYKERB TABS 250mg	4	QL (180 tabs / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	4	QL (56 tabs / 28 days), NM, PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	B/D, NM
VELCADE SOLR 3.5mg	4	NM, PA
VENCLEXTA TABS 10mg	2	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	4	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	4	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	4	QL (42 tabs / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	4	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	4	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	4	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	4	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	4	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	4	QL (30 tabs / 30 days), NM, PA
VOTRIENT TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
VYLOY SOLR 100mg, 300mg	4	NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	4	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	4	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	4	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	4	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	4	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	4	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	4	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	4	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	4	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	4	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	4	QL (8 tabs / 28 days), NM, PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NM, PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ZELBORAF TABS 240mg	4	QL (240 tabs / 30 days), NM, PA
ZIIHERA SOLR 300mg	4	NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NM, PA
ZOLINZA CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	4	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	4	QL (84 tabs / 28 days), NM, PA
ZYNLONTA SOLR 10mg	4	NM, PA
ZYNYZ SOLN 500mg/20ml	4	NM, PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<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	

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	
<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	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	

ACE INHIBITORS

<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; TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<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	3	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
QBRELIS SOLN 1mg/ml	4	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<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	3	
VASOTEC TABS 20mg	4	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> TABS 25mg, 50mg	1	
INSPIRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
<i>spironolactone</i> SUSP 25mg/5ml; TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml	3	QL (600 mL / 30 days), ST
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> <i>tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160</i> <i>mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320</i> <i>mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160</i> <i>mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320</i> <i>mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<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	3	QL (60 tabs / 30 days)
ATACAND HCT TAB 32-12.5	3	QL (30 tabs / 30 days)
ATACAND HCT TAB 32-25MG	3	QL (30 tabs / 30 days)
AVALIDE TAB 150-12.5	3	QL (60 tabs / 30 days)
AVALIDE TAB 300-12.5	3	QL (30 tabs / 30 days)
AZOR TAB 5-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 20-12.5	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-25MG	3	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	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-25MG	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-25MG	3	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	3	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	3	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	2	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	2	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	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 5-160-25MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-12.5MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-25MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-320-25MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 5-160MG	3	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
EXFORGE TAB 5-320MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	3	QL (30 tabs / 30 days)
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
<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	3	QL (30 tabs / 30 days)
MICARDIS HCT TAB 80-25MG	3	QL (30 tabs / 30 days)
MICARDIS HCT TAB 80/12.5	3	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>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 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)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<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)
TRIBENZOR TAB 20-5-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-25MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-25MG	3	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		
ARBLI SUSP 10mg/ml	3	QL (330 mL / 30 days)
ATACAND TABS 4mg, 8mg, 16mg	3	QL (60 tabs / 30 days)
ATACAND TABS 32mg	3	QL (30 tabs / 30 days)
AVAPRO TABS 150mg, 300mg	3	QL (30 tabs / 30 days)
BENICAR TABS 5mg	3	QL (60 tabs / 30 days)
BENICAR TABS 20mg, 40mg	3	QL (30 tabs / 30 days)
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg	3	QL (60 tabs / 30 days)
DIOVAN TABS 320mg	3	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	3	QL (30 tabs / 30 days), ST
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	3	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	QL (60 tabs / 30 days)
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
LOPID TABS 600mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml	3	QL (600 mL / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	QL (30 caps / 30 days), ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
LESCOL XL TB24 80mg	3	QL (30 tabs / 30 days), ST
LIVALO TABS 1mg, 2mg, 4mg	3	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	3	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	3	QL (30 tabs / 30 days), ST

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NM, PA
<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<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	4	NM, PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg	2	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	2	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
REPATHA SOSY 140mg/ml	2	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	2	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-20MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-40MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-80MG	3	QL (30 tabs / 30 days)
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	QL (30 tabs / 30 days)
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>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 2.5mg, 5mg, 10mg</i>	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	3	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>	1	QL (30 caps / 30 days)
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg	4	QL (30 caps / 30 days)
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLN 10mg/ml; TABS 50mg, 100mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
KATERZIA SUSP 1mg/ml	3	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%	1	
nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
nifedipine TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	
nimodipine SOLN 60mg/20ml	4	
nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
chlorthalidone TABS 25mg, 50mg	1	
dichlorphenamide TABS 50mg	4	NM, PA
DIURIL SUSP 250mg/5ml	3	
EDECIN TABS 25mg	4	
ethacrynic acid TABS 25mg	1	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
HEMICLOR TABS 12.5mg	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml	3	QL (320 mL / 30 days)
KEVEYIS TABS 50mg	4	NM, PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>ormaldi</i> TABS 50mg	4	NM, PA
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
THALITONE TABS 15mg	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-80 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-40 mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
ATTRUBY TBPK 356mg	4	QL (112 tabs / 28 days), NM, PA
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (30 caps / 30 days), NM, PA
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TB24 .17mg	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	2	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	3	QL (60 tabs / 30 days)
DEMSER CAPS 250mg	4	NM, PA
DIBENZYLINE CAPS 10mg	4	PA
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	4	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	3	QL (30 tabs / 30 days)
<i>isosorbide dinitrate-hydralazine hcl tab 20- 37.5 mg</i>	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg	3	QL (30 tabs / 30 days), PA
<i>methyldopa</i> TABS 250mg, 500mg	3	PA; PA applies if 65 years and older

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>metyrosine</i> CAPS 250mg	4	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
NORTHERA CAPS 200mg, 300mg	4	QL (180 caps / 30 days), NM, PA
<i>phenoxybenzamine hcl</i> CAPS 10mg	4	PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	QL (30 tabs / 30 days)
TRYNGOLZA SOAJ 80mg/0.8ml	4	QL (1 autoinjector / 30 days), NM, PA
TRYVIO TABS 12.5mg	3	QL (30 tabs / 30 days), PA
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	4	QL (30 caps / 30 days), NM, PA
VYNDAQEL CAPS 20mg	4	QL (120 caps / 30 days), NM, PA

NITRATES

ISORDIL TITRADOSE TABS 5mg	3	
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	QL (90 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>alyq</i> TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	4	QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	4	QL (120 tabs / 30 days), NM, PA
<i>epoprostenol sodium</i> SOLR .5mg, 1.5mg	4	B/D, NM
FLOLAN SOLR .5mg, 1.5mg	4	B/D, NM
LETAIRIS TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	4	QL (30 tabs / 30 days), NM, PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NM, PA
ORENITRAM TBCR .125mg	3	NM, PA
ORENITRAM TAB MONTH 1	4	NM, PA
ORENITRAM TAB MONTH 2	4	NM, PA
ORENITRAM TAB MONTH 3	4	NM, PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NM, PA
REVATIO SOLN 10mg/12.5ml	4	NM, PA
REVATIO TABS 20mg	4	QL (360 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN 10mg/12.5ml	4	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml	4	QL (784 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
TADLIQ SUSP 20mg/5ml	4	QL (300 mL / 30 days), NM, PA
TRACLEER TBSO 32mg	4	QL (120 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NM, PA
TYVASO SOLN .6mg/ml	4	NM, PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	4	QL (112 cartridges / 28 days), NM, PA
TYVASO DPI POW 16-32-48	4	QL (252 cartridges / 28 days), NM, PA
UPTRAVI SOLR 1800mcg	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
UPTRAVI TABS 200mcg	4	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	4	QL (1 pack / 28 days), NM, PA
VELETRI SOLR .5mg, 1.5mg	4	B/D, NM
WINREVAIR KIT 45mg, 60mg	4	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	4	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	4	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	4	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	4	QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg; TBDP .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TB24 2mg, 3mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
<i>alprazolam</i> TB24 .5mg, 1mg	1	QL (150 tabs / 30 days), PA; PA applies if 65 years and older
<i>alprazolam</i> TBDP .25mg	1	QL (120 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	QL (300 mL / 30 days)
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg	4	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	1	QL (60 caps / 30 days)
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	QL (150 tabs / 30 days)
XANAX XR TB24 2mg, 3mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
XANAX XR TB24 .5mg, 1mg	3	QL (150 tabs / 30 days), PA; PA applies if 65 years and older

ANTIDEMENTIA

ADLARITY PTWK 5mg/day, 10mg/day	3	QL (4 patches / 28 days), PA
ARICEPT TABS 5mg	3	QL (30 tabs / 30 days)
ARICEPT TABS 10mg, 23mg	3	
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg; TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ZUNVEYL TBEC 5mg, 10mg, 15mg	3	QL (60 tabs / 30 days), PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	PA; PA applies if 65 years and older
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	PA
AUVELITY TAB 45-105MG	3	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
CELEXA TABS 10mg, 20mg, 40mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
DESVENLAFAXINE ER TB24 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days)
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	3	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	3	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>fluoxetine hcl</i> CPDR 90mg	1	QL (4 caps / 28 days)
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	PA; PA applies if 65 years and older
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg	3	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	PA; PA applies if 65 years and older
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PARNATE TABS 10mg	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	3	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 2-10 mg	2	PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 2-25 mg	2	PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 4-10 mg	2	PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 4-25 mg	2	PA; PA applies if 65 years and older
<i>perphenazine-amitriptyline tab</i> 4-50 mg	2	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml	3	QL (1800 mL / 30 days), PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SPRAVATO SOL 56MG DOS	4	NM, PA
SPRAVATO SOL 84MG DOS	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	3	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	3	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg	4	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	4	QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa</i> TABS 25mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	B/D, NM
<i>entacapone TABS 200mg</i>	1	
GOCOVRI CP24 68.5mg	4	QL (30 caps / 30 days), NM, PA
GOCOVRI CP24 137mg	4	QL (60 caps / 30 days), NM, PA
INBRIJA CAPS 42mg	4	QL (300 caps / 30 days), NM, PA
LODOSYN TABS 25mg	4	
NOURIANZ TABS 20mg, 40mg	4	QL (30 tabs / 30 days), NM
ONGENTYS CAPS 25mg, 50mg	3	QL (30 caps / 30 days), PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	2	
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	1	
VYALEV INJ 12-240MG	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
XADAGO TABS 50mg, 100mg	4	
ZELAPAR TBDP 1.25mg	4	
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (30 tabs / 30 days)
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	4	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	4	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	4	QL (1 injection / 28 days)
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days), PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days), PA
aripiprazole SOLN 1mg/ml	1	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	4	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	4	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine TABS 25mg, 50mg	1	
clozapine TABS 100mg	1	QL (270 tabs / 30 days)
clozapine TABS 200mg	1	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	1	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	1	QL (120 tabs / 30 days), PA
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg	4	QL (270 tabs / 30 days)
COBENFY CAP 50-20MG	4	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	4	QL (60 caps / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
COBENFY CAP 125-30MG	4	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	4	QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	3	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	4	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	3	QL (2 packs / year), PA
FANAPT PAK PACK B	3	QL (2 packs / year), PA
FANAPT PAK PACK C	3	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
GEODON SOLR 20mg	3	QL (6 injections / 3 days)
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 9mg	3	QL (30 tabs / 30 days)
INVEGA TB24 6mg	3	QL (60 tabs / 30 days)
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	4	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	4	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	4	QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	4	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	4	QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	4	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL SOLN 1mg/ml	3	QL (240 mL / 30 days)
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg	3	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	4	QL (2 injections / 28 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	4	QL (2 injections / 28 days)
RYKINDO SRER 25mg, 37.5mg, 50mg	4	QL (2 vials / 28 days), PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
SEROQUEL TABS 25mg	3	QL (180 tabs / 30 days)
SEROQUEL TABS 50mg, 100mg, 200mg	3	QL (90 tabs / 30 days)
SEROQUEL TABS 300mg, 400mg	3	QL (60 tabs / 30 days)
SEROQUEL XR TB24 150mg, 200mg	3	QL (30 tabs / 30 days), PA
SEROQUEL XR TB24 300mg, 400mg	3	QL (60 tabs / 30 days), PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	4	QL (1 syringe / 30 days)
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	4	QL (1 syringe / 60 days)
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA SOLR 10mg	3	QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg, 5mg	3	QL (60 tabs / 30 days)
ZYPREXA TABS 20mg	4	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ZYPREXA RELPREVV SUSR 210mg	3	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	4	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
BANZEL SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
BANZEL TABS 200mg	4	QL (480 tabs / 30 days), PA
BANZEL TABS 400mg	4	QL (240 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg	4	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	4	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	4	QL (360 packets / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
DIACOMIT PACK 500mg	4	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	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	1	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	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	
EPIDIOLEX SOLN 100mg/ml	4	QL (600 mL / 30 days), NM, PA
EPRONTIA SOLN 25mg/ml	3	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	4	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	4	QL (680 mL / 28 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
FYCOMPA TABS 2mg	3	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	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	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	
KLONOPIN TABS 2mg	3	QL (300 tabs / 30 days)
KLONOPIN TABS .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	ST
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	ST
LAMICTAL XR KIT	3	
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	1	ST
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>lamotrigine tab 35 x 25 mg starter kit KIT 25mg</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	4	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
<i>levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg</i>	1	
LEVETIRACETAM TB3D 250mg	3	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
LYRICA CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
LYRICA SOLN 20mg/ml	3	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>methsuximide CAPS 300mg</i>	1	
MOTPOLY XR CP24 100mg	3	QL (60 caps / 30 days), PA
MOTPOLY XR CP24 150mg, 200mg	4	QL (60 caps / 30 days), PA
MYSOLINE TABS 50mg, 250mg	4	
NAYZILAM SOLN 5mg/0.1ml	3	QL (10 nasal units / 30 days)
NEURONTIN CAPS 100mg, 300mg	3	QL (360 caps / 30 days)
NEURONTIN CAPS 400mg	3	QL (270 caps / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
NEURONTIN SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	4	QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	4	QL (120 tabs / 30 days)
ONFI SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
ONFI TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>oxcarbazepine</i> TB24 150mg, 300mg	1	PA
<i>oxcarbazepine</i> TB24 600mg	4	PA
OXTELLAR XR TB24 150mg	3	PA
OXTELLAR XR TB24 300mg, 600mg	4	PA
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	3	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>rufinamide</i> SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	4	QL (240 tabs / 30 days), PA
SABRIL PACK 500mg	4	QL (180 packets / 30 days), NM, PA
SABRIL TABS 500mg	4	QL (180 tabs / 30 days), NM, PA
SPRITAM TB3D 250mg	3	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	3	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	3	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	3	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> KIT 25mg	1	
<i>subvenite starter kit/gre</i>	4	
<i>subvenite starter kit/ora</i>	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	4	QL (60 films / 30 days), PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	
TOPAMAX TABS 50mg, 100mg, 200mg	4	
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	
TRILEPTAL TABS 150mg	3	
VALIUM TABS 2mg, 5mg, 10mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	4	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	4	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	4	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	4	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	4	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	4	QL (180 packets / 30 days), NM, PA
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	3	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
XCOPRI TABS 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	4	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	3	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	4	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	4	QL (28 tabs / 28 days)
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	4	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 7.5MG	3	QL (60 tabs / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ADDERALL TAB 10MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 12.5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 15MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 20MG	3	QL (90 tabs / 30 days), PA
ADDERALL TAB 30MG	3	QL (60 tabs / 30 days), PA
ADDERALL XR CAP 5MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 10MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 15MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 20MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 25MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 30MG	3	QL (30 caps / 30 days), PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg	3	QL (60 tabs / 30 days), PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg	3	QL (30 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
AZSTARYS CAP 26.1-5.2	3	QL (30 caps / 30 days), PA
AZSTARYS CAP 39.2-7.8	3	QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	3	QL (30 caps / 30 days), PA
CONCERTA TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 30 days), PA
CONCERTA TBCR 54mg	3	QL (30 tabs / 30 days), PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	QL (60 tabs / 30 days), PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	QL (30 patches / 30 days), PA
DEXEDRINE CP24 10mg	4	QL (150 caps / 30 days), PA
DEXEDRINE CP24 15mg	4	QL (120 caps / 30 days), PA
<i>dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg</i>	1	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg</i>	1	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg	1	QL (150 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 15mg	1	QL (120 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 15mg	1	QL (120 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 20mg	1	QL (90 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 30mg	1	QL (60 tabs / 30 days), PA
DYANAVEL XR SUER 2.5mg/ml	3	QL (240 mL / 30 days), PA
DYANAVEL XR TBCR 5mg	3	QL (60 tabs / 30 days), PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days), PA
FOCALIN TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
FOCALIN TABS 10mg	3	QL (60 tabs / 30 days), PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg	3	QL (60 caps / 30 days), PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg	3	QL (30 caps / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	2	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
INTUNIV TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
INTUNIV TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
JORNAY PM CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
JORNAY PM CP24 60mg, 80mg, 100mg	3	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg	1	QL (30 caps / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	1	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	1	QL (30 tabs / 30 days), PA
METADATE CD CPCR 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
METADATE CD CPCR 40mg, 50mg, 60mg	3	QL (30 caps / 30 days), PA
METHYLIN SOLN 5mg/5ml	3	QL (1800 mL / 30 days), PA
METHYLIN SOLN 10mg/5ml	3	QL (900 mL / 30 days), PA
<i>methylphenidate</i> PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	QL (30 patches / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> CP24 10mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
<i>methylphenidate hcl</i> CP24 40mg, 60mg; CPCR 40mg, 50mg, 60mg	1	QL (30 caps / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	1	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg	1	QL (30 tabs / 30 days), PA
MYDAYIS CAP 12.5MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 25MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 37.5MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	3	QL (30 caps / 30 days), PA
QELBREE CP24 100mg	3	QL (180 caps / 30 days), PA
QELBREE CP24 150mg	3	QL (60 caps / 30 days), PA
QELBREE CP24 200mg	3	QL (90 caps / 30 days), PA
QUILLICHEW ER CHER 20mg, 30mg	3	QL (60 tabs / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
QUILLICHEW ER CHER 40mg	3	QL (30 tabs / 30 days), PA
QUILLIVANT XR SRER 25mg/5ml	3	QL (360 mL / 30 days), PA
RELEXXII TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 30 days), PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg	3	QL (30 tabs / 30 days), PA
RITALIN TABS 10mg	3	QL (180 tabs / 30 days), PA
RITALIN TABS 20mg	3	QL (90 tabs / 30 days), PA
RITALIN LA CP24 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
RITALIN LA CP24 40mg	3	QL (30 caps / 30 days), PA
VYVANSE CAPS 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	3	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	3	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	3	QL (30 tabs / 30 days), PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3	QL (30 patches / 30 days), PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days), PA
zenzedi TABS 15mg	1	QL (120 tabs / 30 days), PA
zenzedi TABS 20mg	1	QL (90 tabs / 30 days), PA
zenzedi TABS 30mg	1	QL (60 tabs / 30 days), PA

HYPNOTICS

AMBIEN TABS 5mg, 10mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
AMBIEN CR TBCR 6.25mg, 12.5mg	3	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 / LÍMITES
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
EDLUAR SUBL 5mg, 10mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>estazolam</i> TABS 1mg, 2mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HALCION 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
HETLIOZ CAPS 20mg	4	QL (30 caps / 30 days), NM, PA
HETLIOZ LQ SUSP 4mg/ml	4	QL (158 ml / 30 days), NM, PA
LUNESTA TABS 1mg, 2mg, 3mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
QUVIVIQ TABS 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 30 days)
RESTORIL CAPS 7.5mg, 22.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
RESTORIL CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
SILENOR TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	4	QL (30 caps / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>temazepam</i> CAPS 7.5mg, 22.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>triazolam</i> TABS .25mg	2	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	2	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	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ZOLPIDEM TARTRATE CAPS 7.5mg	3	QL (30 caps / 30 days), PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), NM, PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	1	QL (12 tabs / 30 days), ST
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	4	QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i> TABS 20mg, 40mg	1	QL (12 tabs / 30 days), ST
EMGALITY SOAJ 120mg/ml	2	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	2	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	2	QL (2 syringes / 30 days), NM, PA
ERGOMAR SUBL 2mg	4	QL (20 tabs / 28 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
FROVA TABS 2.5mg	4	QL (18 tabs / 30 days), ST
<i>frovatriptan succinate</i> TABS 2.5mg	1	QL (18 tabs / 30 days), ST
IMITREX TABS 25mg, 50mg, 100mg	3	QL (12 tabs / 30 days)
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml	4	QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml	4	QL (18 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml	4	QL (12 injections / 30 days)
MAXALT TABS 10mg	3	QL (18 tabs / 30 days)
MAXALT-MLT TBDP 10mg	3	QL (18 tabs / 30 days)
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	2	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
RELPAK TABS 20mg	3	QL (12 tabs / 30 days), ST
RELPAK TABS 40mg	4	QL (12 tabs / 30 days), ST
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	4	QL (24 pens / 30 days), ST
<i>zolmitriptan</i> SOLN 2.5mg, 5mg	1	QL (12 units / 30 days), ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 30 days), ST
ZOMIG SOLN 2.5mg, 5mg	3	QL (12 units / 30 days), ST
<i>zomig</i> TABS 2.5mg, 5mg	1	QL (12 tabs / 30 days), ST

MISCELLANEOUS

AMVUTTRA SOSY 25mg/0.5ml	4	QL (1 syringe / 90 days), NM, PA
AUSTEDO TABS 6mg	4	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	4	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	4	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	4	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	4	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	4	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	4	QL (2 packs / year), NM, PA
DAYBUE SOLN 200mg/ml	4	QL (3600 mL / 30 days), NM, PA
DUVYZAT SUSP 8.86mg/ml	4	QL (420 mL / 30 days), NM, PA
<i>edaravone</i> SOLN 30mg/100ml, 60mg/100ml	4	NM, PA
ENSPRYNG SOSY 120mg/ml	4	NM, PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	NM, PA
FIRDAPSE TABS 10mg	4	QL (300 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>gabapentin (once-daily)</i> TABS 300mg	1	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	1	QL (90 tabs / 30 days), PA
GRALISE TABS 300mg	3	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	3	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	3	QL (60 tabs / 30 days), PA
HORIZANT TBCR 300mg, 600mg	3	QL (60 tabs / 30 days), PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
LITHOBID TBCR 300mg	4	
LYRICA CR TB24 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR TB24 330mg	3	QL (60 tabs / 30 days), PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	
MESTINON TIMESPAN TBCR 180mg	4	
NUDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg	1	QL (90 tabs / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 330mg	1	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml; TABS 30mg, 60mg; TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml	4	QL (70 mL / 28 days), NM, PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	QL (70 mL / 28 days), NM, PA
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	3	QL (2 packs / year), PA
SKYCLARYS CAPS 50mg	4	QL (90 caps / 30 days), NM, PA
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	4	QL (120 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
TIGLUTIK SUSP 50mg/10ml	4	QL (600 mL / 30 days), NM, PA
UPLIZNA SOLN 100mg/10ml	4	NM, PA
WAINUA SOAJ 45mg/0.8ml	4	QL (1 pen / 30 days), NM, PA
XENAZINE TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
XENAZINE TABS 25mg	4	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	4	QL (60 tabs / 30 days), NM, PA
AVONEX PSKT 30mcg/0.5ml	4	QL (4 syringes / 28 days), NM, PA
AVONEX PEN AJKT 30mcg/0.5ml	4	QL (4 injections / 28 days), NM, PA
BAFIERTAM CPDR 95mg	4	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	4	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>dimethyl fumarate</i> CPDR 120mg	4	QL (14 caps / 7 days), NM, PA
<i>dimethyl fumarate</i> CPDR 240mg	4	QL (60 caps / 30 days), NM, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	QL (2 packs / year), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	4	QL (30 caps / 30 days), NM, PA
GILENYA CAPS .25mg, .5mg	4	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
MAVENCLAD (4 TABS) TBPk 10mg	4	QL (16 tabs per lifetime), NM, PA
MAVENCLAD (5 TABS) TBPk 10mg	4	QL (20 tabs per lifetime), NM, PA
MAVENCLAD (6 TABS) TBPk 10mg	4	QL (24 tabs per lifetime), NM, PA
MAVENCLAD (7 TABS) TBPk 10mg	4	QL (28 tabs per lifetime), NM, PA
MAVENCLAD (8 TABS) TBPk 10mg	4	QL (32 tabs per lifetime), NM, PA
MAVENCLAD (9 TABS) TBPk 10mg	4	QL (36 tabs per lifetime), NM, PA
MAVENCLAD (10 TABS) TBPk 10mg	4	QL (40 tabs per lifetime), NM, PA
MAYZENT TABS 1mg, 2mg	4	QL (30 tabs / 30 days), NM, PA
MAYZENT TABS .25mg	4	QL (112 tabs / 28 days), NM, PA
MAYZENT STARTER PACK (7) TBPk .25mg	4	QL (2 packs / year), NM, PA
MAYZENT STARTER PACK (12) TBPk .25mg	4	QL (2 packs / year), NM, PA
OCREVUS SOLN 300mg/10ml	4	NM, PA
OCREVUS INJ ZUNOVO	4	QL (23 mL / 180 days), NM, PA
PLEGRIDY SOAJ 125mcg/0.5ml	4	QL (2 pens / 28 days), NM, PA
PLEGRIDY SOSY 125mcg/0.5ml	4	QL (2 syringes / 28 days), NM, PA
PLEGRIDY INJ STARTER	4	QL (2 packs / year), NM, PA
PLEGRIDY PEN INJ STARTER	4	QL (2 packs / year), NM, PA
PONVORY TABS 20mg	4	QL (30 tabs / 30 days), NM, PA
PONVORY TAB STARTER	4	QL (2 packs / year), NM, PA
TASCENSO ODT TBDP .25mg, .5mg	4	QL (30 tabs / 30 days), NM, PA
<i>teriflunomide</i> TABS 7mg, 14mg	4	QL (30 tabs / 30 days), NM, PA
VUMERITY CPDR 231mg	4	QL (120 caps / 30 days), NM, PA
ZEPOSIA CAPS .92mg	4	QL (30 caps / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ZEPOSIA 7DAY CAP STR PACK	4	QL (2 packs / year), NM, PA
ZEPOSIA CAP STR KIT	4	QL (2 packs / year), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> SOLN 5mg/5ml, 10mg/5ml	1	PA
<i>baclofen</i> SUSP 25mg/5ml	4	PA
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	PA
<i>carisoprodol</i> TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
DYSPORE SOLR 300unit	3	NM, PA
DYSPORE SOLR 500unit	4	NM, PA
FLEQSUVY SUSP 25mg/5ml	4	PA
<i>metaxalone</i> TABS 800mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>methocarbamol</i> TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 65 years and older
<i>methocarbamol</i> TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 65 years and older
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM, PA
MYOBLOC SOLN 10000unit/2ml	4	NM, PA
OZOBAX DS SOLN 10mg/5ml	4	PA
SOMA TABS 350mg	4	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	1	
XEOMIN SOLR 50unit	3	NM, PA
XEOMIN SOLR 100unit, 200unit	4	NM, PA
ZANAFLEX TABS 4mg	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	4	QL (30 packets / 30 days), NM, PA
LUMRYZ PAK STARTER	4	QL (2 packs / year), NM, PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
NUVIGIL TABS 50mg	3	QL (60 tabs / 30 days), PA
NUVIGIL TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
PROVIGIL TABS 100mg	4	QL (30 tabs / 30 days), PA
PROVIGIL TABS 200mg	4	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	4	QL (540 mL / 30 days), NM, PA
SUNOSI TABS 75mg, 150mg	3	QL (30 tabs / 30 days), PA
WAKIX TABS 4.45mg, 17.8mg	4	QL (60 tabs / 30 days), NM, PA
XYREM SOLN 500mg/ml	4	QL (540 mL / 30 days), NM, PA
XYWAV SOL 0.5GM/ML	4	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	NM
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (120 films / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	1	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	1	
<i>KLOXXADO LIQD 8mg/0.1ml</i>	2	
<i>lofexidine hcl TABS .18mg</i>	4	QL (228 tabs / 14 days), PA
<i>LUCEMYRA TABS .18mg</i>	4	QL (228 tabs / 14 days), PA
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
<i>NICOTROL NS SOLN 10mg/ml</i>	3	
<i>OPVEE SOLN 2.7mg/0.1ml</i>	3	
<i>SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml</i>	4	NM
<i>SUBOXONE MIS 2-0.5MG</i>	3	QL (180 films / 30 days)
<i>SUBOXONE MIS 4-1MG</i>	3	QL (90 films / 30 days)
<i>SUBOXONE MIS 8-2MG</i>	3	QL (120 films / 30 days)
<i>SUBOXONE MIS 12-3MG</i>	3	QL (90 films / 30 days)
<i>varenicline tartrate TABS .5mg, 1mg</i>	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
<i>VIVITROL SUSR 380mg</i>	4	NM
<i>ZUBSOLV SUB 0.7-0.18</i>	3	QL (90 tabs / 30 days)
<i>ZUBSOLV SUB 1.4-0.36</i>	3	QL (90 tabs / 30 days)
<i>ZUBSOLV SUB 2.9-0.71</i>	3	QL (90 tabs / 30 days)
<i>ZUBSOLV SUB 5.7-1.4</i>	3	QL (90 tabs / 30 days)
<i>ZUBSOLV SUB 8.6-2.1</i>	3	QL (60 tabs / 30 days)
<i>ZUBSOLV SUB 11.4-2.9</i>	3	QL (30 tabs / 30 days)

ENDOCRINE AND METABOLIC

ANDROGENS

<i>AVEED SOLN 750mg/3ml</i>	4	NM, PA
<i>AZMIRO SOSY 200mg/ml</i>	3	PA
<i>danazol CAPS 50mg, 100mg, 200mg</i>	1	
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
JATENZO CAPS 158mg, 198mg	3	QL (120 caps / 30 days), PA
JATENZO CAPS 237mg	4	QL (60 caps / 30 days), PA
TESTIM GEL 1%	3	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 20.25mg/1.25gm, 40.5mg/2.5gm	1	QL (150 gm / 30 days), PA
<i>testosterone</i> SOLN 30mg/act	1	QL (180 mL / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
TLANDO CAPS 112.5mg	3	QL (120 caps / 30 days), PA
UNDECATREX CAPS 200mg	3	QL (120 caps / 30 days), PA
VOGELXO GEL 50mg/5gm	3	QL (300 gm / 30 days), PA
VOGELXO PUMP GEL 1%	3	QL (300 gm / 30 days), PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG	3	QL (90 tabs / 30 days)
ACTOS TABS 15mg, 30mg, 45mg	3	QL (30 tabs / 30 days)
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
DUETACT TAB 30-2MG	3	QL (30 tabs / 30 days)
DUETACT TAB 30-4MG	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	2	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 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-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)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLUCOTROL XL TB24 5mg	3	QL (90 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	2	QL (30 tabs / 30 days), ST
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	2	QL (30 tabs / 30 days)
<i>liraglutide SOPN 6mg/ml</i>	1	QL (3 pens / 30 days), PA
<i>metformin hcl SOLN 500mg/5ml</i>	1	QL (765 mL / 30 days), ST
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl TB24 500mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TB24 750mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>miglitol TABS 25mg, 50mg, 100mg</i>	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
<i>nateglinide TABS 60mg, 120mg</i>	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	2	QL (1 pen / 28 days), PA
<i>pioglitazone hcl TABS 15mg, 30mg, 45mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide TABS 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide TABS .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs / 30 days), PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	PA
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
TZIELD SOLN 2mg/2ml	4	NM, PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	3	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	3	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	3	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	2	B/D

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	2	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	2	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	2	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	2	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	2	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELION SOLN 100unit/ml	2	B/D
OMNIPOD 5 DX KIT INT G7G6	3	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	3	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	3	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	3	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	3	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	3	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	2	QL (5 pens / 25 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
ATELVIA TBEC 35mg	3	ST
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NM, PA
FORTEO SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	1	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	3	QL (1 syringe / 180 days), NM
RECLAST SOLN 5mg/100ml	3	B/D, NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
<i>teriparatide</i> SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA; (generic of Forteo)
TYMLOS SOPN 3120mcg/1.56ml	4	QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	4	NM, PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
CUVRIOR TABS 300mg	4	NM, PA
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	4	NM, PA
deferasirox TABS 90mg; TBSO 125mg	1	NM, PA
deferasirox TABS 180mg, 360mg	3	NM, PA
deferiprone TABS 500mg, 1000mg	4	NM, PA
deferoxamine mesylate SOLR 2gm, 500mg	1	NM, PA
DEPEN TITRATABS TABS 250mg	4	NM
DESFERAL SOLR 500mg	3	NM, PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NM, PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	NM, PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NM, PA
JADENU TABS 90mg, 180mg, 360mg	4	NM, PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
penicillamine TABS 250mg	4	NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NM, PA
trientine hcl CAPS 250mg, 500mg	4	NM, PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI TAB	3	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITE
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMLYV TAB 1/0.02MG	3	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>gemmily</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 20.1mcg/day	2	NM
LO LOESTRIN TAB 1-10-10	3	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
NATAZIA TAB	3	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	2	NM
NEXTSTELLIS TAB 3-14.2MG	3	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>PHEXXI GEL</i>	3	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>SAFYRAL TAB</i>	3	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>TAYTULLA CAP 1MG/20MC</i>	3	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>estradiol</i> GEL .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<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	2	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i>	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB 0.3-1.5	2	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-2.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
yuvaferm TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NM, PA
ALKINDI SPRINKLE CPSP .5mg	3	NM, PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml</i>	1	
<i>fludrocortisone acetate TABS .1mg</i>	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	1	
<i>hydrocortisone sod succinate SOLR 100mg</i>	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
KHINDIVI SOLN 1mg/ml	4	PA
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	1	B/D
<i>methylprednisolone TBPK 4mg</i>	1	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	1	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg</i>	1	B/D
PEDIAPRED SOLN 5mg/5ml	3	B/D

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>triamcinolone acetonide</i> SUSP 10mg/ml, 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D, NM
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	4	
PROGLYCEM SUSP 50mg/ml	4	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NM, PA
AQNEURSA PACK 1gm	4	QL (112 packets / 28 days), NM, PA
<i>betaine powder for oral solution</i>	4	NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NM, PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NM, PA
<i>carglumic acid</i> TBSO 200mg	4	NM, PA
CARNITOR SOLN 200mg/ml	3	B/D
CERDELGA CAPS 84mg	4	NM, PA
CEREZYME SOLR 400unit	4	NM, PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CRENESSITY CAPS 25mg, 50mg, 100mg	4	QL (60 caps / 30 days), NM, PA
CRENESSITY SOLN 50mg/ml	4	QL (120 mL / 30 days), NM, PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NM, PA
CYSTADANE POW	4	NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
CYSTAGON CAPS 50mg, 150mg	3	NM, PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> SOLN 4mcg/ml	4	
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NM, PA
EGRIFTA SV SOLR 2mg	4	NM, PA
EGRIFTA WR KIT 11.6mg	4	NM, PA
ELAPRASE SOLN 6mg/3ml	4	NM, PA
ELELYSO SOLR 200unit	4	NM, PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	NM, PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NM, PA
FENSOLVI KIT 45mg	4	NM, PA
GALAFOLD CAPS 123mg	4	NM, PA
GENOTROPIN CART 5mg, 12mg	4	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg	2	NM, PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NM, PA
INCRELEX SOLN 40mg/4ml	4	NM, PA
ISTURISA TABS 1mg	4	QL (240 tabs / 30 days), NM, PA
ISTURISA TABS 5mg	4	QL (360 tabs / 30 days), NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	4	NM, PA
JYNARQUE TABS 15mg, 30mg; TBP 15mg	4	NM, PA
JYNARQUE PAK 30-15MG	4	NM, PA
JYNARQUE PAK 45-15MG	4	NM, PA
JYNARQUE PAK 60-30MG	4	NM, PA
JYNARQUE PAK 90-30MG	4	NM, PA
KANUMA SOLN 20mg/10ml	4	NM, PA
KORLYM TABS 300mg	4	NM, PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NM, PA
LAMZEDE SOLR 10mg	4	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	4	NM, PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	4	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	4	NM, PA
<i>miglustat</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg	4	QL (90 caps / 30 days), NM, PA
MYALEPT SOLR 11.3mg	4	NM, PA
MYCAPSSA CPDR 20mg	4	QL (112 caps / 28 days), NM, PA
MYFEMBREE TAB	4	PA
NAGLAZYME SOLN 1mg/ml	4	NM, PA
NEXVIAZYME SOLR 100mg	4	NM, PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	4	NM, PA
NITYR TABS 2mg, 5mg, 10mg	4	NM, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NM, PA
NOVAREL SOLR 5000unit	3	NM, PA
<i>octreotide acetate</i> KIT 10mg, 20mg, 30mg; SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NM, PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NM, PA
OPFOLDA CAPS 65mg	3	QL (8 caps / 28 days), NM, PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NM, PA
ORIAHNN CAP	4	PA
ORILISSA TABS 150mg, 200mg	4	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
PHEBURANE PLLT 483mg/gm	4	NM, PA
POMBILITI SOLR 105mg	4	NM, PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM, PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NM, PA
RECORLEV TABS 150mg	4	QL (240 tabs / 30 days), NM, PA
REVCIVI SOLN 2.4mg/1.5ml	4	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	4	QL (30 tabs / 30 days), NM, PA
SAMSCA TABS 15mg, 30mg	4	NM, PA
SANDOSTATIN SOLN 50mcg/ml	3	NM, PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NM, PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	4	NM, PA
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NM, PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NM, PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	4	NM, PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NM, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NM, PA
SYNAREL SOLN 2mg/ml	4	PA
TEPEZZA SOLR 500mg	4	NM, PA
<i>tolvaptan</i> TABS 15mg, 30mg	4	NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TABS 15mg, 30mg	4	NM, PA; (generic of SAMSCA)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>tolvaptan</i> TBPK 15mg	4	NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	NM, PA
VEOZAH TABS 45mg	3	QL (30 tabs / 30 days), PA
VIJOICE PACK 50mg	4	QL (28 packets / 28 days), NM, PA
VIJOICE TBPK 50mg, 125mg	4	QL (28 tabs / 28 days), NM, PA
VIJOICE TAB 250MG	4	QL (56 tabs / 28 days), NM, PA
VIMIZIM SOLN 5mg/5ml	4	NM, PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NM, PA
VPRIV SOLR 400unit	4	NM, PA
VYKAT XR TB24 25mg	4	QL (120 tabs / 30 days), NM, PA
VYKAT XR TB24 75mg	4	QL (30 tabs / 30 days), NM, PA
VYKAT XR TB24 150mg	4	QL (90 tabs / 30 days), NM, PA
XENPOZYME SOLR 4mg, 20mg	4	NM, PA
<i>yargesa</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
ZAVESCA CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
ZOMACTON SOLR 5mg	3	NM, PA
ZOMACTON SOLR 10mg	4	NM, PA
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
<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	1	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	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	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	3	
<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	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D

GASTROINTESTINAL

ANTIEMETICS

AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM
AKYNZEO INJ 235-0.25MG/20ML	3	NM
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	3	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	B/D
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC PAK 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
<i>fosaprepitant dimeglumine</i> SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg	3	B/D, QL (60 caps / 30 days)
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg; TBDP 5mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron</i> TBDP 16mg	4	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
POSFREA SOLN .25mg/5ml	3	
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
PROMETHAZINE HYDROCHLORID SOLN 6.25mg/5ml	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr	4	QL (4 patches / 28 days)
<i>scopolamine</i> PT72 1mg/3days	3	QL (10 patches / 30 days)
SUSTOL PRSY 10mg/0.4ml	3	
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPB 90mg	3	B/D, NM
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY 1mg/10ml	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	PA; PA applies if 65 years and older
<i>dicyclomine hcl</i> SOLN 10mg/5ml, 10mg/ml	3	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
<i>glycopyrrolate (oral)</i> SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	3	PA; PA applies if 65 years and older
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>cimetidine hcl</i> SOLN 300mg/5ml	1	QL (1200 mL / 30 days)
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm	3	QL (120 caps / 30 days)
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	4	QL (30 tabs / 30 days), PA
<i>budesonide (intrarectal)</i> FOAM 2mg	1	
CANASA SUPP 1000mg	4	QL (30 suppositories / 30 days)
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	QL (120 tabs / 30 days)
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPCR 500mg	1	QL (240 caps / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine</i> TBEC 800mg	1	QL (180 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
PENTASA CPCR 250mg	3	QL (480 caps / 30 days)
PENTASA CPCR 500mg	4	QL (240 caps / 30 days)
ROWASA KIT 4gm	4	QL (28 bottles / 28 days)
SFROWASA ENEM 4gm/60ml	4	QL (1680 mL / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	4	QL (30 tabs / 30 days), PA

LAXATIVES

CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<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>	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	

MISCELLANEOUS

<i>alosetron hcl</i> TABS 1mg	4	QL (60 tabs / 30 days), PA
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NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>alosetron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NM, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NM, PA
CHOLBAM CAPS 50mg, 250mg	4	NM, PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
EOHILIA SUSP 2mg/10ml	4	QL (600 mL / 30 days), PA
GASTROCROM CONC 100mg/5ml	4	
GATTEX KIT 5mg	4	NM, PA
IQIRVO TABS 80mg	4	QL (30 tabs / 30 days), NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (30 caps / 30 days)
LIVDELZI CAPS 10mg	4	QL (30 caps / 30 days), NM, PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	NM, PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg	4	QL (60 tabs / 30 days), PA
<i>lubiprostone</i> CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
OICALIVA TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
REBYOTA SUSP 150ml	4	QL (150 mL / 30 days), NM, PA
RELISTOR SOLN 12mg/0.6ml	4	QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	4	QL (28 syringes / 28 days), PA
RELISTOR TABS 150mg	4	QL (90 tabs / 30 days), PA
SUCRAID SOLN 8500unit/ml	4	NM, PA
<i>sucralfate</i> TABS 1gm	1	
SYMPROIC TABS .2mg	3	QL (30 tabs / 30 days)
TALICIA CAP	3	
TRULANCE TABS 3mg	3	QL (30 tabs / 30 days)
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VIBERZI TABS 75mg, 100mg	4	PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	
VOQUEZNA PAK DUAL PAK	2	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	2	QL (2 kits / year), PA
VOWST CAP	4	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	4	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	4	PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg	4	QL (30 tabs / 30 days), ST
DEXILANT CPDR 30mg, 60mg	3	QL (30 caps / 30 days)
<i>dexlansoprazole</i> CPDR 30mg, 60mg	1	QL (30 caps / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium</i> PACK 2.5mg, 5mg	1	
<i>esomeprazole magnesium</i> PACK 10mg, 20mg, 40mg	1	QL (30 packets / 30 days)
<i>esomeprazole sodium</i> SOLR 40mg	1	
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
NEXIUM CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg	3	QL (30 packets / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
PANTOPRAZOLE SODIUM SOLR 40mg	3	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg	3	QL (60 caps / 30 days)
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
VOQUEZNA TABS 10mg	3	QL (30 tabs / 30 days), PA
VOQUEZNA TABS 20mg	3	QL (60 tabs / 30 days), PA

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
AVODART CAPS .5mg	4	QL (30 caps / 30 days)
CARDURA XL TB24 4mg, 8mg	3	QL (30 tabs / 30 days), ST
CIALIS TABS 5mg	3	QL (30 tabs / 30 days), PA
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
JALYN CAP 0.5-0.4	3	QL (30 caps / 30 days)
PROSCAR TABS 5mg	3	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	1	QL (30 caps / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	4	QL (90 caps / 30 days)
FILSPARI TABS 200mg, 400mg	4	QL (30 tabs / 30 days), NM, PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NM, PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	NM, PA
TARPEYO CPDR 4mg	4	QL (120 caps / 30 days), NM, PA
THIOLA TABS 100mg	4	NM
THIOLA EC TBEC 100mg, 300mg	4	NM
<i>tiopronin</i> TABS 100mg; TBEC 100mg, 300mg	4	NM
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg	4	QL (30 tabs / 30 days), NM, PA
<i>venxxiva</i> TBEC 100mg, 300mg	4	NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	2	QL (30 tabs / 30 days)
<i>mirabegron</i> TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	3	QL (8 patches / 28 days), ST
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>trospium chloride</i> CP24 60mg	1	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VESICARE TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
VESICARE LS SUSP 5mg/5ml	3	QL (300 mL / 30 days)

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	2	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	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml	4	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	2	
HEP SOD/NACL INJ 25000UNT	2	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
<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	3	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
PRADAXA CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	3	QL (120 caps / 30 days)
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<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	2	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM, PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NM, PA
FULPHILA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA
LEUKINE SOLR 250mcg	4	NM, PA
MOZOBIL SOLN 24mg/1.2ml	4	NM, PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NM, PA
<i>plerixafor</i> SOLN 24mg/1.2ml	4	NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NM, PA
XOLREMDI CAPS 100mg	4	QL (120 caps / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NM, PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	NM, PA
ADZYNMA KIT 500unit, 1500unit	4	NM, PA
AGRYLIN CAPS .5mg	3	
ALVAIZ TABS 9mg, 54mg	4	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	4	QL (90 tabs / 30 days), NM, PA
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4	
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
ANDEMBRY SOAJ 200mg/1.2ml	4	QL (13 pens / 365 days), NM, PA
BERINERT KIT 500unit	4	QL (24 boxes / 30 days), NM, PA
BKEMV SOLN 300mg/30ml	4	NM, PA
CABLIVI KIT 11mg	4	NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	4	QL (20 vials / 30 days), NM, PA
DOPTLET TABS 20mg	4	NM, PA
EKTERLY TABS 300mg	4	QL (12 tabs / 30 days), NM, PA
EMPAVELI SOLN 1080mg/20ml	4	QL (200 mL / 30 days), NM, PA
ENDARI PACK 5gm	4	NM, PA
ENJAYMO SOLN 1100mg/22ml	4	NM, PA
EPYSQLI SOLN 300mg/30ml	4	NM, PA
FABHALTA CAPS 200mg	4	QL (60 caps / 30 days), NM, PA
GIVLAARI SOLN 189mg/ml	4	NM, PA
HAEGARDA SOLR 2000unit	4	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	4	QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	4	QL (9 syringes / 30 days), NM, PA
KALBITOR SOLN 10mg/ml	4	QL (18 mL / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	4	NM, PA
MULPLETA TABS 3mg	4	NM, PA
ORLADEYO CAPS 110mg, 150mg	4	QL (28 caps / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	NM, PA
PYRUKYND TABS 5mg, 20mg, 50mg	4	QL (56 tabs / 28 days), NM, PA
PYRUKYND TAB 20MGX5MG	4	QL (14 tabs / 14 days), NM, PA
PYRUKYND TAB 50MGX20M	4	QL (14 tabs / 14 days), NM, PA
PYRUKYND TAPER PACK TBPK 5mg	4	QL (7 tabs / 7 days), NM, PA
REBLOZYL SOLR 25mg, 75mg	4	NM, PA
RUCONEST SOLR 2100unit	4	QL (12 vials / 30 days), NM, PA
RYTELO SOLR 47mg, 188mg	4	NM, PA
<i>sajazir</i> SOSY 30mg/3ml	4	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	
SOLIRIS SOLN 300mg/30ml	4	NM, PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	4	QL (2 syringes / 28 days), NM, PA
TAVALISSE TABS 100mg, 150mg	4	QL (60 tabs / 30 days), NM, PA
TAVNEOS CAPS 10mg	4	QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NM, PA
VOYDEYA TABS 100mg	4	QL (180 tabs / 30 days), NM, PA
VOYDEYA TAB 50-100MG	4	QL (180 tabs / 30 days), NM, PA
XROMI SOLN 100mg/ml	4	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg, 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2	PA; PA applies if 65 years and older
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADBRY SOAJ 300mg/2ml	4	QL (28 pens / 365 days), NM, PA
ADBRY SOSY 150mg/ml	4	QL (56 syringes / 365 days), NM, PA
AVSOLA SOLR 100mg	4	NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	4	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	4	QL (2 syringes / 28 days), NM, PA
CIBINQO TABS 50mg, 100mg, 200mg	4	QL (30 tabs / 30 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	4	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	4	QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	4	QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	4	QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	4	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	4	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	4	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	4	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	4	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	4	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	4	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	4	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	4	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	4	QL (4 pens / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
HUMIRA PEN KIT PS/UV	4	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	4	QL (3 pens / 28 days), NM, PA
KINERET SOSY 100mg/0.67ml	4	QL (28 syringes / 28 days), NM, PA
NEMLUVIO AUIJ 30mg	4	QL (2 pens / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	2	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	4	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	4	NM, PA
PYZCHIVA SOSY 45mg/0.5ml	2	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	4	QL (1 syringe / 28 days), NM, PA
RENFLEXIS SOLR 100mg	4	NM, PA
RINVOQ TB24 15mg, 30mg	4	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	4	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	4	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	4	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	4	NM, PA
SKYRIZI SOSY 150mg/ml	4	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	4	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	4	QL (30 tabs / 30 days), NM, PA
SPEVIGO SOLN 450mg/7.5ml	4	NM, PA
SPEVIGO SOSY 150mg/ml	4	QL (28 syringes / 365 days), NM, PA
SPEVIGO SOSY 300mg/2ml	4	QL (14 syringes / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	4	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	4	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	QL (1 syringe / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
TREMFYA SOAJ 200mg/2ml	4	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	4	NM, PA
TREMFYA SOPN 100mg/ml	4	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	4	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	4	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	4	QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	4	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NM, PA
TYENNE SOSY 162mg/0.9ml	4	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	4	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	4	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	4	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	4	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	4	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	4	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	4	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	2	NM, PA
YESINTEK SOSY 45mg/0.5ml	2	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	4	QL (1 syringe / 28 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
ARAVA TABS 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>hydroxychloroquine sulfate</i> TABS 100mg, 200mg, 300mg, 400mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
PLAQUENIL TABS 200mg	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	4	NM, PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NM, PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NM, PA
CYTOGAM SOLN 50mg/ml	4	B/D, NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NM, PA
GAMASTAN INJ	3	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NM, PA
HEPAGAM B SOLN 312unit/ml	4	B/D, NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NM, PA
HYQVIA INJ 2.5-200	4	NM, PA
HYQVIA INJ 5-400	4	NM, PA
HYQVIA INJ 10-800	4	NM, PA
HYQVIA INJ 20-1600	4	NM, PA
HYQVIA INJ 30-2400	4	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NM, PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NM, PA
ARCALYST SOLR 220mg	4	NM, PA
GRASSTK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NM, PA
IMAAVY SOLN 1200mg/6.5ml	4	NM, PA
JOENJA TABS 70mg	4	QL (60 tabs / 30 days), NM, PA
ODACTRA SUB	3	PA
PALFORZIA CAP ESCALAT	4	NM, PA
PALFORZIA CAP LEVEL 3	4	NM, PA
PALFORZIA CAP LEVEL 7	4	NM, PA
PALFORZIA CAP LEVEL 8	4	NM, PA
PALFORZIA CAP LEVEL 10	4	NM, PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NM, PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NM, PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NM, PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NM, PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NM, PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NM, PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NM, PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NM, PA
RAGWITEK SUBL 12amba1-u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	NM, PA
VYVGART SOLN 400mg/20ml	4	NM, PA
VYVGART INJ HYTRULO	4	NM, PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	4	QL (28 syringes / 28 days), NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D, NM
ATGAM SOLN 50mg/ml	4	B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine TABS 50mg, 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml	4	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
BENLYSTA SOSY 200mg/ml	4	QL (8 syringes / 28 days), NM, PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	B/D, NM
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
ENVARUSUS XR TB24 4mg	4	B/D, NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg	1	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg	1	B/D, NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NM, PA
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	4	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
MYFORTIC TBEC 180mg	3	B/D, NM
MYFORTIC TBEC 360mg	4	B/D, NM
MYHIBBIN SUSP 200mg/ml	4	B/D, NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D, NM
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	4	NM, PA
NULOJIX SOLR 250mg	4	B/D, NM
PROGRAF CAPS 5mg	4	B/D, NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D, NM
REZUROCK TABS 200mg	4	QL (30 tabs / 30 days), NM, PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D, NM
SANDIMMUNE CAPS 100mg	4	B/D, NM
SAPHNELO SOLN 300mg/2ml	4	NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	B/D, NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAIXA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/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	
IPOIN INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAERT 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)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	3
D5W/LYTES INJ #48	3
D10W/NACL INJ 0.2%	2
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ	3
ISOLYTE-S INJ PH 7.4	3
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
MG SO4/D5W INJ 10MG/ML	2	
<i>multiple electrolytes ph 5.5</i>	1	
PLASMA-LYTE INJ -A	3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	2	

IV NUTRITION

CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	4	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
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NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<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>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	3	
<i>trifluridine SOLN 1%</i>	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
VIGAMOX SOLN .5%	3	QL (12 mL / 30 days)
XDEMVY SOLN .25%	4	NM, PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%, .09%	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate</i> GEL .5%; SUSP .2%, .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	NM, PA
YUTIQ IMPL .18mg	4	NM
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
ZERVIAE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	ST
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .5%	3	
<i>brimonidine tartrate</i> SOLN .1%, .15%, .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>brinzolamide</i> SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol hemihydrate (ophth)</i> SOLN .5%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	1	
<i>timolol maleate (ophth) pf</i> SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NM, PA
BYOOVIZ SOLN .5mg/0.05ml	4	NM, PA
CIMERLI SOLN .3mg/0.05ml, .5mg/0.05ml	4	NM, PA
CYSTADROPS SOLN .37%	4	NM, PA
CYSTARAN SOLN .44%	4	NM, PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NM, PA
EYLEA HD SOLN 8mg/0.07ml	4	NM, PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	NM, PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	NM, PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	4	QL (112 mL / year), NM, PA
PAVBLU SOSY 2mg/0.05ml	4	NM, PA
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NM, PA
SYFOVRE SOLN 15mg/0.1ml	4	NM, PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	NM, PA
XIIDRA SOLN 5%	2	

OTIC

OTIC AGENTS

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>ofloxacin (otic) SOLN .3%</i>	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	3	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL (1 inhaler / 30 days)
<i>tiotropium bromide CAPS 18mcg</i>	1	QL (30 caps / 30 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	3	
<i>promethazine & phenylephrine syrup 6.25- 5 mg/5ml</i>	2	PA; PA applies if 65 years and older
RYALTRIS SPR 665-25	3	QL (29 gm / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>carbinoxamine maleate SOLN 4mg/5ml</i>	3	PA; PA applies if 65 years and older
<i>carbinoxamine maleate TABS 4mg</i>	2	PA; PA applies if 65 years and older
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
CLARINEX TABS 5mg	3	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>clemastine fumarate</i> TABS 2.68mg	2	PA; PA applies if 65 years and older
<i>cypheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine</i> TABS 5mg; TDBP 2.5mg, 5mg	1	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	4	QL (30 mL / 30 days), PA

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
PERFOROMIST NEBU 20mcg/2ml	4	B/D
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	QL (6 inhalers / 30 days)
XOPENEX HFA AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST

LEUKOTRIENE MODULATORS

ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> TABS 10mg, 20mg	1	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	4	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	4	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	4	NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg	3	QL (56 tabs / year)
DALIRESP TABS 500mcg	3	QL (30 tabs / 30 days)
<i>elixophyllin</i> ELIX 80mg/15ml	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	4	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	4	QL (1 pen / 28 days), NM, PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	4	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	4	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	4	QL (60 caps / 30 days), NM, PA
OHTUVAYRE SUSP 3mg/2.5ml	4	NM, PA
ORKAMBI GRA 75-94MG	4	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	4	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	4	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	4	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	4	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	4	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	4	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	4	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	4	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	4	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	4	QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	4	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	4	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	4	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	4	QL (84 tabs / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	4	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	4	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	4	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	4	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	4	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	1	QL (2 bottles / 30 days)
OMNARIS SUSP 50mcg/act	3	QL (1 inhaler / 30 days), ST
QNASL AERS 80mcg/act	3	QL (1 inhaler / 30 days), ST
QNASL CHILDRENS AERS 40mcg/act	3	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	3	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	3	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	3	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	2	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
<i>breynd</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	3	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	3	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	3	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	PA
ACANYA GEL 1.2-2.5%	3	QL (50 gm / 30 days)
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5%	3	QL (90 gm / 30 days)
<i>adapalene</i> CREA .1%; GEL .3%	1	QL (45 gm / 30 days), PA
ADAPALENE SOLN .1%	3	QL (120 mL / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	QL (45 gm / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	QL (60 gm / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
AKLIEF CREA .005%	3	QL (45 gm / 30 days), PA
ALTRENO LOTN .05%	3	QL (45 gm / 30 days), PA
<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4%	3	QL (30 gm / 30 days), PA
ARAZLO LOTN .045%	3	QL (45 gm / 30 days), PA
ATRALIN GEL .05%	3	QL (45 gm / 30 days), PA
AZELEX CREA 20%	3	QL (50 gm / 30 days), PA
BENZAMYCIN GEL 5-3%	3	QL (46.6 gm / 30 days)
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	QL (46.6 gm / 30 days)
CABTREO GEL	4	QL (50 gm / 30 days), PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1%	3	QL (60 mL / 30 days)
<i>clindacin</i> FOAM 1%	1	QL (100 gm / 30 days)
<i>clindacin etz pledgets</i> SWAB 1%	1	QL (69 pledgets / 30 days)
<i>clindacin-p</i> SWAB 1%	1	QL (69 pledgets / 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> 1.2 (1)-5%	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> FOAM 1%	1	QL (100 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>clindamycin phosphate (topical)</i> SWAB 1%	1	QL (69 pledgets / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1-5%	1	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1.2-2.5%	1	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel</i> 1.2-3.75%	1	QL (50 gm / 30 days)
<i>clindamycin phosphate-tretinoin gel</i> 1.2- 0.025%	1	QL (60 gm / 30 days), PA
<i>dapsone (topical)</i> GEL 5%, 7.5%	1	QL (90 gm / 30 days)
DIFFERIN PUMP GEL .3%	3	QL (45 gm / 30 days), PA

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

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	QL (453.6 gm / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%	1	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
EXELDERM CREA 1%	3	QL (60 gm / 30 days), PA
EXELDERM SOLN 1%	3	QL (30 mL / 30 days), PA
JUBLIA SOLN 10%	4	QL (8 mL / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (50 gm / 30 days), PA
<i>naftifine hcl</i> CREA 1%	1	QL (90 gm / 30 days)
<i>naftifine hcl</i> CREA 2%; GEL 2%	1	QL (60 gm / 30 days)
NAFTIN GEL 2%	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
OXISTAT LOTN 1%	3	QL (60 mL / 30 days), PA
<i>selenium sulfide</i> LOTN 2.5%	1	
VUSION OIN	3	QL (50 gm / 30 days), PA
ZORYVE FOAM .3%	3	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
CALCIPOTRIENE FOAM .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	4	
SORILUX FOAM .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
<i>tazarotene</i> GEL .05%, .1%	1	QL (100 gm / 30 days), PA
TAZORAC CREA .05%	3	QL (60 gm / 30 days), PA
TAZORAC GEL .05%, .1%	3	QL (100 gm / 30 days), PA
VTAMA CREA 1%	4	QL (60 gm / 30 days), PA
ZORYVE CREA .3%	3	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2%	4	QL (60 mL / 30 days)
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate</i> FOAM .05%	1	QL (100 gm / 30 days)
<i>clobetasol propionate</i> LIQD .05%	1	QL (125 mL / 30 days)
<i>clobetasol propionate</i> LOTN .05%	1	QL (118 mL / 30 days)
<i>clobetasol propionate</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate emulsion</i> FOAM .05%	1	QL (100 gm / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
CLOBEX LIQD .05%	3	QL (125 mL / 30 days)
CLOBEX LOTN .05%	3	QL (118 mL / 30 days)
CLOBEX SHAM .05%	3	QL (236 mL / 30 days)
<i>clodan</i> SHAM .05%	1	QL (236 mL / 30 days)
DERMA-SMOOTH/FS BODY OIL .01%	3	QL (118.28 mL / 30 days)
DERMA-SMOOTH/FS SCALP OIL .01%	3	QL (118.28 mL / 30 days)
<i>desonide</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>desonide</i> LOTN .05%	1	QL (118 mL / 30 days)
<i>desoximetasone</i> LIQD .25%	1	QL (100 mL / 30 days)
DIPROLENE OINT .05%	3	QL (120 gm / 30 days)
DUOBRII LOT	4	QL (200 gm / 28 days), PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2%	4	QL (60 mL / 30 days)
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone butyrate</i> SOLN .1%	1	QL (60 mL / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
SYNALAR CREA .025%; OINT .025%	3	QL (120 gm / 30 days)
tovet FOAM .05%	1	QL (100 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
QUTENZA KIT 8% 1-PCH	4	QL (4 patches / 90 days), NM, PA
QUTENZA KIT 8% 2-PCH	4	QL (4 patches / 90 days), NM, PA
QUTENZA KIT 8% 4-PCH	4	QL (4 patches / 90 days), NM, PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
ZTLIDO PTCH 1.8%	3	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> OINT 5%	1	QL (30 gm / 30 days)
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> GEL 15%	1	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	4	QL (60 gm / 30 days), NM, PA
<i>brimonidine tartrate (topical)</i> GEL .33%	1	QL (30 gm / 30 days), PA
CONDYLOX GEL .5%	3	QL (7 gm / 28 days)
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	QL (5 gm / 30 days)
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	QL (100 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
ELIDEL CREA 1%	3	QL (100 gm / 30 days), PA
EMROSI CP24 40mg	4	QL (30 caps / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
EPSOLAY CREA 5%	3	QL (30 gm / 30 days), PA
EUCRISA OINT 2%	3	QL (120 gm / 30 days), PA
FINACEA FOAM 15%	3	QL (50 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
HYFTOR GEL .2%	4	QL (20 gm / 25 days), NM, PA
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
KLISYRI OINT 1%	4	QL (5 packets / 30 days), PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	QL (45 gm / 30 days), PA
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
MIRVASO GEL .33%	3	QL (30 gm / 30 days), PA
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
NORITATE CREA 1%	4	QL (60 gm / 30 days), PA
OPZELURA CREA 1.5%	4	QL (240 gm / 28 days), PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1%	4	QL (60 gm / 30 days), PA
<i>penciclovir</i> CREA 1%	1	QL (5 gm / 30 days)
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> GEL .5%	1	QL (7 gm / 28 days)
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
QBREXZA PADS 2.4%	3	QL (30 cloths / 30 days), PA
RECTIV OINT .4%	3	QL (30 gm / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LÍMITES
RHOFADE CREA 1%	3	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
TARGRETIN GEL 1%	4	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	4	QL (60 gm / 30 days), NM, PA
XERESE CRE 5-1%	4	QL (5 gm / 30 days)
YCANTH SOLN .7%	3	NM, PA
ZELSUVMI GEL 10.3%	4	PA
ZILXI FOAM 1.5%	3	QL (30 gm / 30 days), PA
ZORYVE CREA .15%	3	QL (60 gm / 30 days), PA
ZOVIRAX OINT 5%	3	QL (30 gm / 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	4	QL (454 gm / 30 days), PA
ELIMITE CREA 5%	3	QL (60 gm / 30 days)
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
<i>pruradik</i> LOTN 10%	4	QL (454 gm / 30 days), PA
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	3	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
EVOXAC CAPS 30mg	3	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITE
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

Index

A	
<i>abacavir sulfate</i>	10
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	12
<i>abigale</i>	91
<i>abigale lo</i>	91
ABILIFY	55
ABILIFY ASIMTUFII	55
ABILIFY MAINTENA	55
ABILIFY MYCITE MAINTENANC	55
ABILIFY MYCITE STARTER KI	55
<i>abiraterone acetate</i>	20
<i>abirtega</i>	20
ABRAXANE INJ 100MG	23
ABRYSVO	118
ABSORICA	131
ABSORICA LD	131
<i>acamprosate calcium</i>	79
ACANYA GEL 1.2-2.5%	131
<i>acarbose</i>	81
ACCOLATE	128
ACCURETIC TAB 10-12.5	34
ACCURETIC TAB 20-12.5	34
<i>accutane</i>	131
<i>acebutolol hcl</i>	42
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> 3	3
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide</i>	44
<i>acetic acid</i>	107
<i>acetic acid (otic)</i>	125
<i>acetylcysteine</i>	128
ACIPHEX	105
<i>acitretin</i>	134
ACTHIB INJ	118
ACTIMMUNE	116
ACTIVEVLA TAB 1-0.5MG	91
ACTONEL	85
ACTOPLUS MET TAB 15-850MG	81
ACTOS	81
ACULAR	123
ACULAR LS	123
ACUVAIL	123
<i>acyclovir</i>	13
<i>acyclovir sodium</i>	13
<i>acyclovir topical</i>	137
ACZONE	131
ADACEL INJ	118
ADAKVEO	110
<i>adapalene</i>	131
ADAPALENE	131
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	131
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	131
ADBRY	112
ADCIRCA	47
ADDERALL TAB 10MG	66
ADDERALL TAB 12.5MG	66
ADDERALL TAB 15MG	66
ADDERALL TAB 20MG	66
ADDERALL TAB 30MG	66
ADDERALL TAB 5MG	65
ADDERALL TAB 7.5MG	65
ADDERALL XR CAP 10MG	66
ADDERALL XR CAP 15MG	66
ADDERALL XR CAP 20MG	66
ADDERALL XR CAP 25MG	66
ADDERALL XR CAP 30MG	66
ADDERALL XR CAP 5MG	66
<i>adefovir dipivoxil</i>	13
ADEMPAS	47
ADLARITY	50
ADMELOG	83
ADMELOG SOLOSTAR	83
ADRENALIN	45
ADVAIR HFA AER 115/21	130
ADVAIR HFA AER 230/21	130
ADVAIR HFA AER 45/21	130
ADZENYS XR-ODT	66
ADZYNMA	110
AFINITOR DISPERZ	23, 24
<i>afirmelle</i>	86
AGRYLIN	110
AIMOVIG	72

AIRSUPRA AER 90-80MCG	130
AKEEGA TAB 100/500	20
AKEEGA TAB 50/500MG	20
AKLIEF	132
AKYNZEO CAP 300-0.5	100
AKYNZEO INJ 235-0.25	100
AKYNZEO INJ 235-0.25MG/20ML	100
<i>ala-cort</i>	135
<i>ala-scalp</i>	135
<i>albendazole</i>	5
<i>albuterol sulfate</i>	127
<i>alclometasone dipropionate</i>	135
ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY	83
ALDACTONE	36
ALDURAZYME	94
ALECENSA	24
<i>alendronate sodium</i>	85
<i>alfuzosin hcl</i>	106
<i>aliskiren fumarate</i>	45
ALKINDI SPRINKLE	93
<i>allopurinol</i>	1
<i>allopurinol sodium</i>	1
<i>almotriptan malate</i>	72
ALOPRIM	1
<i>alosetron hcl</i>	103, 104
ALPHAGAN P	124
<i>alprazolam</i>	49
ALPRAZOLAM INTENSOL	49
ALREX	123
<i>altavera</i>	86
ALTRENO	132
ALUNBRIG	24
ALUNBRIG PAK	24
ALVAIZ	110
ALVESCO	130
<i>alyacen 1/35</i>	86
<i>alyacen 7/7/7</i>	86
ALYFTREK TAB 10-50-125	128
ALYFTREK TAB 4-20-50	128
ALYGLO	115
<i>alyq</i>	48
<i>amantadine hcl</i>	53
AMBIEN	70
AMBIEN CR	70
AMBISOME	8
<i>ambrisentan</i>	48

<i>amethyst</i>	86
<i>amikacin sulfate</i>	5
<i>amiloride & hydrochlorothiazide tab 5- 50 mg</i>	44
<i>amiloride hcl</i>	44
<i>aminocaproic acid</i>	110
<i>amiodarone hcl</i>	40
<i>amitriptyline hcl</i>	51
<i>amlodipine besylate</i>	43
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	46
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	45
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	45
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	34
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	36
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	36

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	36
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	36
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	36
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	36
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	36
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	36
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	37
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	37
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	37
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	36
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	36
<i>amnestem</i>	132
<i>amoxapine</i>	51
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	104
<i>amoxicillin</i>	16
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	16
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	16
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	16
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	16
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	16

<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	16
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	66
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	66
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	66
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	66
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	66
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	66
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	66
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	66
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	66
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	66
<i>amphetamine-dextroamphetamine tab 10 mg</i>	67
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	67
<i>amphetamine-dextroamphetamine tab 15 mg</i>	67
<i>amphetamine-dextroamphetamine tab 20 mg</i>	67
<i>amphetamine-dextroamphetamine tab 30 mg</i>	67
<i>amphetamine-dextroamphetamine tab 5 mg</i>	67
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	67
<i>amphotericin b</i>	8
<i>amphotericin b liposome</i>	8
<i>ampicillin</i>	16
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	17
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	17
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	17
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	17

<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	17	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	111
<i>ampicillin sodium</i>	17	ASTAGRAF XL	116
AMPYRA	76	ATACAND	39
AMVUTTRA	74	ATACAND HCT TAB 16-12.5	37
AMZEEQ	132	ATACAND HCT TAB 32-12.5	37
ANAFRANIL	51	ATACAND HCT TAB 32-25MG	37
<i>anagrelide hcl</i>	110	<i>atazanavir sulfate</i>	10
<i>anastrozole</i>	20	ATELVIA	85
ANCOBON	8	<i>atenolol</i>	42
ANDEMBRY	110	<i>atenolol & chlorthalidone tab 100-25 mg</i>	42
ANNOVERA MIS	86	<i>atenolol & chlorthalidone tab 50-25 mg</i>	42
ANORO ELLIPT AER 62.5-25	126	ATGAM	116
ANUSOL-HC	137	ATIVAN	49
APONVIE	100	<i>atomoxetine hcl</i>	67
<i>aprepitant</i>	100	ATORVALIQ	40
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	100	<i>atorvastatin calcium</i>	40
<i>apri</i>	86	<i>atovaquone</i>	5
APRISO	102	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	10
APTIOM	59	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	10
APTIVUS	10	ATRALIN	132
AQNEURSA	94	<i>atropine sulfate</i>	101
ARALAST NP	128	ATROPINE SULFATE	102, 125
<i>aranelle</i>	86	<i>atropine sulfate (ophthalmic)</i>	125
ARANESP ALBUMIN FREE	109	ATROVENT HFA	126
ARAVA	114	ATTRUBY	46
ARAZLO	132	<i>aubra eq</i>	86
ARBLI	39	AUGMENTIN SUS 125/5ML	17
ARCALYST	116	AUGMENTIN SUS ES-600	17
AREXVY	118	AUGMENTIN TAB 500MG	17
<i>arformoterol tartrate</i>	127	AUGTYRO	24
ARICEPT	50	<i>aurovela 1/20</i>	86
ARIKAYCE	5	<i>aurovela 24 fe</i>	86
ARIMIDEX	20	<i>aurovela fe 1/20</i>	87
<i>aripiprazole</i>	55	<i>aurovela fe 1.5/30</i>	87
ARISTADA	55	AUSTEDO	74
ARISTADA INITIO	55	AUSTEDO XR	74
ARIXTRA	108	AUSTEDO XR TAB TITR KIT	74
<i>armodafinil</i>	79	AUVELITY TAB 45-105MG	51
ARNUITY ELLIPTA	130	AVALIDE TAB 150-12.5	37
AROMASIN	20	AVALIDE TAB 300-12.5	37
ARTHROTEC 50 TAB	1	AVAPRO	39
ARTHROTEC 75 TAB	1	AVEED	80
<i>asenapine maleate</i>	55		
<i>ashlyna</i>	86		
ASPARLAS	22		

AVERI TAB	87	<i>balsalazide disodium</i>	102
AVGEMSI	19	BALVERSA	24
<i>aviane</i>	87	<i>balziva</i>	87
AVMAPKI PAK FAKZYNJA	24	BANZEL	59
AVODART	106	BARACLUDE	13
AVONEX	76	BAVENCIO	24
AVONEX PEN	76	BAXDELA	16
AVSOLA	112	BCG VACCINE	118
AVYCAZ INJ 2-0.5GM	14	BELBUCA	2
AXTLE	19	BELEODAQ	24
<i>ayuna</i>	87	BELSOMRA	71
AYVAKIT	24	<i>benazepril & hydrochlorothiazide tab</i> 10-12.5 mg	34
<i>azacitidine</i>	19	<i>benazepril & hydrochlorothiazide tab</i> 20-12.5 mg	34
AZACTAM	5	<i>benazepril & hydrochlorothiazide tab</i> 20-25 mg	34
<i>azasan</i>	116	<i>benazepril & hydrochlorothiazide tab</i> 5- 6.25mg	34
AZASITE	122	<i>benazepril hcl</i>	35
<i>azathioprine</i>	116	<i>bendamustine hcl</i>	18
<i>azelaic acid</i>	137	BENDAMUSTINE HYDROCHLORID	18
<i>azelastine hcl</i>	126	BENDEKA	18
<i>azelastine hcl (ophth)</i>	123	BENICAR	39
<i>azelastine hcl-fluticasone prop nasal</i> <i>spray 137-50 mcg/act</i>	126	BENICAR HCT TAB 20-12.5	37
AZELEX	132	BENICAR HCT TAB 40-12.5	37
AZILECT	53	BENICAR HCT TAB 40-25MG	37
<i>azithromycin</i>	15	BENLYSTA	116, 117
AZMIRO	80	BENZAMYCIN GEL 5-3%	132
AZOPT	124	<i>benzoyl peroxide-erythromycin gel</i> 5- 3%	132
AZOR TAB 10-20MG	37	<i>benztropine mesylate</i>	53
AZOR TAB 10-40MG	37	BEOVU	125
AZOR TAB 5-20MG	37	<i>bepotastine besilate</i>	123
AZOR TAB 5-40MG	37	BEPREVE	123
AZSTARYS CAP 26.1-5.2	67	BERINERT	110
AZSTARYS CAP 39.2-7.8	67	BESIVANCE	122
AZSTARYS CAP 52.3-10	67	BESPONSA	24
<i>aztreonam</i>	5	BESREMI	22
AZULFIDINE	102	<i>betaine powder for oral solution</i>	94
AZULFIDINE EN-TABS	102	<i>betamethasone dipropionate (topical)</i>	135
<i>azurette</i>	87	<i>betamethasone dipropionate</i> <i>augmented</i>	135
B		<i>betamethasone sod phosphate &</i> <i>acetate inj susp 6 (3-3) mg/ml</i>	93
<i>bacitracin (ophthalmic)</i>	122	<i>betamethasone valerate</i>	135
<i>bacitracin-polymyxin b ophth oint</i>	122		
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	121		
<i>baclofen</i>	78		
BACTRIM DS TAB 800-160	5		
BACTRIM TAB 400-80MG	5		
BAFIERTAM	76		

BETASERON	76	BREZTRI AERO AER SPHERE	126
<i>betaxolol hcl</i>	42	BREZTRI AERO AER SPHERE	
<i>betaxolol hcl (ophth)</i>	124	(INSTITUTIONAL PACK)	126
<i>bethanechol chloride</i>	107	<i>briellyn</i>	87
BETHKIS	5	BRILINTA	111
BETIMOL	124	<i>brimonidine tartrate</i>	124
BEVESPI AER 9-4.8MCG	126	<i>brimonidine tartrate (topical)</i>	137
<i>bexarotene</i>	22	<i>brimonidine tartrate-timolol maleate</i>	
<i>bexarotene (topical)</i>	137	<i>ophth soln 0.2-0.5%</i>	124
BXSERO	118	<i>brinzolamide</i>	124
<i>bicalutamide</i>	20	BRIVIACT	59
BICILLIN C-R INJ 1200000	17	BRIXADI	79
BICILLIN C-R INJ 900/300	17	<i>bromfenac sodium (ophth)</i>	123
BICILLIN L-A	17	<i>bromocriptine mesylate</i>	53
BIDIL TAB	46	BROMSITE	123
BIJUVA CAP 0.5-100	91	BROVANA	127
BIJUVA CAP 1-100MG	91	BRUKINSA	24
BIKTARVY TAB 30-120-15 MG	12	<i>budesonide</i>	102
BIKTARVY TAB 50-200-25 MG	12	<i>budesonide (inhalation)</i>	130
BIMZELX	112	<i>budesonide (intrarectal)</i>	102
BINOSTO	85	<i>budesonide-formoterol fumarate dihyd</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>aerosol 160-4.5 mcg/act</i>	131
<i>10-6.25 mg</i>	42	<i>budesonide-formoterol fumarate dihyd</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>aerosol 80-4.5 mcg/act</i>	131
<i>2.5-6.25 mg</i>	42	<i>bumetanide</i>	44
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		BUPHENYL	94
<i>6.25 mg</i>	42	<i>buprenorphine</i>	2
<i>bisoprolol fumarate</i>	42	<i>buprenorphine hcl</i>	79
BIVIGAM	115	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BKEMV	110	<i>12-3 mg (base equiv)</i>	80
<i>bleomycin sulfate</i>	22	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>blisovi 24 fe</i>	87	<i>2-0.5 mg (base equiv)</i>	79
<i>blisovi fe 1.5/30</i>	87	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BONJESTA TAB 20-20MG	100	<i>4-1 mg (base equiv)</i>	79
BONSITY	85	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BOOSTRIX INJ	118	<i>8-2 mg (base equiv)</i>	79
<i>bortezomib</i>	24	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BORTEZOMIB	24	<i>2-0.5 mg (base equiv)</i>	80
BORUZU	24	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bosentan</i>	48	<i>8-2 mg (base equiv)</i>	80
BOSULIF	24	<i>bupropion hcl</i>	51
BOTOX	78	<i>bupropion hcl (smoking deterrent)</i> ...	80
BRAFTOVI	24	<i>buspirone hcl</i>	49
BREO ELLIPTA INH 100-25	131	<i>butorphanol tartrate</i>	3
BREO ELLIPTA INH 200-25	131	BUTRANS	2
BREO ELLIPTA INH 50-25MCG	130	BYLVAY	104
<i>breynd</i>	131	BYLVAY (PELLETS)	104

BYOOVIZ.....	125
BYSTOLIC	42
C	
<i>cabergoline</i>	94
CABLIVI	110
CABOMETYX	24
CABTREO GEL.....	132
CADUET TAB 10-10MG.....	46
CADUET TAB 10-20MG.....	46
CADUET TAB 10-40MG.....	46
CADUET TAB 10-80MG.....	46
CADUET TAB 5-10MG	46
CADUET TAB 5-20MG	46
CADUET TAB 5-40MG	46
CADUET TAB 5-80MG	46
<i>calcipotriene</i>	134
CALCIPOTRIENE.....	134
<i>calcitonin (salmon) spray</i>	85
<i>calcitrene</i>	135
<i>calcitriol</i>	99
<i>calcitriol (oral)</i>	99
CALQUENCE	25
<i>camila</i>	87
CAMPTOSAR.....	22
<i>camrese</i>	87
<i>camrese lo</i>	87
CAMZYOS	46
CANASA.....	102
CANCIDAS	8
<i>candesartan cilexetil</i>	39
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	37
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	37
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	37
CAPLYTA.....	55
CAPRELSA.....	25
<i>captopril</i>	35
<i>captopril & hydrochlorothiazide tab 25-</i> <i>15 mg</i>	34
<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	34
<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	34

<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	34
<i>carb/levo orally disintegrating tab 10-</i> <i>100mg</i>	53
<i>carb/levo orally disintegrating tab 25-</i> <i>100mg</i>	53
<i>carb/levo orally disintegrating tab 25-</i> <i>250mg</i>	53
CARBAGLU	94
<i>carbamazepine</i>	59
CARBATROL	59
<i>carbidopa</i>	53
<i>carbidopa & levodopa tab 10-100 mg</i>	53
<i>carbidopa & levodopa tab 25-100 mg</i>	53
<i>carbidopa & levodopa tab 25-250 mg</i>	53
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	53
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	53
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	53
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	53
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	54
<i>carbinoxamine maleate</i>	126
<i>carboplatin</i>	18
CARDIZEM	43
CARDIZEM CD	43
CARDIZEM LA.....	43
CARDURA	36
CARDURA XL	106
<i>carglumic acid</i>	94
<i>carisoprodol</i>	78
CARNITOR	94
CAROSPIR.....	36
<i>carteolol hcl (ophth)</i>	124
<i>cartia xt</i>	43
<i>carvedilol</i>	42
<i>carvedilol phosphate</i>	42
CASODEX.....	20

<i>caspofungin acetate</i>	8	<i>chateal eq</i>	87
CASPOFUNGIN ACETATE	9	CHEMET	86
CAYSTON	5	<i>chlordiazepoxide hcl</i>	49
<i>cefaclor</i>	14	<i>chlorhexidine gluconate (mouth-throat)</i>	139
CEFACTOR ER	14	<i>chloroquine phosphate</i>	10
<i>cefadroxil</i>	14	<i>chlorpromazine hcl</i>	55
CEFAZOLIN	14	<i>chlorthalidone</i>	44
CEFAZOLIN/DEX SOL 1GM/50ML-4% ..	14	CHOLBAM	104
CEFAZOLIN/DEX SOL 2GM/50ML-3% ..	14	<i>cholestyramine</i>	41
CEFAZOLIN/DEX SOL 3GM/150ML-4%	14	<i>cholestyramine light</i>	41
CEFAZOLIN/DEX SOL 3GM/50ML-2% ..	14	<i>choline fenofibrate</i>	40
CEFAZOLIN INJ 1GM/50ML	14	CHORIONIC GONADOTROPIN	94
<i>cefazolin sodium</i>	14	CIALIS	106
CEFAZOLIN SOLN 2GM/100ML-4% ...	14	CIBINQO	112
<i>cefdinir</i>	14	<i>ciclopirox</i>	134
CEFEPIME	14	<i>ciclopirox olamine</i>	134
CEFEPIME/DEX INJ 1GM	15	<i>cidofovir</i>	13
CEFEPIME/DEX INJ 2GM	15	<i>cilostazol</i>	110
<i>cefepime hcl</i>	14	CILOXAN	122
<i>cefixime</i>	15	CIMDUO TAB 300-300	12
<i>cefotetan disodium</i>	15	CIMERLI	125
CEFOXITIN INJ 1GM	15	<i>cimetidine</i>	102
CEFOXITIN INJ 2GM	15	<i>cimetidine hcl</i>	102
<i>cefoxitin sodium</i>	15	<i>cinacalcet hcl</i>	94
<i>cefpodoxime proxetil</i>	15	CINRYZE	110
<i>cefprozil</i>	15	CINVANTI	100
<i>ceftazidime</i>	15	CIPRO	16
<i>ceftriaxone sodium</i>	15	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	16
<i>cefuroxime axetil</i>	15	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	16
<i>cefuroxime sodium</i>	15	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	125
CELEBREX	1	<i>ciprofloxacin hcl</i>	16
<i>celecoxib</i>	1	<i>ciprofloxacin hcl (ophth)</i>	122
CELESTONE INJ SOLUSPAN	93	<i>ciprofloxacin hcl (otic)</i>	125
CELEXA	51	CIPRO HC SUS OTIC	125
CELLCEPT	117	<i>cisplatin</i>	18
CELONTIN	59	<i>citalopram hydrobromide</i>	51
<i>cephalexin</i>	15	<i>claravis</i>	132
CEQUR SIMPL KIT PATCH 2U (3-DAY)	83	CLARINEX	126
CEQUR SIMPL KIT PATCH 2U (4-DAY)	83	CLARINEX-D TAB 2.5-120	126
CEQUR SIMPL MIS INSERTER	83	<i>clarithromycin</i>	15
CERDELGA	94	<i>clemastine fumarate</i>	127
CEREZYME	94	CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	103
<i>cetirizine hcl</i>	126	CLEOCIN	5, 108
<i>cevimeline hcl</i>	139	CLEOCIN PEDIATRIC GRANULE	5

CLEOCIN PHOSPHATE.....	5	CLINOLIPID EMU 20%	121
CLEOCIN-T	132	<i>clobazam</i>	59
CLIMARA.....	91	<i>clobetasol propionate</i>	135
CLIMARA PRO DIS WEEKLY	91	<i>clobetasol propionate e</i>	135
<i>clindacin</i>	132	<i>clobetasol propionate emulsion</i>	135
<i>clindacin etz pledgets</i>	132	CLOBEX	136
<i>clindacin-p</i>	132	<i>clodan</i>	136
<i>clindamycin hcl</i>	5	<i>clomipramine hcl</i>	51
<i>clindamycin palmitate hydrochloride</i> ...	5	<i>clonazepam</i>	59
<i>clindamycin phosphate</i>	5	<i>clonidine</i>	46
<i>clindamycin phosphate (topical)</i>	132	<i>clonidine hcl</i>	46
<i>clindamycin phosphate-benzoyl</i>		<i>clopidogrel bisulfate</i>	111
<i>peroxide gel 1.2-2.5%</i>	132	<i>clorazepate dipotassium</i>	59
<i>clindamycin phosphate-benzoyl</i>		<i>clotrimazole</i>	139
<i>peroxide gel 1.2-3.75%</i>	132	<i>clotrimazole (topical)</i>	134
<i>clindamycin phosphate-benzoyl</i>		<i>clotrimazole w/ betamethasone cream</i>	
<i>peroxide gel 1-5%</i>	132	1-0.05%	134
<i>clindamycin phosphate in d5w iv soln</i>		<i>clozapine</i>	55
300 mg/50ml	5	CLOZARIL	55
<i>clindamycin phosphate in d5w iv soln</i>		COARTEM TAB 20-120MG.....	10
600 mg/50ml	6	COBENFY CAP 100-20MG	55
<i>clindamycin phosphate in d5w iv soln</i>		COBENFY CAP 125-30MG	56
900 mg/50ml	6	COBENFY CAP 50-20MG	55
<i>clindamycin phosphate-tretinoin gel</i>		COBENFY STRT CAP PACK	56
1.2-0.025%	132	<i>codeine sulfate</i>	3
<i>clindamycin phosphate vaginal</i>	108	CODEINE SULFATE.....	3
<i>clindamycin phosph-benzoyl peroxide</i>		<i>colchicine</i>	1
(refrig) gel 1.2 (1)-5%	132	<i>colchicine w/ probenecid tab 0.5-500</i>	
CLINDESSE	108	mg.....	1
CLINDMYC/NAC INJ 300/50ML	6	<i>colesevelam hcl</i>	41
CLINDMYC/NAC INJ 600/50ML	6	COLESTID	41
CLINDMYC/NAC INJ 900/50ML	6	<i>colestipol hcl</i>	41
CLINIMIX E INJ 2.75/D5W	121	<i>colistimethate sodium</i>	6
CLINIMIX E INJ 4.25/D10	121	COLUMVI	25
CLINIMIX E INJ 4.25/D5W	121	COLY-MYCIN M	6
CLINIMIX E INJ 5%/D15W	121	COMBIGAN SOL 0.2/0.5%	124
CLINIMIX E INJ 5%/D20W	121	COMBIPATCH DIS	91
CLINIMIX E INJ 8/10.....	121	COMBIVENT AER 20-100	126
CLINIMIX E INJ 8/14.....	121	COMETRIQ (60MG DOSE).....	25
CLINIMIX INJ 4.25/D10.....	121	COMETRIQ KIT 100MG.....	25
CLINIMIX INJ 4.25/D5W.....	121	COMETRIQ KIT 140MG.....	25
CLINIMIX INJ 5%/D15W.....	121	COMPLERA TAB.....	12
CLINIMIX INJ 5%/D20W.....	121	<i>compro</i>	100
CLINIMIX INJ 6/5	121	CONCERTA.....	67
CLINIMIX INJ 8/10	121	CONDYLOX.....	137
CLINIMIX INJ 8/14	121	<i>constulose</i>	103
<i>clinisol sf 15%</i>	121	COPAXONE.....	76

COPIKTRA.....	25	CYSTADROPS.....	125
COREG	42	CYSTAGON.....	95
COREG CR	42	CYSTARAN	125
CORLANOR.....	46	<i>cytarabine</i>	19
CORTEF	93	CYTOGAM.....	115
CORTENEMA	102	CYTOMEL	98
CORTIFOAM.....	137	CYTOTEC.....	104
CORTISPORIN SUS -TC OTIC	125	D	
COSOPT PF SOL 2%-0.5%.....	124	D10W/NACL INJ 0.2%.....	119
COSOPT SOL 2-0.5%OP	124	D2.5W/NACL INJ 0.45%.....	119
COTELLIC	25	D5W/LYTES INJ #48.....	119
COTEMPLA XR-ODT	67	<i>dabigatran etexilate mesylate</i>	108
COZAAR	39	<i>dacarbazine</i>	22
CRENESSITY	94	<i>dalfampridine</i>	76
CREON CAP 12000UNT.....	104	DALIRESP	128
CREON CAP 24000UNT.....	104	DALVANCE	6
CREON CAP 3000UNIT	104	<i>danazol</i>	80
CREON CAP 36000UNT.....	104	DANTRIUM	78
CREON CAP 6000UNIT	104	<i>dantrolene sodium</i>	78
CRESEMBA.....	9	DANZITEN.....	25
CREXONT CAP 35-140MG	54	<i>dapagliflozin propanediol</i>	81
CREXONT CAP 52.5-210.....	54	<i>dapsone</i>	6
CREXONT CAP 70-280MG	54	<i>dapsone (topical)</i>	132
CREXONT CAP 87.5-350.....	54	DAPTACEL INJ.....	118
CRINONE	98	DAPTOMY/NACL INJ 350/50ML	6
<i>cromolyn sodium</i>	128	DAPTOMY/NACL INJ 500/50ML	6
<i>cromolyn sodium (mastocytosis)</i>	104	<i>daptomycin</i>	6
<i>cromolyn sodium (ophth)</i>	123	DAPTOMYCIN	6
<i>crotan</i>	139	<i>darifenacin hydrobromide</i>	107
<i>cryselle-28</i>	87	<i>darunavir</i>	10
CRYSVITA	94	DARZALEX	25
CUTAQUIG	115	DARZALEX INJ FASPRO	25
CUVITRU.....	115	<i>dasatinib</i>	25
CUVPOSA	102	<i>dasetta 1/35</i>	87
CUVRIOR	86	<i>dasetta 7/7/7</i>	87
<i>cyclobenzaprine hcl</i>	78	DATROWAY	25
<i>cyclophosphamide</i>	18	DAURISMO.....	25
CYCLOPHOSPHAMIDE	18	DAYBUE.....	74
CYCLOPHOSPHAMIDE MONOHYDR....	18	DAYPRO	1
<i>cycloserine</i>	13	<i>daysee</i>	87
<i>cyclosporine</i>	117	DAYTRANA	67
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	117	DAYVIGO	71
<i>cyproheptadine hcl</i>	127	DDAVP	95
CYRAMZA.....	25	<i>deblitane</i>	87
<i>cyred eq</i>	87	<i>decitabine</i>	19
CYSTADANE POW.....	94	<i>deferasirox</i>	86
		<i>deferiprone</i>	86

<i>deferoxamine mesylate</i>	86	<i>dextrose 10% w/ sodium chloride</i>	
DELESTROGEN	91	0.45%	119
DELSTRIGO TAB	12	<i>dextrose 2.5% w/ sodium chloride</i>	
<i>demeclocycline hcl</i>	18	0.45%	119
DEMSEER	46	<i>dextrose 5% in lactated ringers</i>	119
DENAVIR.....	137	<i>dextrose 5% w/ sodium chloride 0.2%</i>	
DENGIVAXIA SUS	118	.....	119
DEPAKOTE	59	<i>dextrose 5% w/ sodium chloride</i>	
DEPAKOTE ER.....	59	0.225%.....	119
DEPAKOTE SPRINKLES.....	59	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
DEPEN TITRATABS	86	.....	119
DEPO-ESTRADIOL	91	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
DEPO-MEDROL	93	.....	119
DEPO-PROVERA CONTRACEPTIV	87	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
DEPO-SUBQ PROVERA 104	87	.....	119
<i>depo-testosterone</i>	80	DHIVY TAB 25-100MG	54
DERMA-SMOOTH/FS BODY.....	136	DIACOMIT	59, 60
DERMA-SMOOTH/FS SCALP.....	136	<i>diazepam</i>	60
DERMOTIC	125	<i>diazepam (anticonvulsant)</i>	60
DESCOVY TAB 120-15MG	12	<i>diazepam inj</i>	60
DESCOVY TAB 200/25MG	12	<i>diazepam intensol</i>	60
DESFERAL.....	86	<i>diazoxide</i>	94
<i>desipramine hcl</i>	51	DIBENZYLINE	46
<i>desloratadine</i>	127	<i>dichlorphenamide</i>	44
<i>desmopressin acetate</i>	95	DICLEGIS TAB 10-10MG.....	100
<i>desmopressin acetate spray</i>	95	<i>diclofenac potassium</i>	1
<i>desmopressin acetate spray</i>		<i>diclofenac sodium</i>	1
<i>refrigerated</i>	95	<i>diclofenac sodium (actinic keratoses)</i>	
<i>desogest-eth estrad & eth estrad tab</i>		.....	137
0.15-0.02/0.01 mg(21/5).....	87	<i>diclofenac sodium (ophth)</i>	123
<i>desonide</i>	136	<i>diclofenac sodium (topical)</i>	137
<i>desoximetasone</i>	136	<i>diclofenac w/ misoprostol tab delayed</i>	
DESVENLAFAXINE ER	51	<i>release 50-0.2 mg</i>	1
<i>desvenlafaxine succinate</i>	51	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dexamethasone</i>	93	<i>release 75-0.2 mg</i>	1
DEXAMETHASONE INTENSOL.....	93	<i>dicloxacin sodium</i>	17
<i>dexamethasone sodium phosphate</i> ...93		<i>dicyclomine hcl</i>	102
<i>dexamethasone sodium phosphate</i>		DIFFERIN PUMP	132
<i>(ophth)</i>	123	DIFICID	15
DEXEDRINE.....	67	DIFLUCAN.....	9
DEXILANT	105	<i>diflunisal</i>	1
<i>dexlansoprazole</i>	105	<i>difluprednate</i>	123
<i>dexmethyphenidate hcl</i>	67	<i>digoxin</i>	46
<i>dextrazoxane hcl</i>	22	<i>dihydroergotamine mesylate</i>	72, 73
<i>dextroamphetamine sulfate</i>	68	DILANTIN	60
<i>dextrose</i>	121	DILANTIN-125	60
		DILANTIN INFATABS	60

DILAUDID	3
<i>diltiazem hcl</i>	43
<i>diltiazem hcl coated beads</i>	43
<i>diltiazem hcl extended release beads</i>	43
<i>dilt-xr</i>	43
<i>dimethyl fumarate</i>	76
<i>dimethyl fumarate capsule dr starter</i> <i>pack 120 mg & 240 mg</i>	76
DIOVAN	39
DIOVAN HCT TAB 160-12.5	37
DIOVAN HCT TAB 160-25MG	37
DIOVAN HCT TAB 320-12.5	37
DIOVAN HCT TAB 320-25MG	37
DIOVAN HCT TAB 80-12.5	37
DIPENTUM	102
<i>diphenhydramine hcl</i>	127
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	104
<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	104
DIPROLENE	136
<i>dipyridamole</i>	111
<i>disopyramide phosphate</i>	40
<i>disulfiram</i>	80
DIURIL	44
<i>divalproex sodium</i>	60
DIVIGEL	91
<i>docetaxel</i>	23
DOCETAXEL	23
DOCIVYX	23
<i>dofetilide</i>	40
DOJOLVI	95
<i>dolishale</i>	87
<i>donepezil hydrochloride</i>	50
DOPTLET	110
<i>dorzolamide hcl</i>	124
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	124
<i>dorzolamide hcl-timolol maleate pf</i> <i>ophth soln 2-0.5%</i>	124
<i>dotti</i>	91
DOVATO TAB 50-300MG	12
<i>doxazosin mesylate</i>	36
<i>doxepin hcl</i>	51
<i>doxepin hcl (sleep)</i>	71
<i>doxercalciferol</i>	99
DOXIL	22

<i>doxorubicin hcl</i>	22
<i>doxorubicin hcl liposomal</i>	22
DOXORUBICIN HYDROCHLORIDE	22
<i>doxy 100</i>	18
<i>doxycycline (monohydrate)</i>	18
<i>doxycycline (rosacea)</i>	137
<i>doxycycline hyclate</i>	18
<i>doxylamine-pyridoxine tab delayed</i> <i>release 10-10 mg</i>	100
DRIZALMA SPRINKLE	51
<i>dronabinol</i>	100
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	87
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	87
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.02-0.451 mg</i>	87
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i>	87
<i>droxidopa</i>	46
DUETACT TAB 30-2MG	81
DUETACT TAB 30-4MG	81
DULERA AER 100-5MCG	131
DULERA AER 200-5MCG	131
DULERA AER 50-5MCG	131
<i>duloxetine hcl</i>	51
DUOBRII LOT	136
DUOPA SUS 4.63-20	54
DUPIXENT	112
DUREZOL	123
<i>dutasteride</i>	106
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	106
DUVYZAT	74
DYANAVEL XR	68
DYCLOPRO	137
DYSPORT	78
E	
<i>e.e.s. 400</i>	15
EBGLYSS	112
<i>econazole nitrate</i>	134
<i>edaravone</i>	74
EDARBI	39
EDARBYCLOR TAB 40-12.5	37
EDARBYCLOR TAB 40-25MG	37
EDECIN	44
EDLUAR	71

EDURANT.....	10	<i>emtricitabine-tenofovir disoproxil</i>	
EDURANT PED	10	<i>fumarate tab 133-200 mg</i>	12
<i>efavirenz</i>	10	<i>emtricitabine-tenofovir disoproxil</i>	
<i>efavirenz-emtricitabine-tenofovir df tab</i>		<i>fumarate tab 167-250 mg</i>	12
<i>600-200-300 mg</i>	12	<i>emtricitabine-tenofovir disoproxil</i>	
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>fumarate tab 200-300 mg</i>	12
<i>400-300-300 mg</i>	12	EMTRIVA.....	10
<i>efavirenz-lamivudine-tenofovir df tab</i>		EMVERM	6
<i>600-300-300 mg</i>	12	<i>emzahh</i>	87
EFFEXOR XR.....	51	<i>enalapril maleate</i>	35
EFFIENT	111	<i>enalapril maleate & hydrochlorothiazide</i>	
EGRIFTA SV	95	<i>tab 10-25 mg</i>	35
EGRIFTA WR	95	<i>enalapril maleate & hydrochlorothiazide</i>	
EKTERLY	110	<i>tab 5-12.5 mg</i>	35
ELAHERE.....	25	ENBREL.....	112
ELAPRASE	95	ENBREL MINI	112
ELELYSO	95	ENBREL SURECLICK.....	112
ELEPSIA XR.....	60	ENDARI.....	110
ELESTRIN	91	<i>endocet tab 10-325mg</i>	3
<i>eletriptan hydrobromide.....</i>	73	<i>endocet tab 2.5-325mg</i>	3
ELFABRIO	95	<i>endocet tab 5-325mg</i>	3
ELIDEL.....	137	<i>endocet tab 7.5-325mg</i>	3
ELIGARD.....	20	ENGERIX-B.....	118
ELIMITE	139	ENHERTU	25
<i>elinest</i>	87	<i>enilloring</i>	87
ELIQUIS.....	108	ENJAYMO	110
ELIQUIS STARTER PACK.....	108	<i>enoxaparin sodium</i>	108
ELITEK	22	<i>enskyce</i>	87
<i>elixophyllin</i>	128	ENSPRYNG	74
ELLECE	22	ENSTILAR AER	135
ELMIRON	107	<i>entacapone</i>	54
<i>eluryng.....</i>	87	<i>entecavir</i>	13
EMBLAVEO INJ 2GM	6	ENTRESTO CAP 15-16MG	37
EMEND	100	ENTRESTO CAP 6-6MG.....	37
EMEND BIPACK	100	ENTRESTO TAB 24-26MG	37
EMEND TRIPAC PAK 125 & 80	100	ENTRESTO TAB 49-51MG	37
EMGALITY	73	ENTRESTO TAB 97-103MG	37
EMPAVELI	110	<i>enulose.....</i>	103
EMPLICITI.....	25	ENVAR SUS XR	117
EMRELIS.....	25	EOHILIA.....	104
EMROSI	137	EPCLUSA PAK 150-37.5	13
EMSAM	51	EPCLUSA PAK 200-50MG.....	13
<i>emtricitabine</i>	10	EPCLUSA TAB 200-50MG.....	13
<i>emtricitabine-rilpivirine-tenofovir df tab</i>		EPCLUSA TAB 400-100	13
<i>200-25-300 mg.....</i>	12	EPIDIOLEX	60
<i>emtricitabine-tenofovir disoproxil</i>		EPIDUO FORTE GEL 0.3-2.5%	133
<i>fumarate tab 100-150 mg</i>	12	EPIDUO GEL 0.1-2.5%	133

EPIFOAM AER 1%.....	136	ESTRING.....	92
<i>epinastine hcl (ophth)</i>	124	<i>eszopiclone</i>	71
<i>epinephrine (anaphylaxis)</i>	46, 128	<i>ethacrynic acid</i>	44
EPIPEN 2-PAK	128	<i>ethambutol hcl</i>	13
EPIPEN-JR 2-PAK.....	128	<i>ethosuximide</i>	60
EPIVIR.....	10	<i>etodolac</i>	2
EPKINLY	25	<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	87
<i>eplerenone</i>	36	ETOPOPHOS	23
<i>epoprostenol sodium</i>	48	<i>etoposide</i>	23
EPRONTIA.....	60	<i>etravirine</i>	10
EPSOLAY	138	EUCRISA	138
EPYSQLI.....	110	EULEXIN	20
EQUETRO	74	EVAMIST.....	92
ERAXIS	9	EVENITY	85
ERBITUX.....	25	<i>everolimus</i>	26
ERGOMAR	73	<i>everolimus (immunosuppressant)</i> ...	117
<i>ergotamine w/ caffeine tab 1-100 mg</i>	73	EVISTA	95
<i>eribulin mesylate</i>	23	EVKEEZA	41
ERIVEDGE.....	25	EVOTAZ TAB 300-150.....	12
ERLEADA	20	EVOXAC	139
<i>erlotinib hcl</i>	25, 26	EVRYSDI.....	74
ERMEZA.....	98	EXELDERM	134
<i>errin</i>	87	EXELON	50
<i>ertapenem sodium</i>	6	<i>exemestane</i>	20
<i>ery</i>	133	EXFORGE HCT TAB 10-160-12.5MG ..	37
ERYTHROCIN LACTOBIONATE	15	EXFORGE HCT TAB 10-160-25MG.....	37
<i>erythromycin (acne aid)</i>	133	EXFORGE HCT TAB 10-320-25MG.....	37
<i>erythromycin (ophth)</i>	122	EXFORGE HCT TAB 5-160-12.5MG....	37
<i>erythromycin base</i>	15	EXFORGE HCT TAB 5-160-25MG	37
<i>erythromycin ethylsuccinate</i>	15	EXFORGE TAB 10-160MG	38
<i>erythromycin lactobionate</i>	15	EXFORGE TAB 10-320MG	38
ERZOFRI.....	56	EXFORGE TAB 5-160MG	37
<i>escitalopram oxalate</i>	51	EXFORGE TAB 5-320MG	38
<i>eslicarbazepine acetate</i>	60	EXJADE.....	86
<i>esomeprazole magnesium</i>	106	EYLEA.....	125
<i>esomeprazole sodium</i>	106	EYLEA HD.....	125
<i>estarylla</i>	87	EYSUVIS	125
<i>estazolam</i>	71	EZALLOR SPRINKLE.....	40
ESTRACE	91	<i>ezetimibe</i>	41
<i>estradiol</i>	92	<i>ezetimibe-simvastatin tab 10-10 mg</i> ..	41
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	92	<i>ezetimibe-simvastatin tab 10-20 mg</i> ..	41
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	92	<i>ezetimibe-simvastatin tab 10-40 mg</i> ..	41
<i>estradiol vaginal</i>	92	<i>ezetimibe-simvastatin tab 10-80 mg</i> ..	41
<i>estradiol valerate</i>	92	F	
		FABHALTA	110
		FABIOR.....	133

FABRAZYME	95	FIRVANQ	6
<i>falmina</i>	88	<i>flac</i>	125
<i>famciclovir</i>	13	FLAREX	123
<i>famotidine</i>	102	FLEBOGAMMA DIF	115
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>flecainide acetate</i>	40
<i>mg/50ml</i>	102	FLEQSUVY.....	78
FANAPT	56	FLOLAN	48
FANAPT PAK PACK A.....	56	FLOLIPID	40
FANAPT PAK PACK B.....	56	<i>fluconazole</i>	9
FANAPT PAK PACK C.....	56	<i>fluconazole in nacl 0.9% inj 200</i>	
FARESTON	20	<i>mg/100ml</i>	9
FARXIGA.....	81	<i>fluconazole in nacl 0.9% inj 400</i>	
FASENRA	128	<i>mg/200ml</i>	9
FASENRA PEN	128	<i>flucytosine</i>	9
FASLODEX	20	<i>fludarabine phosphate</i>	19
<i>febuxostat</i>	1	<i>fludrocortisone acetate</i>	93
<i>feirza 1/20</i>	88	<i>flunisolide (nasal)</i>	130
<i>feirza 1.5/30</i>	88	<i>fluocinolone acetonide</i>	136
<i>felbamate</i>	60	<i>fluocinolone acetonide (otic)</i>	125
FELBATOL	60	<i>fluocinonide</i>	136
<i>felodipine</i>	43	<i>fluocinonide emulsified base</i>	136
FEMARA.....	20	<i>fluorometholone (ophth)</i>	123
FEMLYV TAB 1/0.02MG	88	<i>fluorouracil</i>	19
FEMRING	92	<i>fluorouracil (topical)</i>	138
<i>fenofibrate</i>	40	<i>fluoxetine hcl</i>	51
<i>fenofibrate micronized</i>	40	<i>fluphenazine decanoate</i>	56
FENSOLVI	95	<i>fluphenazine hcl</i>	56
<i>fentanyl</i>	2	<i>flurbiprofen</i>	2
FERRIPROX	86	<i>flurbiprofen sodium</i>	123
FERRIPROX TWICE-A-DAY	86	<i>fluticasone propionate</i>	136
<i>fesoterodine fumarate</i>	107	<i>fluticasone propionate (nasal)</i>	130
FETROJA.....	15	<i>fluticasone-salmeterol aer powder ba</i>	
FETZIMA.....	51	<i>100-50 mcg/act</i>	131
FETZIMA CAP TITRATIO	51	<i>fluticasone-salmeterol aer powder ba</i>	
FIASP	83	<i>250-50 mcg/act</i>	131
FIASP FLEXTOUCH	84	<i>fluticasone-salmeterol aer powder ba</i>	
FIASP PENFILL.....	84	<i>500-50 mcg/act</i>	131
FIASP PUMPCART	84	<i>fluvastatin sodium</i>	40
<i>fidaxomicin</i>	16	<i>fluvoxamine maleate</i>	49
FILSPARI.....	107	FML FORTE	123
FINACEA	138	FOCALIN	68
<i>finasteride</i>	106	FOCALIN XR	68
<i>fingolimod hcl</i>	76	FOCINVEZ	100
FINTEPLA	60	FOLOTYN	19
<i>finzala</i>	88	<i>fondaparinux sodium</i>	108
FIRDAPSE	74	<i>formoterol fumarate</i>	127
FIRMAGON	20	FORTEO	85

FOSAMAX.....	85
FOSAMAX + D TAB 70-2800	85
FOSAMAX + D TAB 70-5600	85
<i>fosamprenavir calcium</i>	11
<i>fosaprepitant dimeglumine</i>	100
<i>foscarnet sodium</i>	13
<i>fosfomycin tromethamine</i>	6
<i>fosinopril sodium</i>	35
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	35
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	35
FOTIVDA.....	26
FRAGMIN	108
FRINDOVYX.....	19
FROVA.....	73
<i>frovatriptan succinate</i>	73
FRUZAQLA	26
FULPHILA	109
<i>fulvestrant</i>	20
<i>fulvicin p/g 165</i>	9
<i>furosemide</i>	44
<i>furosemide inj</i>	44
FYARRO	26
<i>fyavolv tab 0.5mg-2.5mcg</i>	92
<i>fyavolv tab 1mg-5mcg</i>	92
FYCOMPA	60, 61
G	
<i>gabapentin</i>	61
<i>gabapentin (once-daily)</i>	75
GALAFOLD	95
<i>galantamine hydrobromide</i>	50
<i>galbriela</i>	88
<i>gallifrey</i>	98
GAMASTAN INJ	115
GAMMAGARD LIQUID.....	115
GAMMAGARD S/D IGA LESS TH.....	115
GAMMAKED	115
GAMMAPLEX	115
GAMUNEX-C	115
GANCICLOVIR	13
<i>ganciclovir sodium</i>	13
GARDASIL 9	118
GASTROCROM	104
<i>gatifloxacin (ophth)</i>	122
GATTEX	104
GAUZE PADS 2X2.....	84

<i>gavilyte-c</i>	103
<i>gavilyte-g</i>	103
<i>gavilyte-n/flavor pack</i>	103
GAVRETO.....	26
GAZYVA.....	26
<i>gefitinib</i>	26
<i>gemcitabine hcl</i>	19
GEMCITABINE HYDROCHLORIDE	19
<i>gemfibrozil</i>	40
<i>gemmily</i>	88
GEMTESA	107
<i>generlac</i>	103
<i>gengraf</i>	117
GENOTROPIN	95
GENOTROPIN MINISQUICK.....	95
<i>gentamicin in saline inj 0.8 mg/ml</i>	6
<i>gentamicin in saline inj 1.2 mg/ml</i>	6
<i>gentamicin in saline inj 1.6 mg/ml</i>	6
<i>gentamicin in saline inj 1 mg/ml</i>	6
<i>gentamicin in saline inj 2 mg/ml</i>	6
<i>gentamicin sulfate</i>	6
<i>gentamicin sulfate (ophth)</i>	122
<i>gentamicin sulfate (topical)</i>	133
GENVOYA TAB	12
GEODON.....	56
GILENYA.....	76
GILOTRIF.....	26
GIMOTI.....	100
GIVLAARI.....	110
GLASSIA	128
<i>glatiramer acetate</i>	76
<i>glatopa</i>	76
GLEEVEC	26
GLEOSTINE	19
<i>glimepiride</i>	81
<i>glipizide</i>	81
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	81
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	81
<i>glipizide-metformin hcl tab 5-500 mg</i>	82
GLOPERBA.....	1
GLUCOTROL XL.....	82
<i>glycopyrrolate</i>	102
<i>glycopyrrolate (oral)</i>	102
<i>glydo</i>	137
GLYXAMBI TAB 10-5 MG	82

GLYXAMBI TAB 25-5 MG	82	HERNEXEOS	26
GOCOVRI	54	HERZUMA	26
GOLYTELY SOL.....	103	HETLIOZ	71
GOMEKLI	26	HETLIOZ LQ	71
GRAFAPEX	19	HIBERIX.....	118
GRALISE	75	HIZENTRA	115
<i>granisetron hcl</i>	100	HORIZANT	75
GRASTEK	116	HUMATIN.....	6
<i>griseofulvin microsize</i>	9	HUMIRA	112
<i>griseofulvin ultramicrosize</i>	9	HUMIRA PEN.....	112
<i>guanfacine hcl</i>	46	HUMIRA PEN-CD/UC/HS START	113
<i>guanfacine hcl (adhd)</i>	68	HUMIRA PEN KIT PS/UV	113
GYNAZOLE-1	108	HUMULIN R U-500 (CONCENTR	84
H		HUMULIN R U-500 KWIKPEN.....	84
HADLIMA	112	<i>hydralazine hcl</i>	46
HADLIMA PUSHTOUCH	112	HYDREA.....	22
HAEGARDA.....	110	<i>hydrochlorothiazide</i>	45
<i>hailey 1.5/30</i>	88	<i>hydrocodone-acetaminophen soln 10-</i> <i>300 mg/15ml</i>	3
<i>hailey 24 fe</i>	88	<i>hydrocodone-acetaminophen soln 10-</i> <i>325 mg/15ml</i>	3
HALAVEN	23	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	3
HALCION	71	<i>hydrocodone-acetaminophen tab 10-</i> <i>300 mg</i>	4
HALDOL DECANOATE 100	56	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	4
HALDOL DECANOATE 50	56	<i>hydrocodone-acetaminophen tab 2.5-</i> <i>325 mg</i>	4
<i>halobetasol propionate</i>	136	<i>hydrocodone-acetaminophen tab 5-300</i> <i>mg</i>	4
<i>haloette</i>	88	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	4
<i>haloperidol</i>	56	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>300 mg</i>	4
<i>haloperidol decanoate</i>	56	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	4
<i>haloperidol lactate</i>	56	<i>hydrocodone bitartrate</i>	2
HARVONI PAK 33.75-150MG.....	13	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4
HARVONI PAK 45-200MG	13	<i>hydrocodone-ibuprofen tab 5-200 mg</i>	4
HARVONI TAB 45-200MG	13	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	4
HARVONI TAB 90-400MG	13	<i>hydrocortisone</i>	93
HAVRIX.....	118	<i>hydrocortisone (intrarectal)</i>	102
<i>heather</i>	88	<i>hydrocortisone (rectal)</i>	138
HEMADY	93	<i>hydrocortisone (topical)</i>	136
HEMICLOR	45		
HEPAGAM B.....	115		
HEPARIN/NACL INJ 25000UNT	109		
HEPARIN SODIUM	109		
<i>heparin sodium (porcine)</i>	109		
HEPLISAV-B	118		
HEP SOD/D5W INJ 20000UNT	108		
HEP SOD/D5W INJ 25000UNT	108		
HEP SOD/NACL INJ 12500UNT	108		
HEP SOD/NACL INJ 25000UNT	108		
HERCEP HYLEC SOL 60-10000	26		
HERCEPTIN	26		

<i>hydrocortisone butyrate</i>	136
<i>hydrocortisone sod succinate</i>	93
<i>hydrocortisone valerate</i>	136
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	125
<i>hydromorphone hcl</i>	2, 4
HYDROMORPHONE HYDROCHLORI	4
<i>hydroxychloroquine sulfate</i>	114
<i>hydroxyurea</i>	22
<i>hydroxyzine hcl</i>	127
<i>hydroxyzine pamoate</i>	127
HYFTOR	138
HYQVIA INJ 10-800	115
HYQVIA INJ 2.5-200	115
HYQVIA INJ 20-1600	115
HYQVIA INJ 30-2400	115
HYQVIA INJ 5-400	115
HYZAAR TAB 100-12.5	38
HYZAAR TAB 100-25	38
HYZAAR TAB 50-12.5	38
I	
<i>ibandronate sodium</i>	85
IBRANCE	26
IBTROZI	26
<i>ibu</i>	2
<i>ibuprofen</i>	2
<i>icatibant acetate</i>	110
<i>iclevia</i>	88
ICLUSIG	26
IDHIFA	27
IFEX	19
<i>ifosfamide</i>	19
IFOSFAMIDE	19
ILARIS	116
ILEVRO	123
IMAAVY	116
<i>imatinib mesylate</i>	27
IMBRUVICA	27
IMDELLTRA	27
IMFINZI	27
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	6
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	6
<i>imipramine hcl</i>	51
<i>imipramine pamoate</i>	52
<i>imiquimod</i>	138

IMITREX	73
IMITREX STATDOSE REFILL	73
IMITREX STATDOSE SYSTEM	73
IMJUDO	27
IMKELDI	27
IMOVAX RABIES (H.D.C.V.)	118
IMPAVIDO	6
IMURAN	117
IMVEXXY MAINTENANCE PACK	92
IMVEXXY STARTER PACK	92
INBRIJA	54
<i>incassia</i>	88
INCRELEX	95
INCRUSE ELLIPTA	126
<i>indapamide</i>	45
INDERAL LA	42
INFANRIX INJ	118
INLYTA	27
INPEFA	46
INQOVI TAB 35-100MG	19
INREBIC	27
INSPIRA	36
INSULIN PEN NEEDLES: EMBECTA-BD	84
INSULIN SAFETY NEEDLES: EMBECTA- BD	84
INSULIN SYRINGES: EMBECTA-BD ..	84
INTELENCE	11
INTRALIPID	121
INTRAROSA	107
<i>introvale</i>	88
INTUNIV	68
INVEGA	56
INVEGA HAFYERA	56
INVEGA SUSTENNA	56
INVEGA TRINZA	56
INVELTYS	123
INZIRQO	45
IPOL INJ INACTIVE	118
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	126
<i>ipratropium bromide</i>	126
<i>ipratropium bromide (nasal)</i>	126
IQIRVO	104
<i>irbesartan</i>	39
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	38

<i>irbesartan-hydrochlorothiazide tab</i>		JAYPIRCA.....	27
300-12.5 mg	38	JEMPERLI	27
IRESSA.....	27	JENTADUETO TAB 2.5-1000.....	82
<i>irinotecan hcl</i>	22	JENTADUETO TAB 2.5-500	82
ISENTRESS	11	JENTADUETO TAB 2.5-850	82
ISENTRESS HD	11	JENTADUETO TAB XR 2.5-1000MG ..	82
<i>isibloom</i>	88	JENTADUETO TAB XR 5-1000MG	82
ISOLYTE-P INJ /D5W	119	JEVTANA.....	23
ISOLYTE-S INJ	119	<i>jinteli</i>	92
ISOLYTE-S INJ PH 7.4	119	JOENJA	116
<i>isoniazid</i>	13	<i>jolessa</i>	88
ISORDIL TITRADOSE	47	JORNAY PM	68
<i>isosorbide dinitrate</i>	47	JOURNAVX.....	1
<i>isosorbide dinitrate-hydralazine hcl tab</i>		JUBLIA.....	134
20-37.5 mg	46	<i>juleber</i>	88
<i>isosorbide mononitrate</i>	47	JULUCA TAB 50-25MG	12
ISOSORBIDE MONONITRATE	47	<i>junel 1/20</i>	88
<i>isotretinoin</i>	133	<i>junel 1.5/30</i>	88
<i>isradipine</i>	43	<i>junel fe 1/20</i>	88
ISTALOL.....	124	<i>junel fe 1.5/30</i>	88
ISTURISA.....	95	<i>junel fe 24</i>	88
ITOVEBI	27	JUXTAPID	41
<i>itraconazole</i>	9	JYLAMVO.....	114
<i>ivabradine hcl</i>	46	JYNARQUE	95
<i>ivermectin</i>	6	JYNARQUE PAK 30-15MG	95
IWILFIN.....	22	JYNARQUE PAK 45-15MG	95
IXEMPRA KIT	23	JYNARQUE PAK 60-30MG	95
IXIARO INJ.....	118	JYNARQUE PAK 90-30MG	95
IYUZEH	124	JYNNEOS.....	118
IZERVAY	125	K	
J		KABIVEN EMU	121
JADENU	86	KADCYLA	27
JADENU SPRINKLE	86	<i>kaitlib fe</i>	88
<i>jaimiess</i>	88	KALBITOR	110
JAKAFI	27	KALETRA SOL	12
JALYN CAP 0.5-0.4	106	KALETRA TAB 100-25MG.....	12
<i>jantoven</i>	109	KALETRA TAB 200-50MG.....	12
JANUMET TAB 50-1000	82	KALYDECO	129
JANUMET TAB 50-500MG	82	KANJINTI	27
JANUMET XR TAB 100-1000.....	82	KANUMA	95
JANUMET XR TAB 50-1000	82	KAPSPARGO SPRINKLE	43
JANUMET XR TAB 50-500MG.....	82	<i>kariva</i>	88
JANUVIA	82	KATERZIA	44
JARDIANCE	82	KCL/D5W/LACT INJ 20MEQ/L	120
<i>jasmiel</i>	88	KCL/D5W/NACL INJ 0.3/0.9%	120
JATENZO	81	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
<i>javygtor</i>	95	& nacl 0.45% inj	119

<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	119
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	119
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	119
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	119
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	119
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	119
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	119
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	120
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	120
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	120
<i>kelnor 1/35</i>	88
KENALOG-10	93
KENALOG-40	93
KENALOG-80	93
KEPPRA	61
KEPPRA XR	61
KERENDIA	36
<i>ketoconazole</i>	9
<i>ketoconazole (topical)</i>	134
<i>ketorolac tromethamine</i>	2
<i>ketorolac tromethamine (ophth)</i>	123
KEVEYIS	45
KEYTRUDA	27
KHAPZORY	22
KHINDIVI	93
KIMMTRAK	27
KIMYRSA	6
KINERET	113
KINRIX INJ	118
<i>kionex</i>	86
KISQALI 200 DOSE	27
KISQALI 400 DOSE	28
KISQALI 400 PAK FEMARA	28
KISQALI 600 DOSE	28
KISQALI 600 PAK FEMARA	28
KITABIS PAK	6
KLARON	133

<i>klayesta</i>	134
KLISYRI	138
KLONOPIN	61
<i>klor-con</i>	120
<i>klor-con 10</i>	120
<i>klor-con 8</i>	120
<i>klor-con m10</i>	120
<i>klor-con m15</i>	120
<i>klor-con m20</i>	120
KLOXXADO	80
KORLYM	95
KOSELUGO	28
<i>kourzeq</i>	139
KRAZATI	28
KRINTAFEL	10
KRYSTEXXA	1
<i>kurvelo</i>	88
KUVAN	95
KYPROLIS	28
L	
<i>labetalol hcl</i>	43
<i>lacosamide</i>	61
<i>lacosamide oral</i>	61
<i>lactated ringer's solution</i>	120
<i>lactic acid (ammonium lactate)</i>	138
<i>lactulose</i>	103
<i>lactulose (encephalopathy)</i>	103
LAMICTAL	61
LAMICTAL CHEWABLE DISPERS	61
LAMICTAL ODT	61
LAMICTAL ODT KIT BLUE	61
LAMICTAL ODT KIT GREEN	61
LAMICTAL ODT KIT ORANGE	61
LAMICTAL STARTER KIT (35 X 25MG TABS)	61
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	61
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	61
LAMICTAL XR	61
LAMICTAL XR KIT	61
<i>lamivudine</i>	11
<i>lamivudine (hbv)</i>	13
<i>lamivudine-zidovudine tab 150-300 mg</i>	12
<i>lamotrigine</i>	61

<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	61	<i>leuprolide acetate</i>	20
<i>lamotrigine tab 35 x 25 mg starter kit</i>	62	<i>leuprolide acetate (3 month)</i>	20
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	62	<i>levabuterol hcl</i>	127
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	62	<i>levabuterol tartrate</i>	128
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	62	LEVETIR/NACL INJ 10MG/ML	62
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	62	LEVETIR/NACL INJ 15MG/ML	62
LAMZEDE	95	LEVETIR/NACL INJ 5MG/ML	62
LANOXIN	46	<i>levetiracetam</i>	62
LANOXIN PEDIATRIC	46	LEVETIRACETAM	62
<i>lanreotide acetate</i>	95	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	62
LANREOTIDE ACETATE.....	95	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	62
<i>lansoprazole</i>	106	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	62
LANTUS	84	<i>levobunolol hcl</i>	124
LANTUS SOLOSTAR	84	<i>levocarnitine (metabolic modifiers)</i> ..	96
<i>lapatinib ditosylate</i>	28	<i>levocetirizine dihydrochloride</i>	127
<i>larin 1/20</i>	88	<i>levofloxacin</i>	16
<i>larin 1.5/30</i>	88	<i>levofloxacin (ophth)</i>	122
<i>larin 24 fe</i>	88	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	16
<i>larin fe 1/20</i>	88	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	16
<i>larin fe 1.5/30</i>	88	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	16
LASIX.....	45	<i>levoleucovorin calcium</i>	22
<i>latanoprost</i>	124	<i>levonest</i>	88
LATUDA	56	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	88
LAZCLUZE.....	28	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	88
<i>leflunomide</i>	114	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	88
<i>lenalidomide</i>	21	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	89
LENVIMA 10 MG DAILY DOSE	28	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	89
LENVIMA 12MG DAILY DOSE	28	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	88
LENVIMA 20 MG DAILY DOSE	28	<i>levora 0.15/30-28</i>	89
LENVIMA 4 MG DAILY DOSE	28	<i>levo-t</i>	99
LENVIMA 8 MG DAILY DOSE	28	<i>levothyroxine sodium</i>	99
LENVIMA CAP 14 MG	28	<i>levoxyl</i>	99
LENVIMA CAP 18 MG	28	LEXAPRO	52
LENVIMA CAP 24 MG	28	<i>l-glutamine (sickle cell)</i>	110
LESCOL XL.....	41		
<i>lessina</i>	88		
LETAIRIS	48		
<i>letrozole</i>	20		
<i>leucovorin calcium</i>	22		
LEUKERAN	19		
LEUKINE	109		

LIALDA	102	<i>lopinavir-ritonavir tab 100-25 mg</i>	12
LIBTAYO	28	<i>lopinavir-ritonavir tab 200-50 mg</i>	12
<i>lidocaine</i>	137	LOPRESSOR	43
<i>lidocaine hcl</i>	137	LOQTORZI	28
<i>lidocaine hcl (local anesth.)</i>	1	<i>lorazepam</i>	49
<i>lidocaine hcl (mouth-throat)</i>	139	<i>lorazepam intensol</i>	49
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	137	LORBRENA	28
<i>lidocan</i>	137	<i>loryna</i>	89
LIKMEZ	6	<i>losartan potassium</i>	39
LILETTA.....	89	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	38
<i>linezolid</i>	6	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 38	
LINEZOLID INJ 2MG/ML.....	7	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	38
LINZESS	104	LOTEMAX	123
<i>liothyronine sodium</i>	99	LOTEMAX SM	123
<i>liraglutide</i>	82	LOTENSIN.....	35
<i>lisdexamphetamine dimesylate</i>	68, 69	<i>loteprednol etabonate</i>	123
<i>lisinopril</i>	35	LOTRONEX	104
<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	35	<i>lovastatin</i>	41
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	35	LOVAZA CAP 1GM	41
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	35	LOVENOX	109
<i>lithium</i>	75	<i>low-ogestrel</i>	89
<i>lithium carbonate</i>	75	<i>loxapine succinate</i>	56
LITHOBID	75	<i>lubiprostone</i>	104
LITHOSTAT.....	107	LUCEMYRA	80
LIVALO	41	LUCENTIS	125
LIVDELZI	104	LUMAKRAS	28, 29
LIVMARLI	104	LUMIGAN	124
LIVTENCITY.....	13	LUMIZYME	96
LODOCO	46	LUMRYZ.....	79
LODOSYN.....	54	LUMRYZ PAK STARTER.....	79
<i>loestrin 1/20-21</i>	89	LUNESTA	71
<i>loestrin 1.5/30-21</i>	89	LUNSUMIO	29
<i>loestrin fe 1/20</i>	89	LUPKYNIS	117
<i>loestrin fe 1.5/30</i>	89	LUPRON DEPOT (1-MONTH).....	20
<i>lofexidine hcl</i>	80	LUPRON DEPOT (3-MONTH).....	21
<i>lojaimiess</i>	89	LUPRON DEPOT (4-MONTH).....	21
LOKELMA	86	LUPRON DEPOT (6-MONTH).....	21
LO LOESTRIN TAB 1-10-10.....	89	LUPRON DEPOT-PED (1-MONTH)	96
LOMOTIL TAB 2.5MG	104	LUPRON DEPOT-PED (3-MONTH)	96
LONSURF TAB 15-6.14.....	19	LUPRON DEPOT-PED (6-MONTH)	96
LONSURF TAB 20-8.19.....	19	<i>lurasidone hcl</i>	56, 57
<i>loperamide hcl</i>	104	<i>lutra</i>	89
LOPID	40		

LUTRATE DEPOT	21	MAYZENT STARTER PACK (12)	77
LYBALVI TAB 10-10MG	57	MAYZENT STARTER PACK (7)	77
LYBALVI TAB 15-10MG	57	<i>meclizine hcl</i>	100
LYBALVI TAB 20-10MG	57	<i>meclofenamate sodium</i>	2
LYBALVI TAB 5-10MG	57	MEDROL	93
<i>lyleq</i>	89	MEDROL DOSEPAK	93
<i>lyllana</i>	92	<i>medroxyprogesterone acetate</i>	98
LYNOZYFIC	29	<i>medroxyprogesterone acetate</i>	
LYNPARZA	29	<i>(contraceptive)</i>	89
LYRICA	62	<i>mefloquine hcl</i>	10
LYRICA CR	75	<i>megestrol acetate</i>	21, 98
LYSODREN	21	<i>megestrol acetate (appetite)</i>	98
LYTGOBI (12 MG DAILY DOSE)	29	MEKINIST	29
LYTGOBI (16 MG DAILY DOSE)	29	MEKTOVI	29
LYTGOBI (20 MG DAILY DOSE)	29	<i>meleya</i>	89
<i>lyza</i>	89	<i>meloxicam</i>	2
M		<i>memantine hcl</i>	50
MACROBID	7	<i>memantine hcl-donepezil hcl cap er</i>	
<i>magnesium sulfate</i>	120	24hr 14-10 mg	50
MAGNESIUM SULFATE	120	<i>memantine hcl-donepezil hcl cap er</i>	
<i>magnesium sulfate in dextrose 5% iv</i>		24hr 21-10 mg	50
<i>soln 1 gm/100ml</i>	120	<i>memantine hcl-donepezil hcl cap er</i>	
MALARONE TAB 250-100	10	24hr 28-10 mg	50
MALARONE TAB 62.5-25	10	<i>memantine hcl tab 28 x 5 mg & 21 x</i>	
<i>malathion</i>	139	10 mg titration pack	50
<i>maraviroc</i>	11	MENEST	92
MARGENZA	29	MENOSTAR	92
MARINOL	100	MENQUADFI	118
<i>marlissa</i>	89	MENVEO INJ	118
MARPLAN	52	MENVEO SOL	118
MATULANE	22	MEPRON	7
<i>matzim la</i>	44	<i>mercaptapurine</i>	19
MAVENCLAD (10 TABS)	77	MEROP/NACL INJ 1GM/50ML	7
MAVENCLAD (4 TABS)	77	MEROP/NACL INJ 500/50ML	7
MAVENCLAD (5 TABS)	77	<i>meropenem</i>	7
MAVENCLAD (6 TABS)	77	<i>merzee</i>	89
MAVENCLAD (7 TABS)	77	<i>mesalamine</i>	102, 103
MAVENCLAD (8 TABS)	77	<i>mesalamine w/ cleanser</i>	103
MAVENCLAD (9 TABS)	77	<i>mesna</i>	22
MAVYRET PAK 50-20MG	13	MESNEX	22
MAVYRET TAB 100-40MG	13	MESTINON	75
MAXALT	73	MESTINON TIMESPAN	75
MAXALT-MLT	73	METADATE CD	69
MAXIDEX	123	<i>metaxalone</i>	78
MAXITROL OIN 0.1% OP	122	<i>metformin hcl</i>	82
MAXITROL SUS 0.1% OP	122	<i>methadone hcl</i>	2, 3
MAYZENT	77	METHADONE HCL INJ	3

<i>methadone hydrochloride i</i>	3	<i>microgestin fe 1/20</i>	89
<i>methazolamide</i>	45	<i>microgestin fe 1.5/30</i>	89
<i>methenamine hippurate</i>	7	<i>midodrine hcl</i>	47
<i>methimazole</i>	99	MIEBO	125
<i>methocarbamol</i>	78	<i>mifepristone (hyperglycemia)</i>	96
<i>methotrexate sodium</i>	19, 114	<i>miglitol</i>	82
<i>methoxsalen rapid</i>	135	<i>miglustat</i>	96
<i>methscopolamine bromide</i>	102	<i>mili</i>	89
<i>methsuximide</i>	62	<i>mimvey</i>	92
<i>methyldopa</i>	46	MINIVELLE	92
METHYLIN	69	<i>minocycline hcl</i>	18
<i>methylphenidate</i>	69	<i>minoxidil</i>	47
<i>methylphenidate hcl</i>	69	MIPLYFFA.....	96
<i>methylprednisolone</i>	93	<i>mirabegron</i>	107
<i>methylprednisolone acetate</i>	93	<i>mirtazapine</i>	52
<i>methylprednisolone sod succ</i>	93	MIRVASO	138
<i>metoclopramide hcl</i>	100	<i>misoprostol</i>	104
<i>metolazone</i>	45	MITIGARE	1
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	42	<i>mitomycin</i>	22
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	42	<i>mitoxantrone hcl</i>	22
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	42	M-M-R II INJ.....	118
<i>metoprolol succinate</i>	43	M-NATAL PLUS TAB	120
<i>metoprolol tartrate</i>	43	<i>modafinil</i>	79
METROCREAM.....	138	MODEYSO	22
<i>metronidazole</i>	7	<i>moexipril hcl</i>	35
METRONIDAZOLE.....	7	<i>molindone hcl</i>	57
<i>metronidazole (topical)</i>	138	<i>mometasone furoate</i>	136
<i>metronidazole vaginal</i>	108	<i>mometasone furoate (nasal)</i>	130
<i>metyrosine</i>	47	MONJUVI	29
MG SO4/D5W INJ 10MG/ML.....	120	<i>mono-lynyah</i>	89
<i>mibelas 24 fe</i>	89	<i>montelukast sodium</i>	128
MICAFUNGIN.....	9	<i>morphine sulfate</i>	3, 4
MICAFUNGIN/NACL INJ 100MG/100ML9		MORPHINE SULFATE.....	4
MICAFUNGIN/NACL INJ 150MG/150ML9		MORPHINE SULFATE/SODIUM C.....	4
MICAFUNGIN/NACL INJ 50MG/50ML...9		<i>morphine sulfate beads</i>	3
<i>micafungin sodium</i>	9	MOTPOLY XR	62
MICARDIS HCT TAB 40/12.5.....	38	MOUNJARO	82
MICARDIS HCT TAB 80/12.5.....	38	MOVANTIK	104
MICARDIS HCT TAB 80-25MG	38	<i>moxifloxacin hcl</i>	16
<i>miconazole 3</i>	108	<i>moxifloxacin hcl (ophth)</i>	122
<i>miconazole-zinc oxide-white</i> petrolatum oint 0.25-15-81.35% .	134	<i>moxifloxacin hcl 400 mg/250ml in</i> sodium chloride 0.8% inj.....	16
<i>microgestin 1/20</i>	89	MOXIFLOXACIN HYDROCHLORID.....	16
<i>microgestin 1.5/30</i>	89	MOZOBIL	109
		MRESVIA.....	118
		MS CONTIN.....	3
		MULPLETA	110

MULTAQ.....	40	NEMLUVIO.....	113
<i>multiple electrolytes ph 5.5</i>	120	<i>neomycin-bacitrac zn-polymyx</i>	
<i>mupirocin</i>	133	5(3.5)mg-400unt-10000unt op oin	
MYALEPT.....	96	.....	122
MYCAMINE.....	9	<i>neomycin-polymy-gramicid op sol</i>	
MYCAPSSA.....	96	1.75-10000-0.025mg-unt-mg/ml.	122
<i>mycophenolate mofetil</i>	117	<i>neomycin-polymyxin b gu irrigation</i>	
<i>mycophenolate sodium</i>	117	soln	107
MYDAYIS CAP 12.5MG	69	<i>neomycin-polymyxin-dexamethasone</i>	
MYDAYIS CAP 25MG	69	ophth oint 0.1%	122
MYDAYIS CAP 37.5MG	69	<i>neomycin-polymyxin-dexamethasone</i>	
MYDAYIS CAP 50MG	69	ophth susp 0.1%	122
MYFEMBREE TAB.....	96	<i>neomycin-polymyxin-hc ophth susp</i>	122
MYFORTIC.....	117	<i>neomycin-polymyxin-hc otic soln 1%</i>	
MYHIBBIN	117	.....	125
MYLOTARG.....	29	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
MYOBLOC	78	mg/ml-10000 unit/ml-1%.....	125
MYSOLINE.....	62	<i>neomycin sulfate</i>	7
N		<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>nabumetone</i>	2	10000unt op oin	122
<i>nadolol</i>	43	<i>neo-polycin hc ophth oint 1%</i>	122
NAFCILLIN INJ 2GM/100	17	NEORAL	117
<i>nafcillin sodium</i>	17	NERLYNX	29
<i>naftifine hcl</i>	134	<i>neuac gel 1.2-5%</i>	133
NAFTIN	134	NEURONTIN.....	62, 63
NAGLAZYME	96	NEVANAC.....	123
<i>nalbuphine hcl</i>	4	<i>nevirapine</i>	11
<i>naloxone hcl</i>	80	NEXAVAR.....	29
<i>naltrexone hcl</i>	80	NEXICLON XR.....	47
NAMZARIC CAP 14-10MG	50	NEXIUM	106
NAMZARIC CAP 21-10MG	50	NEXLETOL.....	41
NAMZARIC CAP 28-10MG	50	NEXLIZET TAB 180/10MG.....	41
NAMZARIC CAP 7-10MG.....	50	NEXPLANON	89
<i>naproxen</i>	2	NEXTSTELLIS TAB 3-14.2MG	89
<i>naproxen dr</i>	2	NEXVIAZYME.....	96
<i>naproxen sodium</i>	2	NGENLA.....	96
<i>naratriptan hcl</i>	73	<i>niacin (antihyperlipidemic)</i>	41
NARDIL	52	<i>nicardipine hcl</i>	44
NATACYN	122	<i>nicardipine hcl iv soln 20 mg/200ml in</i>	
NATAZIA TAB	89	sodium chloride 0.9%	44
<i>nateglinide</i>	82	<i>nicardipine hcl iv soln 40 mg/200ml in</i>	
NATROBA.....	139	sodium chloride 0.9%	44
NAYZILAM.....	62	NICARDIPINE SOL 20/200ML.....	44
<i>nebivolol hcl</i>	43	NICARDIPINE SOL 40/200ML.....	44
NEBUPENT	7	NICOTROL NS.....	80
<i>necon 0.5/35-28</i>	89	<i>nifedipine</i>	44
<i>nefazodone hcl</i>	52	<i>nikki</i>	89

NIKTIMVO	117
NILOTINIB	29
<i>nilotinib hcl</i>	29
<i>nilutamide</i>	21
<i>nimodipine</i>	44
NINLARO	29
NIPENT	23
<i>nisoldipine</i>	44
<i>nitazoxanide</i>	7
<i>nitisinone</i>	96
NITRO-BID	47
NITRO-DUR	47
<i>nitrofurantoin macrocrystal</i>	7
<i>nitrofurantoin monohyd macro</i>	7
<i>nitroglycerin</i>	47
<i>nitroglycerin (intra-anal)</i>	138
NITROLINGUAL	47
NITROSTAT	47
NITYR.....	96
<i>nizatidine</i>	102
<i>nora-be</i>	89
NORDITROPIN FLEXPEN	96
<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	89
<i>norethindrone (contraceptive)</i>	89
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	89
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	89
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	90
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>cap 1 mg-20 mcg (24)</i>	90
<i>norethindrone acetate</i>	98
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	92
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	92
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	90
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	90
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	90
NORITATE	138
NORLIQVA	44
<i>norlyroc</i>	90

NORPACE	40
NORPACE CR	40
NORPRAMIN	52
NORTHERA.....	47
<i>nortrel 0.5/35 (28)</i>	90
<i>nortrel 1/35 (21)</i>	90
<i>nortrel 1/35 (28)</i>	90
<i>nortrel 7/7/7</i>	90
<i>nortriptyline hcl</i>	52
NORVASC	44
NORVIR	11
NOURIANZ	54
NOVAREL	96
NOVOLIN INJ 70/30	84
NOVOLIN INJ 70/30 FP	84
NOVOLIN N	84
NOVOLIN N FLEXPEN	84
NOVOLIN R	84
NOVOLIN R FLEXPEN	84
NOVOLOG	84
NOVOLOG FLEXPEN	84
NOVOLOG FLEXPEN RELION	84
NOVOLOG MIX INJ 70/30	84
NOVOLOG MIX INJ FLEXPEN	84
NOVOLOG PENFILL	84
NOVOLOG RELION	84
NOXAFIL.....	9
NPLATE	109
NUBEQA	21
NUDEXTA CAP 20-10MG	75
NULOJIX	117
NUPLAZID	57
NURTEC.....	73
NUTRILIPID	121
NUVIGIL	79
NUZYRA.....	18
<i>nyamyc</i>	134
<i>nylia 1/35</i>	90
<i>nylia 7/7/7</i>	90
NYMALIZE	44
<i>nystatin</i>	9
<i>nystatin (mouth-throat)</i>	139
<i>nystatin (topical)</i>	134
<i>nystop</i>	134
o	
OCALIVA	104
<i>ocella</i>	90

OCREVUS.....	77	OMNIPOD 5 DX MIS POD G7G6.....	84
OCREVUS INJ ZUNOVO	77	OMNIPOD 5 L2 KIT INTRO G6	84
OCTAGAM	115	OMNIPOD 5 L2 MIS PODS G6.....	84
<i>octreotide acetate</i>	96	OMNIPOD DASH KIT INTRO	84
OCUFLOX	122	OMNIPOD DASH MIS PODS	84
ODACTRA SUB	116	OMNITROPE	96
ODEFSEY TAB.....	12	ONCASPAR.....	23
ODOMZO	29	<i>ondansetron</i>	100
OFEV	129	<i>ondansetron hcl</i>	100
<i>ofloxacin (ophth)</i>	122	ONEXTON GEL 1.2-3.75	133
<i>ofloxacin (otic)</i>	126	ONFI	63
OGIVRI.....	29	ONGENTYS.....	54
OGSIVEO.....	29, 30	ONIVYDE	23
OHTUVAYRE	129	ONTRUZANT	30
OJEMDA.....	30	ONUREG	19
OJJAARA.....	30	OPDIVO	30
<i>olanzapine</i>	57	OPDIVO INJ QVANTIG.....	30
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	38	OPDUALAG SOL	30
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	38	OPFOLDA	96
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	38	OPIPZA.....	57
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	38	OPSUMIT	48
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	38	OPVEE.....	80
<i>olmesartan medoxomil</i>	39	OPZELURA.....	138
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	38	ORACEA	138
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	38	ORBACTIV	7
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	38	ORENITRAM	48
<i>olopatadine hcl (nasal)</i>	127	ORENITRAM TAB MONTH 1	48
OLPRUVA	96	ORENITRAM TAB MONTH 2	48
<i>omega-3-acid ethyl esters cap 1 gm</i> .	41	ORENITRAM TAB MONTH 3	48
<i>omeprazole</i>	106	ORFADIN	96
OMNARIS	130	ORGOVYX	21
OMNIPOD 5 DX KIT INT G7G6	84	ORIAHNN CAP	96
		ORILISSA.....	96
		ORKAMBI GRA 100-125.....	129
		ORKAMBI GRA 150-188.....	129
		ORKAMBI GRA 75-94MG.....	129
		ORKAMBI TAB 100-125	129
		ORKAMBI TAB 200-125	129
		ORLADEYO	110
		ORLYNVAH TAB 500-500.....	7
		<i>ormarvi</i>	45
		<i>orquidea</i>	90
		ORSERDU	21
		<i>oseltamivir phosphate</i>	13
		OVIDE	139
		OXACILLIN INJ 2GM	17
		<i>oxacillin sodium</i>	17

<i>oxaliplatin</i>	19
<i>oxaprozin</i>	2
<i>oxazepam</i>	50
<i>oxcarbazepine</i>	63
OXERVATE	125
OXISTAT	134
OXLUMO	107
OXTELLAR XR	63
<i>oxybutynin chloride</i>	107
<i>oxycodone hcl</i>	4
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	4
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	4
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	5
<i>oxymorphone hcl</i>	5
OXYTROL	107
OZEMPIC (0.25 OR 0.5MG/DOSE)	82
OZEMPIC (1MG/DOSE)	82
OZEMPIC (2MG/DOSE)	82
OZOBAX DS	78
P	
<i>pacerone</i>	40
<i>paclitaxel</i>	23
<i>paclitaxel inj 100mg</i>	23
PACLITAXEL INJ 100MG	23
PADCEV	30
PALFORZIA CAP ESCALAT	116
PALFORZIA CAP LEVEL 10	116
PALFORZIA CAP LEVEL 3	116
PALFORZIA CAP LEVEL 7	116
PALFORZIA CAP LEVEL 8	116
PALFORZIA LEVEL 1.....	116
PALFORZIA LEVEL 11 (MAINT.....	116
PALFORZIA LEVEL 11 (TITRA	116
PALFORZIA LEVEL 2.....	116
PALFORZIA LEVEL 4.....	116
PALFORZIA LEVEL 5.....	116
PALFORZIA LEVEL 6.....	116
PALFORZIA LEVEL 9.....	116
<i>paliperidone</i>	57
<i>palonosetron hcl</i>	101

PALONOSETRON HYDROCHLORID...	101
PALYNZIQ	96
<i>pamidronate disodium</i>	85
PAMIDRONATE DISODIUM.....	85
PANCREAZE CAP 10500UNT	104
PANCREAZE CAP 16800UNT	104
PANCREAZE CAP 21000UNT	104
PANCREAZE CAP 2600UNIT	104
PANCREAZE CAP 37000.....	105
PANCREAZE CAP 4200UNIT	104
PANRETIN	138
PANTOPR/NACL SOL 40MG/100.....	106
PANTOPR/NACL SOL 80MG/100.....	106
<i>pantoprazole sodium</i>	106
PANTOPRAZOLE SODIUM.....	106
PANTOPRAZOLE SOL 40/50ML.....	106
PANZYGA	115
<i>paricalcitol</i>	99
PARLODEL.....	54
PARNATE	52
<i>paroxetine hcl</i>	52
PAVBLU.....	125
PAXLOVID PAK	13
PAXLOVID TAB 150-100.....	13
PAXLOVID TAB 300-100.....	14
<i>pazopanib hcl</i>	30
PEDIAPRED	93
PEDIARIX INJ 0.5ML	118
PEDVAX HIB	118
<i>peg-3350/electrolytes/asc</i>	103
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	103
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	103
PEGASYS	14
PEMAZYRE	30
PEMETREXED.....	20
<i>pemetrexed disodium</i>	20
PEMRYDI RTU	20
PENBRAYA INJ	118
<i>penciclovir</i>	138
PEN GK/DEXTR INJ 40000/ML.....	17
PEN GK/DEXTR INJ 60000/ML.....	17
<i>penicillamine</i>	86
<i>penicillin g potassium</i>	17
<i>penicillin g sodium</i>	17
<i>penicillin v potassium</i>	17

PENMENVY INJ.....	118	PHOSPHOLINE IODIDE.....	124
PENTACEL INJ.....	118	PIASKY	111
PENTAM 300	7	PIFELTRO.....	11
<i>pentamidine isethionate inh</i>	7	<i>pilocarpine hcl</i>	124
<i>pentamidine isethionate inj</i>	7	<i>pilocarpine hcl (oral)</i>	139
PENTASA.....	103	<i>pimecrolimus</i>	138
<i>pentoxifylline</i>	111	<i>pimozide</i>	57
PEPCID	102	<i>pimtrea</i>	90
<i>perampanel</i>	63	<i>pindolol</i>	43
PERCOCET TAB 10-325MG	5	<i>pioglitazone hcl</i>	82
PERCOCET TAB 5-325MG	5	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
PERCOCET TAB 7.5-325.....	5	<i>mg</i>	82
PERFOROMIST	128	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
<i>perindopril erbumine</i>	35	<i>mg</i>	82
<i>periogard</i>	139	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
PERJETA	30	<i>500 mg</i>	82
<i>permethrin</i>	139	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>perphenazine</i>	57	<i>850 mg</i>	83
<i>perphenazine-amitriptyline tab 2-10</i>		<i>piperacillin sod-tazobactam na for inj</i>	
<i>mg</i>	52	<i>3.375 gm (3-0.375 gm)</i>	17
<i>perphenazine-amitriptyline tab 2-25</i>		<i>piperacillin sod-tazobactam sod for inj</i>	
<i>mg</i>	52	<i>13.5 gm (12-1.5 gm)</i>	17
<i>perphenazine-amitriptyline tab 4-10</i>		<i>piperacillin sod-tazobactam sod for inj</i>	
<i>mg</i>	52	<i>2.25 gm (2-0.25 gm)</i>	17
<i>perphenazine-amitriptyline tab 4-25</i>		<i>piperacillin sod-tazobactam sod for inj</i>	
<i>mg</i>	52	<i>4.5 gm (4-0.5 gm)</i>	17
<i>perphenazine-amitriptyline tab 4-50</i>		<i>piperacillin sod-tazobactam sod for inj</i>	
<i>mg</i>	52	<i>40.5 gm (36-4.5 gm)</i>	17
PERSERIS	57	PIQRAY 200MG DAILY DOSE.....	30
PERTZYE CAP 16000U	105	PIQRAY 250MG TAB DOSE.....	30
PERTZYE CAP 24000U	105	PIQRAY 300MG DAILY DOSE.....	30
PERTZYE CAP 4000UNIT.....	105	<i>pirfenidone</i>	129
PERTZYE CAP 8000UNIT.....	105	<i>piroxicam</i>	2
<i>pfizerpen</i>	17	<i>pitavastatin calcium</i>	41
PHEBURANE	97	PLAQUENIL.....	114
<i>phenelzine sulfate</i>	52	PLASMA-LYTE INJ -A.....	120
PHENERGAN	101	PLAVIX	111
<i>phenobarbital</i>	63	PLEGRIDY	77
<i>phenobarbital sodium</i>	63	PLEGRIDY INJ STARTER	77
<i>phenoxybenzamine hcl</i>	47	PLEGRIDY PEN INJ STARTER.....	77
<i>phenytek</i>	63	<i>plenamine</i>	121
<i>phenytoin</i>	63	PLENVU SOL.....	103
<i>phenytoin sodium</i>	63	<i>plerixafor</i>	109
<i>phenytoin sodium extended</i>	63	<i>podofilox</i>	138
PHESGO SOL.....	30	POKONZA.....	120
PHEXXI GEL	90	POLIVY	30
<i>philith</i>	90	<i>polycin ophth oint</i>	122

<i>polymyxin b sulfate</i>	7
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	122
POMALYST	21
POMBILITI	97
PONVORY	77
PONVORY TAB STARTER	77
<i>portia-28</i>	90
<i>posaconazole</i>	9
POSFREA.....	101
<i>potassium chloride</i>	120, 121
POTASSIUM CHLORIDE	120
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	120
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	121
<i>potassium citrate (alkalinizer)</i>	107
POT CHL 20MEQ/L IN NACL 0.45% INJ	120
POT CHL 20MEQ/L IN NACL 0.9% INJ	120
POT CHL 40MEQ/L IN NACL 0.9% INJ	120
POTELIGEO	30
PRADAXA	109
<i>pramipexole dihydrochloride</i>	54
<i>prasugrel hcl</i>	111
<i>pravastatin sodium</i>	41
<i>praziquantel</i>	7
<i>prazosin hcl</i>	36
PRED MILD	123
<i>prednisolone</i>	94
<i>prednisolone acetate (ophth)</i>	123
PREDNISOLONE SODIUM PHOSP	123
<i>prednisolone sodium phosphate</i>	94
<i>prednisone</i>	94
PREDNISONE INTENSOL	94
<i>pregabalin</i>	63
<i>pregabalin (once-daily)</i>	75
PREGNYL W/DILUENT BENZYL	97
PREMARIN	92
PREMASOL SOL 10%	121
PREMPHASE TAB.....	92
PREMPRO TAB 0.3-1.5	92
PREMPRO TAB 0.45-1.5	93
PREMPRO TAB 0.625-2.5.....	93
PREMPRO TAB 0.625-5	93

PRENATAL TAB 27-1MG.....	121
PRENATAL TAB PLUS.....	121
PRETOMANID	13
PREVACID	106
<i>prevalite</i>	41
PREVYMIS	14
PREZCOBIX TAB 675/150.....	12
PREZCOBIX TAB 800-150.....	12
PREZISTA	11
PRIFTIN	13
PRILOSEC	106
<i>primaquine phosphate</i>	10
PRIMAQUINE PHOSPHATE	10
PRIMAXIN IV INJ 500MG.....	7
<i>primidone</i>	63
PRIORIX INJ	118
PRISTIQ	52
PRIVIGEN.....	116
<i>probenecid</i>	1
PROCARDIA XL	44
<i>prochlorperazine</i>	101
<i>prochlorperazine edisylate</i>	101
<i>prochlorperazine maleate</i>	101
PROCRIT	109
<i>proctocort</i>	138
PROCTOFOAM AER HC 1%.....	138
<i>procto-med hc</i>	138
<i>proctosol hc</i>	138
<i>proctozone-hc</i>	138
PROCYSBI	97
<i>progesterone</i>	98
PROGLYCEM	94
PROGRAF	117
PROLASTIN-C	129
PROLENSA.....	123
PROLIA	85
<i>promethazine & phenylephrine syrup</i> 6.25-5 mg/5ml.....	126
<i>promethazine hcl</i>	101
PROMETHAZINE HYDROCHLORID ...	101
<i>promethegan</i>	101
PROMETRIUM	98
<i>propafenone hcl</i>	40
<i>proparacaine hcl</i>	125
<i>propranolol hcl</i>	43
<i>propylthiouracil</i>	99
PROQUAD INJ	118

PROSCAR	106
PROSOL INJ 20%	121
PROTONIX.....	106
<i>protriptyline hcl</i>	52
PROVERA	98
PROVIGIL.....	79
<i>pruradik</i>	139
PULMICORT	130
PULMOZYME	129
PURIXAN.....	20
<i>pyrazinamide</i>	13
<i>pyridostigmine bromide</i>	75
<i>pyrimethamine</i>	7
PYRUKYND	111
PYRUKYND TAB 20MGX5MG	111
PYRUKYND TAB 50MGX20M	111
PYRUKYND TAPER PACK	111
PYZCHIVA	113

Q

QBRELIS	35
QBREXZA	138
QELBREE	69
QINLOCK	30
QNASL.....	130
QNASL CHILDRENS.....	130
QUADRACEL INJ 0.5ML	118
QUESTRAN	41
QUESTRAN LIGHT	41
<i>quetiapine fumarate</i>	57
QUILLICHEW ER	69, 70
QUILLIVANT XR	70
<i>quinapril hcl</i>	35
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	35
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	35
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	35
<i>quinidine sulfate</i>	40
<i>quinine sulfate</i>	10
QULIPTA	73
QUTENZA KIT 8% 1-PCH	137
QUTENZA KIT 8% 2-PCH	137
QUTENZA KIT 8% 4-PCH	137
QUVIVIQ.....	71
QUZYTIR	127

R

RABAVERT INJ	118
<i>rabeprazole sodium</i>	106
RADICAVA ORS.....	75
RADICAVA ORS STARTER KIT	75
RAGWITEK	116
RALDESY	52
<i>raloxifene hcl</i>	97
<i>ramelteon</i>	71
<i>ramipril</i>	36
<i>ranolazine</i>	47
RAPIVAB	14
<i>rasagiline mesylate</i>	54
RAVICTI.....	97
RAYALDEE.....	99
REBLOZYL	111
REBYOTA	105
RECARBRIO INJ 1.25GM	7
RECLAST.....	85
<i>reclipsen</i>	90
RECOMBIVAX HB.....	118
RECORLEV	97
RECTIV	138
REGLAN	101
RELENZA DISKHALER	14
RELEXXII	70
RELISTOR	105
RELPAK.....	73
REMERON	52
REMERON SOLTAB	52
REMODULIN	48
RENFLEXIS	113
<i>repaglinide</i>	83
REPATHA	42
REPATHA SURECLICK	42
RESTASIS	125
RESTASIS MULTIDOSE.....	125
RESTORIL	71
RETEVMO.....	30
RETIN-A.....	133
RETIN-A MICRO	133
RETIN-A MICRO PUMP.....	133
RETROVIR.....	11
REVATIO.....	48
REVCIVI	97
REVLIMID	21
REVUFORJ.....	30

REXULTI	57	RYBELSUS.....	83
REYATAZ	11	RYBREVANT	31
REZDIFFRA	97	RYDAPT	31
REZLIDHIA.....	30	RYKINDO	58
REZUROCK.....	117	RYLAZE	23
REZZAYO.....	9	RYSTIGGO.....	116
RHOFADE	139	RYTARY CAP 145MG	54
RHOPRESSA	124	RYTARY CAP 195MG	54
<i>ribavirin (hepatitis c)</i>	14	RYTARY CAP 245MG	54
<i>rifabutin</i>	13	RYTARY CAP 95MG	54
<i>rifampin</i>	13	RYTELO.....	111
<i>riluzole</i>	75	S	
<i>rimantadine hydrochloride</i>	14	SABRIL.....	64
RINVOQ	113	<i>sacubitril-valsartan tab 24-26 mg</i>	38
RINVOQ LQ	113	<i>sacubitril-valsartan tab 49-51 mg</i>	38
<i>risedronate sodium</i>	85	<i>sacubitril-valsartan tab 97-103 mg</i> ...	38
RISPERDAL	57	SAFYRAL TAB	90
RISPERDAL CONSTA.....	57	<i>sajazir</i>	111
<i>risperidone</i>	58	SALAGEN	140
<i>risperidone microspheres</i>	58	SAMSCA	97
RITALIN.....	70	SANCUSO.....	101
RITALIN LA	70	SANDIMMUNE.....	117
<i>ritonavir</i>	11	SANDOSTATIN.....	97
<i>rivaroxaban</i>	109	SANDOSTATIN LAR DEPOT	97
<i>rivastigmine</i>	50	SANTYL.....	139
<i>rivastigmine tartrate</i>	50	SAPHNELO	117
<i>rivelsa</i>	90	SAPHRIS.....	58
RIVFLOZA	107	<i>sapropterin dihydrochloride</i>	97
<i>rizatriptan benzoate</i>	73	SARCLISA	31
ROCALTROL.....	100	SAVELLA.....	75
ROCKLATAN DRO	124	SAVELLA MIS TITR PAK.....	75
<i>roflumilast</i>	129	SCEMBLIX.....	31
ROMVIMZA.....	31	<i>scopolamine</i>	101
<i>ropinirole hydrochloride</i>	54	SECUADO	58
<i>rosuvastatin calcium</i>	41	<i>selegiline hcl</i>	54
<i>rosyrah</i>	90	<i>selenium sulfide</i>	134
ROTARIX SUS	118	SELZENTRY	11
ROTATEQ SOL.....	118	SEREVENT DISKUS.....	128
ROWASA	103	SEROQUEL	58
<i>roweepira</i>	63	SEROQUEL XR	58
ROXICODONE.....	5	SEROSTIM	97
ROZLYTREK.....	31	<i>sertraline hcl</i>	52
RUBRACA.....	31	<i>setlakin</i>	90
RUCONEST	111	SFROWASA	103
<i>rufinamide</i>	64	<i>sharobel</i>	90
RUKOBIA	11	SHINGRIX	118
RYALTRIS SPR 665-25	126	SIGNIFOR	97

SIGNIFOR LAR.....	97	<i>sotalol hcl (afib/afl)</i>	40
SIKLOS	111	SOTYKTU	113
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	48	SOTYLIZE	40
SILENOR.....	71	SOVUNA	115
<i>silodosin</i>	106	SPEVIGO.....	113
SILVADENE	133	<i>spinosad</i>	139
<i>silver sulfadiazine</i>	133	SPIRIVA HANDIHALER	126
SIMBRINZA SUS 1-0.2%	124	SPIRIVA RESPIMAT.....	126
<i>simliya</i>	90	<i>spironolactone</i>	36
<i>simpesse</i>	90	<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	45
<i>simvastatin</i>	41	SPORANOX	9
SINEMET TAB 10-100MG.....	54	SPRAVATO SOL 56MG DOS.....	52
SINEMET TAB 25-100MG.....	54	SPRAVATO SOL 84MG DOS.....	52
SINGULAIR.....	128	<i>sprintec 28</i>	90
<i>sirolimus</i>	117	SPRITAM.....	64
SIRTURO	13	SPRYCEL.....	31
SIVEXTRO.....	7	<i>sps</i>	86
SKYCLARYS.....	75	<i>sps rectal</i>	86
SKYRIZI.....	113	<i>sronyx</i>	90
SKYRIZI PEN	113	<i>ssd</i>	133
SKYTROFA	97	STELARA.....	113
SMOFLIPID EMU.....	121	STIVARGA.....	31
<i>sodium chloride</i>	120	STRENSIQ.....	97
<i>sodium chloride (gu irrigant)</i>	139	<i>streptomycin sulfate</i>	7
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	121	STRIBILD TAB	12
SODIUM OXYBATE.....	79	STRIVERDI RESPIMAT.....	128
<i>sodium phenylbutyrate</i>	97	STROMECTOL.....	7
<i>sodium polystyrene sulfonate powder</i>	86	SUBLOCADE	80
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	103	SUBOXONE MIS 12-3MG	80
SOGROYA	97	SUBOXONE MIS 2-0.5MG	80
<i>solifenacin succinate</i>	107	SUBOXONE MIS 4-1MG	80
SOLQUA INJ 100/33	84	SUBOXONE MIS 8-2MG	80
SOLIRIS.....	111	<i>subvenite</i>	64
SOLOSEC.....	7	<i>subvenite starter kit/blu</i>	64
SOLTAMOX.....	21	<i>subvenite starter kit/gre</i>	64
SOLU-CORTEF	94	<i>subvenite starter kit/ora</i>	64
SOLU-MEDROL.....	94	SUCRAID	105
SOMA.....	78	<i>sucralfate</i>	105
SOMATULINE DEPOT	97	SUFLAVE SOL	103
SOMAVERT.....	97	SULAR.....	44
<i>sorafenib tosylate</i>	31	<i>sulfacetamide sodium (acne)</i>	133
SORILUX.....	135	<i>sulfacetamide sodium (ophth)</i>	122
<i>sotalol hcl</i>	40	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	122
		<i>sulfadiazine</i>	7

<i>sulfamethoxazole-trimethoprim iv soln</i>	
400-80 mg/5ml	7
<i>sulfamethoxazole-trimethoprim susp</i>	
200-40 mg/5ml	7
<i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg	7
<i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg	7
SULFAMYLON.....	133
sulfasalazine.....	103
sulindac.....	2
sumatriptan	73
sumatriptan succinate	73, 74
sunitinib malate	31
SUNLENCA	11
SUNOSI	79
SUPREP BOWEL SOL PREP KIT	103
SUSTOL	101
SUSVIMO	125
SUTAB TAB.....	103
syeda	90
SYFOVRE.....	125
SYMDEKO TAB 100-150	129
SYMDEKO TAB 50-75MG	129
SYMFI TAB	12
SYMLINPEN 120.....	83
SYMLINPEN 60.....	83
SYMPAZAN	64
SYMPROIC.....	105
SYMTUZA TAB	12
SYNALAR.....	136
SYNAREL	97
SYNJARDY TAB 12.5-1000MG	83
SYNJARDY TAB 12.5-500.....	83
SYNJARDY TAB 5-1000MG.....	83
SYNJARDY TAB 5-500MG.....	83
SYNJARDY XR TAB 10-1000.....	83
SYNJARDY XR TAB 12.5-1000	83
SYNJARDY XR TAB 25-1000.....	83
SYNJARDY XR TAB 5-1000MG	83
SYNTHROID	99
SYPRINE	86
T	
TABLOID.....	20
TABRECTA.....	31
tacrolimus	117
tacrolimus (topical)	139

<i>tadalafil</i>	107
<i>tadalafil (pulmonary hypertension)</i> ...	48
TADLIQ.....	48
TAFINLAR	31
TAGRISSE	31
TAKHZYRO	111
TALICIA CAP.....	105
TALZENNA	31
TAMIFLU	14
<i>tamoxifen citrate</i>	21
<i>tamsulosin hcl</i>	107
TARGRETIN.....	23, 139
<i>tarina 24 fe</i>	90
<i>tarina fe 1/20 eq</i>	90
TARPEYO.....	107
TASCENSO ODT	77
TASIGNA.....	31, 32
<i>tasimelteon</i>	71
TAVALISSE.....	111
TAVNEOS	111
TAYTULLA CAP 1MG/20MC.....	90
<i>tazarotene</i>	135
TAZAROTENE	133
<i>tazicef</i>	15
TAZORAC	135
TAZVERIK	32
TECENTRIQ	32
TECENTRIQ INJ HYBREZA.....	32
TECVAYLI.....	32
TEFLARO.....	15
TEGRETOL.....	64
TEGRETOL-XR	64
TEKTRUNA	47
<i>telmisartan</i>	39
<i>telmisartan-amlodipine tab 40-10 mg</i>	
.....	38
<i>telmisartan-amlodipine tab 40-5 mg</i> .	38
<i>telmisartan-amlodipine tab 80-10 mg</i>	
.....	38
<i>telmisartan-amlodipine tab 80-5 mg</i> .	38
<i>telmisartan-hydrochlorothiazide tab 40-</i>	
12.5 mg.....	38
<i>telmisartan-hydrochlorothiazide tab 80-</i>	
12.5 mg.....	39
<i>telmisartan-hydrochlorothiazide tab 80-</i>	
25 mg.....	39
temazepam	72

<i>temsirolimus</i>	32	<i>tinidazole</i>	8
TENIVAC INJ 5-2LF	119	<i>tiopronin</i>	107
<i>tenofovir disoproxil fumarate</i>	11	<i>tiotropium bromide</i>	126
TEPEZZA	97	TIROSINT	99
TEPMETKO	32	TIROSINT-SOL	99
<i>terazosin hcl</i>	36	TIVDAK	32
<i>terbinafine hcl</i>	9	TIVICAY	11
<i>terbutaline sulfate</i>	128	TIVICAY PD	11
<i>terconazole vaginal</i>	108	<i>tizanidine hcl</i>	78
<i>teriflunomide</i>	77	TLANDO	81
<i>teriparatide</i>	85	TOBI	8
TERIPARATIDE	85	TOBI PODHALER	8
TESTIM	81	TOBRADEX OIN 0.3-0.1%	122
<i>testosterone</i>	81	TOBRADEX ST SUS 0.3-0.05	122
<i>testosterone cypionate</i>	81	<i>tobramycin</i>	8
<i>testosterone enanthate</i>	81	<i>tobramycin (ophth)</i>	122
<i>testosterone pump</i>	81	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	122
<i>tetrabenazine</i>	75	<i>tobramycin sulfate</i>	8
<i>tetracycline hcl</i>	18	TOBREX	122
TEVIMBRA	32	<i>tolmetin sodium</i>	2
TEZRULY	36	TOLSURA	10
THALITONE	45	<i>tolterodine tartrate</i>	107
THALOMID	22	<i>tolvaptan</i>	97, 98
THEO-24	129	<i>tolvaptan tab therapy pack 30 & 15 mg</i>	98
<i>theophylline</i>	129	<i>tolvaptan tab therapy pack 45 & 15 mg</i>	98
THIOLA	107	<i>tolvaptan tab therapy pack 60 & 30 mg</i>	98
THIOLA EC	107	<i>tolvaptan tab therapy pack 90 & 30 mg</i>	98
<i>thioridazine hcl</i>	58	TOPAMAX	64
<i>thiothixene</i>	58	TOPAMAX SPRINKLE	64
THYQUIDITY	99	<i>topiramate</i>	64
<i>tiadylt er</i>	44	<i>topotecan hcl</i>	23
<i>tiagabine hcl</i>	64	TOPOTECAN HCL	23
TIAZAC	44	TOPROL XL	43
TIBSOVO	32	<i>toremifene citrate</i>	21
<i>ticagrelor</i>	111	TORISEL	32
TICOVAC	119	<i>torpenz</i>	32
<i>tigecycline</i>	18	<i>torseamide</i>	45
TIGECYCLINE	18	TOUJEO MAX SOLOSTAR	85
TIGLUTIK	76	TOUJEO SOLOSTAR	85
TIKOSYN	40	<i>tovet</i>	136
<i>tilia fe</i>	90	TPN ELECTROL INJ	120
<i>timolol hemihydrate (ophth)</i>	124	TRACLEER	48
<i>timolol maleate</i>	43		
<i>timolol maleate (ophth)</i>	124		
<i>timolol maleate (ophth) once-daily</i>	124		
<i>timolol maleate (ophth) pf</i>	124		
TIMOPTIC OCUDOSE	124		

TRADJENTA.....	83	TRIBENZOR TAB 40-5-12.5MG.....	39
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIBENZOR TAB 40-5-25MG.....	39
<i>mg</i>	5	<i>tridacaine ii</i>	137
<i>tramadol hcl</i>	3, 5	<i>triderm</i>	137
<i>trandolapril</i>	36	<i>trientine hcl</i>	86
<i>trandolapril-verapamil hcl tab er 1-240</i>		TRIESENCE.....	123
<i>mg</i>	35	<i>tri-estarylla</i>	90
<i>trandolapril-verapamil hcl tab er 2-180</i>		<i>trifluoperazine hcl</i>	58
<i>mg</i>	35	<i>trifluridine</i>	122
<i>trandolapril-verapamil hcl tab er 2-240</i>		<i>trihexyphenidyl hcl</i>	54
<i>mg</i>	35	TRIJARDY XR TAB ER 24HR 10-5-	
<i>trandolapril-verapamil hcl tab er 4-240</i>		<i>1000MG</i>	83
<i>mg</i>	35	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tranexamic acid</i>	111	<i>1000MG</i>	83
<i>tranylcypromine sulfate</i>	53	TRIJARDY XR TAB ER 24HR 25-5-	
TRAVASOL INJ 10%.....	121	<i>1000MG</i>	83
TRAVATAN Z.....	124	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>travoprost</i>	124	<i>1000MG</i>	83
TRAZIMERA.....	32	TRIKAFTA PAK 59.5MG.....	129
<i>trazodone hcl</i>	53	TRIKAFTA PAK 75MG	129
TREANDA.....	19	TRIKAFTA TAB 100-50-75MG & 150MG	
TRELEGY AER ELLIPTA 100-62.5-25		.....	129
<i>MCG</i>	126	TRIKAFTA TAB 50-25-37.5MG & 75MG	
TRELEGY AER ELLIPTA 200-62.5-25		.....	129
<i>MCG</i>	126	<i>tri-legest fe</i>	90
TRELSTAR MIXJECT.....	21	TRILEPTAL	64
TREMFYA.....	114	<i>tri-lynyah</i>	90
TREMFYA INDUCTION PACK FO	114	<i>tri-lo-estarylla</i>	90
<i>treprostinil</i>	48	<i>tri-lo-marzia</i>	90
<i>tretinoin</i>	133	<i>tri-lo-mili</i>	90
<i>tretinoin (chemotherapy)</i>	23	<i>tri-lo-sprintec</i>	91
<i>tretinoin microsphere</i>	133	<i>trimethobenzamide hcl</i>	101
TREXALL	115	<i>trimethoprim</i>	8
<i>trezix</i>	5	<i>tri-mili</i>	91
<i>triamcinolone acetonide</i>	94	<i>trimipramine maleate</i>	53
<i>triamcinolone acetonide (mouth)</i>	140	TRINTELLIX.....	53
<i>triamcinolone acetonide (topical)</i>	136	<i>tri-sprintec</i>	91
<i>triamterene & hydrochlorothiazide cap</i>		TRIUMEQ PD TAB	12
<i>37.5-25 mg</i>	45	TRIUMEQ TAB.....	12
<i>triamterene & hydrochlorothiazide tab</i>		<i>tri-vylibra</i>	91
<i>37.5-25 mg</i>	45	<i>tri-vylibra lo</i>	91
<i>triamterene & hydrochlorothiazide tab</i>		TRODELVY	32
<i>75-50 mg</i>	45	TROGARZO	11
<i>triazolam</i>	72	TROPHAMINE INJ 10%.....	121
TRIBENZOR TAB 20-5-12.5MG.....	39	<i>trospium chloride</i>	108
TRIBENZOR TAB 40-10-12.5MG	39	TRULANCE.....	105
TRIBENZOR TAB 40-10-25MG.....	39	TRULICITY	83

TRUMENBA	119
TRUQAP	32
TRUXIMA	32
TRYNGOLZA	47
TRYVIO.....	47
TUKYSA	32
TURALIO.....	32
turqoz	91
twice-daily clindamycin phosphate (topical)	133
TWINRIX INJ	119
TWYNEO CRE 0.1-3%	133
TYBOST	11
TYENNE	114
TYGACIL	18
TYKERB	32
TYMLOS	85
TYPHIM VI.....	119
TYVASO	48
TYVASO DPI MAINTENANCE KI.....	48
TYVASO DPI POW 16-32-48.....	48
TZIELD	83

U

UBRELVY	74
UCERIS	103
ULORIC	1
ULTOMIRIS.....	111
UNASYN INJ 1.5GM	17
UNASYN INJ 15GM	18
UNASYN INJ 3GM	18
UNDECATREX	81
unithroid.....	99
UPLIZNA	76
UPTRAVI	48, 49
UPTRAVI PACK TAB 200/800	49
UROCIT-K 10	107
UROCIT-K 15	107
ursodiol	105
USTEKINUMAB.....	114
UZEDY.....	58

V

VABOMERE INJ 2GM(1-1).....	8
VABYSMO.....	125
VAGIFEM	93
valacyclovir hcl	14
VALCHLOR	139
VALCYTE.....	14

valganciclovir hcl	14
VALIUM	64
valproate sodium	64
valproic acid	65
valrubicin	23
valsartan	39
valsartan-hydrochlorothiazide tab 160- 12.5 mg.....	39
valsartan-hydrochlorothiazide tab 160- 25 mg.....	39
valsartan-hydrochlorothiazide tab 320- 12.5 mg.....	39
valsartan-hydrochlorothiazide tab 320- 25 mg.....	39
valsartan-hydrochlorothiazide tab 80- 12.5 mg.....	39
VALSTAR	23
VALTOCO 10 MG DOSE	65
VALTOCO 15 MG DOSE	65
VALTOCO 20 MG DOSE	65
VALTOCO 5 MG DOSE	65
VALTREX.....	14
valtya 1/50	91
VANCOCIN.....	8
VANCOMYC/D5W INJ 1.25/250	8
VANCOMYC/D5W INJ 1.5/300.....	8
VANCOMYCIN.....	8
vancomycin hcl.....	8
VANCOMYCIN HYDROCHLORIDE	8
VANCOMYCIN INJ 1 GM	8
VANCOMYCIN INJ 500MG.....	8
VANCOMYCIN INJ 750MG.....	8
VANDAZOLE	108
VANFLYTA	32
VANRAFIA	107
VAQTA.....	119
varenicline tartrate.....	80
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	80
VARIVAX	119
VARUBI.....	101
VASCEPA	42
VASERETIC TAB 10-25MG	35
VASOTEC	36
VAXCHORA SUS	119
VECTIBIX.....	32
VELCADE	32

VELETRI	49	VIVELLE-DOT	93
<i>velivet</i>	91	VIVIMUSTA	19
VELSIPITY	114	VIVITROL	80
VELTASSA	86	VIVJOA	10
VENCLEXTA	32	VIVOTIF CAP EC	119
VENCLEXTA TAB START PK	32	VIZIMPRO	33
<i>venlafaxine hcl</i>	53	VOGELXO	81
VENTOLIN HFA	128	VOGELXO PUMP	81
VENTOLIN HFA (INSTITUTIONAL PACK)	128	VONJO	33
<i>venxxiva</i>	107	VOQUEZNA	106
VEOZAH	98	VOQUEZNA PAK DUAL PAK	105
<i>verapamil hcl</i>	44	VOQUEZNA PAK TRIP PK	105
VERQUVO	47	VORANIGO	33
VERSACLOZ	58	<i>voriconazole</i>	10
VERZENIO	33	VORICONAZOLE	10
VESICARE	108	VOSEVI TAB	14
VESICARE LS	108	VOTRIENT	33
<i>vestura</i>	91	VOWST CAP	105
VFEND	10	VOXZOGO	98
VFEND IV	10	VOYDEYA	111
VIBATIV	8	VOYDEYA TAB 50-100MG	111
VIBERZI	105	VPRIV	98
VICTOZA	83	VRAYLAR	58
VIDAZA	20	VTAMA	135
<i>vienna</i>	91	VUMERITY	77
<i>vigabatrin</i>	65	VUSION OIN	134
<i>vigadrone</i>	65	VYALEV INJ 12-240MG	54
VIGAFYDE	65	<i>vyfemla</i>	91
VIGAMOX	123	VYKAT XR	98
<i>vigpoder</i>	65	<i>vylibra</i>	91
VIIBRYD	53	VYLOY	33
VIJOICE	98	VYNDAMAX	47
VIJOICE TAB 250MG	98	VYNDAQEL	47
<i>vilazodone hcl</i>	53	VYTORIN TAB 10-10MG	42
VIMIZIM	98	VYTORIN TAB 10-20MG	42
VIMKUNYA	119	VYTORIN TAB 10-40MG	42
VIMPAT	65	VYTORIN TAB 10-80MG	42
<i>vinblastine sulfate</i>	23	VYVANSE	70
<i>vincristine sulfate</i>	23	VYVGART	116
<i>vinorelbine tartrate</i>	23	VYVGART INJ HYTRULO	116
VIOKACE TAB 10440	105	VYZULTA	124
VIOKACE TAB 20880	105	W	
<i>viorele</i>	91	WAINUA	76
VIRACEPT	11	WAKIX	79
VIREAD	11	<i>warfarin sodium</i>	109
VITRAKVI	33	<i>water for irrigation, sterile irrigation soln</i>	139

WELCHOL	42	XIGDUO XR TAB 2.5-1000.....	83
WELIREG	23	XIGDUO XR TAB 5-1000MG.....	83
<i>wera</i>	91	XIGDUO XR TAB 5-500MG.....	83
WESTAB PLUS TAB 27-1MG	121	XIIDRA	125
WINLEVI	133	XIPERE	123
WINREVAIR.....	49	XOFLUZA	14
WINREVAIR INJ 45MG	49	XOLAIR.....	130
WINREVAIR INJ 60MG	49	XOLREMDI.....	109
<i>wixela inhub</i>	131	XOPENEX HFA.....	128
<i>wymzya fe</i>	91	XOSPATA	33
WYOST	85	XPOVIO PAK (100 MG ONCE WEEKLY)	
X		.....	33
XACDURO INJ 1-1GM	8	XPOVIO PAK (40 MG ONCE WEEKLY)	33
XACIATO.....	108	XPOVIO PAK (40 MG TWICE WEEKLY)	
XADAGO	55	.....	33
XALATAN.....	124	XPOVIO PAK (60 MG ONCE WEEKLY)	33
XALKORI.....	33	XPOVIO PAK (60 MG TWICE WEEKLY)	
XANAX.....	50	.....	33
XANAX XR.....	50	XPOVIO PAK (80 MG ONCE WEEKLY)	33
<i>xarah fe</i>	91	XPOVIO PAK (80 MG TWICE WEEKLY)	
XARELTO.....	109	.....	33
XARELTO STAR TAB 15/20MG	109	XROMI	111
XATMEP	115	XTANDI	21
XCOPRI	65	<i>xulane</i>	91
XCOPRI PAK 100-150	65	XULTOPHY INJ 100/3.6	85
XCOPRI PAK 12.5-25	65	XYLOCAINE.....	1
XCOPRI PAK 150-200MG		XYLOCAINE-MPF	1
(MAINTENANCE)	65	XYOSTED	81
XCOPRI PAK 150-200MG (TITRATION)		XYREM.....	79
.....	65	XYWAV SOL 0.5GM/ML.....	79
XCOPRI PAK 50-100MG.....	65	Y	
XDEMVY.....	123	<i>yargesa</i>	98
XELJANZ	114	YASMIN 28 TAB 3-0.03MG.....	91
XELJANZ XR	114	YAZ TAB 3-0.02MG.....	91
<i>xelria fe</i>	91	YCANTH	139
XELSTRYM	70	YERVOY	33
XEMBIFY	116	YESINTEK.....	114
XENAZINE.....	76	YF-VAX INJ.....	119
XENPOZYME	98	YONSA	21
XEOMIN.....	78	YORVIPATH	85
XERAVA	18	YUTIQ.....	123
XERESE CRE 5-1%	139	YUTREPIA	49
XERMELO	105	<i>yuvaferm</i>	93
XHANCE.....	130	Z	
XIFAXAN	8, 105	<i>zafemy</i>	91
XIGDUO XR TAB 10-1000.....	83	<i>zafirlukast</i>	128
XIGDUO XR TAB 10-500MG	83	<i>zaleplon</i>	72

ZALTRAP.....	33	ZIRGAN	123
ZANAFLEX.....	78	ZITHROMAX	16
ZARONTIN	65	ZITHROMAX TRI-PAK.....	16
ZARXIO	110	ZITHROMAX Z-PAK.....	16
ZAVESCA	98	ZOCOR	41
ZEGALOGUE.....	94	ZOLADEX.....	21
ZEJULA.....	33	<i>zoledronic acid</i>	85
ZELAPAR.....	55	ZOLEDRONIC ACID	86
ZELBORAF.....	34	ZOLINZA.....	34
ZELSUVMI	139	<i>zolmitriptan</i>	74
ZEMAIRA.....	130	ZOLOFT	53
ZEMBRACE SYMTOUCH	74	<i>zolpidem tartrate</i>	72
ZEMDRI.....	8	ZOLPIDEM TARTRATE	72
ZEMPLAR	100	ZOMACTON	98
<i>zenatane</i>	133	<i>zomig</i>	74
ZENPEP CAP 10000UNT.....	105	ZOMIG	74
ZENPEP CAP 15000UNT.....	105	ZONISADE	65
ZENPEP CAP 20000UNT.....	105	<i>zonisamide</i>	65
ZENPEP CAP 25000UNT.....	105	ZORTRESS	117
ZENPEP CAP 3000UNIT	105	ZORYVE.....	134, 135, 139
ZENPEP CAP 40000UNT.....	105	ZOSYN SOL 2-0.25GM	18
ZENPEP CAP 5000UNIT	105	ZOSYN SOL 3-0.375G.....	18
ZENPEP CAP 60000UNT.....	105	ZOSYN SOL 4-0.50GM	18
<i>zenzedi</i>	70	<i>zovia 1/35</i>	91
ZEPOSIA.....	77	ZOVIRAX.....	139
ZEPOSIA 7DAY CAP STR PACK	78	ZTALMY	65
ZEPOSIA CAP STR KIT	78	ZTLIDO.....	137
ZEPZELCA.....	19	ZUBSOLV SUB 0.7-0.18	80
ZERBAXA INJ 1.5GM.....	15	ZUBSOLV SUB 1.4-0.36	80
ZERVIAE	124	ZUBSOLV SUB 11.4-2.9	80
ZESTORETIC TAB 10-12.5	35	ZUBSOLV SUB 2.9-0.71	80
ZESTORETIC TAB 20-12.5	35	ZUBSOLV SUB 5.7-1.4.....	80
ZESTORETIC TAB 20-25MG	35	ZUBSOLV SUB 8.6-2.1.....	80
ZESTRIL	36	<i>zumandimine</i>	91
ZETIA.....	42	ZUNVEYL	51
ZEVTERA	15	ZURZUVAE	53
ZIAGEN	11	ZYDELIG.....	34
ZIANA GEL	133	ZYKADIA.....	34
<i>zidovudine</i>	11	ZYLET SUS 0.5-0.3%	122
ZIIHERA	34	ZYNLONTA	34
ZILBRYSQ	116	ZYNYZ.....	34
ZILRETTA.....	94	ZYPITAMAG.....	41
ZILXI.....	139	ZYPREXA	58
<i>ziprasidone hcl</i>	58	ZYPREXA RELPREVV	59
<i>ziprasidone mesylate</i>	58	ZYTIGA.....	21
ZIRABEV.....	34	ZYVOX	8

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