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/learngroupma.

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/learngroupma.

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 1de 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		
allopurinol TABS 100mg, 300mg	1	
allopurinol TABS 200mg	1	ST
allopurinol sodium SOLR 500mg	4	
ALOPRIM SOLR 500mg	4	
colchicine CAPS .6mg	1	QL (60 caps / 30 days)
colchicine TABS .6mg	1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat 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)
probenecid TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) 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)
celecoxib CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
celecoxib CAPS 400mg	1	QL (30 caps / 30 days)
DAYPRO TABS 600mg	3	
diclofenac potassium TABS 50mg	1	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
diflunisal TABS 500mg	1	

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
methadone hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
METHADONE HCL INJ SOLN 10mg/ml	3	
methadone hydrochloride i CONC 10mg/ml	1	QL (90 mL / 30 days), PA
morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	1	QL (60 caps / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
morphine sulfate beads 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
tramadol hcl TB24 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 30 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	QL (300 caps / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	3	
butorphanol tartrate SOLN 10mg/ml	1	QL (10 mL / 30 days)
CODEINE SULFATE TABS 15mg, 60mg	3	QL (180 tabs / 30 days)
codeine sulfate 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)
endocet tab 2.5-325mg	1	QL (360 tabs / 30 days)
endocet tab 5-325mg	1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	1	QL (240 tabs / 30 days)
endocet tab 10-325mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen soln 10-300 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	QL (2700 mL / 30 days)

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
oxymorphone hcl 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)
tramadol hcl TABS 50mg	1	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	QL (240 tabs / 30 days)
trezix	1	QL (300 caps / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

albendazole TABS 200mg	1	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NM, PA
atovaquone SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
AZACTAM SOLR 1gm, 2gm	3	
aztreonam 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	
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	1	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	

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

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
tinidazole TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NM, PA
TOBI PODHALER CAPS 28mg	4	NM, PA
tobramycin NEBU 300mg/4ml, 300mg/5ml	4	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim 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	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
vancomycin hcl 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
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome SUSR 50mg	4	B/D
ANCOBON CAPS 250mg, 500mg	4	PA
CANCIDAS SOLR 50mg, 70mg	4	
caspofungin acetate SOLR 50mg, 70mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine CAPS 250mg, 500mg	4	PA
fulvicin p/g 165 TABS 165mg	4	
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
griseofulvin ultramicrosize TABS 165mg	4	
itraconazole CAPS 100mg	1	QL (120 caps / 30 days)
itraconazole SOLN 10mg/ml	4	
ketoconazole TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	
micafungin sodium 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
nystatin TABS 500000unit	1	
posaconazole SOLN 300mg/16.7ml	4	
posaconazole SUSP 40mg/ml	4	QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	4	QL (93 tabs / 30 days), PA
REZZAYO SOLR 200mg	4	
SPORANOX CAPS 100mg	3	QL (120 caps / 30 days)
terbinafine hcl 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 / LIMITES
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
voriconazole SOLR 200mg	1	PA
VORICONAZOLE SOLR 200mg	3	PA
voriconazole SUSR 40mg/ml	4	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	1	QL (480 tabs / 30 days)
voriconazole TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
mefloquine hcl TABS 250mg	1	
primaquine phosphate TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	1	NM
darunavir TABS 600mg	1	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	4	NM
EDURANT PED TBSO 2.5mg	4	NM
efavirenz TABS 600mg	1	NM
emtricitabine CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
etravirine TABS 100mg, 200mg	4	NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
fosamprenavir calcium 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
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
maraviroc TABS 150mg, 300mg	4	NM
nevirapine 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
ritonavir 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
tenofovir disoproxil fumarate 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
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	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
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	4	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	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
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir tab 100-25 mg	1	NM
lopinavir-ritonavir tab 200-50 mg	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
SYMTUZA TAB	4	NM
TRIUMEQ PD TAB	3	NM
TRIUMEQ TAB	4	NM

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	4	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	4	NM, ST
BARACLUDE TABS .5mg, 1mg	4	NM
cidofovir SOLN 75mg/ml	1	
entecavir 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
famciclovir TABS 125mg, 250mg, 500mg	1	
foscarnet sodium SOLN 6000mg/250ml	4	B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
ganciclovir sodium 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
lamivudine (hbv) 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
oseltamivir phosphate CAPS 30mg	1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (84 caps / year)
oseltamivir phosphate 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 / LIMITES
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 TBPK 40mg, 80mg	3	QL (1 tab / 180 days)
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	
cefaclor 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	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefotetan disodium SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	
ZERBAXA INJ 1.5GM	4	
ZEVTERA SOLR 500mg	4	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate SUSR 200mg/5ml; TABS 400mg	1	
erythromycin ethylsuccinate SUSR 400mg/5ml	4	
erythromycin lactobionate SOLR 500mg	1	

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	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	
dicloxacillin sodium CAPS 250mg, 500mg	1	
NAFCILLIN INJ 2GM/100	4	
nafcillin sodium SOLR 1gm, 2gm	1	
nafcillin sodium SOLR 10gm	4	
OXACILLIN INJ 2GM	3	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	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		
demeclocycline hcl TABS 150mg, 300mg	1	
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	4	NM
NUZYRA TABS 150mg	4	QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	1	
tigecycline SOLR 50mg	1	
TIGECYCLINE SOLR 50mg	4	
TYGACIL SOLR 50mg	4	
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
bendamustine hcl SOLR 25mg, 100mg	4	B/D, NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	B/D, NM
BENDEKA SOLN 100mg/4ml	4	B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide 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
cyclophosphamide 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 / LIMITES
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
ifosfamide SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	PA
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
oxaliplatin 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
azacitidine SUSR 100mg	4	B/D, NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
decitabine SOLR 50mg	4	B/D, NM
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NM, PA
gemcitabine hcl 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
mercaptopurine SUSP 2000mg/100ml	4	NM
mercaptopurine TABS 50mg	1	
methotrexate sodium 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 / LIMITES
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	4	B/D
pemetrexed disodium 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		
abiraterone acetate TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	4	QL (60 tabs / 30 days), NM, PA
abirtega 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
anastrozole TABS 1mg	1	
ARIMIDEX TABS 1mg	4	
AROMASIN TABS 25mg	4	
bicalutamide 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	
exemestane 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
fulvestrant SOSY 250mg/5ml	4	B/D
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM, PA
leuprolide acetate (3 month) INJ 22.5mg	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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
megestrol acetate TABS 20mg, 40mg	2	
nilutamide 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	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate 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		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (28 caps / 28 days), NM, PA
lenalidomide 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 / LIMITES
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
bexarotene CAPS 75mg	4	QL (300 caps / 30 days), NM, PA
bleomycin sulfate SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
dacarbazine SOLR 100mg	1	B/D
dexrazoxane hcl SOLR 250mg, 500mg	4	B/D
DOXIL SUSP 2mg/ml	4	B/D
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal 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	
hydroxyurea CAPS 500mg	1	
irinotecan hcl 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
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D, NM
MATULANE CAPS 50mg	4	NM
mesna TABS 400mg	4	
MESNEX TABS 400mg	4	
mitomycin SOLR 5mg	1	B/D
mitomycin SOLR 20mg, 40mg	4	B/D
mitoxantrone hcl CONC 2mg/ml	1	B/D, NM
MODEYSO CAPS 125mg	4	QL (20 caps / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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
topotecan hcl SOLN 4mg/4ml	1	B/D
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
topotecan hcl SOLR 4mg	4	B/D
tretinoin (chemotherapy) CAPS 10mg	4	
valrubicin 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
docetaxel CONC 20mg/ml	1	B/D
DOCETAXEL CONC 20mg/ml	3	B/D
docetaxel 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
eribulin mesylate SOLN 1mg/2ml	4	B/D, NM
ETOPOPHOS SOLR 100mg	3	B/D
etoposide 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
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
paclitaxel inj 100mg	4	B/D, NM
PACLITAXEL INJ 100MG	4	B/D, NM
vinblastine sulfate SOLN 1mg/ml	1	B/D
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate 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 / LIMITES
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
bortezomib 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 / LIMITES
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
dasatinib TABS 20mg	4	QL (90 tabs / 30 days), NM, PA
dasatinib 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
erlotinib hcl TABS 25mg	4	QL (90 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
erlotinib hcl TABS 100mg, 150mg	4	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg, 5mg	4	QL (60 tabs / 30 days), NM, PA
everolimus 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
gefitinib 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 / LIMITES
IDHIFA TABS 50mg, 100mg	4	QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
imatinib mesylate 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 TBPK 200mg	4	QL (21 tabs / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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
lapatinib ditosylate 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 / LIMITES
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
nilotinib hcl CAPS 50mg	4	QL (120 caps / 30 days), NM, PA
nilotinib hcl 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 / LIMITES
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
pazopanib hcl 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 / LIMITES
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
RYBREVANT 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
SCEMBLIX TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	4	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	4	QL (120 tabs / 30 days), NM, PA
sorafenib tosylate 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
sunitinib malate 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 / LIMITES
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
temsirolimus 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
torpenz 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 / LIMITES
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 / LIMITES
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	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	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		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate SOLN 1mg/ml; TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril 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	
eplerenone TABS 25mg, 50mg	1	
INSPRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
spironolactone SUSP 25mg/5ml; TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml	3	QL (600 mL / 30 days), ST
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	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)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	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 / LIMITES
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	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	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)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	1	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	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)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	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)
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	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
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate CAPS 100mg, 150mg	3	
dofetilide CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate 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	
pacerone TABS 100mg, 200mg, 400mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	1	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized CAPS 43mg, 67mg, 134mg, 200mg	1	
gemfibrozil TABS 600mg	1	
LOPID TABS 600mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml	3	QL (600 mL / 30 days), ST
atorvastatin calcium 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
fluvastatin sodium CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
fluvastatin sodium TB24 80mg	1	QL (30 tabs / 30 days), ST

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
LESCOL XL TB24 80mg	3	QL (30 tabs / 30 days), ST
LIVALO TABS 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), ST
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pitavastatin calcium TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin 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		
cholestyramine PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm; POWD 4gm/dose	1	
colesevelam hcl PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NM, PA
ezetimibe TABS 10mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	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)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	1	PA
prevalite PACK 4gm; POWD 4gm/dose	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 2.5mg, 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	3	QL (60 tabs / 30 days)
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg	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 / LIMITES
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLN 10mg/ml; TABS 50mg, 100mg	3	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	1	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate 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	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
amlodipine besylate-atorvastatin calcium tab 10-80 mg	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
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TB24 .17mg	1	
clonidine hcl 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
digoxin SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg	1	
digoxin TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	4	QL (180 caps / 30 days), NM, PA
epinephrine (anaphylaxis) SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg	2	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	3	QL (30 tabs / 30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
ivabradine hcl 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
methyldopa TABS 250mg, 500mg	3	PA; PA applies if 65 years and older

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
metyrosine CAPS 250mg	4	NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil 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
phenoxybenzamine hcl CAPS 10mg	4	PA
ranolazine 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	
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	3	
isosorbide mononitrate 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	
nitroglycerin 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 / LIMITES
alyq TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	4	QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	4	QL (120 tabs / 30 days), NM, PA
epoprostenol sodium 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
sildenafil citrate (pulmonary hypertension) SOLN 10mg/12.5ml	4	NM, PA
sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml	4	QL (784 mL / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) 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
treprostinil 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 / LIMITES
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

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

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ZUNVEYL TBEC 5mg, 10mg, 15mg	3	QL (60 tabs / 30 days), PA
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	PA; PA applies if 65 years and older
amoxapine 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
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	1	QL (30 tabs / 30 days)
CELEXA TABS 10mg, 20mg, 40mg	3	
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	3	PA
desipramine hcl 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)
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
doxepin hcl 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
duloxetine hcl 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
escitalopram oxalate 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
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
fluoxetine hcl CPDR 90mg	1	QL (4 caps / 28 days)
imipramine hcl TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
imipramine pamoate 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)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	PA; PA applies if 65 years and older
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	1	
nortriptyline hcl SOLN 10mg/5ml	3	
PARNATE TABS 10mg	4	
paroxetine hcl SUSP 10mg/5ml	3	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 2-10 mg	2	PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 2-25 mg	2	PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 4-10 mg	2	PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 4-25 mg	2	PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 4-50 mg	2	PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
protriptyline hcl 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	
sertraline hcl 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 / LIMITES
tranylcypromine sulfate TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate CAPS 25mg, 50mg	3	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	3	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
vilazodone hcl 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		
amantadine hcl CAPS 100mg	1	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
AZILECT TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	1	
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa TABS 25mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	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
entacapone TABS 200mg	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	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
selegiline hcl CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
trihexyphenidyl hcl SOLN .4mg/ml	2	
trihexyphenidyl hcl TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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 / LIMITES
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
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl 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	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	1	
haloperidol lactate 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)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
lurasidone hcl 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)
molindone hcl 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
olanzapine SOLR 10mg	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
olanzapine 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
paliperidone TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
paliperidone TB24 6mg	1	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	4	QL (1 syringe / 30 days)
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate TABS 25mg	1	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
quetiapine fumarate 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 / LIMITES
risperidone SOLN 1mg/ml	1	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	1	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
risperidone microspheres 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
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl 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)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate 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 / LIMITES
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
carbamazepine 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	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
clorazepate dipotassium 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 / LIMITES
DIACOMIT PACK 500mg	4	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
diazepam intensol 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	
divalproex sodium 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
eslicarbazepine acetate TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	1	
felbamate 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 / LIMITES
FYCOMPA TABS 2mg	3	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin 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)
lacosamide SOLN 200mg/20ml	1	
lacosamide TABS 50mg	1	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
lacosamide oral 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	
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	1	ST
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
lamotrigine tab 35 x 25 mg starter kit KIT 25mg	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	4	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	3	QL (360 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	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
methsuximide CAPS 300mg	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 / LIMITES
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
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
oxcarbazepine TB24 150mg, 300mg	1	PA
oxcarbazepine TB24 600mg	4	PA
OXTELLAR XR TB24 150mg	3	PA
OXTELLAR XR TB24 300mg, 600mg	4	PA
perampanel TABS 2mg	1	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	3	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital 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
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	3	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	1	
roweepra TABS 500mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
rufinamide SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	1	QL (480 tabs / 30 days), PA
rufinamide 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)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
subvenite starter kit/blu KIT 25mg	1	
subvenite starter kit/gre	4	
subvenite starter kit/ora	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	
tiagabine hcl 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	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
topiramate 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
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
valproic acid 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)
vigabatrin PACK 500mg	4	QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	4	QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	4	QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	4	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	4	QL (900 mL / 30 days), NM, PA
vigpoder 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
zonisamide 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 / LIMITES
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
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	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
dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps / 30 days), PA
dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps / 30 days), PA
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
dextroamphetamine sulfate CP24 5mg, 10mg	1	QL (150 caps / 30 days), PA
dextroamphetamine sulfate CP24 15mg	1	QL (120 caps / 30 days), PA
dextroamphetamine sulfate TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days), PA
dextroamphetamine sulfate TABS 15mg	1	QL (120 tabs / 30 days), PA
dextroamphetamine sulfate TABS 20mg	1	QL (90 tabs / 30 days), PA
dextroamphetamine sulfate 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
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) 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
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	1	QL (30 caps / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	1	QL (60 tabs / 30 days), PA
lisdexamfetamine dimesylate 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
methylphenidate PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	QL (30 patches / 30 days), PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
methylphenidate hcl CP24 10mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
methylphenidate hcl CP24 40mg, 60mg; CPCR 40mg, 50mg, 60mg	1	QL (30 caps / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
methylphenidate hcl TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	1	QL (60 tabs / 30 days), PA
methylphenidate hcl 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 / LIMITES
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 / LIMITES
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
doxepin hcl (sleep) 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
estazolam 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
eszopiclone 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)
ramelteon 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)
tasimelteon CAPS 20mg	4	QL (30 caps / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
temazepam CAPS 7.5mg, 22.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
triazolam 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
triazolam 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
zaleplon 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
zaleplon 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
zolpidem tartrate 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
zolpidem tartrate 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
almotriptan malate TABS 6.25mg, 12.5mg	1	QL (12 tabs / 30 days), ST
dihydroergotamine mesylate SOLN 1mg/ml	4	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
dihydroergotamine mesylate SOLN 4mg/ml	4	QL (8 mL / 30 days), PA
eletriptan hydrobromide 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
ergotamine w/ caffeine tab 1-100 mg	1	QL (40 tabs / 28 days), PA
FROVA TABS 2.5mg	4	QL (18 tabs / 30 days), ST
frovatriptan succinate 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)
naratriptan hcl 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
RELPAX TABS 20mg	3	QL (12 tabs / 30 days), ST
RELPAX TABS 40mg	4	QL (12 tabs / 30 days), ST
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	1	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	1	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
sumatriptan succinate 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
zolmitriptan SOLN 2.5mg, 5mg	1	QL (12 units / 30 days), ST
zolmitriptan 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
zomig 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
edaravone 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 / LIMITES
gabapentin (once-daily) TABS 300mg	1	QL (180 tabs / 30 days), PA
gabapentin (once-daily) 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
lithium SOLN 8meq/5ml	1	
lithium carbonate 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	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
pregabalin (once-daily) TB24 82.5mg, 165mg	1	QL (90 tabs / 30 days), PA
pregabalin (once-daily) TB24 330mg	1	QL (60 tabs / 30 days), PA
pyridostigmine bromide 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
riluzole 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
tetrabenazine TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	4	QL (120 tabs / 30 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
dimethyl fumarate CPDR 120mg	4	QL (14 caps / 7 days), NM, PA
dimethyl fumarate CPDR 240mg	4	QL (60 caps / 30 days), NM, PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	QL (2 packs / year), NM, PA
fingolimod hcl CAPS .5mg	4	QL (30 caps / 30 days), NM, PA
GILENYA CAPS .25mg, .5mg	4	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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
teriflunomide 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 / LIMITES
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		
baclofen SOLN 5mg/5ml, 10mg/5ml	1	PA
baclofen SUSP 25mg/5ml	4	PA
baclofen TABS 5mg	1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	PA
carisoprodol TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
DANTRIUM CAPS 25mg	3	
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM, PA
DYSPORT SOLR 500unit	4	NM, PA
FLEQSUVY SUSP 25mg/5ml	4	PA
metaxalone TABS 800mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
methocarbamol TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 65 years and older
methocarbamol 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
tizanidine hcl 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 / LIMITES
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	1	QL (60 tabs / 30 days), PA
armodafinil 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
modafinil TABS 100mg	1	QL (30 tabs / 30 days), PA
modafinil 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		
acamprosate calcium 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
buprenorphine hcl SUBL 2mg	1	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	1	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (120 films / 30 days)

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

ENDOCRINE AND METABOLIC

ANDROGENS

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm	1	QL (150 gm / 30 days), PA
testosterone SOLN 30mg/act	1	QL (180 mL / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump 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		
acarbose 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)
dapagliflozin propanediol 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)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
glipizide-metformin hcl tab 5-500 mg	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)
liraglutide SOPN 6mg/ml	1	QL (3 pens / 30 days), PA
metformin hcl SOLN 500mg/5ml	1	QL (765 mL / 30 days), ST
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
miglitol TABS 25mg, 50mg, 100mg	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
nateglinide TABS 60mg, 120mg	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
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-glimepiride tab 30-2 mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-glimepiride tab 30-4 mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	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 / LIMITES
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 / LIMITES
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	
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium 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
calcitonin (salmon) spray 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
ibandronate sodium SOLN 3mg/3ml	1	B/D, QL (1 injection / 90 days)
ibandronate sodium TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
pamidronate disodium 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
risedronate sodium TABS 5mg, 30mg, 35mg, 150mg	1	
risedronate sodium TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
teriparatide 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
zoledronic acid 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
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
AVERI TAB	3	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
dolishale	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
elinest	1	
eluryng	1	
emzahh TABS .35mg	1	
enilloring	1	
enskyce	1	
errin TABS .35mg	1	
estarylla	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	

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

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

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
zafemy	1	
zovia 1/35	1	
zumandimine	1	
ESTROGENS		
abigale	2	
abigale lo	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	
dotti 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 / LIMITES
estradiol GEL .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
estradiol 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	
estradiol TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	1	
estradiol valerate 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	
fyavolv tab 0.5mg-2.5mcg	2	
fyavolv tab 1mg-5mcg	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
jinteli	2	
lyllana 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	
mimvey	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	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 / LIMITES
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	
yuvafem TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NM, PA
ALKINDI SPRINKLE CPSP .5mg	3	NM, PA
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
fludrocortisone acetate TABS .1mg	1	
HEMADY TABS 20mg	3	PA
hydrocortisone TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate SOLR 100mg	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	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
PEDIAPRED SOLN 5mg/5ml	3	B/D

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone 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
triamcinolone acetonide SUSP 10mg/ml, 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D, NM
GLUCOSE ELEVATING AGENTS		
diazoxide 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
betaine powder for oral solution	4	NM
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NM, PA
cabergoline TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NM, PA
carglumic acid 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
cinacalcet hcl TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl 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 / LIMITES
CYSTAGON CAPS 50mg, 150mg	3	NM, PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	
DDAVP TABS .1mg	3	
desmopressin acetate SOLN 4mcg/ml	4	
desmopressin acetate TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated 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 MINIQUICK PRSY .2mg	2	NM, PA
GENOTROPIN MINIQUICK 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
javygtor PACK 100mg, 500mg; TABS 100mg	4	NM, PA
JYNARQUE TABS 15mg, 30mg; TBPK 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
lanreotide acetate SOLN 120mg/0.5ml	4	NM, PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	4	NM, PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
levocarnitine (metabolic modifiers) 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
mifepristone (hyperglycemia) TABS 300mg	4	NM, PA
miglustat 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
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	4	NM, PA
NITYR TABS 2mg, 5mg, 10mg	4	NM, PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NM, PA
NOVAREL SOLR 5000unit	3	NM, PA
octreotide acetate KIT 10mg, 20mg, 30mg; SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	4	NM, PA
octreotide acetate 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 / LIMITES
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
raloxifene hcl TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NM, PA
RECORLEV TABS 150mg	4	QL (240 tabs / 30 days), NM, PA
REVCOVI 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
sapropterin dihydrochloride 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
sodium phenylbutyrate 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
tolvaptan TABS 15mg, 30mg	4	NM, PA; (generic of JYNARQUE)
tolvaptan TABS 15mg, 30mg	4	NM, PA; (generic of SAMSCA)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
tolvaptan TBPK 15mg	4	NM, PA
tolvaptan tab therapy pack 30 & 15 mg	4	NM, PA
tolvaptan tab therapy pack 45 & 15 mg	4	NM, PA
tolvaptan tab therapy pack 60 & 30 mg	4	NM, PA
tolvaptan tab therapy pack 90 & 30 mg	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
yargesa 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
gallifrey TABS 5mg	1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	
megestrol acetate (appetite) SUSP 625mg/5ml	3	PA
norethindrone acetate TABS 5mg	1	
progesterone 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
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil 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	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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	
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
compro SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	3	
dronabinol 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	
fosaprepitant dimeglumine SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	PA
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
MARINOL CAPS 2.5mg	3	B/D, QL (60 caps / 30 days)
meclizine hcl TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg; TBDP 5mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron TBDP 16mg	4	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
palonosetron hcl 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	
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl 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
promethazine hcl SOLN 25mg/ml, 50mg/ml	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl 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
promethegan 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)
scopolamine PT72 1mg/3days	3	QL (10 patches / 30 days)
SUSTOL PRSY 10mg/0.4ml	3	
trimethobenzamide hcl CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D, NM
ANTISPASMODICS		
atropine sulfate SOSY 1mg/10ml	3	

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
mesalamine CPDR 400mg	1	QL (180 caps / 30 days)
mesalamine ENEM 4gm	1	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	1	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	1	QL (120 tabs / 30 days)
mesalamine TBEC 800mg	1	QL (180 tabs / 30 days)
mesalamine w/ cleanser 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)
sulfasalazine 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	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-3350/electrolytes/asc	1	
PLENVU SOL	3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
alosetron hcl TABS 1mg	4	QL (60 tabs / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
alosetron hcl TABS .5mg	1	QL (60 tabs / 30 days), PA
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	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	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg	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	
loperamide hcl CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg	4	QL (60 tabs / 30 days), PA
lubiprostone CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
OCALIVA 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 / LIMITES
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
sucralfate TABS 1gm	1	
SYMPROIC TABS .2mg	3	QL (30 tabs / 30 days)
TALICIA CAP	3	
TRULANCE TABS 3mg	3	QL (30 tabs / 30 days)
ursodiol 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)
dexlansoprazole CPDR 30mg, 60mg	1	QL (30 caps / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
esomeprazole magnesium PACK 2.5mg, 5mg	1	
esomeprazole magnesium PACK 10mg, 20mg, 40mg	1	QL (30 packets / 30 days)
esomeprazole sodium SOLR 40mg	1	
lansoprazole 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)
omeprazole CPDR 10mg, 20mg, 40mg	1	
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
PANTOPRAZOLE SODIUM SOLR 40mg	3	
pantoprazole sodium 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	
rabeprazole sodium 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

alfuzosin hcl 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
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride 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)
silodosin CAPS 4mg, 8mg	1	QL (30 caps / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
tadalafil TABS 5mg	1	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride 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	
neomycin-polymyxin b gu irrigation soln	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NM, PA
potassium citrate (alkalinizer) 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
tiopronin 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
venxxiva TBEC 100mg, 300mg	4	NM
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	1	QL (30 tabs / 30 days), ST
fesoterodine fumarate TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	2	QL (30 tabs / 30 days)
mirabegron TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	1	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	1	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	3	QL (8 patches / 28 days), ST
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
trospium chloride CP24 60mg	1	QL (30 caps / 30 days)
trospium chloride 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	
clindamycin phosphate vaginal CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal GEL .75%	1	
miconazole 3 SUPP 200mg	1	
terconazole vaginal 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	
dabigatran etexilate mesylate CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
dabigatran etexilate mesylate 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)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium SOLN 2.5mg/0.5ml	1	
fondaparinux sodium 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, 18000unt/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 / LIMITES
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	2	
jantoven 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)
rivaroxaban SUSR 1mg/ml	1	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	1	QL (60 tabs / 30 days)
warfarin sodium 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
plerixafor 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 / LIMITES
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
aminocaproic acid SOLN .25gm/ml; TABS 500mg, 1000mg	4	
anagrelide hcl 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
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	4	QL (20 vials / 30 days), NM, PA
DOPTELET 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
icatibant acetate SOSY 30mg/3ml	4	QL (9 syringes / 30 days), NM, PA
KALBITOR SOLN 10mg/ml	4	QL (18 mL / 30 days), NM, PA
l-glutamine (sickle cell) 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 / LIMITES
pentoxifylline 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
sajazir 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
tranexamic acid 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		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg, 300mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	2	PA; PA applies if 65 years and older
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
prasugrel hcl TABS 5mg, 10mg	1	
ticagrelor TABS 60mg, 90mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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 / LIMITES
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 / LIMITES
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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg	4	QL (30 tabs / 30 days)
hydroxychloroquine sulfate TABS 100mg, 200mg, 300mg, 400mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	
PLAQUENIL TABS 200mg	3	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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 / LIMITES
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
GRASTEK 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 / LIMITES
BENLYSTA SOSY 200mg/ml	4	QL (8 syringes / 28 days), NM, PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	B/D, NM
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
ENVARSUS XR TB24 4mg	4	B/D, NM
ENVARSUS XR TB24 .75mg, 1mg	3	B/D, NM
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	4	B/D, NM
everolimus (immunosuppressant) TABS .25mg	1	B/D, NM
gengraf CAPS 25mg, 100mg	1	B/D, NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NM, PA
mycophenolate mofetil CAPS 250mg; TABS 500mg	1	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	4	B/D, NM
mycophenolate sodium 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
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
tacrolimus 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	
DENGVAXIA 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	
IPOL 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	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	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
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	3	B/D
dextrose SOLN 5%, 10%	1	
dextrose 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
plenamine	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		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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	
bromfenac sodium (ophth) SOLN .07%, .075%, .09%	1	
BROMSITE SOLN .075%	3	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
difluprednate EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
loteprednol etabonate GEL .5%; SUSP .2%, .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
prednisolone acetate (ophth) 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		
azelastine hcl (ophth) SOLN .05%	1	
bepotastine besilate SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth) SOLN 4%	1	

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
atropine sulfate (ophthalmic) 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
proparacaine hcl 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		
acetic acid (otic) SOLN 2%	1	
CIPRO HC SUS OTIC	3	
ciprofloxacin hcl (otic) SOLN .2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
flac OIL .01%	1	
fluocinolone acetonide (otic) OIL .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ofloxacin (otic) SOLN .3%	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)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	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)
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	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)
tiotropium bromide CAPS 18mcg	1	QL (30 caps / 30 days)

ANTIHISTAMINE COMBINATIONS

azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	3	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	PA; PA applies if 65 years and older
RYALTRIS SPR 665-25	3	QL (29 gm / 30 days)

ANTIHISTAMINES

azelastine hcl SOLN .1%	1	
carbinoxamine maleate SOLN 4mg/5ml	3	PA; PA applies if 65 years and older
carbinoxamine maleate TABS 4mg	2	PA; PA applies if 65 years and older
cetirizine hcl SOLN 5mg/5ml	1	QL (300 mL / 30 days)
CLARINEX TABS 5mg	3	QL (30 tabs / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
clemastine fumarate TABS 2.68mg	2	PA; PA applies if 65 years and older
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
desloratadine TABS 5mg; TBDP 2.5mg, 5mg	1	QL (30 tabs / 30 days)
diphenhydramine hcl SOLN 50mg/ml	1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older
hydroxyzine hcl 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
hydroxyzine pamoate CAPS 25mg, 50mg, 100mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
olopatadine hcl (nasal) SOLN .6%	1	
QUZYTTIR SOLN 10mg/ml	4	QL (30 mL / 30 days), PA
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	
arformoterol tartrate NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	B/D
formoterol fumarate NEBU 20mcg/2ml	1	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
levalbuterol tartrate 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)
terbutaline sulfate 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	
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
zafirlukast TABS 10mg, 20mg	1	
MISCELLANEOUS		
acetylcysteine 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
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg	3	QL (56 tabs / year)
DALIRESP TABS 500mcg	3	QL (30 tabs / 30 days)
elixophyllin ELIX 80mg/15ml	4	
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
epinephrine (anaphylaxis) 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 / LIMITES
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
pirfenidone CAPS 267mg	4	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	4	QL (270 tabs / 30 days), NM, PA
pirfenidone 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
roflumilast TABS 250mcg	1	QL (56 tabs / year)
roflumilast 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	
theophylline 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 / LIMITES
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		
flunisolide (nasal) SOLN .025%	1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 bottle / 30 days)
mometasone furoate (nasal) 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)
budesonide (inhalation) 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 / LIMITES
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
breyna	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	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)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	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)
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5%	3	QL (90 gm / 30 days)
adapalene CREA .1%; GEL .3%	1	QL (45 gm / 30 days), PA
ADAPALENE SOLN .1%	3	QL (120 mL / 30 days), PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	QL (45 gm / 30 days), PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	QL (60 gm / 30 days), PA

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
AKLIEF CREA .005%	3	QL (45 gm / 30 days), PA
ALTRENO LOTN .05%	3	QL (45 gm / 30 days), PA
amnesteem 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)
benzoyl peroxide-erythromycin gel 5-3%	1	QL (46.6 gm / 30 days)
CABTREO GEL	4	QL (50 gm / 30 days), PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1%	3	QL (60 mL / 30 days)
clindacin FOAM 1%	1	QL (100 gm / 30 days)
clindacin etz pledgets SWAB 1%	1	QL (69 pledgets / 30 days)
clindacin-p SWAB 1%	1	QL (69 pledgets / 30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (45 gm / 30 days)
clindamycin phosphate (topical) FOAM 1%	1	QL (100 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	1	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
clindamycin phosphate (topical) SWAB 1%	1	QL (69 pledgets / 30 days)
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50 gm / 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (50 gm / 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	QL (50 gm / 30 days)
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	QL (60 gm / 30 days), PA
dapsone (topical) 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 / LIMITES
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)
erythromycin (acne aid) GEL 2%	1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)
FABIOR FOAM .1%	3	QL (100 gm / 30 days), PA
isotretinoin CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	PA
KLARON LOTN 10%	3	QL (118 mL / 30 days)
neuac gel 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
sulfacetamide sodium (acne) LOTN 10%	1	QL (118 mL / 30 days)
TAZAROTENE FOAM .1%	3	QL (100 gm / 30 days), PA
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	1	QL (45 gm / 30 days), PA
tretinoin microsphere GEL .04%, .08%, .1%	1	QL (50 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) 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
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL	3	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
mupirocin OINT 2%	1	QL (220 gm / 30 days)
SILVADENE CREA 1%	3	
silver sulfadiazine CREA 1%	1	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	QL (453.6 gm / 30 days)

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

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
calcitrene OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	4	QL (120 gm / 30 days), PA
methoxsalen rapid CAPS 10mg	4	
SORILUX FOAM .005%	4	QL (120 gm / 30 days), PA
tazarotene CREA .05%, .1%	1	QL (60 gm / 30 days), PA
tazarotene 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		
ala-cort CREA 1%	1	
ala-scalp LOTN 2%	4	QL (60 mL / 30 days)
alclometasone dipropionate CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	1	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	1	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; FOAM .12%; OINT .1%	1	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	1	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
clobetasol propionate FOAM .05%	1	QL (100 gm / 30 days)
clobetasol propionate LIQD .05%	1	QL (125 mL / 30 days)
clobetasol propionate LOTN .05%	1	QL (118 mL / 30 days)
clobetasol propionate SHAM .05%	1	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	1	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	1	QL (120 gm / 30 days)
clobetasol propionate emulsion FOAM .05%	1	QL (100 gm / 30 days)

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
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)
clodan SHAM .05%	1	QL (236 mL / 30 days)
DERMA-SMOOTHE/FS BODY OIL .01%	3	QL (118.28 mL / 30 days)
DERMA-SMOOTHE/FS SCALP OIL .01%	3	QL (118.28 mL / 30 days)
desonide CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
desonide LOTN .05%	1	QL (118 mL / 30 days)
desoximetasone 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	
fluocinolone acetonide CREA .01%	1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	1	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	1	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	1	
fluticasone propionate LOTN .05%	1	QL (120 mL / 30 days)
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
hydrocortisone (topical) LOTN 2%	4	QL (60 mL / 30 days)
hydrocortisone (topical) OINT 1%	1	QL (30 gm / 30 days)
hydrocortisone butyrate SOLN .1%	1	QL (60 mL / 30 days)
hydrocortisone valerate CREA .2%	1	QL (60 gm / 30 days)
mometasone furoate 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)
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	

NOMBRE DEL MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
triderm CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
glydo PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine OINT 5%	1	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	1	QL (3 patches / 1 day), PA
lidocaine hcl SOLN 4%	1	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
lidocan 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
tridacaine ii 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		
acyclovir topical OINT 5%	1	QL (30 gm / 30 days)
ANUSOL-HC CREA 2.5%	3	
azelaic acid GEL 15%	1	QL (50 gm / 30 days)
bexarotene (topical) GEL 1%	4	QL (60 gm / 30 days), NM, PA
brimonidine tartrate (topical) 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)
diclofenac sodium (actinic keratoses) GEL 3%	1	QL (100 gm / 30 days), PA
diclofenac sodium (topical) SOLN 1.5%	1	QL (300 mL / 28 days)
doxycycline (rosacea) 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 / LIMITES
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
fluorouracil (topical) CREA 5%	1	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	1	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	1	
HYFTOR GEL .2%	4	QL (20 gm / 25 days), NM, PA
imiquimod CREA 5%	1	QL (24 packets / 30 days)
KLISYRI OINT 1%	4	QL (5 packets / 30 days), PA
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	QL (45 gm / 30 days), PA
metronidazole (topical) CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	1	QL (59 mL / 30 days)
MIRVASO GEL .33%	3	QL (30 gm / 30 days), PA
nitroglycerin (intra-anal) 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
penciclovir CREA 1%	1	QL (5 gm / 30 days)
pimecrolimus CREA 1%	1	QL (100 gm / 30 days), PA
podofilox GEL .5%	1	QL (7 gm / 28 days)
podofilox SOLN .5%	1	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	1	
proctocort CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
proctosol hc CREA 2.5%	1	
proctozone-hc 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 / LIMITES
RHOFADE CREA 1%	3	QL (30 gm / 30 days)
tacrolimus (topical) 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		
crotan LOTN 10%	4	QL (454 gm / 30 days), PA
ELIMITE CREA 5%	3	QL (60 gm / 30 days)
malathion LOTN .5%	1	QL (59 mL / 30 days)
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	QL (59 mL / 30 days)
permethrin CREA 5%	1	QL (60 gm / 30 days)
pruradik LOTN 10%	4	QL (454 gm / 30 days), PA
spinosad SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	3	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
EVOXAC CAPS 30mg	3	
kourzeq PSTE .1%	1	
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	

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

Index

D

E

F

N

O

Q

R

S

W

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/learngroupma.

La lista de medicamentos aprobados puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.