

2024

GREATER HOUSTON PLAN FORMULARIO COMPLETO

Lista de Medicamentos Cubiertos

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

Este formulario fue actualizado el . Para obtener información más reciente u otras preguntas, comuníquese con Servicios para Miembros de CVS Caremark al 1-888-970-0914 o, para usuarios de TTY, 711, las 24 horas del día, los 7 días de la semana, o visite [KelseyCareAdvantage.com](https://www.KelseyCareAdvantage.com).

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

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

Shell US Benefits

713-442-7555 (TTY: 711)
[KelseyCareAdvantage.com/Shell](https://www.KelseyCareAdvantage.com/Shell)

KelseyCare Advantage

Formulario 2024

(Lista de medicamentos cubiertos)

LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Este formulario se actualizó el 9/01/2023. Para obtener información actualizada o por consultas, comuníquese con el Servicio para Miembros de KelseyCare Advantage llamando al 1-888-970-0914 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los 7 días de la semana, o visite www.kelseycareadvantage.com/shell.

Nota para los miembros actuales: Este formulario es diferente al del año pasado. Revise este documento para asegurarse de que aún están los medicamentos que toma.

Cuando en esta lista de medicamentos (formulario) se utilicen las palabras “nosotros”, “nos” o “nuestro”, se hace referencia a KelseyCare Advantage. Cuando se menciona “plan” o “nuestro plan”, significa KelseyCare Advantage Greater Houston Plan (Shell).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está actualizada a la fecha de revisión del formulario. Para obtener un formulario actualizado, comuníquese con nosotros. Encontrará nuestra información de contacto junto con la fecha en que actualizamos el formulario por última vez en la portada y la contraportada.

Por lo general, debe acudir a farmacias de la red para aprovechar el beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos o coseguros pueden cambiar el 1 de enero de 2024 y ocasionalmente a lo largo del año.

¿Qué es el formulario de KelseyCare Advantage?

El formulario es una lista de medicamentos cubiertos seleccionados por KelseyCare Advantage en colaboración con un equipo de proveedores de atención médica que comprende las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. En general, KelseyCare Advantage cubrirá los medicamentos incluidos en nuestro formulario siempre que estos sean médicamente necesarios, la receta se surta en una farmacia de la red KelseyCare Advantage y se cumplan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de Cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos se realizan el 1 de enero, pero podemos agregar medicamentos a la lista de medicamentos o eliminarlos durante el año, cambiarlos de nivel de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios.

Cambios que pueden afectarle este año: Se verá afectado por cambios de cobertura durante el año en los siguientes casos:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo sustituimos por un medicamento genérico nuevo que estará en el mismo nivel de costo compartido o en uno menor y con igual o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero cambiarlo inmediatamente a un nivel diferente de costo compartido o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de que realicemos ese cambio, pero le proporcionaremos información sobre los cambios específicos que hemos realizado más adelante.
 - Si realizamos dicho cambio, usted o su profesional que receta pueden solicitar que hagamos una excepción y que sigamos cubriéndole el medicamento de marca. El aviso proporcionado también incluirá información sobre cómo solicitar una excepción. Puede encontrar información al respecto en la siguiente sección titulada “¿Cómo solicito una excepción al formulario de KelseyCare Advantage?”.
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) considera que un medicamento de nuestro formulario no es seguro o el fabricante retira el medicamento del mercado, lo eliminaremos inmediatamente de nuestro formulario y notificaremos a los miembros lo tomen.
- **Otros cambios.** Podemos realizar otros cambios que afecten a los miembros que actualmente toman el medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que esté en el formulario, agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. También podemos realizar cambios en función de nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos el requisito de autorización previa, límites de cantidad o restricciones de terapia escalonada o movemos un medicamento a un nivel de costo compartido más alto, debemos informar sobre el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia o, en su defecto, cuando el miembro solicite nuevamente el medicamento, momento en el que recibirá un suministro del medicamento para 30 días.
 - Si realizamos estos otros cambios, usted o su profesional que receta pueden solicitar que hagamos una excepción y que sigamos cubriéndole el medicamento de marca. El aviso proporcionado también incluirá información sobre cómo solicitar una excepción. También puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción en el formulario de KelseyCare Advantage?”.

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario 2024 que estaba cubierto a comienzo del año, no interrumpiremos ni reduciremos su cobertura durante el año de cobertura 2024, excepto en las situaciones descritas anteriormente. Esto significa que estos medicamentos seguirán estando disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. Este año no recibirá un aviso directo sobre cambios que no le afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios le podrían afectar, por lo que es importante que revise la Lista de medicamentos correspondiente al nuevo año de beneficios para saber si se han producido cambios en los medicamentos.

El formulario adjunto está actualizado al 9/01/2023. Comuníquese con nosotros para obtener información actualizada sobre los medicamentos que cubre KelseyCare Advantage. Nuestra información de contacto aparece en la portada y la contraportada. Los cambios en el formulario se actualizan mensualmente en el Anexo del formulario. Para revisar o imprimir los cambios en el formulario durante el año, visite nuestro sitio web en www.kelseycareadvantage.com/shell. También puede ponerse en contacto con nosotros para recibir una copia del Anexo del formulario.

¿Cómo utilizo el formulario?

Hay dos formas de encontrar su medicamento en el formulario:

Por afección médica

El formulario comienza en la página 9. Los medicamentos de este formulario se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos que se utilizan para tratar una afección cardíaca se agrupan en la categoría CARDIOVASCULAR. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 9. Luego, busque su medicamento en la categoría.

Por orden alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 88. En el Índice se proporciona una lista ordenada alfabéticamente de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están en el Índice. Consulte el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde está la información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

KelseyCare Advantage cubre tanto medicamentos de marca como genéricos. La FDA aprueba un medicamento genérico cuando tiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos son menos costosos que los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** KelseyCare Advantage les solicita a usted o a su médico que obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de KelseyCare Advantage antes de surtir sus recetas. Si no obtiene la aprobación, es posible que KelseyCare Advantage no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, KelseyCare Advantage limita la cantidad cubierta. Por ejemplo, KelseyCare Advantage proporciona 30 comprimidos de rosuvastatina por receta. Esto puede ser adicional a un suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, KelseyCare Advantage requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B se utilizan para tratar su afección médica, KelseyCare Advantage puede no cubrir el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le funciona, KelseyCare Advantage cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos adicionales o límites, revise el formulario que comienza en la página 9. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos que le enviemos una copia. Encontrará nuestra información de contacto junto con la fecha en que actualizamos el formulario por última vez en la portada y la contraportada.

Puede solicitar a KelseyCare Advantage una excepción a estas restricciones o límites o pedir que se le envíe una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al formulario de KelseyCare Advantage?”. en la página 4 para obtener información al respecto.

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

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

Si confirma que KelseyCare Advantage no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para Miembros una lista de medicamentos similares cubiertos por KelseyCare Advantage. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por KelseyCare Advantage.

- Puede pedir a KelseyCare Advantage que haga una excepción y cubra su medicamento. Consulte a continuación cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de KelseyCare Advantage?

Puede pedir a KelseyCare Advantage que haga una excepción a las reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede solicitarnos que cubramos un medicamento aunque no esté en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado y no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.
- Puede solicitarnos que no apliquemos las restricciones de cobertura o los límites en su medicamento. Por ejemplo, para ciertos medicamentos, KelseyCare Advantage limita la cantidad cubierta. Si su medicamento tiene un límite de cantidad, puede solicitarnos que eliminemos el límite y que cubramos una cantidad mayor.

Por lo general, KelseyCare Advantage solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no fueran tan eficaces para tratar su afección o le causaran efectos médicos adversos.

Debe comunicarse con nosotros para solicitar una decisión de cobertura inicial para una excepción al formulario, al nivel o a la restricción de uso. **Para solicitar una excepción al formulario, al nivel o a la restricción de uso, debe enviar una declaración de su profesional que receta o médico que justifique su solicitud.** Por regla general, debemos tomar una decisión en un plazo de 72 horas a partir de la recepción de la declaración justificativa de su profesional que receta. Si usted o su médico consideran que esperar 72 horas para obtener una respuesta podría causarle graves problemas de salud, tiene la opción de solicitar una excepción expeditiva (rápida). Si se aprueba su solicitud para agilizar el proceso, debemos darle una respuesta en un plazo máximo de 24 horas después de que recibamos una declaración justificativa de su médico u otro profesional que receta.

¿Qué hago antes de poder hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no estén en nuestro formulario. O bien, puede que esté tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa para poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento adecuado que esté cubierto o solicitar una excepción en el formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción adecuado para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtenerlos es limitada, cubriremos un suministro temporal de 30 días. Si su receta es para menos días, permitiremos resurtidos hasta un suministro máximo de 30 días de medicamentos. Después de su primer suministro de 30 días, no pagaremos estos medicamentos, aunque haya sido miembro del plan menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para recibir sus medicamentos es limitada, pero ha pasado 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.

Cambios inesperados en los medicamentos debido a cambios en el nivel de atención

El traslado de un entorno de tratamiento a otro, por ejemplo de un entorno hospitalario a casa, se denomina cambio en el nivel de atención. Estos tipos de cambios no suelen dejarle tiempo suficiente para verificar si una nueva receta contiene un medicamento que está en el formulario del plan. En estas situaciones inesperadas, KelseyCare Advantage cubrirá un suministro provisorio de transición de 30 días (a menos que tenga una receta para menos días). Si su cambio en el nivel de atención implica trasladarse a un entorno de atención a largo plazo y le recetan un nuevo medicamento, el plan cubre un suministro provisorio de transición de 31 días (a menos que tenga una receta para menos días).

Para más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de KelseyCare Advantage, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre KelseyCare Advantage, póngase en contacto con nosotros. Encontrará nuestra información de contacto junto con la fecha en que actualizamos el formulario por última vez 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 visitar <http://www.medicare.gov>.

Formulario de KelseyCare Advantage

El formulario que comienza en la página 9 brinda información de cobertura sobre los medicamentos que cubre KelseyCare Advantage. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 88.

En la primera columna del cuadro se muestra el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (p. ej., SYNTHROID) y los medicamentos genéricos aparecen en cursiva minúscula (p. ej., *levotiroxina*).

La información de la columna Requisitos/Límites le indica si KelseyCare Advantage tiene algún requisito especial para la cobertura de su medicamento.

PA (Prior Authorization): autorización previa. Este medicamento recetado requiere una autorización antes de surtir su receta. Si no obtiene la autorización, es posible que no cubramos el medicamento.

B/D: cubierto por la parte B o D de Medicare. Este medicamento recetado puede estar cubierto por la parte B o D de Medicare, según las circunstancias. Es posible que sea necesario presentar información que describa el uso y el entorno del medicamento para tomar una determinación.

ED (Excluded Drug): medicamentos excluidos. El Plan de Medicamentos Recetados de Medicare no suele cubrir estos medicamentos recetados. El monto que paga cuando surte una receta para este medicamento no cuenta para los costos totales de sus medicamentos (es decir, el monto que paga no suma para que califique para la cobertura en situaciones catastrófica). Además, si recibe ayuda adicional para el pago de sus medicamentos con receta, no recibirá ninguna ayuda adicional para pagar este medicamento.

GC (GAP Coverage): interrupción en la cobertura. Proporcionamos cobertura adicional de este medicamento recetado en el período de interrupción en la cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura.

ST (Step Therapy): terapia escalonada. El plan le solicita que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos este medicamento recetado para esa afección.

QL (Quantity Limit): límite de cantidad. Existe un límite en la cantidad de medicamento recetado que cubriremos un cierto período de tiempo.

LA (Limited Access): acceso limitado. Este medicamento puede estar disponible solo en ciertas farmacias. Para más información consulte su Directorio de farmacias o llame a Servicio para Miembros al 1-888-970-0914, las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 711.

NM (Not Available at Mail-Order): no disponible para pedido por correo. Este medicamento no puede solicitarse a través de la farmacia de pedido por correo. Para obtener más información, consulte su Directorio de farmacias o llame a Servicio para Miembros al 1-888-970-0914, las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 711.

Al lado de la columna “Nombre del medicamento” verá la columna “**Nivel**”. Esto identifica el nivel que tiene asignado el medicamento y determinará el monto que pagará por su medicamento recetado. El monto que usted paga por sus medicamentos recetados depende del nivel del medicamento. Cada medicamento de la Lista de medicamentos del plan se encuentra en uno de cinco niveles de costo compartido. En general, cuanto mayor sea el nivel de costo compartido, mayor será el costo del medicamento.

| Nivel de costo compartido | Medicamentos incluidos en el nivel |
|----------------------------------|---|
| Nivel 1 | Genérico preferido |
| Nivel 2 | Genérico |
| Nivel 3 | Marca preferida |
| Nivel 4 | Medicamento no preferido |
| Nivel 5 | Nivel de especialidad |
| Nivel 6 | Medicamentos de atención seleccionada |

Nivel 1: genérico preferido

Incluye medicamentos genéricos preferidos y puede incluir algunos medicamentos de marca. Los medicamentos genéricos tienen la misma fórmula de principio activo que un medicamento de marca. Los medicamentos genéricos suelen tener un costo menor que los medicamentos de marca y la Administración de Alimentos y Medicamentos (FDA) los considera tan seguros y eficaces como los medicamentos de marca. No todos los medicamentos genéricos de la lista de medicamentos (formulario) están incluidos en este nivel.

Nivel 2: genérico

Incluye medicamentos genéricos de costo alto o que solo están disponibles a través de un fabricante, además de algunos medicamentos de marca.

Nivel 3: marca preferida

Incluye medicamentos de marca preferida y medicamentos genéricos no preferidos.

Nivel 4: medicamento no preferido

Incluye medicamentos no preferidos y medicamentos genéricos.

Nivel 5: nivel de especialidad

Nivel con el costo más alto: contiene medicamentos genéricos y de marca de costo muy alto que pueden necesitar una manipulación especial o una supervisión detallada. Los medicamentos de especialidad pueden ser de marca o genéricos.

Nivel 6: medicamentos de atención seleccionada

Nivel con el costo más bajo: contiene vacunas preventivas y medicamentos genéricos de atención seleccionada para tratar afecciones como diabetes, presión arterial alta y colesterol alto.

KelseyCare Advantage Greater Houston Plan (Shell)

| Costo compartido preferido* | | |
|-----------------------------|-----------------------|-----------------------|
| Nivel | Suministro de 30 días | Suministro de 90 días |
| 1 | \$0 | \$0 |
| 2 | \$0 | \$0 |
| 3 | \$40 | \$100 |
| 4 | \$80 | \$200 |
| 5 | 31% | N/C |
| 6 | \$0 | \$0 |

| Costo compartido estándar* | | |
|----------------------------|-----------------------|-----------------------|
| Nivel | Suministro de 30 días | Suministro de 90 días |
| 1 | \$3 | \$9 |
| 2 | \$15 | \$45 |
| 3 | \$45 | \$135 |
| 4 | \$90 | \$270 |
| 5 | 31% | N/C |
| 6 | \$0 | \$0 |

*Después de que se alcance el deducible anual, cuando corresponda. Para obtener más información sobre su deducible y a qué medicamentos recetados se aplica, revise su Evidencia de cobertura y otros materiales del plan.

±No se dispone de un suministro a largo plazo para los medicamentos de Nivel 5

La red de farmacias de KelseyCare Advantage incluye farmacias que ofrecen costo compartido estándar y otras que ofrecen costo compartido preferido. Puede acudir a cualquier farmacia de la red para obtener sus medicamentos recetados cubiertos. Su costo compartido puede ser menor en farmacias con costo compartido preferido.

Mensaje importante sobre lo que paga por las vacunas - Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si no ha pagado su deducible. Llame a Servicio para Miembros para obtener más información. Importante

Mensaje sobre lo que paga por insulina - No pagará más de \$35 por un suministro de un mes (30 días) de cada producto de insulina cubierto por nuestro plan, sin importar el nivel de costo compartido en el que se encuentre, incluso si no ha pagado su deducible.

Effective 01/01/2024

| Nombre del medicamento | Nivel | Requisitos / Límites |
|------------------------|-------|----------------------|
|------------------------|-------|----------------------|

ANALGÉSICOS**GOTA**

| | | |
|--|---|-------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg | 1 | |
| <i>colchicine</i> TABS .6mg | 4 | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab</i> 0.5-500 mg | 3 | |
| <i>febuxostat</i> TABS 40mg, 80mg | 4 | PA |
| MITIGARE CAPS .6mg | 3 | QL (60 caps / 30 days) |
| <i>probenecid</i> TABS 500mg | 3 | |

ANTIINFLAMATORIOS NO ESTEROIDEOS

| | | |
|--|---|-------------------------|
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg | 3 | QL (60 caps / 30 days) |
| <i>celecoxib</i> CAPS 400mg | 3 | QL (30 caps / 30 days) |
| <i>diclofenac potassium</i> TABS 50mg | 3 | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg | 3 | |
| <i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg | 2 | |
| <i>diclofenac w/ misoprostol tab delayed release</i> 50-0.2 mg | 4 | |
| <i>diclofenac w/ misoprostol tab delayed release</i> 75-0.2 mg | 4 | |
| <i>diflunisal</i> TABS 500mg | 3 | |
| <i>ec-naproxen</i> TBEC 375mg | 2 | QL (120 tabs / 30 days) |
| <i>ec-naproxen</i> TBEC 500mg | 4 | QL (90 tabs / 30 days) |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 3 | |
| <i>flurbiprofen</i> TABS 100mg | 3 | |
| <i>ibu</i> TABS 400mg, 600mg, 800mg | 1 | |
| <i>ibuprofen</i> SUSP 100mg/5ml | 3 | |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg | 1 | |
| <i>meloxicam</i> TABS 7.5mg, 15mg | 1 | |
| <i>nabumetone</i> TABS 500mg, 750mg | 2 | |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg | 1 | |
| <i>naproxen</i> TBEC 375mg | 2 | QL (120 tabs / 30 days) |
| <i>naproxen</i> TBEC 500mg | 4 | QL (90 tabs / 30 days) |
| <i>naproxen sodium</i> TABS 275mg, 550mg | 3 | |
| <i>oxaprozin</i> TABS 600mg | 4 | |
| <i>piroxicam</i> CAPS 10mg, 20mg | 3 | |
| <i>sulindac</i> TABS 150mg, 200mg | 2 | |

ANALGÉSICOS OPIOIDES, ACCIÓN PROLONGADA

| | | |
|--|---|-------------------------------|
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | 4 | QL (10 patches / 30 days), PA |
|--|---|-------------------------------|

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg | 3 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg | 3 | QL (30 tabs / 30 days), PA |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml | 3 | QL (450 mL / 30 days), PA |
| <i>methadone hcl</i> TABS 5mg, 10mg | 3 | QL (90 tabs / 30 days), PA |
| <i>methadone hydrochloride i</i> CONC 10mg/ml | 3 | QL (90 mL / 30 days), PA |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg | 3 | QL (90 tabs / 30 days), PA |

ANALGÉSICOS OPIOIDES, CORTA DURACIÓN

| | | |
|---|---|---------------------------------|
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml | 2 | QL (2700 mL / 30 days) |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg | 2 | QL (400 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg | 2 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg | 2 | QL (180 tabs / 30 days) |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml | 4 | |
| <i>butorphanol tartrate</i> SOLN 10mg/ml | 3 | QL (10 mL / 30 days) |
| <i>endocet tab</i> 2.5-325mg | 3 | QL (360 tabs / 30 days) |
| <i>endocet tab</i> 5-325mg | 3 | QL (360 tabs / 30 days) |
| <i>endocet tab</i> 7.5-325mg | 3 | QL (240 tabs / 30 days) |
| <i>endocet tab</i> 10-325mg | 3 | QL (180 tabs / 30 days) |
| <i>fentanyl citrate</i> LPOP 200mcg | 4 | QL (120 lozenges / 30 days), PA |
| <i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg | 5 | QL (120 lozenges / 30 days), PA |
| <i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml | 4 | QL (2700 mL / 30 days) |
| <i>hydrocodone-acetaminophen tab</i> 5-325 mg | 3 | QL (240 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab</i> 7.5-325 mg | 3 | QL (180 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab</i> 10-325 mg | 3 | QL (180 tabs / 30 days) |
| <i>hydrocodone-ibuprofen tab</i> 7.5-200 mg | 3 | QL (150 tabs / 30 days) |
| <i>hydromorphone hcl</i> LIQD 1mg/ml | 4 | QL (600 mL / 30 days) |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg | 3 | QL (180 tabs / 30 days) |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml | 4 | B/D |
| <i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml | 4 | B/D |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml | 3 | QL (900 mL / 30 days) |
| <i>morphine sulfate</i> SOLN 20mg/ml | 3 | QL (180 mL / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>morphine sulfate</i> TABS 15mg, 30mg | 3 | QL (180 tabs / 30 days) |
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml | 4 | B/D |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml | 4 | |
| <i>oxycodone hcl</i> CAPS 5mg | 4 | QL (180 caps / 30 days) |
| <i>oxycodone hcl</i> CONC 100mg/5ml | 4 | QL (180 mL / 30 days) |
| <i>oxycodone hcl</i> SOLN 5mg/5ml | 4 | QL (900 mL / 30 days) |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg | 3 | QL (180 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 3 | QL (240 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 3 | QL (180 tabs / 30 days) |
| <i>tramadol hcl</i> TABS 50mg | 2 | QL (240 tabs / 30 days) |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 3 | QL (240 tabs / 30 days) |

ANESTÉSICOS

ANESTÉSICOS LOCALES

| | | |
|---|---|-----|
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2% | 3 | B/D |
|---|---|-----|

ANTIINFECCIOSOS

ANTIINFECCIOSOS - VARIOS

| | | |
|--|---|--------------------------|
| <i>albendazole</i> TABS 200mg | 5 | QL (672 tabs / year), PA |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml | 4 | |
| <i>atovaquone</i> SUSP 750mg/5ml | 4 | |
| <i>aztreonam</i> SOLR 1gm, 2gm | 4 | |
| CAYSTON SOLR 75mg | 5 | NM, LA, PA |
| <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg | 2 | |
| <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml | 4 | |
| <i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml | 3 | |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 4 | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 4 | |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 4 | |
| CLINDMYC/NAC INJ 300/50ML | 4 | |
| CLINDMYC/NAC INJ 600/50ML | 4 | |
| CLINDMYC/NAC INJ 900/50ML | 4 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>colistimethate sodium</i> SOLR 150mg | 4 | |
| <i>dapsone</i> TABS 25mg, 100mg | 3 | |
| DAPTOMYCIN SOLR 350mg | 5 | |
| <i>daptomycin</i> SOLR 350mg, 500mg | 5 | |
| EMVERM CHEW 100mg | 5 | QL (12 tabs / year) |
| <i>ertapenem sodium</i> SOLR 1gm | 4 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 3 | |
| <i>gentamicin in saline inj 1 mg/ml</i> | 3 | |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 3 | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 3 | |
| <i>gentamicin in saline inj 2 mg/ml</i> | 3 | |
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml | 3 | |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 4 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 4 | |
| <i>ivermectin</i> TABS 3mg | 3 | QL (12 tabs / 90 days), PA |
| <i>linezolid</i> SOLN 600mg/300ml | 4 | |
| <i>linezolid</i> SUSR 100mg/5ml | 5 | QL (1800 mL / 30 days) |
| <i>linezolid</i> TABS 600mg | 4 | QL (60 tabs / 30 days) |
| LINEZOLID INJ 2MG/ML | 4 | |
| <i>meropenem</i> SOLR 1gm, 500mg | 4 | |
| <i>methenamine hippurate</i> TABS 1gm | 4 | |
| <i>metronidazole</i> SOLN 500mg/100ml | 3 | |
| <i>metronidazole</i> TABS 250mg, 500mg | 1 | |
| <i>neomycin sulfate</i> TABS 500mg | 2 | |
| <i>nitazoxanide</i> TABS 500mg | 5 | QL (6 tabs / 30 days) |
| <i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg | 3 | |
| <i>nitrofurantoin monohyd macro</i> CAPS 100mg | 3 | |
| <i>paromomycin sulfate</i> CAPS 250mg | 4 | |
| <i>pentamidine isethionate inh</i> SOLR 300mg | 4 | B/D |
| <i>pentamidine isethionate inj</i> SOLR 300mg | 4 | |
| <i>praziquantel</i> TABS 600mg | 4 | |
| SIVEXTRO SOLR 200mg; TABS 200mg | 5 | |
| <i>streptomycin sulfate</i> SOLR 1gm | 5 | |
| <i>sulfadiazine</i> TABS 500mg | 5 | |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | 4 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 3 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 1 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 1 | |
| <i>tinidazole TABS 250mg, 500mg</i> | 3 | |
| <i>tobramycin NEBU 300mg/5ml</i> | 5 | NM, PA |
| <i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i> | 3 | |
| <i>trimethoprim TABS 100mg</i> | 3 | |
| <i>vancomycin hcl CAPS 125mg</i> | 4 | QL (80 caps / 180 days) |
| <i>vancomycin hcl CAPS 250mg</i> | 4 | QL (160 caps / 180 days) |
| <i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i> | 4 | |
| VANCOMYCIN INJ 1 GM | 4 | |
| VANCOMYCIN INJ 500MG | 4 | |
| VANCOMYCIN INJ 750MG | 4 | |
| ANTIFÚNGICOS | | |
| ABELCET SUSP 5mg/ml | 4 | B/D |
| <i>amphotericin b SOLR 50mg</i> | 4 | B/D |
| <i>amphotericin b liposome SUSR 50mg</i> | 5 | B/D |
| <i>caspofungin acetate SOLR 50mg, 70mg</i> | 4 | |
| <i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg</i> | 3 | |
| <i>fluconazole TABS 150mg</i> | 2 | |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 3 | |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | 3 | |
| <i>flucytosine CAPS 250mg, 500mg</i> | 5 | PA |
| <i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i> | 4 | |
| <i>griseofulvin ultramicrosize TABS 125mg, 250mg</i> | 4 | |
| <i>itraconazole CAPS 100mg</i> | 4 | PA |
| <i>ketoconazole TABS 200mg</i> | 3 | PA |
| <i>miconazole sodium SOLR 50mg, 100mg</i> | 5 | |
| <i>nystatin TABS 500000unit</i> | 3 | |
| <i>posaconazole SUSP 40mg/ml</i> | 5 | QL (630 mL / 30 days), PA |
| <i>posaconazole TBEC 100mg</i> | 5 | QL (93 tabs / 30 days), PA |
| <i>terbinafine hcl TABS 250mg</i> | 1 | QL (90 tabs / year) |
| <i>voriconazole SOLR 200mg</i> | 4 | PA |
| <i>voriconazole SUSR 40mg/ml</i> | 5 | PA |
| <i>voriconazole TABS 50mg</i> | 4 | QL (480 tabs / 30 days), PA |
| <i>voriconazole TABS 200mg</i> | 4 | QL (120 tabs / 30 days), PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| ANTIMALÁRICOS | | |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 4 | |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 4 | |
| <i>chloroquine phosphate TABS 250mg, 500mg</i> | 4 | |
| COARTEM TAB 20-120MG | 4 | |
| <i>mefloquine hcl TABS 250mg</i> | 3 | |
| <i>primaquine phosphate TABS 26.3mg</i> | 3 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 3 | |
| <i>quinine sulfate CAPS 324mg</i> | 4 | PA |
| AGENTES ANTIRRETROVIRALES | | |
| <i>abacavir sulfate SOLN 20mg/ml</i> | 4 | |
| <i>abacavir sulfate TABS 300mg</i> | 3 | |
| APTIVUS CAPS 250mg | 5 | |
| <i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i> | 4 | |
| <i>darunavir TABS 600mg</i> | 5 | QL (60 tabs / 30 days) |
| <i>darunavir TABS 800mg</i> | 5 | QL (30 tabs / 30 days) |
| EDURANT TABS 25mg | 5 | |
| <i>efavirenz CAPS 50mg, 200mg; TABS 600mg</i> | 4 | |
| <i>emtricitabine CAPS 200mg</i> | 3 | |
| EMTRIVA SOLN 10mg/ml | 4 | |
| <i>etravirine TABS 100mg, 200mg</i> | 5 | |
| <i>fosamprenavir calcium TABS 700mg</i> | 5 | |
| FUZEON SOLR 90mg | 5 | LA |
| INTELENCE TABS 25mg | 4 | |
| ISENTRESS CHEW 25mg | 4 | |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 5 | |
| ISENTRESS HD TABS 600mg | 5 | |
| <i>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</i> | 3 | |
| LEXIVA SUSP 50mg/ml | 4 | |
| <i>maraviroc TABS 150mg, 300mg</i> | 5 | |
| <i>nevirapine SUSP 50mg/5ml; TB24 100mg, 400mg</i> | 4 | |
| <i>nevirapine TABS 200mg</i> | 2 | |
| NORVIR PACK 100mg | 4 | |
| PIFELTRO TABS 100mg | 5 | |
| PREZISTA SUSP 100mg/ml | 5 | QL (400 mL / 30 days) |
| PREZISTA TABS 75mg | 4 | QL (480 tabs / 30 days) |
| PREZISTA TABS 150mg | 5 | QL (240 tabs / 30 days) |
| REYATAZ PACK 50mg | 5 | |
| <i>ritonavir TABS 100mg</i> | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| RUKOBIA TB12 600mg | 5 | |
| SELZENTRY SOLN 20mg/ml; TABS 75mg | 5 | |
| SELZENTRY TABS 25mg | 4 | |
| <i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg | 4 | |
| SUNLENCA TBPK 300mg | 5 | LA |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg | 3 | |
| TIVICAY TABS 10mg | 3 | |
| TIVICAY TABS 25mg, 50mg | 5 | |
| TIVICAY PD TBSO 5mg | 5 | |
| TROGARZO SOLN 200mg/1.33ml | 5 | LA |
| TYBOST TABS 150mg | 3 | |
| VIRACEPT TABS 250mg, 625mg | 5 | |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | 5 | |
| <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml | 4 | |
| <i>zidovudine</i> TABS 300mg | 3 | |

AGENTES DE COMBINACIÓN ANTIRRETROVIRAL

| | | |
|---|---|------------------------|
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 3 | |
| BIKTARVY TAB 30-120-15 MG | 5 | |
| BIKTARVY TAB 50-200-25 MG | 5 | |
| CIMDUO TAB 300-300 | 5 | |
| COMPLERA TAB | 5 | |
| DELSTRIGO TAB | 5 | |
| DESCOVY TAB 120-15MG | 5 | QL (30 tabs / 30 days) |
| DESCOVY TAB 200/25MG | 5 | QL (30 tabs / 30 days) |
| DOVATO TAB 50-300MG | 5 | |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 5 | |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 5 | |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 5 | |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 5 | QL (30 tabs / 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5 | QL (30 tabs / 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 5 | QL (30 tabs / 30 days) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 4 | QL (30 tabs / 30 days) |
| EVOTAZ TAB 300-150 | 5 | |
| GENVOYA TAB | 5 | |
| JULUCA TAB 50-25MG | 5 | |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 4 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 4 | |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 4 | |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 4 | |
| ODEFSEY TAB | 5 | |
| PREZCOBIX TAB 800-150 | 5 | |
| STRIBILD TAB | 5 | |
| SYMTUZA TAB | 5 | |
| TRIUMEQ PD TAB | 5 | |
| TRIUMEQ TAB | 5 | |
| TRIZIVIR TAB | 5 | |
| AGENTES ANTITUBERCULOSOS | | |
| <i>cycloserine CAPS 250mg</i> | 5 | |
| <i>ethambutol hcl TABS 100mg, 400mg</i> | 3 | |
| <i>isoniazid SYRP 50mg/5ml</i> | 4 | |
| <i>isoniazid TABS 100mg, 300mg</i> | 1 | |
| PRIFTIN TABS 150mg | 4 | |
| <i>pyrazinamide TABS 500mg</i> | 4 | |
| <i>rifabutin CAPS 150mg</i> | 4 | |
| <i>rifampin CAPS 150mg, 300mg</i> | 3 | |
| <i>rifampin SOLR 600mg</i> | 4 | |
| SIRTURO TABS 20mg, 100mg | 5 | NM, LA, PA |
| TRECTOR TABS 250mg | 4 | |
| ANTIVIRALES | | |
| <i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i> | 2 | |
| <i>acyclovir SUSP 200mg/5ml</i> | 4 | |
| <i>acyclovir sodium SOLN 50mg/ml</i> | 4 | B/D |
| <i>adefovir dipivoxil TABS 10mg</i> | 4 | |
| BARACLUDE SOLN .05mg/ml | 5 | |
| <i>entecavir TABS .5mg, 1mg</i> | 4 | |
| EPCLUSA PAK 150-37.5 | 5 | NM, PA |
| EPCLUSA PAK 200-50MG | 5 | NM, PA |
| EPCLUSA TAB 200-50MG | 5 | NM, PA |
| EPCLUSA TAB 400-100 | 5 | NM, PA |
| <i>famciclovir TABS 125mg, 250mg, 500mg</i> | 3 | |
| <i>ganciclovir sodium SOLR 500mg</i> | 4 | B/D |
| HARVONI PAK 33.75-150MG | 5 | NM, PA |
| HARVONI PAK 45-200MG | 5 | NM, PA |
| HARVONI TAB 45-200MG | 5 | NM, PA |
| HARVONI TAB 90-400MG | 5 | NM, PA |
| <i>lamivudine (hbv) TABS 100mg</i> | 4 | |
| MAVYRET PAK 50-20MG | 5 | NM, PA |
| MAVYRET TAB 100-40MG | 5 | NM, PA |
| <i>oseltamivir phosphate CAPS 30mg</i> | 3 | QL (168 caps / year) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg | 3 | QL (84 caps / year) |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml | 3 | QL (1080 mL / year) |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 5 | NM, PA |
| PREVYMIS TABS 240mg, 480mg | 5 | QL (28 tabs / 28 days), PA |
| RELENZA DISKHALER AEPB 5mg/blister | 3 | QL (6 inhalers / year) |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg | 3 | NM |
| <i>ribavirin (hepatitis c)</i> TABS 200mg | 4 | NM |
| <i>rimantadine hydrochloride</i> TABS 100mg | 4 | |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg | 3 | |
| <i>valganciclovir hcl</i> SOLR 50mg/ml | 5 | |
| <i>valganciclovir hcl</i> TABS 450mg | 3 | |
| VEMLIDY TABS 25mg | 5 | |
| VOSEVI TAB | 5 | NM, PA |

CEFALOSPORINAS

| | | |
|---|---|--|
| <i>cefaclor</i> CAPS 250mg, 500mg | 3 | |
| <i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml | 4 | |
| CEFACTOR ER TB12 500mg | 4 | |
| <i>cefadroxil</i> CAPS 500mg | 2 | |
| <i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml | 3 | |
| CEFAZOLIN SOLR 2gm, 3gm | 4 | |
| CEFAZOLIN INJ 1GM/50ML | 4 | |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg | 3 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 4 | |
| <i>cefdinir</i> CAPS 300mg | 2 | |
| <i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml | 3 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | 4 | |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 4 | |
| <i>cefopixim sodium</i> SOLR 1gm, 2gm, 10gm | 4 | |
| <i>cefprozil proxetil</i> SUSR 50mg/5ml, 100mg/5ml | 4 | |
| <i>cefprozil proxetil</i> TABS 100mg, 200mg | 3 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 3 | |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | 4 | |
| CEFTAZIDIME/ SOL D5W 1GM | 4 | |
| CEFTAZIDIME/ SOL D5W 2GM | 4 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 4 | |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | 3 | |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | 3 | |
| <i>cephalexin</i> CAPS 250mg, 500mg | 1 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml | 3 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | 4 | |
| TEFLARO SOLR 400mg, 600mg | 5 | |
| ERITROMICINAS/MACRÓLIDOS | | |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml | 3 | |
| <i>azithromycin</i> TABS 250mg, 500mg, 600mg | 1 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg | 4 | |
| <i>clarithromycin</i> TABS 250mg, 500mg | 3 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 5 | |
| <i>e.e.s. 400</i> TABS 400mg | 4 | |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | 4 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 4 | |
| <i>erythrocin stearate</i> TABS 250mg | 4 | |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 4 | |
| <i>erythromycin ethylsuccinate</i> TABS 400mg | 4 | |
| <i>erythromycin lactobionate</i> SOLR 500mg | 4 | |
| FLUOROQUINOLONAS | | |
| CIPRO SUSR 500mg/5ml | 4 | |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | 3 | |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | 3 | |
| <i>ciprofloxacin hcl</i> TABS 100mg | 4 | |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg | 1 | |
| <i>levofloxacin</i> SOLN 25mg/ml | 4 | |
| <i>levofloxacin</i> TABS 250mg, 500mg, 750mg | 1 | |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 3 | |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 3 | |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | 3 | |
| <i>moxifloxacin hcl</i> TABS 400mg | 4 | |
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> | 4 | |
| PENICILINAS | | |
| <i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| <i>amoxicillin</i> CHEW 125mg, 250mg | 2 | |
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 4 | |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 4 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 3 | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 4 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 3 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 3 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 3 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 4 | |
| <i>ampicillin CAPS 500mg</i> | 2 | |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 4 | |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 4 | |
| <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | 4 | |
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | 4 | |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | 4 | |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i> | 4 | |
| <i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i> | 4 | |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i> | 3 | |
| <i>nafcillin sodium SOLR 1gm, 2gm</i> | 4 | |
| <i>nafcillin sodium SOLR 10gm</i> | 5 | |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i> | 4 | |
| <i>PEN GK/DEXTR INJ 40000/ML</i> | 4 | |
| <i>PEN GK/DEXTR INJ 60000/ML</i> | 4 | |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i> | 4 | |
| <i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i> | 4 | |
| <i>penicillin g sodium SOLR 5000000unit</i> | 4 | |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i> | 2 | |
| <i>penicillin v potassium TABS 250mg, 500mg</i> | 1 | |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i> | 4 | |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | 4 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | 4 | |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | 4 | |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | 4 | |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 4 | |

TETRACICLINAS

| | | |
|--|---|--------|
| <i>doxy 100 SOLR 100mg</i> | 4 | |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg</i> | 2 | |
| <i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i> | 3 | |
| <i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i> | 3 | |
| <i>doxycycline hyclate SOLR 100mg</i> | 4 | |
| <i>minocycline hcl CAPS 50mg, 75mg, 100mg</i> | 3 | |
| <i>NUZYRA SOLR 100mg; TABS 150mg</i> | 5 | NM, LA |
| <i>tetracycline hcl CAPS 250mg, 500mg</i> | 4 | PA |
| <i>tigecycline SOLR 50mg</i> | 5 | |

AGENTES ANTINEOPLÁSICOS

AGENTES ALQUILANTES

| | | |
|--|---|-------------|
| <i>BENDEKA SOLN 100mg/4ml</i> | 5 | B/D, NM, LA |
| <i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i> | 3 | B/D |
| <i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i> | 3 | B/D |
| <i>cyclophosphamide CAPS 25mg, 50mg</i> | 3 | B/D |
| <i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml</i> | 5 | B/D |
| <i>cyclophosphamide SOLR 1gm, 500mg</i> | 4 | B/D |
| <i>cyclophosphamide SOLR 2gm</i> | 5 | B/D |
| <i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i> | 4 | B/D |
| <i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i> | 5 | B/D |
| <i>GLEOSTINE CAPS 10mg, 40mg</i> | 4 | NM |
| <i>GLEOSTINE CAPS 100mg</i> | 5 | NM |
| <i>LEUKERAN TABS 2mg</i> | 5 | |
| <i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg</i> | 4 | B/D |
| <i>oxaliplatin SOLR 100mg</i> | 5 | B/D |
| <i>paraplatin SOLN 1000mg/100ml</i> | 3 | B/D |

ANTIBIÓTICOS

| | | |
|------------------------------------|---|-----|
| <i>doxorubicin hcl SOLN 2mg/ml</i> | 4 | B/D |
|------------------------------------|---|-----|

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-------------------------------------|
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml | 5 | B/D |
| ELLENCE SOLN 50mg/25ml, 200mg/100ml | 4 | B/D |
| ANTIMETABOLÍTCOS | | |
| <i>azacitidine</i> SUSR 100mg | 5 | B/D, NM |
| <i>cytarabine</i> SOLN 20mg/ml | 3 | B/D |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 3 | B/D |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 4 | B/D |
| INQOVI TAB 35-100MG | 5 | QL (5 tabs / 28 days), NM, LA, PA |
| LONSURF TAB 15-6.14 | 5 | QL (100 tabs / 28 days), NM, LA, PA |
| LONSURF TAB 20-8.19 | 5 | QL (80 tabs / 28 days), NM, LA, PA |
| <i>mercaptopurine</i> TABS 50mg | 3 | |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 3 | B/D |
| ONUREG TABS 200mg, 300mg | 5 | QL (14 tabs / 28 days), NM, LA, PA |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg | 5 | B/D |
| PURIXAN SUSP 2000mg/100ml | 5 | NM, LA |
| TABLOID TABS 40mg | 4 | |
| AGENTES ANTINEOPLÁSICOS HORMONALES | | |
| <i>abiraterone acetate</i> TABS 250mg | 5 | QL (120 tabs / 30 days), NM, PA |
| <i>abiraterone acetate</i> TABS 500mg | 5 | QL (60 tabs / 30 days), NM, PA |
| <i>anastrozole</i> TABS 1mg | 2 | |
| <i>bicalutamide</i> TABS 50mg | 2 | |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 4 | NM, PA |
| EMCYT CAPS 140mg | 5 | |
| ERLEADA TABS 60mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| ERLEADA TABS 240mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| EULEXIN CAPS 125mg | 5 | |
| <i>exemestane</i> TABS 25mg | 4 | |
| FIRMAGON SOLR 80mg | 4 | NM, PA |
| FIRMAGON SOLR 120mg/vial | 5 | NM, PA |
| <i>fulvestrant</i> SOSY 250mg/5ml | 5 | B/D |
| <i>letrozole</i> TABS 2.5mg | 2 | |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml | 4 | NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|--|
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | 5 | NM, PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg | 5 | NM, PA |
| LYSODREN TABS 500mg | 5 | NM, LA |
| <i>megestrol acetate</i> TABS 20mg, 40mg | 3 | |
| <i>nilutamide</i> TABS 150mg | 5 | |
| NUBEQA TABS 300mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| ORGOVYX TABS 120mg | 5 | NM, LA, PA |
| ORSERDU TABS 86mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| ORSERDU TABS 345mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| SOLTAMOX SOLN 10mg/5ml | 5 | |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 2 | |
| <i>toremifene citrate</i> TABS 60mg | 4 | |
| XTANDI CAPS 40mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| XTANDI TABS 40mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| XTANDI TABS 80mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| INMUNOMODULADORES | | |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg | 5 | QL (28 caps / 28 days), NM, LA, PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg | 5 | QL (21 caps / 28 days), NM, LA, PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 5 | QL (21 caps / 28 days), NM, LA, PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg | 5 | QL (28 caps / 28 days), NM, LA, PA |
| REVLIMID CAPS 20mg, 25mg | 5 | QL (21 caps / 28 days), NM, LA, PA |
| THALOMID CAPS 50mg, 100mg | 5 | QL (28 caps / 28 days), NM, LA, PA |
| THALOMID CAPS 150mg, 200mg | 5 | QL (56 caps / 28 days), NM, LA, PA |
| VARIOS | | |
| BESREMI SOSY 500mcg/ml | 5 | QL (2 syringes / 28 days), NM, LA, PA |
| <i>bexarotene</i> CAPS 75mg | 5 | QL (300 caps / 30 days), NM, PA |
| <i>hydroxyurea</i> CAPS 500mg | 2 | |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | 4 | B/D |
| KISQALI 200 PAK FEMARA | 5 | QL (49 tabs / 28 days), NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|---------------------------------------|
| KISQALI 400 PAK FEMARA | 5 | QL (70 tabs / 28 days), NM, PA |
| KISQALI 600 PAK FEMARA | 5 | QL (91 tabs / 28 days), NM, PA |
| MATULANE CAPS 50mg | 5 | NM, LA |
| SYNRIBO SOLR 3.5mg | 5 | NM, PA |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | 5 | |
| WELIREG TABS 40mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |

INHIBIDORES MITÓTICOS

| | | |
|---|---|---------|
| <i>docetaxel</i> CONC 20mg/ml | 4 | B/D |
| <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5 | B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5 | B/D |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 3 | B/D |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 4 | B/D |
| <i>paclitaxel protein-bound particles for iv susp 100 mg</i> | 5 | B/D, NM |
| <i>vincristine sulfate</i> SOLN 1mg/ml | 2 | B/D |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 4 | B/D |

AGENTES DE DIANAS MOLECULARES

| | | |
|---|---|--|
| ALECENSA CAPS 150mg | 5 | QL (240 caps / 30 days), NM, LA, PA |
| ALUNBRIG TABS 30mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| ALUNBRIG TABS 90mg, 180mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| ALUNBRIG PAK | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| BALVERSA TABS 3mg | 5 | QL (84 tabs / 28 days), NM, LA, PA |
| BALVERSA TABS 4mg | 5 | QL (56 tabs / 28 days), NM, LA, PA |
| BALVERSA TABS 5mg | 5 | QL (28 tabs / 28 days), NM, LA, PA |
| BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg | 5 | NM, PA |
| <i>bortezomib</i> SOLR 3.5mg | 5 | NM, PA |
| BOSULIF TABS 100mg | 5 | QL (180 tabs / 30 days), NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-------------------------------------|
| BOSULIF TABS 400mg, 500mg | 5 | QL (30 tabs / 30 days), NM, PA |
| BRAFTOVI CAPS 75mg | 5 | QL (180 caps / 30 days), NM, LA, PA |
| BRUKINSA CAPS 80mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| CABOMETYX TABS 20mg, 40mg, 60mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| CALQUENCE CAPS 100mg | 5 | QL (60 caps / 30 days), NM, LA, PA |
| CALQUENCE TABS 100mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| CAPRELSA TABS 100mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| CAPRELSA TABS 300mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| COMETRIQ (60MG DOSE) KIT 20mg | 5 | QL (84 caps / 28 days), NM, LA, PA |
| COMETRIQ KIT 100MG | 5 | QL (56 caps / 28 days), NM, LA, PA |
| COMETRIQ KIT 140MG | 5 | QL (112 caps / 28 days), NM, LA, PA |
| COPIKTRA CAPS 15mg, 25mg | 5 | QL (56 caps / 28 days), NM, LA, PA |
| COTELLIC TABS 20mg | 5 | QL (63 tabs / 28 days), NM, LA, PA |
| DAURISMO TABS 25mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| DAURISMO TABS 100mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| ERIVEDGE CAPS 150mg | 5 | QL (30 caps / 30 days), NM, LA, PA |
| <i>erlotinib hcl</i> TABS 25mg | 5 | QL (90 tabs / 30 days), NM, PA |
| <i>erlotinib hcl</i> TABS 100mg, 150mg | 5 | QL (30 tabs / 30 days), NM, PA |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | 5 | QL (30 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 2mg | 5 | QL (150 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 3mg | 5 | QL (90 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 5mg | 5 | QL (60 tabs / 30 days), NM, PA |
| EXKIVITY CAPS 40mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| FOTIVDA CAPS .89mg, 1.34mg | 5 | QL (21 caps / 28 days), NM, LA, PA |

Puede encontrar información sobre los símbolos y las abreviaturas en esta tabla visitando la página 6.

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-------------------------------------|
| GAVRETO CAPS 100mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| <i>gefitinib</i> TABS 250mg | 5 | QL (30 tabs / 30 days), NM, PA |
| GILOTRIF TABS 20mg, 30mg, 40mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| HERCEP HYLEC SOL 60-10000 | 5 | NM, LA, PA |
| HERCEPTIN SOLR 150mg | 5 | NM, LA, PA |
| HERZUMA SOLR 150mg, 420mg | 5 | NM, PA |
| IBRANCE CAPS 75mg, 100mg, 125mg | 5 | QL (21 caps / 28 days), NM, LA, PA |
| IBRANCE TABS 75mg, 100mg, 125mg | 5 | QL (21 tabs / 28 days), NM, LA, PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| IDHIFA TABS 50mg, 100mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| <i>imatinib mesylate</i> TABS 100mg | 5 | QL (90 tabs / 30 days), NM, PA |
| <i>imatinib mesylate</i> TABS 400mg | 5 | QL (60 tabs / 30 days), NM, PA |
| IMBRUVICA CAPS 70mg | 5 | QL (30 caps / 30 days), NM, LA, PA |
| IMBRUVICA CAPS 140mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| IMBRUVICA SUSP 70mg/ml | 5 | QL (216 mL / 27 days), NM, LA, PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| INLYTA TABS 1mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| INLYTA TABS 5mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| INREBIC CAPS 100mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| JAYPIRCA TABS 50mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| JAYPIRCA TABS 100mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| KADCYLA SOLR 100mg, 160mg | 5 | B/D, NM, LA |
| KANJINTI SOLR 150mg, 420mg | 5 | NM, LA, PA |
| KEYTRUDA SOLN 100mg/4ml | 5 | NM, LA, PA |
| KISQALI 200 DOSE TBP 200mg | 5 | QL (21 tabs / 28 days), NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-------------------------------------|
| KISQALI 400 DOSE TBPK 200mg | 5 | QL (42 tabs / 28 days), NM, PA |
| KISQALI 600 DOSE TBPK 200mg | 5 | QL (63 tabs / 28 days), NM, PA |
| KOSELUGO CAPS 10mg | 5 | QL (240 caps / 30 days), NM, LA, PA |
| KOSELUGO CAPS 25mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| KRAZATI TABS 200mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| <i>lapatinib ditosylate</i> TABS 250mg | 5 | QL (180 tabs / 30 days), NM, PA |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 5 | QL (30 caps / 30 days), NM, LA, PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 5 | QL (60 caps / 30 days), NM, LA, PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 5 | QL (30 caps / 30 days), NM, LA, PA |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 5 | QL (90 caps / 30 days), NM, LA, PA |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 5 | QL (60 caps / 30 days), NM, LA, PA |
| LENVIMA CAP 14 MG | 5 | QL (60 caps / 30 days), NM, LA, PA |
| LENVIMA CAP 18 MG | 5 | QL (90 caps / 30 days), NM, LA, PA |
| LENVIMA CAP 24 MG | 5 | QL (90 caps / 30 days), NM, LA, PA |
| LORBRENA TABS 25mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| LORBRENA TABS 100mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| LUMAKRAS TABS 120mg | 5 | QL (240 tabs / 30 days), NM, LA, PA |
| LUMAKRAS TABS 320mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| LYNPARZA TABS 100mg, 150mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | 5 | QL (84 tabs / 28 days), NM, LA, PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | 5 | QL (112 tabs / 28 days), NM, LA, PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | 5 | QL (140 tabs / 28 days), NM, LA, PA |
| MEKINIST SOLR .05mg/ml | 5 | QL (1260 mL / 30 days), NM, LA, PA |
| MEKINIST TABS 2mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--------------------------------------|--------------|--|
| MEKINIST TABS .5mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| MEKTOVI TABS 15mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| MONJUVI SOLR 200mg | 5 | NM, LA, PA |
| NERLYNX TABS 40mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| NEXAVAR TABS 200mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg | 5 | QL (3 caps / 28 days), NM, PA |
| ODOMZO CAPS 200mg | 5 | QL (30 caps / 30 days), NM, LA, PA |
| OGIVRI SOLR 150mg | 5 | NM, LA, PA |
| OGIVRI INJ 420MG | 5 | NM, LA, PA |
| ONTRUZANT SOLR 150mg, 420mg | 5 | NM, LA, PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | 5 | QL (14 tabs / 21 days), NM, LA, PA |
| PHESGO SOL | 5 | NM, LA, PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | 5 | QL (28 tabs / 28 days), NM, PA |
| PIQRAY 250MG TAB DOSE | 5 | QL (56 tabs / 28 days), NM, PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | 5 | QL (56 tabs / 28 days), NM, PA |
| QINLOCK TABS 50mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| RETEVMO CAPS 40mg | 5 | QL (180 caps / 30 days), NM, LA, PA |
| RETEVMO CAPS 80mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| REZLIDHIA CAPS 150mg | 5 | QL (60 caps / 30 days), NM, LA, PA |
| ROZLYTREK CAPS 100mg | 5 | QL (150 caps / 30 days), NM, LA, PA |
| ROZLYTREK CAPS 200mg | 5 | QL (90 caps / 30 days), NM, LA, PA |
| RUBRACA TABS 200mg, 250mg, 300mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| RYDAPT CAPS 25mg | 5 | QL (224 caps / 28 days), NM, PA |
| SCSEMBLIX TABS 20mg | 5 | QL (60 tabs / 30 days), NM, PA |
| SCSEMBLIX TABS 40mg | 5 | QL (300 tabs / 30 days), NM, PA |
| <i>sorafenib tosylate</i> TABS 200mg | 5 | QL (120 tabs / 30 days), NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|--|
| SPRYCEL TABS 20mg | 5 | QL (90 tabs / 30 days), NM, PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg | 5 | QL (30 tabs / 30 days), NM, PA |
| STIVARGA TABS 40mg | 5 | QL (84 tabs / 28 days), NM, LA, PA |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | 5 | QL (30 caps / 30 days), NM, PA |
| TABRECTA TABS 150mg, 200mg | 5 | QL (112 tabs / 28 days), NM, PA |
| TAFINLAR CAPS 50mg, 75mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| TAFINLAR TBSO 10mg | 5 | QL (900 tabs / 30 days), NM, LA, PA |
| TAGRISSE TABS 40mg, 80mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | 5 | QL (30 caps / 30 days), NM, LA, PA |
| TALZENNA CAPS .25mg | 5 | QL (90 caps / 30 days), NM, LA, PA |
| TASIGNA CAPS 50mg | 5 | QL (120 caps / 30 days), NM, PA |
| TASIGNA CAPS 150mg, 200mg | 5 | QL (112 caps / 28 days), NM, PA |
| TAZVERIK TABS 200mg | 5 | QL (240 tabs / 30 days), NM, LA, PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 5 | NM, LA, PA |
| TEPMETKO TABS 225mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| TIBSOVO TABS 250mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| TRAZIMERA SOLR 150mg, 420mg | 5 | NM, PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 5 | NM, PA |
| TUKYSA TABS 50mg, 150mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| TURALIO CAPS 125mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| VENCLEXTA TABS 10mg | 4 | QL (112 tabs / 28 days), NM, LA, PA |
| VENCLEXTA TABS 50mg | 5 | QL (112 tabs / 28 days), NM, LA, PA |
| VENCLEXTA TABS 100mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| VENCLEXTA TAB START PK | 5 | QL (42 tabs / 28 days), NM, LA, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-------------------------------------|
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 5 | QL (56 tabs / 28 days), NM, LA, PA |
| VITRAKVI CAPS 25mg | 5 | QL (180 caps / 30 days), NM, LA, PA |
| VITRAKVI CAPS 100mg | 5 | QL (60 caps / 30 days), NM, LA, PA |
| VITRAKVI SOLN 20mg/ml | 5 | QL (300 mL / 30 days), NM, LA, PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| VONJO CAPS 100mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| VOTRIENT TABS 200mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| XALKORI CAPS 200mg, 250mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| XOSPATA TABS 40mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| XPOVIO 40 MG ONCE WEEKLY TBPK 40mg | 5 | QL (4 tabs / 28 days), NM, LA, PA |
| XPOVIO 40 MG TWICE WEEKLY TBPK 40mg | 5 | QL (8 tabs / 28 days), NM, LA, PA |
| XPOVIO 60 MG ONCE WEEKLY TBPK 60mg | 5 | QL (4 tabs / 28 days), NM, LA, PA |
| XPOVIO 60 MG TWICE WEEKLY TBPK 20mg | 5 | QL (24 tabs / 28 days), NM, LA, PA |
| XPOVIO 80 MG ONCE WEEKLY TBPK 40mg | 5 | QL (8 tabs / 28 days), NM, LA, PA |
| XPOVIO 80 MG TWICE WEEKLY TBPK 20mg | 5 | QL (32 tabs / 28 days), NM, LA, PA |
| XPOVIO 100 MG ONCE WEEKLY TBPK 50mg | 5 | QL (8 tabs / 28 days), NM, LA, PA |
| ZEJULA CAPS 100mg | 5 | QL (90 caps / 30 days), NM, LA, PA |
| ZEJULA TABS 100mg, 200mg, 300mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| ZELBORAF TABS 240mg | 5 | QL (240 tabs / 30 days), NM, LA, PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 5 | NM, LA, PA |
| ZOLINZA CAPS 100mg | 5 | QL (120 caps / 30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| ZYKADIA TABS 150mg | 5 | QL (84 tabs / 28 days), NM, LA, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| AGENTES PROTECTORES | | |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 4 | B/D |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg | 3 | |
| MESNEX TABS 400mg | 5 | |

CARDIOVASCULAR

COMBINACIONES DE INHIBIDORES DE LA ECA

| | | |
|---|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> | 6 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 6 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 6 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 6 | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 6 | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 6 | |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | 6 | |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | 6 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 6 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 6 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 6 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 6 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | 6 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | 6 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 6 | |
| INHIBIDORES DE LA ECA | | |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 6 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | 6 | |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i> | 6 | |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | 6 | |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 6 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | 6 | |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i> | 6 | |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 6 | |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i> | 6 | |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i> | 6 | |
| ANTAGONISTAS DE LOS RECEPTORES DE ALDOSTERONA | | |
| <i>eplerenone TABS 25mg, 50mg</i> | 3 | |
| <i>KERENDIA TABS 10mg, 20mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>spironolactone TABS 25mg, 50mg, 100mg</i> | 1 | |
| ALFA BLOQUEADORES | | |
| <i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i> | 2 | |
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i> | 3 | |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i> | 1 | |
| COMBINACIONES ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | 6 | QL (30 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 6 | QL (60 tabs / 30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| EDARBYCLOR TAB 40-12.5 | 4 | QL (30 tabs / 30 days) |
| EDARBYCLOR TAB 40-25MG | 4 | QL (30 tabs / 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) |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | 6 | QL (60 tabs / 30 days) |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> | 6 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | 6 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 6 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 6 | QL (60 tabs / 30 days) |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 6 | QL (30 tabs / 30 days) |

ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II

| | | |
|--|---|------------------------|
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> | 6 | QL (60 tabs / 30 days) |
| <i>candesartan cilexetil TABS 32mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>EDARBI TABS 40mg, 80mg</i> | 4 | QL (30 tabs / 30 days) |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i> | 6 | |
| <i>olmesartan medoxomil TABS 5mg</i> | 6 | QL (60 tabs / 30 days) |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan TABS 40mg, 80mg, 160mg</i> | 6 | QL (60 tabs / 30 days) |
| <i>valsartan TABS 320mg</i> | 6 | QL (30 tabs / 30 days) |

ANTIARRÍTMICOS

| | | |
|---|---|--|
| <i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i> | 4 | |
| <i>amiodarone hcl TABS 200mg</i> | 1 | |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i> | 4 | |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i> | 4 | |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i> | 3 | |
| <i>MULTAQ TABS 400mg</i> | 4 | |
| <i>NORPACE CR CP12 100mg, 150mg</i> | 4 | |
| <i>pacerone TABS 100mg, 400mg</i> | 4 | |
| <i>pacerone TABS 200mg</i> | 1 | |
| <i>propafenone hcl CP12 225mg, 325mg, 425mg</i> | 4 | |
| <i>propafenone hcl TABS 150mg, 225mg, 300mg</i> | 3 | |
| <i>quinidine sulfate TABS 200mg, 300mg</i> | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg | 2 | |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg | 2 | |
| <i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg | 3 | |
| ANTILIPÉMICOS, FIBRATOS | | |
| <i>choline fenofibrate</i> CPDR 45mg, 135mg | 3 | |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg | 2 | |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg | 3 | |
| <i>gemfibrozil</i> TABS 600mg | 1 | |
| ANTILIPÉMICOS, INHIBIDORES DE LA HMG-CoA REDUCTASA | | |
| ALTOPREV TB24 20mg, 40mg, 60mg | 5 | QL (30 tabs / 30 days), ST |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg | 6 | QL (30 tabs / 30 days) |
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg | 4 | QL (30 caps / 30 days), ST |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg | 6 | QL (60 caps / 30 days), ST |
| <i>fluvastatin sodium</i> TB24 80mg | 6 | QL (30 tabs / 30 days), ST |
| LIVALO TABS 1mg, 2mg, 4mg | 4 | QL (30 tabs / 30 days), ST |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg | 6 | QL (60 tabs / 30 days) |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg | 6 | QL (30 tabs / 30 days) |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg | 6 | QL (30 tabs / 30 days) |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg | 6 | QL (30 tabs / 30 days) |
| ZYPITAMAG TABS 2mg, 4mg | 4 | QL (30 tabs / 30 days), ST |
| ANTILIPÉMICOS, VARIOS | | |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose | 3 | |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose | 3 | |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg | 4 | |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm | 4 | |
| <i>colestipol hcl</i> TABS 1gm | 3 | |
| <i>ezetimibe</i> TABS 10mg | 2 | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 6 | QL (30 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i> | 3 | QL (60 tabs / 30 days) |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 3 | PA |
| <i>prevalite PACK 4gm; POWD 4gm/dose</i> | 3 | |
| REPATHA SOSY 140mg/ml | 3 | NM, PA |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml | 3 | NM, PA |
| REPATHA SURECLICK SOAJ 140mg/ml | 3 | NM, PA |
| VASCEPA CAPS .5gm, 1gm | 3 | |

BETA BLOQUEADORES /COMBINACIONES DIURÉTICAS

| | | |
|---|---|--|
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 2 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 2 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 2 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 2 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 2 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 3 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 3 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 3 | |

BETA BLOQUEADORES

| | | |
|---|---|------------------------|
| <i>acebutolol hcl CAPS 200mg, 400mg</i> | 3 | |
| <i>atenolol TABS 25mg, 50mg, 100mg</i> | 1 | |
| <i>bisoprolol fumarate TABS 5mg, 10mg</i> | 2 | |
| <i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i> | 1 | |
| <i>labetalol hcl TABS 100mg, 200mg, 300mg</i> | 3 | |
| <i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i> | 1 | |
| <i>metoprolol tartrate SOLN 5mg/5ml</i> | 4 | |
| <i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i> | 1 | |
| <i>nadolol TABS 20mg, 40mg, 80mg</i> | 3 | |
| <i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>nebivolol hcl TABS 20mg</i> | 3 | QL (60 tabs / 30 days) |
| <i>pindolol TABS 5mg, 10mg</i> | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 2 | |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | 3 | |
| BLOQUEADORES DE LOS CANALES DE CALCIO | | |
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg | 2 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | 3 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 4 | |
| <i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml | 3 | |
| <i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg | 2 | |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg | 2 | |
| <i>diltiazem hcl coated beads</i> CP24 360mg | 4 | |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | 2 | |
| <i>isradipine</i> CAPS 2.5mg, 5mg | 4 | |
| <i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg | 4 | |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg | 4 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 3 | |
| <i>nifedipine (osmotic release)</i> TB24 30mg, 60mg, 90mg | 2 | |
| <i>nimodipine</i> CAPS 30mg | 4 | |
| <i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg | 4 | |
| NYMALIZE SOLN 6mg/ml | 5 | |
| <i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | 2 | |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml | 4 | |
| <i>verapamil hcl</i> CP24 120mg, 180mg, 240mg | 3 | |
| <i>verapamil hcl</i> TABS 40mg, 80mg, 120mg | 1 | |
| <i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg | 2 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| DIURÉTICOS | | |
| <i>acetazolamide</i> CP12 500mg | 4 | |
| <i>acetazolamide</i> TABS 125mg, 250mg | 3 | |
| <i>amiloride & hydrochlorothiazide tab</i> 5-50 mg | 2 | |
| <i>amiloride hcl</i> TABS 5mg | 2 | |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg | 3 | |
| <i>chlorthalidone</i> TABS 25mg, 50mg | 2 | |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml | 2 | |
| <i>furosemide</i> TABS 20mg, 40mg, 80mg | 1 | |
| <i>furosemide inj</i> SOLN 10mg/ml | 3 | |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| <i>indapamide</i> TABS 1.25mg, 2.5mg | 1 | |
| <i>methazolamide</i> TABS 25mg, 50mg | 4 | |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 3 | |
| <i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg | 2 | |
| <i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg | 2 | |
| <i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg | 1 | |
| <i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg | 1 | |
| <i>triamterene & hydrochlorothiazide tab</i> 75-50 mg | 1 | |
| VARIOS | | |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 5-80 mg | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab</i> 10-10 mg | 6 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|------------------------------------|
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> | 6 | |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr | 3 | |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg | 1 | |
| CORLANOR SOLN 5mg/5ml | 4 | QL (450 mL / 30 days) |
| CORLANOR TABS 5mg, 7.5mg | 4 | QL (60 tabs / 30 days) |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml | 4 | |
| <i>digoxin</i> TABS 125mcg, 250mcg | 2 | QL (30 tabs / 30 days) |
| <i>droxidopa</i> CAPS 100mg | 5 | QL (90 caps / 30 days), NM, PA |
| <i>droxidopa</i> CAPS 200mg, 300mg | 5 | QL (180 caps / 30 days), NM, PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml | 4 | |
| <i>guanfacine hcl</i> TABS 1mg, 2mg | 3 | PA; PA if 70 years and older |
| <i>hydralazine hcl</i> SOLN 20mg/ml | 4 | |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 2 | |
| <i>metyrosine</i> CAPS 250mg | 5 | PA |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg | 3 | |
| <i>midodrine hcl</i> TABS 10mg | 4 | |
| <i>minoxidil</i> TABS 2.5mg, 10mg | 2 | |
| <i>ranolazine</i> TB12 500mg, 1000mg | 4 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| NITRATOS | | |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg | 3 | |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg | 2 | |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg | 1 | |
| NITRO-BID OINT 2% | 3 | |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg | 3 | |
| HIPERTENSIÓN ARTERIAL PULMONAR | | |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 5 | QL (90 tabs / 30 days), NM, LA, PA |
| <i>ambrisentan</i> TABS 5mg, 10mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| <i>bosentan</i> TABS 62.5mg, 125mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|---------------------------------------|
| OPSUMIT TABS 10mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg | 3 | QL (360 tabs / 30 days), NM, PA |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 5 | NM, LA, PA |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml | 5 | NM, LA, PA |

SISTEMA NERVIOSO CENTRAL

ANSIOLÍTICOS

| | | |
|--|---|-------------------------|
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg | 2 | QL (150 tabs / 30 days) |
| <i>bupirone hcl</i> TABS 5mg, 10mg, 15mg | 1 | |
| <i>bupirone hcl</i> TABS 7.5mg, 30mg | 3 | |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | 3 | |
| <i>lorazepam</i> CONC 2mg/ml | 3 | QL (150 mL / 30 days) |
| <i>lorazepam</i> SOLN 2mg/ml, 4mg/ml | 2 | |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg | 2 | QL (150 tabs / 30 days) |
| <i>lorazepam intensol</i> CONC 2mg/ml | 3 | QL (150 mL / 30 days) |

ANTIDEMENCIA

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

ANTIDEPRESIVOS

| | | |
|---|---|--|
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 3 | |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-------------------------------|
| <i>bupropion hcl</i> TABS 75mg, 100mg | 3 | |
| <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg | 3 | QL (60 tabs / 30 days) |
| <i>bupropion hcl</i> TB24 150mg | 2 | QL (60 tabs / 30 days) |
| <i>bupropion hcl</i> TB24 300mg | 2 | QL (30 tabs / 30 days) |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml | 3 | |
| <i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg | 1 | |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg | 4 | PA |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 4 | |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg | 4 | QL (30 tabs / 30 days), PA |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 3 | |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg | 2 | QL (60 caps / 30 days) |
| <i>duloxetine hcl</i> CPEP 40mg | 4 | QL (60 caps / 30 days) |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | 5 | QL (30 patches / 30 days), PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml | 4 | |
| <i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg | 1 | |
| FETZIMA CP24 20mg, 40mg | 4 | QL (60 caps / 30 days), PA |
| FETZIMA CP24 80mg, 120mg | 4 | QL (30 caps / 30 days), PA |
| FETZIMA CAP TITRATIO | 4 | QL (2 packs / year), PA |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg | 1 | |
| <i>fluoxetine hcl</i> CAPS 40mg | 2 | |
| <i>fluoxetine hcl</i> SOLN 20mg/5ml | 3 | |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg | 2 | |
| MARPLAN TABS 10mg | 4 | QL (180 tabs / 30 days) |
| <i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg | 3 | |
| <i>mirtazapine</i> TABS 15mg, 30mg, 45mg | 2 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | 4 | |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg | 2 | |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml | 4 | |
| <i>paroxetine hcl</i> SUSP 10mg/5ml | 4 | QL (900 mL / 30 days), PA |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg | 2 | |
| <i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg | 4 | QL (60 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|------------------------------|
| <i>phenelzine sulfate</i> TABS 15mg | 3 | |
| <i>protriptyline hcl</i> TABS 5mg, 10mg | 4 | |
| <i>sertraline hcl</i> CONC 20mg/ml | 3 | |
| <i>sertraline hcl</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>tranylcypromine sulfate</i> TABS 10mg | 4 | |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg | 1 | |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg | 4 | QL (120 caps / 30 days) |
| <i>trimipramine maleate</i> CAPS 100mg | 4 | QL (60 caps / 30 days) |
| TRINTELLIX TABS 5mg, 10mg, 20mg | 4 | QL (30 tabs / 30 days) |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 2 | |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg | 4 | QL (30 tabs / 30 days) |
| AGENTES ANTIPARKINSONIANOS | | |
| <i>amantadine hcl</i> CAPS 100mg | 3 | QL (120 caps / 30 days) |
| <i>amantadine hcl</i> SOLN 50mg/5ml | 3 | |
| <i>amantadine hcl</i> TABS 100mg | 4 | |
| <i>benztropine mesylate</i> SOLN 1mg/ml | 4 | |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg | 2 | PA; PA if 70 years and older |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg | 4 | |
| <i>carb/levo orally disintegrating tab 10-100mg</i> | 4 | |
| <i>carb/levo orally disintegrating tab 25-100mg</i> | 4 | |
| <i>carb/levo orally disintegrating tab 25-250mg</i> | 4 | |
| <i>carbidopa</i> TABS 25mg | 4 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 3 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 4 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-------------------------------------|
| <i>entacapone</i> TABS 200mg | 4 | |
| INBRIJA CAPS 42mg | 5 | QL (300 caps / 30 days), NM, LA, PA |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 4 | |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | 2 | |
| <i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 4 | |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg | 4 | QL (30 tabs / 30 days) |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | 2 | |
| <i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg | 4 | |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg | 3 | |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml | 3 | PA; PA if 70 years and older |
| <i>trihexyphenidyl hcl</i> TABS 2mg, 5mg | 2 | PA; PA if 70 years and older |

ANTIPSICÓTICOS

| | | |
|---|---|----------------------------|
| ABILIFY MANTENA PRSY 300mg, 400mg | 5 | QL (1 syringe / 28 days) |
| ABILIFY MANTENA SRER 300mg, 400mg | 5 | QL (1 injection / 28 days) |
| <i>aripiprazole</i> SOLN 1mg/ml | 4 | QL (900 mL / 30 days) |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 4 | QL (30 tabs / 30 days) |
| <i>aripiprazole</i> TBDP 10mg, 15mg | 4 | QL (60 tabs / 30 days) |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml | 5 | QL (1 syringe / 28 days) |
| ARISTADA PRSY 1064mg/3.9ml | 5 | QL (1 syringe / 56 days) |
| ARISTADA INITIO PRSY 675mg/2.4ml | 5 | |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg | 4 | QL (60 tabs / 30 days) |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg | 4 | QL (30 caps / 30 days), PA |
| <i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 4 | |
| <i>chlorpromazine hydrochlor</i> CONC 30mg/ml, 100mg/ml | 4 | |
| <i>clozapine</i> TABS 25mg, 50mg | 3 | |
| <i>clozapine</i> TABS 100mg | 4 | QL (270 tabs / 30 days) |
| <i>clozapine</i> TABS 200mg | 4 | QL (120 tabs / 30 days) |
| <i>clozapine</i> TBDP 12.5mg, 25mg | 4 | PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|------------------------------------|
| <i>clozapine</i> TBDP 100mg | 4 | QL (270 tabs / 30 days), PA |
| <i>clozapine</i> TBDP 150mg | 4 | QL (180 tabs / 30 days), PA |
| <i>clozapine</i> TBDP 200mg | 5 | QL (120 tabs / 30 days), PA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 4 | QL (60 tabs / 30 days), PA |
| FANAPT PAK | 4 | QL (2 packs / year), PA |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml | 4 | |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 4 | |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 3 | |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | 3 | |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 3 | |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml | 5 | QL (1 injection / 180 days) |
| INVEGA SUSTENNA SUSY 39mg/0.25ml | 4 | QL (1 syringe / 28 days) |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 5 | QL (1 syringe / 28 days) |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml | 5 | QL (1 syringe / 90 days) |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 3 | |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg | 4 | QL (30 tabs / 30 days) |
| <i>lurasidone hcl</i> TABS 80mg | 4 | QL (60 tabs / 30 days) |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 4 | |
| NUPLAZID CAPS 34mg | 4 | QL (30 caps / 30 days), NM, LA, PA |
| NUPLAZID TABS 10mg | 4 | QL (30 tabs / 30 days), NM, LA, PA |
| <i>olanzapine</i> SOLR 10mg | 4 | QL (3 vials / 1 day) |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg | 2 | QL (60 tabs / 30 days) |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg | 2 | QL (30 tabs / 30 days) |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg | 4 | QL (30 tabs / 30 days) |
| <i>olanzapine</i> TBDP 10mg | 4 | QL (60 tabs / 30 days) |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg | 4 | QL (30 tabs / 30 days) |
| <i>paliperidone</i> TB24 6mg | 4 | QL (60 tabs / 30 days) |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 3 | |
| PERSERIS PRSY 90mg, 120mg | 5 | QL (1 syringe / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|--------------------------------|
| <i>pimozide</i> TABS 1mg, 2mg | 4 | |
| <i>quetiapine fumarate</i> TABS 25mg | 2 | QL (180 tabs / 30 days) |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg | 2 | QL (90 tabs / 30 days) |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg | 2 | QL (60 tabs / 30 days) |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg | 4 | QL (60 tabs / 30 days), PA |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg | 4 | 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 CONSTA SRER 12.5mg, 25mg | 4 | QL (2 injections / 28 days) |
| RISPERDAL CONSTA SRER 37.5mg, 50mg | 5 | QL (2 injections / 28 days) |
| <i>risperidone</i> SOLN 1mg/ml | 3 | QL (240 mL / 30 days) |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 2 | |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg | 4 | QL (60 tabs / 30 days) |
| <i>risperidone</i> TBDP 4mg | 4 | QL (120 tabs / 30 days) |
| <i>risperidone</i> TBDP .25mg, .5mg | 4 | QL (90 tabs / 30 days) |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 4 | QL (30 patches / 30 days) |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 3 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 4 | |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 3 | |
| 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) |
| VRAYLAR CAP 1.5-3MG | 4 | QL (2 packs / year) |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg | 4 | QL (60 caps / 30 days) |
| <i>ziprasidone mesylate</i> SOLR 20mg | 4 | QL (6 injections / 3 days) |
| ZYPREXA RELPREVV SUSR 210mg, 300mg | 5 | QL (2 vials / 28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 405mg | 5 | QL (1 vial / 28 days), NM, PA |
| AGENTES ANTICONVULSIVOS | | |
| APTIOM TABS 200mg, 400mg | 5 | QL (30 tabs / 30 days) |
| APTIOM TABS 600mg, 800mg | 5 | QL (60 tabs / 30 days) |
| BRIVIACT SOLN 10mg/ml | 5 | QL (600 mL / 30 days), PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|---|
| BRIVIACT SOLN 50mg/5ml | 4 | PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg | 5 | QL (60 tabs / 30 days), PA |
| <i>carbamazepine</i> CHEW 100mg; TABS 200mg | 3 | |
| <i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg | 4 | |
| <i>clobazam</i> SUSP 2.5mg/ml | 4 | QL (480 mL / 30 days), PA |
| <i>clobazam</i> TABS 10mg, 20mg | 4 | QL (60 tabs / 30 days), PA |
| <i>clonazepam</i> TABS 2mg | 2 | QL (300 tabs / 30 days) |
| <i>clonazepam</i> TABS .5mg, 1mg | 2 | QL (90 tabs / 30 days) |
| <i>clonazepam</i> TBDP 2mg | 3 | QL (300 tabs / 30 days) |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg | 3 | QL (90 tabs / 30 days) |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | 4 | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| DIACOMIT CAPS 250mg | 5 | QL (360 caps / 30 days), NM, LA, PA |
| DIACOMIT CAPS 500mg | 5 | QL (180 caps / 30 days), NM, LA, PA |
| DIACOMIT PACK 250mg | 5 | QL (360 packets / 30 days), NM, LA, PA |
| DIACOMIT PACK 500mg | 5 | QL (180 packets / 30 days), NM, LA, PA |
| <i>diazepam</i> SOLN 5mg/5ml | 3 | QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg | 2 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 4 | |
| <i>diazepam inj</i> SOLN 5mg/ml | 4 | |
| <i>diazepam intensol</i> CONC 5mg/ml | 3 | QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year |
| DILANTIN CAPS 30mg, 100mg | 4 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------------|
| DILANTIN INFATABS CHEW 50mg | 4 | |
| DILANTIN-125 SUSP 125mg/5ml | 4 | |
| <i>divalproex sodium</i> CSDR 125mg | 4 | |
| <i>divalproex sodium</i> TB24 250mg, 500mg | 3 | |
| <i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg | 2 | |
| EPIDIOLEX SOLN 100mg/ml | 5 | QL (600 mL / 30 days), NM, LA, PA |
| <i>epitol</i> TABS 200mg | 3 | |
| EPRONTIA SOLN 25mg/ml | 4 | QL (480 mL / 30 days), PA |
| <i>ethosuximide</i> CAPS 250mg | 4 | |
| <i>ethosuximide</i> SOLN 250mg/5ml | 3 | |
| <i>felbamate</i> SUSP 600mg/5ml | 5 | |
| <i>felbamate</i> TABS 400mg, 600mg | 4 | |
| FINTEPLA SOLN 2.2mg/ml | 5 | QL (360 mL / 30 days), NM, LA, PA |
| FYCOMPA SUSP .5mg/ml | 5 | QL (720 mL / 30 days), PA |
| FYCOMPA TABS 2mg | 4 | QL (60 tabs / 30 days), PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg | 5 | QL (30 tabs / 30 days), PA |
| <i>gabapentin</i> CAPS 100mg, 300mg, 400mg | 2 | QL (180 caps / 30 days) |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml | 3 | QL (2160 mL / 30 days) |
| <i>gabapentin</i> TABS 600mg | 2 | QL (180 tabs / 30 days) |
| <i>gabapentin</i> TABS 800mg | 2 | QL (120 tabs / 30 days) |
| <i>lacosamide</i> SOLN 200mg/20ml | 4 | |
| <i>lacosamide</i> TABS 50mg | 4 | QL (120 tabs / 30 days) |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg | 4 | QL (60 tabs / 30 days) |
| <i>lacosamide oral</i> SOLN 10mg/ml | 4 | QL (1200 mL / 30 days) |
| <i>lamotrigine</i> CHEW 5mg, 25mg | 3 | |
| <i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg | 4 | |
| <i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 3 | |
| <i>levetiracetam</i> SOLN 500mg/5ml | 4 | |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml | 4 | |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml | 4 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|---|
| <i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i> | 4 | |
| <i>methsuximide</i> CAPS 300mg | 4 | |
| NAYZILAM SOLN 5mg/0.1ml | 4 | |
| <i>oxcarbazepine</i> SUSP 300mg/5ml | 4 | |
| <i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg | 3 | |
| <i>phenobarbital</i> ELIX 20mg/5ml | 4 | QL (1500 mL / 30 days), PA; PA if 70 years and older |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 3 | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml | 4 | PA; PA if 70 years and older |
| PHENYTEK CAPS 200mg, 300mg | 4 | |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml | 3 | |
| <i>phenytoin sodium</i> SOLN 50mg/ml | 3 | |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg | 3 | |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg | 3 | QL (120 caps / 30 days), PA |
| <i>pregabalin</i> CAPS 200mg | 3 | QL (90 caps / 30 days), PA |
| <i>pregabalin</i> CAPS 225mg, 300mg | 3 | QL (60 caps / 30 days), PA |
| <i>pregabalin</i> SOLN 20mg/ml | 4 | QL (900 mL / 30 days), PA |
| <i>primidone</i> TABS 50mg, 125mg, 250mg | 2 | |
| <i>roweepra</i> TABS 500mg | 3 | |
| <i>rufinamide</i> SUSP 40mg/ml | 5 | QL (2400 mL / 30 days), PA |
| <i>rufinamide</i> TABS 200mg | 4 | QL (480 tabs / 30 days), PA |
| <i>rufinamide</i> TABS 400mg | 5 | QL (240 tabs / 30 days), PA |
| SPRITAM TB3D 250mg | 4 | QL (360 tabs / 30 days) |
| SPRITAM TB3D 500mg | 4 | QL (180 tabs / 30 days) |
| SPRITAM TB3D 750mg | 4 | QL (120 tabs / 30 days) |
| SPRITAM TB3D 1000mg | 4 | QL (90 tabs / 30 days) |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg | 5 | QL (60 films / 30 days), PA |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 4 | |
| <i>topiramate</i> CPSP 15mg, 25mg | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|--|
| <i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg | 2 | |
| <i>valproate sodium</i> SOLN 100mg/ml | 4 | |
| <i>valproate sodium</i> SOLN 250mg/5ml | 3 | |
| <i>valproic acid</i> CAPS 250mg | 3 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | 4 | |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | 4 | |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | 4 | |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | 4 | |
| <i>vigabatrin</i> PACK 500mg | 5 | QL (180 packets / 30 days), NM, LA, PA |
| <i>vigabatrin</i> TABS 500mg | 5 | QL (180 tabs / 30 days), NM, LA, PA |
| <i>vigadrone</i> PACK 500mg | 5 | QL (180 packets / 30 days), NM, LA, PA |
| XCOPRI TABS 50mg, 100mg | 5 | QL (30 tabs / 30 days) |
| XCOPRI TABS 150mg, 200mg | 5 | QL (60 tabs / 30 days) |
| XCOPRI PAK 12.5-25 | 4 | QL (28 tabs / 28 days) |
| XCOPRI PAK 50-100MG | 5 | QL (28 tabs / 28 days) |
| XCOPRI PAK 100-150 | 5 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 5 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (TITRATION) | 5 | QL (28 tabs / 28 days) |
| ZONISADE SUSP 100mg/5ml | 5 | QL (900 mL / 30 days), PA |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg | 2 | |
| ZTALMY SUSP 50mg/ml | 5 | QL (1100 mL / 30 days), NM, LA, PA |

TRASTORNO DE DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD

| | | |
|--|---|----------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 3 | QL (60 tabs / 30 days), PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|--|
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 3 | QL (90 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> | 4 | QL (120 caps / 30 days) |
| <i>atomoxetine hcl CAPS 40mg</i> | 4 | QL (60 caps / 30 days) |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> | 4 | QL (30 caps / 30 days) |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i> | 3 | QL (120 tabs / 30 days), PA |
| <i>dexmethylphenidate hcl TABS 10mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i> | 3 | QL (30 tabs / 30 days), PA; PA if 70 years and older |
| <i>guanfacine hcl (adhd) TB24 3mg</i> | 3 | QL (60 tabs / 30 days), PA; PA if 70 years and older |
| <i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i> | 4 | QL (180 tabs / 30 days), PA |
| <i>methylphenidate hcl SOLN 5mg/5ml</i> | 4 | QL (1800 mL / 30 days), PA |
| <i>methylphenidate hcl SOLN 10mg/5ml</i> | 4 | QL (900 mL / 30 days), PA |
| <i>methylphenidate hcl TABS 5mg, 10mg</i> | 3 | QL (180 tabs / 30 days), PA |
| <i>methylphenidate hcl TABS 20mg</i> | 3 | QL (90 tabs / 30 days), PA |
| <i>methylphenidate hcl TBCR 10mg, 20mg</i> | 4 | QL (90 tabs / 30 days), PA |
| VYVANSE CAPS 10mg, 20mg, 30mg | 4 | QL (60 caps / 30 days), PA |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg | 4 | QL (30 caps / 30 days), PA |
| VYVANSE CHEW 10mg, 20mg, 30mg | 4 | QL (60 tabs / 30 days), PA |
| VYVANSE CHEW 40mg, 50mg, 60mg | 4 | QL (30 tabs / 30 days), PA |
| HIPNÓTICOS | | |
| DAYVIGO TABS 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| <i>doxepin hcl (sleep) TABS 3mg, 6mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>tasimelteon CAPS 20mg</i> | 5 | QL (30 caps / 30 days), NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|---|
| <i>temazepam</i> CAPS 7.5mg, 30mg | 4 | QL (30 caps / 30 days), PA; PA if 65 years and older |
| <i>temazepam</i> CAPS 15mg | 4 | QL (60 caps / 30 days), PA; PA if 65 years and older |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |

MIGRAÑA

| | | |
|---|---|------------------------------|
| AIMOVIG SOAJ 70mg/ml, 140mg/ml | 3 | QL (1 pen / 30 days), NM, PA |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 5 | |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml | 5 | QL (8 mL / 30 days), PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 3 | QL (40 tabs / 28 days), PA |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg | 3 | QL (12 tabs / 30 days) |
| NURTEC TBDP 75mg | 3 | QL (16 tabs / 30 days), PA |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg | 3 | QL (18 tabs / 30 days) |
| <i>sumatriptan</i> SOLN 5mg/act | 4 | QL (24 units / 30 days) |
| <i>sumatriptan</i> SOLN 20mg/act | 4 | QL (12 units / 30 days) |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml | 4 | QL (18 injections / 30 days) |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml | 4 | QL (12 injections / 30 days) |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg | 2 | QL (12 tabs / 30 days) |

VARIOS

| | | |
|------------------------|---|-------------------------------------|
| AUSTEDO TABS 6mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| AUSTEDO TABS 9mg, 12mg | 5 | QL (120 tabs / 30 days), NM, LA, PA |
| AUSTEDO XR TB24 6mg | 5 | QL (90 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 12mg | 5 | QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 24mg | 5 | QL (60 tabs / 30 days), NM, PA |
| GRALISE TABS 300mg | 4 | QL (180 tabs / 30 days), PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|---|
| GRALISE TABS 450mg, 600mg | 4 | QL (90 tabs / 30 days), PA |
| GRALISE TABS 750mg, 900mg | 4 | QL (60 tabs / 30 days), PA |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg | 1 | |
| <i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg | 2 | |
| NUEDEXTA CAP 20-10MG | 4 | QL (60 caps / 30 days), PA |
| <i>pyridostigmine bromide</i> TABS 60mg | 3 | |
| <i>riluzole</i> TABS 50mg | 4 | |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg | 4 | QL (60 tabs / 30 days), PA |
| SAVELLA MIS TITR PAK | 4 | QL (2 packs / year), PA |
| <i>tetrabenazine</i> TABS 12.5mg | 5 | QL (90 tabs / 30 days), NM, PA |
| <i>tetrabenazine</i> TABS 25mg | 5 | QL (120 tabs / 30 days), NM, PA |
| AGENTES DE ESCLEROSIS MÚLTIPLE | | |
| BAFIERTAM CPDR 95mg | 5 | QL (120 caps / 30 days), NM, LA, PA |
| BETASERON KIT .3mg | 5 | QL (14 syringes / 28 days), NM, PA |
| <i>dalfampridine</i> TB12 10mg | 3 | QL (60 tabs / 30 days), NM, PA |
| <i> fingolimod hcl</i> CAPS .5mg | 5 | QL (30 caps / 30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 20mg/ml | 5 | QL (30 syringes / 30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 40mg/ml | 5 | QL (12 syringes / 28 days), NM, PA |
| <i>glatopa</i> SOSY 20mg/ml | 5 | QL (30 syringes / 30 days), NM, PA |
| <i>glatopa</i> SOSY 40mg/ml | 5 | QL (12 syringes / 28 days), NM, PA |
| KESIMPTA SOAJ 20mg/0.4ml | 5 | QL (16 pens / year), NM, LA, PA |
| AGENTES DE TERAPIA MUSCULOESQUELÉTICA | | |
| <i>baclofen</i> TABS 5mg | 3 | QL (90 tabs / 30 days) |
| <i>baclofen</i> TABS 10mg, 20mg | 3 | |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | 3 | QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------------|
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg | 4 | |
| <i>tizanidine hcl</i> TABS 2mg, 4mg | 2 | |
| NARCOLEPSIA/CATAPLEXIA | | |
| <i>armodafinil</i> TABS 50mg | 4 | QL (60 tabs / 30 days), PA |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg | 4 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 100mg | 3 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 200mg | 3 | QL (60 tabs / 30 days), PA |
| SODIUM OXYBATE SOLN 500mg/ml | 5 | QL (540 mL / 30 days), NM, LA, PA |
| PSICOTERAPÉUTICOS-VARIOS | | |
| <i>acamprosate calcium</i> TBEC 333mg | 4 | |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg | 3 | QL (90 tabs / 30 days), PA |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 4 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | 4 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | 4 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | 4 | QL (60 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 2 | QL (90 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 2 | QL (90 tabs / 30 days) |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg | 3 | QL (60 tabs / 30 days) |
| <i>disulfiram</i> TABS 250mg, 500mg | 3 | |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml | 3 | |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml | 2 | |
| <i>naltrexone hcl</i> TABS 50mg | 3 | |
| NICOTROL INHALER INHA 10mg | 4 | |
| NICOTROL NS SOLN 10mg/ml | 4 | |
| <i>varenicline tartrate</i> TABS .5mg, 1mg | 4 | QL (56 tabs / 28 days), PA |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | 4 | QL (2 packs / year), PA |
| VIVITROL SUSR 380mg | 5 | NM |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|------------------------|-------|----------------------|
|------------------------|-------|----------------------|

ENDOCRINOS Y METABÓLICOS

ANDRÓGENOS

| | | |
|---|---|-----------------------------|
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml | 3 | PA |
| <i>methyltestosterone</i> CAPS 10mg | 5 | QL (600 caps / 30 days), PA |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm | 4 | QL (300 gm / 30 days), PA |
| <i>testosterone</i> GEL 1.62% | 4 | QL (150 gm / 30 days), PA |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | 3 | PA |
| <i>testosterone enanthate</i> SOLN 200mg/ml | 3 | PA |

ANTIDIABÉTICOS

| | | |
|---|---|---------------------------|
| <i>acarbose</i> TABS 25mg, 50mg, 100mg | 6 | |
| BYDUREON BCISE AUIJ 2mg/0.85ml | 3 | QL (4 pens / 28 days), PA |
| BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml | 4 | QL (1 pen / 30 days), PA |
| FARXIGA TABS 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| <i>glimepiride</i> TABS 1mg, 2mg | 6 | QL (90 tabs / 30 days) |
| <i>glimepiride</i> TABS 4mg | 6 | QL (60 tabs / 30 days) |
| <i>glipizide</i> TABS 5mg | 6 | QL (240 tabs / 30 days) |
| <i>glipizide</i> TABS 10mg | 6 | QL (120 tabs / 30 days) |
| <i>glipizide</i> TB24 2.5mg, 5mg | 6 | QL (90 tabs / 30 days) |
| <i>glipizide</i> TB24 10mg | 6 | QL (60 tabs / 30 days) |
| <i>glipizide xl</i> TB24 2.5mg, 5mg | 6 | QL (90 tabs / 30 days) |
| <i>glipizide xl</i> TB24 10mg | 6 | QL (60 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 6 | QL (240 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 6 | QL (120 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 6 | QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 3 | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | 3 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days) |
| JANUVIA TABS 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| JARDIANCE TABS 10mg, 25mg | 3 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | 3 | QL (30 tabs / 30 days) |
| <i>metformin hcl</i> TABS 500mg | 6 | QL (150 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|---|
| <i>metformin hcl</i> TABS 850mg | 6 | QL (90 tabs / 30 days) |
| <i>metformin hcl</i> TABS 1000mg | 6 | QL (75 tabs / 30 days) |
| <i>metformin hcl</i> TB24 500mg | 6 | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg | 6 | QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| <i>nateglinide</i> TABS 60mg, 120mg | 6 | QL (90 tabs / 30 days) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml | 3 | QL (1 pen / 28 days), PA |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | 3 | QL (1 pen / 28 days), PA |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | 3 | QL (1 pen / 28 days), PA |
| OZEMPIC (2MG/DOSE) SOPN 8MG/3ML | 3 | QL (1 pen / 28 days), PA |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg | 6 | QL (30 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 6 | QL (90 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 6 | QL (90 tabs / 30 days) |
| <i>repaglinide</i> TABS 2mg | 6 | QL (240 tabs / 30 days) |
| <i>repaglinide</i> TABS .5mg, 1mg | 6 | QL (120 tabs / 30 days) |
| RYBELSUS TABS 3mg, 7mg, 14mg | 3 | QL (30 tabs / 30 days), PA |
| SYNJARDY TAB 5-500MG | 3 | QL (120 tabs / 30 days) |
| SYNJARDY TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-500 | 3 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 10-1000 | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 12.5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 25-1000 | 3 | QL (30 tabs / 30 days) |
| TRADJENTA TABS 5mg | 3 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 3 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG | 3 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 3 | QL (30 tabs / 30 days) |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 3 | QL (4 pens / 28 days), PA |
| XIGDUO XR TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | 3 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | 3 | QL (30 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| ANTIDIABÉTICOS, INSULINAS | | |
| ADMELOG SOLN 100unit/ml | 3 | |
| ADMELOG SOLOSTAR SOPN 100unit/ml | 3 | |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 3 | |
| BD ALCOHOL SWABS | 1 | |
| FIASP FLEX INJ TOUCH | 3 | |
| FIASP INJ 100/ML | 3 | |
| FIASP PENFIL INJ U-100 | 3 | |
| GAUZE PADS 2" X 2" | 3 | |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 5 | B/D |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 5 | |
| INSULIN PEN NEEDLES: BD/NOVO | 1 | |
| INSULIN SAFETY NEEDLES | 1 | |
| INSULIN SYRINGES: BD | 1 | |
| LANTUS SOLN 100unit/ml | 3 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 3 | |
| NOVOLIN INJ 70/30 | 3 | (brand RELION not covered) |
| NOVOLIN INJ 70/30 FP | 3 | (brand RELION not covered) |
| NOVOLIN N SUSP 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLIN R SOLN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLOG SOLN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLOG MIX INJ 70/30 | 3 | (brand RELION not covered) |
| NOVOLOG MIX INJ FLEXPEN | 3 | (brand RELION not covered) |
| NOVOLOG PENFILL SOCT 100unit/ml | 3 | (brand RELION not covered) |
| OMNIPOD 5 G6 KIT INTRO | 4 | QL (1 kit / year), PA |
| OMNIPOD 5 G6 MIS PODS | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD DASH KIT INTRO | 4 | QL (1 kit / year), PA |
| OMNIPOD DASH MIS PODS | 4 | QL (15 pods / 30 days), PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|---------------------------------|
| OMNIPOD GO KIT 10UNT/DY | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 15UNT/DY | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 20UNT/DY | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 25UNT/DY | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 30UNT/DY | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 35UNT/DY | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 40UNT/DY | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD MIS CLASSIC | 4 | QL (15 pods / 30 days), PA |
| SOLIQUA INJ 100/33 | 3 | QL (5 pens / 25 days) |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 3 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 3 | |
| TRESIBA SOLN 100unit/ml | 3 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 3 | |
| V-GO 20 KIT | 4 | QL (30 devices / 30 days), PA |
| V-GO 30 KIT | 4 | QL (30 devices / 30 days), PA |
| V-GO 40 KIT | 4 | QL (30 devices / 30 days), PA |
| XULTOPHY INJ 100/3.6 | 3 | QL (5 pens / 30 days) |
| REGULADORES DE CALCIO | | |
| <i>alendronate sodium</i> SOLN 70mg/75ml | 4 | |
| <i>alendronate sodium</i> TABS 10mg, 35mg, 70mg | 6 | |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act | 3 | B/D |
| FOSAMAX + D TAB 70-2800 | 4 | ST |
| FOSAMAX + D TAB 70-5600 | 4 | ST |
| <i>ibandronate sodium</i> SOLN 3mg/3ml | 4 | B/D, QL (1 injection / 90 days) |
| <i>ibandronate sodium</i> TABS 150mg | 2 | B/D |
| NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg | 5 | LA, PA |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 3 | B/D |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 3 | B/D |
| PROLIA SOSY 60mg/ml | 4 | QL (1 syringe / 180 days), NM |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg | 3 | |
| <i>risedronate sodium</i> TABS 30mg; TBEC 35mg | 4 | |
| TERIPARATIDE SOPN 620mcg/2.48ml | 5 | NM, PA |
| XGEVA SOLN 120mg/1.7ml | 5 | NM, PA |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml | 4 | B/D, NM |
| AGENTES QUELANTES | | |
| CHEMET CAPS 100mg | 5 | |
| <i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg | 5 | NM, PA |
| <i>deferasirox</i> TABS 90mg | 3 | NM, PA |
| <i>deferasirox</i> TBSO 125mg | 4 | NM, PA |
| <i>penicillamine</i> TABS 250mg | 5 | NM |
| <i>sodium polystyrene sulfonate powder</i> | 3 | |
| <i>sps</i> SUSP 15gm/60ml | 3 | |
| <i>trientine hcl</i> CAPS 250mg | 5 | NM, PA |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm | 3 | |
| ANTICONCEPTIVOS | | |
| <i>afirmelle</i> | 2 | |
| <i>altavera</i> | 3 | |
| <i>alyacen 1/35</i> | 3 | |
| <i>alyacen 7/7/7</i> | 3 | |
| <i>apri</i> | 2 | |
| <i>aranelle</i> | 3 | |
| <i>aubra eq</i> | 2 | |
| <i>aurovela 1/20</i> | 3 | |
| <i>aurovela fe 1.5/30</i> | 2 | |
| <i>aurovela fe 1/20</i> | 2 | |
| <i>aviane</i> | 2 | |
| <i>ayuna</i> | 3 | |
| <i>azurette</i> | 3 | |
| <i>balziva</i> | 3 | |
| <i>blisovi fe 1.5/30</i> | 2 | |
| <i>briellyn</i> | 3 | |
| <i>camila</i> TABS .35mg | 2 | |
| <i>chateal</i> | 3 | |
| <i>cryselle-28</i> | 3 | |
| <i>cyred eq</i> | 2 | |
| <i>dasetta 1/35</i> | 3 | |
| <i>dasetta 7/7/7</i> | 3 | |
| <i>deblitane</i> TABS .35mg | 2 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 4 | |
| <i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i> | 3 | |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 3 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 3 | |
| <i>elinest</i> | 3 | |
| <i>eluryng</i> | 4 | |
| <i>enpresse-28</i> | 2 | |
| <i>enskyce</i> | 2 | |
| <i>errin TABS .35mg</i> | 2 | |
| <i>estarylla</i> | 2 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 2 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 3 | |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | 4 | |
| <i>falmina</i> | 2 | |
| <i>hailey 1.5/30</i> | 3 | |
| <i>heather TABS .35mg</i> | 2 | |
| <i>iclevia</i> | 3 | |
| <i>incassia TABS .35mg</i> | 2 | |
| <i>introvale</i> | 3 | |
| <i>isibloom</i> | 2 | |
| <i>jasmiel</i> | 3 | |
| <i>jolessa</i> | 3 | |
| <i>juleber</i> | 2 | |
| <i>junel 1.5/30</i> | 3 | |
| <i>junel 1/20</i> | 3 | |
| <i>junel fe 1.5/30</i> | 2 | |
| <i>junel fe 1/20</i> | 2 | |
| <i>kariva</i> | 3 | |
| <i>kelnor 1/35</i> | 2 | |
| <i>kelnor 1/50</i> | 3 | |
| <i>kurvelo</i> | 3 | |
| <i>larin 1.5/30</i> | 3 | |
| <i>larin 1/20</i> | 3 | |
| <i>larin fe 1.5/30</i> | 2 | |
| <i>larin fe 1/20</i> | 2 | |
| <i>leena</i> | 3 | |
| <i>lessina</i> | 2 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>levonest</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 3 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 3 | |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 2 | |
| <i>levora 0.15/30-28</i> | 3 | |
| <i>loestrin 1.5/30-21</i> | 3 | |
| <i>loestrin 1/20-21</i> | 3 | |
| <i>loestrin fe 1.5/30</i> | 2 | |
| <i>loestrin fe 1/20</i> | 2 | |
| <i>loryna</i> | 3 | |
| <i>low-ogestrel</i> | 3 | |
| <i>lutra</i> | 2 | |
| <i>lyleq TABS .35mg</i> | 2 | |
| <i>lyza TABS .35mg</i> | 2 | |
| <i>marlissa</i> | 3 | |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | 3 | |
| <i>microgestin 1.5/30</i> | 3 | |
| <i>microgestin 1/20</i> | 3 | |
| <i>microgestin fe 1.5/30</i> | 2 | |
| <i>microgestin fe 1/20</i> | 2 | |
| <i>mili</i> | 2 | |
| <i>mono-linyah</i> | 2 | |
| <i>necon 0.5/35-28</i> | 3 | |
| <i>nikki</i> | 3 | |
| <i>nora-be TABS .35mg</i> | 2 | |
| <i>norethindrone (contraceptive) TABS .35mg</i> | 2 | |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 3 | |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 3 | |
| <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | 3 | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | 2 | |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 2 | |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 3 | |
| <i>norlyroc TABS .35mg</i> | 2 | |
| <i>nortrel 0.5/35 (28)</i> | 3 | |
| <i>nortrel 1/35 (21)</i> | 3 | |
| <i>nortrel 1/35 (28)</i> | 3 | |
| <i>nortrel 7/7/7</i> | 3 | |
| <i>nylia 1/35</i> | 3 | |
| <i>nylia 7/7/7</i> | 3 | |
| <i>nymyo</i> | 2 | |
| <i>ocella</i> | 3 | |
| <i>philith</i> | 3 | |
| <i>pimtrea</i> | 3 | |
| <i>portia-28</i> | 3 | |
| <i>reclipsen</i> | 2 | |
| <i>setlakin</i> | 3 | |
| <i>sharobel TABS .35mg</i> | 2 | |
| <i>simliya</i> | 3 | |
| <i>sprintec 28</i> | 2 | |
| <i>sronyx</i> | 2 | |
| <i>syeda</i> | 3 | |
| <i>tarina fe 1/20 eq</i> | 2 | |
| <i>tilia fe</i> | 3 | |
| <i>tri-estarylla</i> | 3 | |
| <i>tri-legest fe</i> | 3 | |
| <i>tri-linyah</i> | 3 | |
| <i>tri-lo-estarylla</i> | 3 | |
| <i>tri-lo-marzia</i> | 3 | |
| <i>tri-lo-mili</i> | 3 | |
| <i>tri-lo-sprintec</i> | 3 | |
| <i>tri-mili</i> | 3 | |
| <i>tri-nymyo</i> | 3 | |
| <i>tri-sprintec</i> | 3 | |
| <i>tri-vylibra</i> | 3 | |
| <i>tri-vylibra lo</i> | 3 | |
| <i>trivora-28</i> | 2 | |
| <i>velivet</i> | 3 | |
| <i>vestura</i> | 3 | |
| <i>vienva</i> | 2 | |
| <i>viorele</i> | 3 | |
| <i>vyfemla</i> | 3 | |
| <i>vylibra</i> | 2 | |
| <i>wera</i> | 3 | |
| <i>xulane</i> | 4 | |
| <i>zafemy</i> | 4 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>zovia 1/35</i> | 2 | |
| <i>zumandimine</i> | 3 | |
| ENDOMETRIOSIS | | |
| <i>danazol CAPS 50mg, 100mg, 200mg</i> | 4 | |
| <i>SYNAREL SOLN 2mg/ml</i> | 5 | PA |
| ESTRÓGENOS | | |
| <i>amabelz</i> | 3 | |
| <i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i> | 3 | |
| <i>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</i> | 3 | |
| <i>estradiol TABS .5mg, 1mg, 2mg</i> | 2 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 3 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 3 | |
| <i>estradiol vaginal CREA .1mg/gm</i> | 3 | |
| <i>estradiol vaginal TABS 10mcg</i> | 4 | |
| <i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i> | 4 | |
| <i>fyavolv tab 0.5mg-2.5mcg</i> | 3 | |
| <i>fyavolv tab 1mg-5mcg</i> | 3 | |
| <i>jinteli</i> | 3 | |
| <i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i> | 3 | |
| <i>mimvey</i> | 3 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 3 | |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 3 | |
| <i>yuvaferm TABS 10mcg</i> | 4 | |
| GLUCOCORTICOIDES | | |
| <i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i> | 3 | B/D |
| <i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i> | 4 | B/D |
| <i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i> | 3 | |
| <i>fludrocortisone acetate TABS .1mg</i> | 2 | |
| <i>hydrocortisone TABS 5mg, 10mg, 20mg</i> | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|----------------------------------|
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg | 3 | B/D |
| <i>methylprednisolone</i> TBPK 4mg | 2 | |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml | 3 | B/D |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg | 3 | B/D |
| <i>prednisolone</i> SOLN 15mg/5ml | 2 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml | 4 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 15mg/5ml | 2 | B/D |
| <i>prednisone</i> SOLN 5mg/5ml | 4 | B/D |
| <i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 2 | B/D |
| <i>prednisone</i> TBPK 5mg, 10mg | 3 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 4 | B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 4 | |
| AGENTES PARA ELEVAR LA GLUCOSA | | |
| <i>diazoxide</i> SUSP 50mg/ml | 5 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 3 | |
| GVOKE KIT SOLN 1mg/0.2ml | 3 | |
| GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml | 3 | |
| VARIOS | | |
| ALDURAZYME SOLN 2.9mg/5ml | 5 | NM, LA, PA |
| <i>betaine powder for oral solution</i> | 5 | NM, LA |
| <i>cabergoline</i> TABS .5mg | 3 | |
| <i>carglumic acid</i> TBSO 200mg | 5 | NM, LA, PA |
| CERDELGA CAPS 84mg | 5 | NM, LA, PA |
| CEREZYME SOLR 400unit | 5 | NM, LA, PA |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg | 4 | B/D, QL (60 tabs / 30 days), NM |
| <i>cinacalcet hcl</i> TABS 90mg | 5 | B/D, QL (120 tabs / 30 days), NM |
| CYSTAGON CAPS 50mg, 150mg | 4 | NM, LA, PA |
| <i>desmopressin acetate</i> SOLN 4mcg/ml | 5 | |
| <i>desmopressin acetate</i> TABS .1mg, .2mg | 3 | |
| <i>desmopressin acetate spray</i> SOLN .01% | 4 | |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | 4 | |
| FABRAZYME SOLR 5mg, 35mg | 5 | NM, LA, PA |
| GENOTROPIN CART 5mg, 12mg | 5 | NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|--------------------------------|
| GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 5 | NM, PA |
| INCRELEX SOLN 40mg/4ml | 5 | NM, LA, PA |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg | 5 | NM, LA, PA |
| KORLYM TABS 300mg | 5 | NM, LA, PA |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg | 4 | B/D |
| LUMIZYME SOLR 50mg | 5 | NM, LA, PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 5 | NM, PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 5 | NM, PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg | 5 | NM, PA |
| <i>miglustat</i> CAPS 100mg | 5 | QL (90 caps / 30 days), NM, PA |
| NAGLAZYME SOLN 1mg/ml | 5 | NM, LA, PA |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg | 5 | NM, PA |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 4 | NM, PA |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml | 5 | NM, PA |
| <i>raloxifene hcl</i> TABS 60mg | 3 | |
| <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg | 5 | NM, PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 5 | NM, LA, PA |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg | 5 | NM, PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 5 | NM, LA, PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 5 | NM, LA, PA |
| AGENTES AGLUTINANTES DE FOSFATO | | |
| <i>calcium acetate (phosphate binder)</i> CAPS 667mg | 3 | QL (360 caps / 30 days) |
| <i>calcium acetate (phosphate binder)</i> TABS 667mg | 3 | QL (360 tabs / 30 days) |
| <i>sevelamer carbonate</i> PACK 2.4gm | 4 | QL (180 packets / 30 days) |
| <i>sevelamer carbonate</i> PACK .8gm | 4 | QL (540 packets / 30 days) |
| <i>sevelamer carbonate</i> TABS 800mg | 4 | QL (540 tabs / 30 days) |
| VELPHORO CHEW 500mg | 5 | QL (180 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|--------------------------------|
| PROGESTINAS | | |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>megestrol acetate</i> SUSP 40mg/ml | 3 | |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml | 4 | PA |
| <i>norethindrone acetate</i> TABS 5mg | 3 | |
| <i>progesterone</i> CAPS 100mg, 200mg | 3 | |
| AGENTES TIROIDEOS | | |
| <i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levoxyI</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg | 3 | |
| <i>methimazole</i> TABS 5mg, 10mg | 1 | |
| <i>propylthiouracil</i> TABS 50mg | 3 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 4 | |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| ANÁLOGOS DE VITAMINA D | | |
| <i>calcitriol</i> CAPS .25mcg, .5mcg | 2 | B/D |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml | 4 | B/D |
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg | 4 | B/D |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg | 4 | B/D |
| RAYALDEE CPCR 30mcg | 5 | |
| GASTROINTESTINAL | | |
| ANTIEMÉTICOS | | |
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg | 4 | B/D |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 4 | B/D |
| <i>compro</i> SUPP 25mg | 4 | |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg | 4 | B/D, QL (60 caps / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|---|
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml | 4 | |
| <i>granisetron hcl</i> TABS 1mg | 4 | B/D |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg | 2 | |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml | 3 | |
| <i>metoclopramide hcl</i> TABS 5mg, 10mg | 1 | |
| <i>ondansetron</i> TBP 4mg, 8mg | 3 | B/D |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 3 | |
| <i>ondansetron hcl</i> SOLN 4mg/5ml | 4 | B/D |
| <i>ondansetron hcl</i> TABS 4mg, 8mg | 3 | B/D |
| <i>prochlorperazine</i> SUPP 25mg | 4 | |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | 4 | |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg | 2 | |
| <i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg | 3 | PA; PA if 70 years and older |
| <i>scopolamine</i> PT72 1mg/3days | 4 | QL (10 patches / 30 days), PA; PA if 70 years and older |

ANTIESPASMÓDICOS

| | | |
|---|---|-------------------------|
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg | 3 | |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml | 4 | |
| <i>glycopyrrolate</i> TABS 1mg | 3 | QL (90 tabs / 30 days) |
| <i>glycopyrrolate</i> TABS 2mg | 3 | QL (120 tabs / 30 days) |

ANTAGONISTAS DEL RECEPTOR H2

| | | |
|---|---|-------------------------|
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml | 3 | |
| <i>famotidine</i> SUSR 40mg/5ml | 4 | QL (300 mL / 30 days) |
| <i>famotidine</i> TABS 20mg | 1 | QL (120 tabs / 30 days) |
| <i>famotidine</i> TABS 40mg | 1 | QL (60 tabs / 30 days) |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 3 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | 4 | |

ENFERMEDAD INFLAMATORIA INTESTINAL

| | | |
|---|---|----------------------------|
| <i>balsalazide disodium</i> CAPS 750mg | 3 | |
| <i>budesonide</i> CPEP 3mg | 4 | QL (90 caps / 30 days), PA |
| <i>budesonide</i> TB24 9mg | 5 | QL (30 tabs / 30 days), PA |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml | 4 | |
| <i>mesalamine</i> CP24 .375gm | 4 | QL (120 caps / 30 days) |
| <i>mesalamine</i> CPDR 400mg | 4 | QL (180 caps / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|------------------------------------|
| <i>mesalamine</i> ENEM 4gm; SUPP 1000mg | 4 | |
| <i>mesalamine</i> TBEC 1.2gm | 4 | QL (120 tabs / 30 days) |
| <i>mesalamine w/ cleanser</i> KIT 4gm | 4 | |
| <i>sulfasalazine</i> TABS 500mg | 2 | |
| <i>sulfasalazine</i> TBEC 500mg | 3 | |
| LAXANTES | | |
| <i>constulose</i> SOLN 10gm/15ml | 3 | |
| <i>enulose</i> SOLN 10gm/15ml | 3 | |
| <i>gavilyte-c</i> | 2 | |
| <i>gavilyte-g</i> | 2 | |
| <i>generlac</i> SOLN 10gm/15ml | 3 | |
| <i>lactulose</i> SOLN 10gm/15ml | 3 | |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | 3 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 2 | |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 2 | |
| PLENVU SOL | 4 | |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 3 | |
| VARIOS | | |
| <i>alose tron hcl</i> TABS .5mg, 1mg | 5 | QL (60 tabs / 30 days), PA |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml | 4 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 4 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 3 | |
| GATTEX KIT 5mg | 5 | NM, LA, PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 4 | QL (30 caps / 30 days) |
| <i>loperamide hcl</i> CAPS 2mg | 3 | |
| <i>misoprostol</i> TABS 100mcg, 200mcg | 3 | |
| MOVANTIK TABS 12.5mg, 25mg | 3 | QL (30 tabs / 30 days) |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml | 5 | QL (28 syringes / 28 days), PA |
| <i>sucralfate</i> TABS 1gm | 3 | |
| <i>ursodiol</i> CAPS 300mg | 3 | |
| <i>ursodiol</i> TABS 250mg, 500mg | 4 | |
| XERMELO TABS 250mg | 5 | QL (84 tabs / 28 days), NM, LA, PA |
| XIFAXAN TABS 550mg | 5 | PA |
| ENZIMAS PANCREÁTICAS | | |
| CREON CAP 3000UNIT | 3 | |
| CREON CAP 6000UNIT | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|-------------------------------|--------------|-----------------------------|
| CREON CAP 12000UNT | 3 | |
| CREON CAP 24000UNT | 3 | |
| CREON CAP 36000UNT | 3 | |
| ZENPEP CAP 3000UNIT | 4 | |
| ZENPEP CAP 5000UNIT | 4 | |
| ZENPEP CAP 10000UNT | 4 | |
| ZENPEP CAP 15000UNT | 4 | |
| ZENPEP CAP 20000UNT | 4 | |
| ZENPEP CAP 25000UNT | 4 | |
| ZENPEP CAP 40000UNT | 4 | |

INHIBIDORES DE LA BOMBA DE PROTONES

| | | |
|---|---|----------------------------|
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg | 4 | QL (30 caps / 30 days), ST |
| <i>lansoprazole</i> CPDR 15mg, 30mg | 3 | QL (60 caps / 30 days) |
| <i>lansoprazole</i> TBDD 15mg, 30mg | 4 | QL (60 tabs / 30 days), ST |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | |
| <i>pantoprazole sodium</i> SOLR 40mg | 4 | |
| <i>pantoprazole sodium</i> TBEC 20mg, 40mg | 1 | |
| <i>rabeprazole sodium</i> TBEC 20mg | 3 | QL (30 tabs / 30 days) |

GENITOURINARIO

HIPERPLASIA PROSTÁTICA BENIGNA

| | | |
|--|---|------------------------|
| <i>alfuzosin hcl</i> TB24 10mg | 2 | QL (30 tabs / 30 days) |
| <i>dutasteride</i> CAPS .5mg | 3 | QL (30 caps / 30 days) |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 4 | QL (30 caps / 30 days) |
| <i>finasteride</i> TABS 5mg | 1 | QL (30 tabs / 30 days) |
| <i>silodosin</i> CAPS 4mg, 8mg | 3 | QL (30 caps / 30 days) |
| <i>tamsulosin hcl</i> CAPS .4mg | 2 | QL (60 caps / 30 days) |

VARIOS

| | | |
|--|---|--|
| <i>acetic acid</i> SOLN .25% | 2 | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 3 | |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | 4 | |

ANTIESPASMÓDICOS URINARIOS

| | | |
|--|---|----------------------------|
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg | 4 | QL (30 tabs / 30 days), ST |
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg | 4 | QL (30 tabs / 30 days) |
| GEMTESA TABS 75mg | 4 | QL (30 tabs / 30 days) |
| MYRBETRIQ SRER 8mg/ml | 4 | QL (300 mL / 28 days) |
| MYRBETRIQ TB24 25mg, 50mg | 4 | QL (30 tabs / 30 days) |
| <i>oxybutynin chloride</i> SYRP 5mg/5ml | 2 | QL (600 mL / 30 days) |
| <i>oxybutynin chloride</i> TABS 5mg | 2 | QL (120 tabs / 30 days) |
| <i>oxybutynin chloride</i> TB24 5mg | 2 | QL (30 tabs / 30 days) |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg | 2 | QL (60 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-------------------------------|
| <i>solifenacin succinate</i> TABS 5mg, 10mg | 4 | QL (30 tabs / 30 days) |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg | 4 | QL (30 caps / 30 days), ST |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg | 4 | QL (60 tabs / 30 days) |
| <i>tropium chloride</i> CP24 60mg | 4 | QL (30 caps / 30 days) |
| <i>tropium chloride</i> TABS 20mg | 3 | QL (60 tabs / 30 days) |

ANTIINFECCIOSOS VAGINALES

| | | |
|---|---|--|
| <i>clindamycin phosphate vaginal</i> CREA 2% | 3 | |
| <i>metronidazole vaginal</i> GEL .75% | 3 | |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | 3 | |

HEMATOLÓGICOS

ANTICOAGULANTES

| | | |
|---|---|-------------------------|
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg | 4 | QL (60 caps / 30 days) |
| ELIQUIS TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| ELIQUIS TABS 5mg | 3 | QL (74 tabs / 30 days) |
| ELIQUIS STARTER PACK TBPK 5mg | 3 | QL (74 tabs / 30 days) |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml | 4 | |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 5 | |
| HEP SOD/D5W INJ 20000UNT | 4 | |
| HEP SOD/D5W INJ 25000UNT | 4 | |
| HEP SOD/NAACL INJ 12500UNT | 3 | |
| HEP SOD/NAACL INJ 25000UNT | 3 | |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 3 | B/D |
| HEPARIN/NAACL INJ 25000UNT | 3 | |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| PRADAXA CAPS 110mg | 4 | QL (120 caps / 30 days) |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO SUSR 1mg/ml | 3 | QL (620 mL / 30 days) |
| XARELTO TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| XARELTO TABS 10mg, 15mg, 20mg | 3 | QL (30 tabs / 30 days) |
| XARELTO STAR TAB 15/20MG | 3 | QL (51 tabs / 30 days) |

FACTORES DE CRECIMIENTO HEMATOPOYÉTICO

| | | |
|--|---|--------|
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | NM, PA |
|--|---|--------|

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|--------------------------------------|
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | 5 | NM, PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 5 | NM, PA |
| ZIEXTENZO SOSY 6mg/0.6ml | 5 | QL (2 syringes / 28 days), NM, PA |

VARIOS

| | | |
|---|---|---|
| <i>anagrelide hcl</i> CAPS .5mg, 1mg | 4 | |
| BERINERT KIT 500unit | 5 | QL (24 boxes / 30 days), NM, LA, PA |
| <i>cilostazol</i> TABS 50mg, 100mg | 2 | |
| DOPTELET TABS 20mg | 5 | NM, LA, PA |
| DROXIA CAPS 200mg, 300mg, 400mg | 3 | |
| ENDARI PACK 5gm | 5 | NM, LA, PA |
| HAEGARDA SOLR 2000unit | 5 | QL (30 vials / 30 days), NM, LA, PA |
| HAEGARDA SOLR 3000unit | 5 | QL (20 vials / 30 days), NM, LA, PA |
| <i>icatibant acetate</i> SOSY 30mg/3ml | 5 | QL (9 syringes / 30 days), NM, PA |
| <i>pentoxifylline</i> TBCR 400mg | 2 | |
| PROMACTA PACK 12.5mg | 5 | QL (360 packets / 30 days), NM, LA, PA |
| PROMACTA PACK 25mg | 5 | QL (180 packets / 30 days), NM, LA, PA |
| PROMACTA TABS 12.5mg, 25mg | 5 | QL (30 tabs / 30 days), NM, LA, PA |
| PROMACTA TABS 50mg, 75mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |
| <i>sajazir</i> SOSY 30mg/3ml | 5 | QL (9 syringes / 30 days), NM, LA, PA |
| <i>tranexamic acid</i> SOLN 1000mg/10ml | 4 | |
| <i>tranexamic acid</i> TABS 650mg | 3 | |

INHIBIDORES DE AGREGACIÓN PLAQUETARIA

| | | |
|---|---|---------------------------------|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 4 | |
| BRILINTA TABS 60mg, 90mg | 3 | |
| <i>clopidogrel bisulfate</i> TABS 75mg | 1 | |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg | 3 | PA; PA if 70 years and older |
| <i>prasugrel hcl</i> TABS 5mg, 10mg | 3 | |

AGENTES INMUNOLÓGICOS

AGENTES AUTOINMUNES

| | | |
|---|---|--------|
| DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml | 5 | NM, PA |
|---|---|--------|

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-------------------------------------|
| ENBREL SOLN 25mg/0.5ml | 5 | QL (16 vials / 28 days), NM, PA |
| ENBREL SOSY 25mg/0.5ml | 5 | QL (16 syringes / 28 days), NM, PA |
| ENBREL SOSY 50mg/ml | 5 | QL (8 syringes / 28 days), NM, PA |
| ENBREL MINI SOCT 50mg/ml | 5 | QL (8 cartridges / 28 days), NM, PA |
| ENBREL SURECLICK SOAJ 50mg/ml | 5 | QL (8 pens / 28 days), NM, PA |
| HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml | 5 | QL (2 syringes / 28 days), NM, PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | 5 | QL (6 syringes / 28 days), NM, PA |
| HUMIRA PEDIA INJ CROHNS | 5 | QL (2 syringes / 28 days), NM, PA |
| HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml | 5 | QL (3 syringes / 28 days), NM, PA |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml | 5 | QL (6 pens / 28 days), NM, PA |
| HUMIRA PEN PNKT 80mg/0.8ml | 5 | QL (4 pens / 28 days), NM, PA |
| HUMIRA PEN KIT PS/UV | 5 | QL (3 pens / 28 days), NM, PA |
| HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml | 5 | QL (6 pens / 28 days), NM, PA |
| HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml | 5 | QL (3 pens / 28 days), NM, PA |
| HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml | 5 | QL (4 pens / 28 days), NM, PA |
| HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml | 5 | QL (4 pens / 28 days), NM, PA |
| INFLIXIMAB SOLR 100mg | 5 | NM, LA, PA |
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml | 5 | QL (2 pens / 28 days), NM, PA |
| KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml | 5 | QL (2 syringes / 28 days), NM, PA |
| OTEZLA TABS 30mg | 5 | QL (60 tabs / 30 days), NM, PA |
| OTEZLA TAB 10/20/30 | 5 | QL (110 tabs / year), NM, PA |
| REMICADE SOLR 100mg | 5 | NM, LA, PA |
| RENFLIXIS SOLR 100mg | 5 | NM, LA, PA |
| RINVOQ TB24 15mg, 30mg | 5 | QL (30 tabs / 30 days), NM, PA |
| RINVOQ TB24 45mg | 5 | QL (168 tabs / year), NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---------------------------------------|--------------|---------------------------------------|
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml | 5 | QL (1 cartridge / 56 days), NM, PA |
| SKYRIZI SOLN 600mg/10ml | 5 | QL (6 vials / year), NM, PA |
| SKYRIZI SOSY 150mg/ml | 5 | QL (6 syringes / 365 days), NM, PA |
| SKYRIZI PEN SOAJ 150mg/ml | 5 | QL (6 pens / 365 days), NM, PA |
| STELARA SOLN 45mg/0.5ml | 5 | QL (1 vial / 28 days), NM, LA, PA |
| STELARA SOLN 130mg/26ml | 5 | NM, LA, PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml | 5 | QL (1 syringe / 28 days), NM, PA |
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml | 5 | QL (3 syringes / 28 days), NM, LA, PA |
| XELJANZ SOLN 1mg/ml | 5 | QL (480 mL / 24 days), NM, PA |
| XELJANZ TABS 5mg, 10mg | 5 | QL (60 tabs / 30 days), NM, PA |
| XELJANZ XR TB24 11mg, 22mg | 5 | QL (30 tabs / 30 days), NM, PA |

MEDICAMENTOS ANTIRREUMÁTICOS MODIFICADORES DE LA ENFERMEDAD (DMARDS)

| | | |
|--|---|------------------------|
| <i>hydroxychloroquine sulfate</i> TABS 200mg | 3 | |
| <i>leflunomide</i> TABS 10mg, 20mg | 3 | QL (30 tabs / 30 days) |
| <i>methotrexate sodium</i> TABS 2.5mg | 2 | |
| TREXALL TABS 5mg, 7.5mg, 10mg, 15mg | 4 | B/D |
| XATMEP SOLN 2.5mg/ml | 4 | B/D |

INMUNOGLOBULINAS

| | | |
|---|---|-------------|
| BIVIGAM SOLN 5gm/50ml, 10% | 5 | NM, LA, PA |
| FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 5 | NM, PA |
| GAMASTAN INJ | 4 | B/D, NM, LA |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 5 | NM, PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 5 | NM, PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 5 | NM, LA, PA |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NM, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|---------------------------------------|
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NM, PA |
| INMUNOMODULADORES | | |
| ACTIMMUNE SOLN 2000000unit/0.5ml | 5 | NM, LA, PA |
| ARCALYST SOLR 220mg | 5 | NM, LA, PA |
| INMUNOSUPRESORES | | |
| ASTAGRAF XL CP24 5mg | 5 | B/D |
| ASTAGRAF XL CP24 .5mg, 1mg | 4 | B/D |
| <i>azathioprine</i> TABS 50mg | 3 | B/D |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml | 5 | QL (8 syringes / 28 days), NM, LA, PA |
| BENLYSTA SOLR 120mg, 400mg | 5 | NM, LA, PA |
| <i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml | 4 | B/D |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 4 | B/D |
| <i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg | 5 | B/D |
| <i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml | 4 | B/D |
| <i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg | 3 | B/D |
| <i>mycophenolate mofetil</i> SUSR 200mg/ml | 5 | B/D |
| <i>mycophenolate sodium</i> TBEC 180mg, 360mg | 4 | B/D |
| NULOJIX SOLR 250mg | 5 | B/D |
| PROGRAF PACK .2mg, 1mg | 4 | B/D |
| REZUROCK TABS 200mg | 5 | NM, LA, PA |
| SANDIMMUNE SOLN 100mg/ml | 4 | B/D |
| <i>sirolimus</i> SOLN 1mg/ml | 5 | B/D |
| <i>sirolimus</i> TABS .5mg, 1mg, 2mg | 4 | B/D |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg | 4 | B/D |
| VACUNAS | | |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO INJ | 1 | |
| BOOSTRIX INJ | 1 | |

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

| Nombre del medicamento | Nivel | Requisitos / Límites |
|-------------------------------|--------------|-----------------------------|
| VARIVAX INJ 1350pfu/0.5ml | 1 | |
| YF-VAX INJ | 1 | |

NUTRICIONAL / SUPLEMENTOS

ELECTROLITOS/MINERALES, INYECTABLE

| | | |
|---|---|--|
| D2.5W/NACL INJ 0.45% | 4 | |
| D5W/LYTES INJ #48 | 4 | |
| D10W/NACL INJ 0.2% | 3 | |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 3 | |
| <i>dextrose 5% in lactated ringers</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.3%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.225%</i> | 3 | |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | 3 | |
| ISOLYTE-P INJ /D5W | 4 | |
| ISOLYTE-S INJ | 4 | |
| ISOLYTE-S INJ PH 7.4 | 4 | |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 3 | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 4 | |
| <i>lactated ringer's solution</i> | 3 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 3 | |
| <i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i> | 3 | |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> | 3 | |
| MG SO4/D5W INJ 10MG/ML | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>multiple electrolytes ph 5.5</i> | 4 | |
| <i>multiple electrolytes ph 7.4</i> | 4 | |
| PLASMA-LYTE INJ -148 | 4 | |
| PLASMA-LYTE INJ -A | 4 | |
| POT CHL 20MEQ/L IN NAACL 0.9% INJ | 4 | |
| POT CHL 20MEQ/L IN NAACL 0.45% INJ | 4 | |
| POT CHL 40MEQ/L IN NAACL 0.9% INJ | 4 | |
| <i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | 3 | |
| POTASSIUM CHLORIDE SOLN 10meq/50ml | 4 | |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | 3 | |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i> | 3 | |
| TPN ELECTROL INJ | 4 | B/D |
| ELECTROLITOS/MINERALES/VITAMINAS, ORAL | | |
| <i>klor-con PACK 20meq</i> | 4 | |
| <i>klor-con 8 TBCR 8meq</i> | 2 | |
| <i>klor-con 10 TBCR 10meq</i> | 2 | |
| <i>klor-con m10 TBCR 10meq</i> | 2 | |
| <i>klor-con m15 TBCR 15meq</i> | 3 | |
| <i>klor-con m20 TBCR 20meq</i> | 2 | |
| M-NATAL PLUS TAB | 3 | |
| <i>potassium chloride CPCR 8meq, 10meq</i> | 3 | |
| <i>potassium chloride PACK 20meq; SOLN 10%, 20%</i> | 4 | |
| <i>potassium chloride TBCR 8meq, 10meq, 20meq</i> | 2 | |
| <i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i> | 2 | |
| <i>potassium chloride microencapsulated crystals er TBCR 15meq</i> | 3 | |
| PRENATAL TAB 27-1MG | 3 | |
| PRENATAL TAB PLUS | 3 | |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | 2 | |
| TRICARE TAB PRENATAL | 3 | |
| NUTRICIÓN INTRAVENOSA | | |
| CLINIMIX INJ 4.25/D5W | 4 | B/D |
| CLINIMIX INJ 4.25/D10 | 4 | B/D |
| CLINIMIX INJ 5%/D15W | 4 | B/D |
| CLINIMIX INJ 5%/D20W | 4 | B/D |
| CLINIMIX INJ 6/5 | 4 | B/D |
| CLINIMIX INJ 8/10 | 4 | B/D |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| CLINIMIX INJ 8/14 | 4 | B/D |
| <i>clinisol sf 15%</i> | 4 | B/D |
| CLINOLIPID EMU 20% | 4 | B/D |
| <i>dextrose SOLN 5%, 10%</i> | 3 | |
| <i>dextrose SOLN 50%, 70%</i> | 3 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 4 | B/D |
| NUTRILIPID EMUL 20gm/100ml | 4 | B/D |
| <i>plenamine</i> | 4 | B/D |
| PREMASOL SOL 10% | 5 | B/D |
| PROSOL INJ 20% | 4 | B/D |
| TRAVASOL INJ 10% | 4 | B/D |
| TROPHAMINE INJ 10% | 4 | B/D |

OFTÁLMICOS

ANTIINFECCIOSO/ANTIINFLAMATORIO

| | | |
|--|---|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 3 | |
| <i>neo-polycin hc ophth oint 1%</i> | 3 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 4 | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 2 | |
| TOBRADEX OIN 0.3-0.1% | 3 | |
| TOBRADEX ST SUS 0.3-0.05 | 3 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 4 | |
| ZYLET SUS 0.5-0.3% | 3 | |

ANTIINFECCIOSOS

| | | |
|---|---|--|
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 3 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 2 | |
| BESIVANCE SUSP .6% | 3 | |
| CILOXAN OINT .3% | 3 | |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i> | 2 | |
| <i>erythromycin (ophth) OINT 5mg/gm</i> | 2 | |
| <i>gatifloxacin (ophth) SOLN .5%</i> | 3 | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | 2 | |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i> | 3 | |
| NATACYN SUSP 5% | 4 | |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | 3 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 3 | |
| <i>ofloxacin (ophth) SOLN .3%</i> | 2 | |
| <i>polycin ophth oint</i> | 2 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i> | 3 | |
| <i>tobramycin (ophth) SOLN .3%</i> | 1 | |
| <i>trifluridine SOLN 1%</i> | 4 | |
| <i>ZIRGAN GEL .15%</i> | 4 | |

ANTIINFLAMATORIOS

| | | |
|--|---|--|
| <i>ALREX SUSP .2%</i> | 3 | |
| <i>bromfenac sodium (ophth) SOLN .09%</i> | 4 | |
| <i>BROMSITE SOLN .075%</i> | 4 | |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i> | 3 | |
| <i>diclofenac sodium (ophth) SOLN .1%</i> | 2 | |
| <i>difluprednate EMUL .05%</i> | 4 | |
| <i>EYSUVIS SUSP .25%</i> | 4 | |
| <i>FLAREX SUSP .1%</i> | 4 | |
| <i>fluorometholone (ophth) SUSP .1%</i> | 3 | |
| <i>flurbiprofen sodium SOLN .03%</i> | 3 | |
| <i>ketorolac tromethamine (ophth) SOLN .4%</i> | 3 | |
| <i>ketorolac tromethamine (ophth) SOLN .5%</i> | 2 | |
| <i>LOTEMAX OINT .5%</i> | 3 | |
| <i>prednisolone acetate (ophth) SUSP 1%</i> | 3 | |
| <i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i> | 3 | |
| <i>PROLENSA SOLN .07%</i> | 3 | |

ANTIALÉRGICOS

| | | |
|---|---|--|
| <i>azelastine hcl (ophth) SOLN .05%</i> | 3 | |
| <i>cromolyn sodium (ophth) SOLN 4%</i> | 2 | |
| <i>olopatadine hcl SOLN .1%</i> | 3 | |
| <i>ZERVIAE SOLN .24%</i> | 4 | |

ANTI GLAUCOMA

| | | |
|---------------------------------------|---|--|
| <i>betaxolol hcl (ophth) SOLN .5%</i> | 3 | |
| <i>BETOPTIC-S SUSP .25%</i> | 4 | |
| <i>brimonidine tartrate SOLN .2%</i> | 1 | |
| <i>brimonidine tartrate SOLN .15%</i> | 4 | |
| <i>brinzolamide SUSP 1%</i> | 4 | |
| <i>carteolol hcl (ophth) SOLN 1%</i> | 2 | |
| <i>COMBIGAN SOL 0.2/0.5%</i> | 3 | |
| <i>dorzolamide hcl SOLN 2%</i> | 2 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml | 2 | |
| <i>latanoprost SOLN .005%</i> | 1 | |
| <i>levobunolol hcl SOLN .5%</i> | 2 | |
| LUMIGAN SOLN .01% | 3 | |
| <i>pilocarpine hcl SOLN 1%, 2%, 4%</i> | 3 | |
| RHOPRESSA SOLN .02% | 4 | |
| ROCKLATAN DRO | 4 | |
| SIMBRINZA SUS 1-0.2% | 4 | |
| <i>timolol maleate (ophth) SOLG .25%, .5%</i> | 4 | |
| <i>timolol maleate (ophth) SOLN .25%, .5%</i> | 1 | |
| <i>travoprost SOLN .004%</i> | 4 | |
| VYZULTA SOLN .024% | 4 | |

VARIOS

| | | |
|--|---|------------|
| ATROPINE SULFATE SOLN 1% | 3 | |
| <i>atropine sulfate (ophthalmic) SOLN 1%</i> | 3 | |
| CYSTADROPS SOLN .37% | 5 | NM, LA, PA |
| CYSTARAN SOLN .44% | 5 | NM, LA, PA |
| <i>proparacaine hcl SOLN .5%</i> | 3 | |
| RESTASIS EMUL .05% | 3 | |
| RESTASIS MULTIDOSE EMUL .05% | 3 | |
| TYRVAYA SOLN .03mg/act | 4 | |
| XIIDRA SOLN 5% | 3 | |

ÓTICOS

AGENTES DE ÓTICOS

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

Productos vitamínicos/minerales recetados

Productos vitamínicos/minerales recetados

| | | |
|---------------------------------------|---|--------------------------------|
| <i>cyanocobalamin SOLN 1000mcg/ml</i> | 2 | ED, GC, QL (1 vial / 30 days) |
| <i>ergocalciferol CAPS 50000unit</i> | 2 | ED, GC, QL (4 caps / 28 days) |
| <i>folic acid TABS 1mg</i> | 2 | ED, GC, QL (30 tabs / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|-------|--|
| RESPIRATORIO | | |
| ANTICOLINÉRGICOS/ COMBINACIONES BETA AGONISTAS | | |
| ANORO ELLIPT AER 62.5-25 | 3 | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG | 3 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE | 3 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 3 | QL (4 inhalers / 28 days) |
| COMBIVENT AER 20-100 | 4 | QL (2 inhalers / 30 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 3 | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | 3 | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | 3 | QL (60 blisters / 30 days) |
| ANTICOLINÉRGICOS | | |
| ATROVENT HFA AERS 17mcg/act | 4 | QL (2 inhalers / 30 days) |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 3 | QL (30 blisters / 30 days) |
| <i>ipratropium bromide SOLN .02%</i> | 2 | B/D |
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i> | 3 | |
| ANTIISTAMÍNICOS | | |
| <i>azelastine hcl SOLN .1%</i> | 3 | |
| <i>cetirizine hcl SOLN 1mg/ml</i> | 2 | QL (300 mL / 30 days) |
| <i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i> | 3 | PA; PA if 70 years and older |
| <i>desloratadine TABS 5mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>diphenhydramine hcl SOLN 50mg/ml</i> | 3 | |
| <i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i> | 4 | PA; PA if 70 years and older |
| <i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> | 3 | PA; PA if 70 years and older |
| <i>hydroxyzine pamoate CAPS 25mg, 50mg</i> | 3 | PA; PA if 70 years and older |
| <i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i> | 4 | QL (300 mL / 30 days) |
| <i>levocetirizine dihydrochloride TABS 5mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>olopatadine hcl (nasal) SOLN .6%</i> | 4 | |
| BETA AGONISTAS | | |
| <i>albuterol sulfate AERS 108mcg/act</i> | 3 | QL (2 inhalers / 30 days); (generic of Proair HFA) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|---|
| <i>albuterol sulfate</i> AERS 108mcg/act | 3 | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| <i>albuterol sulfate</i> AERS 108mcg/act | 3 | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| <i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 3 | B/D |
| <i>albuterol sulfate</i> NEBU .083% | 2 | B/D |
| <i>albuterol sulfate</i> SYRP 2mg/5ml | 3 | |
| <i>albuterol sulfate</i> TABS 2mg, 4mg | 4 | |
| <i>arformoterol tartrate</i> NEBU 15mcg/2ml | 4 | B/D |
| <i>formoterol fumarate</i> NEBU 20mcg/2ml | 4 | B/D |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 4 | B/D |
| <i>levalbuterol tartrate</i> AERO 45mcg/act | 3 | QL (2 inhalers / 30 days), ST |
| SEREVENT DISKUS AEPB 50mcg/dose | 3 | QL (60 inhalations / 30 days) |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg | 4 | |
| VENTOLIN HFA AERS 108mcg/act | 3 | QL (2 inhalers / 30 days) |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act | 3 | QL (6 inhalers / 30 days) |
| MODULADORES DE LEUCOTRIENOS | | |
| <i>montelukast sodium</i> CHEW 4mg, 5mg | 2 | |
| <i>montelukast sodium</i> PACK 4mg | 4 | |
| <i>montelukast sodium</i> TABS 10mg | 1 | |
| <i>zafirlukast</i> TABS 10mg, 20mg | 3 | |
| VARIOS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 4 | B/D |
| ARALAST NP SOLR 500mg, 1000mg | 5 | NM, LA, PA |
| BRONCHITOL CAPS 40mg | 5 | QL (560 caps / 28 days), NM, LA, PA |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | 3 | B/D |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml | 3 | (generic of EpiPen) |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | 3 | (generic of Adrenaclick) |
| FASENRA SOSY 30mg/ml | 5 | NM, LA, PA |
| FASENRA PEN SOAJ 30mg/ml | 5 | NM, LA, PA |
| KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg | 5 | QL (56 packs / 28 days), NM, LA, PA |
| KALYDECO TABS 150mg | 5 | QL (60 tabs / 30 days), NM, LA, PA |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|--|
| OFEV CAPS 100mg, 150mg | 5 | QL (60 caps / 30 days), NM, LA, PA |
| ORKAMBI GRA 75-94MG | 5 | QL (56 packs / 28 days), NM, LA, PA |
| ORKAMBI GRA 100-125 | 5 | QL (56 packs / 28 days), NM, LA, PA |
| ORKAMBI GRA 150-188 | 5 | QL (56 packs / 28 days), NM, LA, PA |
| ORKAMBI TAB 100-125 | 5 | QL (112 tabs / 28 days), NM, LA, PA |
| ORKAMBI TAB 200-125 | 5 | QL (112 tabs / 28 days), NM, LA, PA |
| <i>pirfenidone</i> CAPS 267mg | 5 | QL (270 caps / 30 days), NM, PA |
| <i>pirfenidone</i> TABS 267mg | 5 | QL (270 tabs / 30 days), NM, PA |
| <i>pirfenidone</i> TABS 534mg, 801mg | 5 | QL (90 tabs / 30 days), NM, PA |
| PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg | 5 | NM, LA, PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 5 | NM, PA |
| <i>roflumilast</i> TABS 250mcg | 3 | QL (56 tabs / year) |
| <i>roflumilast</i> TABS 500mcg | 3 | QL (30 tabs / 30 days) |
| SYMDEKO TAB 50-75MG | 5 | QL (56 tabs / 28 days), NM, LA, PA |
| SYMDEKO TAB 100-150 | 5 | QL (56 tabs / 28 days), NM, LA, PA |
| SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml | 4 | |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg | 4 | |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg | 4 | |
| <i>theophylline</i> TB24 400mg, 600mg | 3 | |
| TRIKAFTA PAK 59.5MG | 5 | QL (56 packs / 28 days), NM, LA, PA |
| TRIKAFTA PAK 75MG | 5 | QL (56 packs / 28 days), NM, LA, PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG | 5 | QL (84 tabs / 28 days), NM, LA, PA |
| TRIKAFTA TAB 100-50-75MG & 150MG | 5 | QL (84 tabs / 28 days), NM, LA, PA |
| XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml | 5 | NM, LA, PA |
| ZEMAIRA SOLR 1000mg | 5 | NM, LA, PA |
| ESTEROIDES NASALES | | |
| <i>flunisolide (nasal)</i> SOLN .025% | 3 | QL (3 bottles / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-------------------------------|
| <i>fluticasone propionate (nasal) SUSP</i> 50mcg/act | 2 | QL (1 bottle / 30 days) |
| <i>mometasone furoate (nasal) SUSP</i> 50mcg/act | 4 | QL (2 inhalers / 30 days), ST |
| OMNARIS SUSP 50mcg/act | 4 | QL (1 inhaler / 30 days), ST |
| XHANCE EXHU 93mcg/act | 4 | QL (32 mL / 30 days), PA |

INHALADORES ESTEROIDES

| | | |
|--|---|-------------------------------|
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 3 | QL (30 inhalations / 30 days) |
| <i>budesonide (inhalation) SUSP</i> .25mg/2ml, .5mg/2ml | 4 | B/D |

ESTEROIDES/COMBINACIONES BETA AGONISTAS

| | | |
|--|---|---|
| ADVAIR HFA AER 45/21 | 3 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | 3 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 230/21 | 3 | QL (1 inhaler / 30 days) |
| BREO ELLIPTA INH 100-25 | 3 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 200-25 | 3 | QL (60 blisters / 30 days) |
| DULERA AER 50-5MCG | 4 | QL (1 inhaler / 30 days) |
| DULERA AER 100-5MCG | 4 | QL (1 inhaler / 30 days) |
| DULERA AER 200-5MCG | 4 | QL (1 inhaler / 30 days) |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 3 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 3 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 3 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>wixela inhub</i> | 3 | QL (60 inhalations / 30 days) |

AGENTES PARA LA DISFUNCIÓN

AGENTES PARA LA DISFUNCIÓN

| | | |
|---|---|-------------------------------|
| <i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg | 2 | ED, GC, QL (6 tabs / 30 days) |
|---|---|-------------------------------|

TÓPICOS

DERMATOLOGÍA, ACNÉ

| | | |
|---|---|------------------------|
| <i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| <i>amnestem</i> CAPS 10mg, 20mg, 40mg | 4 | PA |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 4 | QL (46.6 gm / 30 days) |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| <i>clindamycin phosphate (topical) GEL 1%</i> | 3 | QL (75 gm / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|-----------------------------|
| <i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% | 3 | QL (60 mL / 30 days) |
| <i>ery</i> PADS 2% | 3 | QL (60 pledgets / 30 days) |
| <i>erythromycin (acne aid)</i> GEL 2% | 3 | QL (60 gm / 30 days) |
| <i>erythromycin (acne aid)</i> SOLN 2% | 3 | QL (60 mL / 30 days) |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| <i>sulfacetamide sodium (acne)</i> LOTN 10% | 4 | QL (118 mL / 30 days) |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% | 4 | QL (45 gm / 30 days), PA |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| DERMATOLOGÍA, ANTIBIÓTICOS | | |
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% | 3 | QL (30 gm / 30 days) |
| <i>mupirocin</i> OINT 2% | 2 | QL (220 gm / 30 days) |
| <i>silver sulfadiazine</i> CREA 1% | 2 | |
| <i>ssd</i> CREA 1% | 2 | |
| SULFAMYLON CREA 85mg/gm | 4 | QL (453.6 gm / 30 days) |
| DERMATOLOGÍA, ANTIFÚNGICOS | | |
| <i>ciclopirox olamine</i> CREA .77% | 3 | QL (90 gm / 30 days) |
| <i>ciclopirox olamine</i> SUSP .77% | 3 | QL (60 mL / 30 days) |
| <i>clotrimazole (topical)</i> CREA 1% | 2 | QL (45 gm / 30 days) |
| <i>clotrimazole (topical)</i> SOLN 1% | 3 | QL (30 mL / 30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 3 | QL (45 gm / 30 days) |
| <i>ketoconazole (topical)</i> CREA 2% | 3 | QL (60 gm / 30 days) |
| <i>nyamyc</i> POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm | 2 | QL (30 gm / 30 days) |
| <i>nystatin (topical)</i> POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| <i>nystop</i> POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| DERMATOLOGÍA, ANTIPSORIÁSICOS | | |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg | 4 | PA |
| <i>calcipotriene</i> CREA .005%; OINT .005% | 4 | QL (120 gm / 30 days), PA |
| <i>calcipotriene</i> SOLN .005% | 4 | QL (120 mL / 30 days), PA |
| <i>calcitrene</i> OINT .005% | 4 | QL (120 gm / 30 days), PA |
| <i>tazarotene</i> CREA .1% | 3 | QL (60 gm / 30 days), PA |
| TAZORAC CREA .05% | 4 | QL (60 gm / 30 days), PA |
| DERMATOLOGÍA, ANTISEBORRÉICOS | | |
| <i>ketoconazole (topical)</i> SHAM 2% | 2 | QL (120 mL / 30 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|------------------------------|
| <i>selenium sulfide</i> LOTN 2.5% | 2 | |
| DERMATOLOGÍA, CORTICOSTEROIDES | | |
| <i>ala-cort</i> CREA 1% | 1 | |
| <i>ala-cort</i> CREA 2.5% | 2 | |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05% | 3 | QL (60 gm / 30 days) |
| <i>betamethasone dipropionate (topical)</i> CREA .05% | 3 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate (topical)</i> LOTN .05% | 3 | QL (120 mL / 30 days) |
| <i>betamethasone dipropionate (topical)</i> OINT .05% | 4 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate augmented</i> CREA .05% | 2 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05% | 4 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate augmented</i> LOTN .05% | 4 | QL (120 mL / 30 days) |
| <i>betamethasone valerate</i> CREA .1%; OINT .1% | 3 | QL (120 gm / 30 days) |
| <i>betamethasone valerate</i> LOTN .1% | 3 | QL (120 mL / 30 days) |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | 4 | QL (60 gm / 30 days) |
| <i>clobetasol propionate</i> SOLN .05% | 4 | QL (50 mL / 30 days) |
| <i>clobetasol propionate e</i> CREA .05% | 4 | QL (60 gm / 30 days) |
| ENSTILAR AER | 4 | QL (120 gm / 30 days), PA |
| <i>fluocinolone acetonide</i> CREA .01% | 4 | QL (60 gm / 30 days) |
| <i>fluocinolone acetonide</i> CREA .025% | 4 | QL (120 gm / 30 days) |
| <i>fluocinolone acetonide</i> OIL .01% | 3 | QL (118.28 mL / 30 days) |
| <i>fluocinolone acetonide</i> OINT .025% | 3 | QL (120 gm / 30 days) |
| <i>fluocinolone acetonide</i> SOLN .01% | 4 | QL (90 mL / 30 days) |
| <i>fluocinonide</i> CREA .05% | 3 | QL (120 gm / 30 days) |
| <i>fluocinonide</i> GEL .05%; OINT .05% | 4 | QL (60 gm / 30 days) |
| <i>fluocinonide</i> SOLN .05% | 3 | QL (60 mL / 30 days) |
| <i>fluocinonide emulsified base</i> CREA .05% | 3 | QL (120 gm / 30 days) |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | 3 | |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% | 4 | QL (50 gm / 30 days) |
| <i>hydrocortisone (topical)</i> CREA 1% | 1 | |
| <i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5% | 2 | |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | 3 | |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|---|--------------|-----------------------------|
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% | 2 | QL (454 gm / 30 days) |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1% | 3 | |
| <i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5% | 2 | |

DERMATOLOGY, ANESTÉSICOS LOCALES

| | | |
|--|---|----------------------------|
| <i>glydo</i> PRSY 2% | 4 | QL (60 mL / 30 days), PA |
| <i>lidocaine</i> OINT 5% | 4 | QL (50 gm / 30 days), PA |
| <i>lidocaine</i> PTCH 5% | 4 | QL (3 patches / 1 day), PA |
| <i>lidocaine hcl</i> SOLN 4% | 3 | QL (50 mL / 30 days), PA |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% | 3 | B/D, QL (30 gm / 30 days) |

DERMATOLOGÍA, VARIOS DE LA PIEL Y LA MEMBRANA MUCOSA

| | | |
|--|---|----------------------------------|
| <i>azelaic acid</i> GEL 15% | 4 | QL (50 gm / 30 days) |
| <i>bexarotene (topical)</i> GEL 1% | 5 | QL (60 gm / 30 days), NM, PA |
| <i>diclofenac sodium (topical)</i> GEL 1% | 3 | QL (1000 gm / 30 days) |
| FINACEA FOAM 15% | 4 | QL (50 gm / 30 days) |
| <i>fluorouracil (topical)</i> CREA 5% | 4 | QL (40 gm / 30 days) |
| <i>fluorouracil (topical)</i> SOLN 2%, 5% | 3 | QL (10 mL / 30 days) |
| <i>hydrocortisone (rectal)</i> CREA 1% | 3 | |
| <i>hydrocortisone (rectal)</i> CREA 2.5% | 2 | |
| <i>imiquimod</i> CREA 5% | 3 | QL (24 packets / 30 days) |
| <i>lactic acid (ammonium lactate)</i> CREA 12% | 2 | |
| <i>lactic acid (ammonium lactate)</i> LOTN 12% | 3 | |
| <i>metronidazole (topical)</i> CREA .75% | 4 | QL (45 gm / 30 days) |
| <i>metronidazole (topical)</i> GEL .75% | 3 | QL (45 gm / 30 days) |
| <i>metronidazole (topical)</i> LOTN .75% | 4 | QL (59 mL / 30 days) |
| NORITATE CREA 1% | 5 | QL (60 gm / 30 days) |
| PANRETIN GEL .1% | 5 | QL (60 gm / 30 days), PA |
| <i>podofilox</i> SOLN .5% | 3 | QL (7 mL / 28 days) |
| <i>procto-med hc</i> CREA 2.5% | 2 | |
| <i>proctosol hc</i> CREA 2.5% | 2 | |
| <i>proctozone-hc</i> CREA 2.5% | 2 | |
| RECTIV OINT .4% | 4 | QL (30 gm / 30 days) |
| <i>tacrolimus (topical)</i> OINT .03%, .1% | 4 | QL (100 gm / 30 days) |
| VALCHLOR GEL .016% | 5 | QL (60 gm / 30 days), NM, LA, PA |
| ZYCLARA PUMP CREA 2.5% | 5 | QL (7.5 gm / 28 days) |

| Nombre del medicamento | Nivel | Requisitos / Límites |
|--|--------------|--------------------------------|
| DERMATOLOGÍA, ESCABICIDAS Y PEDICULIDAS | | |
| <i>malathion</i> LOTN .5% | 4 | QL (59 mL / 30 days) |
| <i>permethrin</i> CREA 5% | 3 | QL (60 gm / 30 days) |
| DERMATOLOGÍA, AGENTES PARA EL CUIDADO DE HERIDAS | | |
| REGRANEX GEL .01% | 5 | QL (30 gm / 30 days), PA |
| SANTYL OINT 250unit/gm | 4 | QL (180 gm / 30 days) |
| <i>sodium chloride (gu irrigant)</i> SOLN .9% | 3 | |
| <i>water for irrigation, sterile irrigation soln</i> | 2 | |
| BOCA/GARGANTA/AGENTES DENTALES | | |
| <i>cevimeline hcl</i> CAPS 30mg | 4 | |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 1 | |
| <i>clotrimazole</i> TROC 10mg | 3 | QL (150 lozenges / 30 days) |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2% | 2 | |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml | 2 | |
| <i>periogard</i> SOLN .12% | 1 | |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg | 3 | |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1% | 3 | |

Index

| | |
|---|--------|
| A | |
| <i>abacavir sulfate</i> | 14 |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 15 |
| ABELCET..... | 13 |
| ABILIFY MAINTENA..... | 42 |
| <i>abiraterone acetate</i> | 21 |
| <i>acamprosate calcium</i> | 52 |
| <i>acarbose</i> | 53 |
| <i>accutane</i> | 82 |
| <i>acebutolol hcl</i> | 35 |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 10 |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 10 |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 10 |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 10 |
| <i>acetazolamide</i> | 37 |
| <i>acetic acid</i> | 67 |
| <i>acetic acid (otic)</i> | 78 |
| <i>acetylcysteine</i> | 80 |
| <i>acitretin</i> | 83 |
| ACTHIB INJ..... | 72 |
| ACTIMMUNE..... | 72 |
| <i>acyclovir</i> | 16 |
| <i>acyclovir sodium</i> | 16 |
| ADACEL INJ..... | 72 |
| <i>adefovir dipivoxil</i> | 16 |
| ADEMPAS..... | 38 |
| ADMELOG..... | 55 |
| ADMELOG SOLOSTAR..... | 55 |
| ADVAIR HFA AER 115/21..... | 82 |
| ADVAIR HFA AER 230/21..... | 82 |
| ADVAIR HFA AER 45/21..... | 82 |
| <i>afirmelle</i> | 57 |
| AIMOVIG..... | 50 |
| <i>ala-cort</i> | 84 |
| <i>albendazole</i> | 11 |
| <i>albuterol sulfate</i> | 79, 80 |
| <i>alclometasone dipropionate</i> | 84 |
| ALDURAZYME..... | 62 |
| ALECENSA..... | 23 |
| <i>alendronate sodium</i> | 56 |
| <i>alfuzosin hcl</i> | 67 |
| <i>aliskiren fumarate</i> | 37 |
| <i>allopurinol</i> | 9 |
| <i>alosetron hcl</i> | 66 |
| <i>alprazolam</i> | 39 |
| ALREX..... | 77 |
| <i>altavera</i> | 57 |
| ALTOPREV..... | 34 |
| ALUNBRIG..... | 23 |
| ALUNBRIG PAK..... | 23 |
| <i>alyacen 1/35</i> | 57 |
| <i>alyacen 7/7/7</i> | 57 |
| <i>amabelz</i> | 61 |
| <i>amantadine hcl</i> | 41 |
| <i>ambrisentan</i> | 38 |
| <i>amikacin sulfate</i> | 11 |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 37 |
| <i>amiloride hcl</i> | 37 |
| <i>amiodarone hcl</i> | 33 |
| <i>amitriptyline hcl</i> | 39 |
| <i>amlodipine besylate</i> | 36 |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> | 37 |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> | 38 |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> | 38 |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> | 38 |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> | 37 |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | 37 |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | 37 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> | 37 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> | 37 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> | 37 |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> | 37 |

| | | | |
|--|----|--|----|
| <i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg | 30 | <i>amoxicillin & k clavulanate tab</i> 875-125 mg | 19 |
| <i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg | 30 | <i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg..... | 19 |
| <i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg | 30 | <i>amphetamine-dextroamphetamine cap</i> er 24hr 10 mg..... | 48 |
| <i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg | 30 | <i>amphetamine-dextroamphetamine cap</i> er 24hr 15 mg..... | 48 |
| <i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg | 30 | <i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg..... | 48 |
| <i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg | 30 | <i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg..... | 48 |
| <i>amlodipine besylate-olmesartan</i> <i>medoxomil tab</i> 10-20 mg | 31 | <i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg..... | 48 |
| <i>amlodipine besylate-olmesartan</i> <i>medoxomil tab</i> 10-40 mg | 31 | <i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg | 48 |
| <i>amlodipine besylate-olmesartan</i> <i>medoxomil tab</i> 5-20 mg | 31 | <i>amphetamine-dextroamphetamine tab</i> 10 mg | 48 |
| <i>amlodipine besylate-olmesartan</i> <i>medoxomil tab</i> 5-40 mg | 31 | <i>amphetamine-dextroamphetamine tab</i> 12.5 mg | 49 |
| <i>amlodipine besylate-valsartan tab</i> 10- 160 mg | 32 | <i>amphetamine-dextroamphetamine tab</i> 15 mg..... | 49 |
| <i>amlodipine besylate-valsartan tab</i> 10- 320 mg | 32 | <i>amphetamine-dextroamphetamine tab</i> 20 mg..... | 49 |
| <i>amlodipine besylate-valsartan tab</i> 5- 160 mg | 31 | <i>amphetamine-dextroamphetamine tab</i> 30 mg..... | 49 |
| <i>amlodipine besylate-valsartan tab</i> 5- 320 mg | 31 | <i>amphetamine-dextroamphetamine tab</i> 5 mg..... | 48 |
| <i>amnestem</i> | 82 | <i>amphetamine-dextroamphetamine tab</i> 7.5 mg..... | 48 |
| <i>amoxapine</i> | 39 | <i>amphotericin b</i> | 13 |
| <i>amoxicillin</i> | 18 | <i>amphotericin b liposome</i> | 13 |
| <i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg..... | 18 | <i>ampicillin</i> | 19 |
| <i>amoxicillin & k clavulanate chew tab</i> 400-57 mg | 18 | <i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm..... | 19 |
| <i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml | 19 | <i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm | 19 |
| <i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml | 19 | <i>ampicillin & sulbactam sodium for iv</i> soln 1.5 (1-0.5) gm | 19 |
| <i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml..... | 19 | <i>ampicillin & sulbactam sodium for iv</i> soln 15 (10-5) gm | 19 |
| <i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml | 19 | <i>ampicillin & sulbactam sodium for iv</i> soln 3 (2-1) gm..... | 19 |
| <i>amoxicillin & k clavulanate tab</i> 250-125 mg | 19 | <i>ampicillin sodium</i> | 19 |
| <i>amoxicillin & k clavulanate tab</i> 500-125 mg | 19 | <i>anagrelide hcl</i> | 69 |
| | | <i>anastrozole</i> | 21 |
| | | <i>ANORO ELLIPT AER</i> 62.5-25 | 79 |

| | | | |
|--|----|--|----|
| <i>aprepitant</i> | 64 | <i>azelastine hcl</i> | 79 |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 64 | <i>azelastine hcl (ophth)</i> | 77 |
| <i>apri</i> | 57 | <i>azithromycin</i> | 18 |
| APTIOM..... | 44 | <i>aztreonam</i> | 11 |
| APTIVUS | 14 | <i>azurette</i> | 57 |
| ARALAST NP | 80 | B | |
| <i>aranelle</i> | 57 | <i>bacitracin (ophthalmic)</i> | 76 |
| ARCALYST | 72 | <i>bacitracin-polymyxin b ophth oint</i> | 76 |
| <i>arformoterol tartrate</i> | 80 | <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 76 |
| <i>aripiprazole</i> | 42 | <i>baclofen</i> | 51 |
| ARISTADA | 42 | BAFIERTAM | 51 |
| ARISTADA INITIO..... | 42 | <i>balsalazide disodium</i> | 65 |
| <i>armodafinil</i> | 52 | BALVERSA..... | 23 |
| ARNUITY ELLIPTA..... | 82 | <i>balziva</i> | 57 |
| <i>asenapine maleate</i> | 42 | BARACLUDE | 16 |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 69 | BASAGLAR KWIKPEN | 55 |
| ASTAGRAF XL | 72 | BCG VACCINE..... | 72 |
| <i>atazanavir sulfat</i> e..... | 14 | BD ALCOHOL SWABS..... | 55 |
| <i>atenolol</i> | 35 | <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 30 |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 35 | <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 30 |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 35 | <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 30 |
| <i>atomoxetine hcl</i> | 49 | <i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> | 30 |
| <i>atorvastatin calcium</i> | 34 | <i>benazepril hcl</i> | 31 |
| <i>atovaquone</i> | 11 | BENDEKA | 20 |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 14 | BENLYSTA | 72 |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 14 | <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 82 |
| ATROPINE SULFATE..... | 78 | <i>benztropine mesylate</i> | 41 |
| <i>atropine sulfat</i> e (ophthalmic) | 78 | BERINERT | 69 |
| ATROVENT HFA | 79 | BESIVANCE | 76 |
| <i>aubra eq</i> | 57 | BESREMI..... | 22 |
| <i>aurovela 1/20</i> | 57 | <i>betaine powder for oral solution</i> | 62 |
| <i>aurovela fe 1.5/30</i> | 57 | <i>betamethasone dipropionate (topical)</i> | 84 |
| <i>aurovela fe 1/20</i> | 57 | <i>betamethasone dipropionate augmented</i> | 84 |
| AUSTEDO | 50 | <i>betamethasone valerate</i> | 84 |
| AUSTEDO XR | 50 | BETASERON | 51 |
| <i>aviane</i> | 57 | <i>betaxolol hcl (ophth)</i> | 77 |
| <i>ayuna</i> | 57 | <i>bethanechol chloride</i> | 67 |
| AYVAKIT | 23 | BETOPTIC-S | 77 |
| <i>azacitidine</i> | 21 | BEVESPI AER 9-4.8MCG | 79 |
| <i>azathioprine</i> | 72 | | |
| <i>azelaic acid</i> | 85 | | |

| | |
|---|--------|
| <i>bexarotene</i> | 22 |
| <i>bexarotene (topical)</i> | 85 |
| BEXSERO INJ | 72 |
| <i>bicalutamide</i> | 21 |
| BICILLIN L-A | 19 |
| BIKTARVY TAB 30-120-15 MG..... | 15 |
| BIKTARVY TAB 50-200-25 MG..... | 15 |
| <i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg | 35 |
| <i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg | 35 |
| <i>bisoprolol & hydrochlorothiazide tab 5-</i> 6.25 mg | 35 |
| <i>bisoprolol fumarate</i> | 35 |
| BIVIGAM | 71 |
| <i>blisovi fe 1.5/30</i> | 57 |
| BOOSTRIX INJ | 72 |
| <i>bortezomib</i> | 23 |
| BORTEZOMIB..... | 23 |
| <i>bosentan</i> | 38 |
| BOSULIF | 23, 24 |
| BRAFTOVI | 24 |
| BREO ELLIPTA INH 100-25 | 82 |
| BREO ELLIPTA INH 200-25 | 82 |
| BREZTRI AERO AER SPHERE | 79 |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)..... | 79 |
| <i>briellyn</i> | 57 |
| BRILINTA | 69 |
| <i>brimonidine tartrate</i> | 77 |
| <i>brinzolamide</i> | 77 |
| BRIVIACT | 44, 45 |
| <i>bromfenac sodium (ophth)</i> | 77 |
| <i>bromocriptine mesylate</i> | 41 |
| BROMSITE | 77 |
| BRONCHITOL..... | 80 |
| BRUKINSA | 24 |
| <i>budesonide</i> | 65 |
| <i>budesonide (inhalation)</i> | 82 |
| <i>bumetanide</i> | 37 |
| <i>buprenorphine hcl</i> | 52 |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv) | 52 |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv) | 52 |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv) | 52 |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv) | 52 |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv) | 52 |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv) | 52 |
| <i>bupropion hcl</i> | 40 |
| <i>bupropion hcl (smoking deterrent)</i> ... | 52 |
| <i>bupirone hcl</i> | 39 |
| <i>butorphanol tartrate</i> | 10 |
| BYDUREON BCISE | 53 |
| BYETTA..... | 53 |
| C | |
| <i>cabergoline</i> | 62 |
| CABOMETYX | 24 |
| <i>calcipotriene</i> | 83 |
| <i>calcitonin (salmon) spray</i> | 56 |
| <i>calcitrene</i> | 83 |
| <i>calcitriol</i> | 64 |
| <i>calcitriol (oral)</i> | 64 |
| <i>calcium acetate (phosphate binder)</i> .. | 63 |
| CALQUENCE | 24 |
| <i>camila</i> | 57 |
| <i>candesartan cilexetil</i> | 33 |
| <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i> | 32 |
| <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i> | 32 |
| <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> . | 32 |
| CAPLYTA | 42 |
| CAPRELSA | 24 |
| <i>captopril</i> | 31 |
| <i>captopril & hydrochlorothiazide tab 25-</i> 15 mg..... | 30 |
| <i>captopril & hydrochlorothiazide tab 25-</i> 25 mg..... | 30 |
| <i>captopril & hydrochlorothiazide tab 50-</i> 15 mg..... | 30 |
| <i>captopril & hydrochlorothiazide tab 50-</i> 25 mg..... | 30 |
| <i>carb/levo orally disintegrating tab 10-</i> 100mg | 41 |
| <i>carb/levo orally disintegrating tab 25-</i> 100mg | 41 |

| | | | |
|--|----|---|--------|
| <i>carb/levo orally disintegrating tab 25-250mg</i> | 41 | <i>cefuroxime axetil</i> | 17 |
| <i>carbamazepine</i> | 45 | <i>cefuroxime sodium</i> | 17 |
| <i>carbidopa</i> | 41 | <i>celecoxib</i> | 9 |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 41 | <i>cephalexin</i> | 17, 18 |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 41 | CERDELGA | 62 |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 41 | CEREZYME | 62 |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 41 | <i>cetirizine hcl</i> | 79 |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 41 | <i>cevimeline hcl</i> | 86 |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 41 | <i>chateal</i> | 57 |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 41 | CHEMET | 57 |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 41 | <i>chlorhexidine gluconate (mouth-throat)</i> | 86 |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 41 | <i>chloroquine phosphate</i> | 14 |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 41 | <i>chlorpromazine hcl</i> | 42 |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 41 | <i>chlorpromazine hydrochlor</i> | 42 |
| <i>carboplatin</i> | 20 | <i>chlorthalidone</i> | 37 |
| <i>carglumic acid</i> | 62 | <i>cholestyramine</i> | 34 |
| <i>carteolol hcl (ophth)</i> | 77 | <i>cholestyramine light</i> | 34 |
| <i>cartia xt</i> | 36 | <i>choline fenofibrate</i> | 34 |
| <i>carvedilol</i> | 35 | <i>ciclopirox olamine</i> | 83 |
| <i>caspofungin acetate</i> | 13 | <i>cilostazol</i> | 69 |
| CAYSTON | 11 | CILOXAN..... | 76 |
| <i>cefaclor</i> | 17 | CIMDUO TAB 300-300 | 15 |
| CEFACLOR ER | 17 | <i>cinacalcet hcl</i> | 62 |
| <i>cefadroxil</i> | 17 | CIPRO..... | 18 |
| CEFAZOLIN..... | 17 | CIPRO HC SUS OTIC..... | 78 |
| CEFAZOLIN INJ 1GM/50ML | 17 | <i>ciprofloxacin 200 mg/100ml in d5w</i> .. | 18 |
| <i>cefazolin sodium</i> | 17 | <i>ciprofloxacin 400 mg/200ml in d5w</i> .. | 18 |
| CEFAZOLIN SOLN 2GM/100ML-4% ... | 17 | <i>ciprofloxacin hcl</i> | 18 |
| <i>cefdinir</i> | 17 | <i>ciprofloxacin hcl (ophth)</i> | 76 |
| <i>cefepime hcl</i> | 17 | <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 78 |
| <i>cefixime</i> | 17 | <i>cisplatin</i> | 20 |
| <i>cefoxitin sodium</i> | 17 | <i>citalopram hydrobromide</i> | 40 |
| <i>cefpodoxime proxetil</i> | 17 | <i>claravis</i> | 82 |
| <i>cefprozil</i> | 17 | <i>clarithromycin</i> | 18 |
| <i>ceftazidime</i> | 17 | <i>clindamycin hcl</i> | 11 |
| CEFTAZIDIME/ SOL D5W 1GM..... | 17 | <i>clindamycin palmitate hydrochloride</i> . | 11 |
| CEFTAZIDIME/ SOL D5W 2GM..... | 17 | <i>clindamycin phosphate</i> | 11 |
| <i>ceftriaxone sodium</i> | 17 | <i>clindamycin phosphate (topical)</i> . | 82, 83 |
| | | <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 11 |
| | | <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 11 |
| | | <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 11 |
| | | <i>clindamycin phosphate vaginal</i> | 68 |

| | | | |
|---|--------|---|----|
| CLINDMYC/NAC INJ 300/50ML | 11 | CREON CAP 36000UNT..... | 67 |
| CLINDMYC/NAC INJ 600/50ML | 11 | CREON CAP 6000UNIT | 66 |
| CLINDMYC/NAC INJ 900/50ML | 11 | <i>cromolyn sodium</i> | 80 |
| CLINIMIX INJ 4.25/D10..... | 75 | <i>cromolyn sodium (mastocytosis)</i> | 66 |
| CLINIMIX INJ 4.25/D5W..... | 75 | <i>cromolyn sodium (ophth)</i> | 77 |
| CLINIMIX INJ 5%/D15W | 75 | <i>cryselle-28</i> | 57 |
| CLINIMIX INJ 5%/D20W | 75 | <i>cyanocobalamin</i> | 78 |
| CLINIMIX INJ 6/5 | 75 | <i>cyclobenzaprine hcl</i> | 51 |
| CLINIMIX INJ 8/10 | 75 | <i>cyclophosphamide</i> | 20 |
| CLINIMIX INJ 8/14 | 76 | CYCLOPHOSPHAMIDE | 20 |
| <i>clinisol sf 15%</i> | 76 | CYCLOPHOSPHAMIDE MONOHYDR.... | 20 |
| CLINOLIPID EMU 20% | 76 | <i>cycloserine</i> | 16 |
| <i>clobazam</i> | 45 | <i>cyclosporine</i> | 72 |
| <i>clobetasol propionate</i> | 84 | <i>cyclosporine modified (for</i> | |
| <i>clobetasol propionate e</i> | 84 | <i>microemulsion)</i> | 72 |
| <i>clomipramine hcl</i> | 40 | <i>cyproheptadine hcl</i> | 79 |
| <i>clonazepam</i> | 45 | <i>cyred eq</i> | 57 |
| <i>clonidine</i> | 38 | CYSTADROPS..... | 78 |
| <i>clonidine hcl</i> | 38 | CYSTAGON | 62 |
| <i>clopidogrel bisulfate</i> | 69 | CYSTARAN | 78 |
| <i>clorazepate dipotassium</i> | 45 | <i>cytarabine</i> | 21 |
| <i>clotrimazole</i> | 86 | D | |
| <i>clotrimazole (topical)</i> | 83 | D10W/NACL INJ 0.2% | 74 |
| <i>clotrimazole w/ betamethasone cream</i> | | D2.5W/NACL INJ 0.45%..... | 74 |
| <i>1-0.05%</i> | 83 | D5W/LYTES INJ #48..... | 74 |
| <i>clozapine</i> | 42, 43 | <i>dabigatran etexilate mesylate</i> | 68 |
| COARTEM TAB 20-120MG..... | 14 | <i>dalfampridine</i> | 51 |
| <i>colchicine</i> | 9 | <i>danazol</i> | 61 |
| <i>colchicine w/ probenecid tab 0.5-500</i> | | <i>dantrolene sodium</i> | 52 |
| <i>mg</i> | 9 | <i>dapsone</i> | 12 |
| <i>colesevelam hcl</i> | 34 | DAPTACEL INJ | 73 |
| <i>colestipol hcl</i> | 34 | <i>daptomycin</i> | 12 |
| <i>colistimethate sodium</i> | 12 | DAPTOMYCIN..... | 12 |
| COMBIGAN SOL 0.2/0.5% | 77 | <i>darifenacin hydrobromide</i> | 67 |
| COMBIVENT AER 20-100 | 79 | <i>darunavir</i> | 14 |
| COMETRIQ (60MG DOSE) | 24 | <i>dasetta 1/35</i> | 57 |
| COMETRIQ KIT 100MG | 24 | <i>dasetta 7/7/7</i> | 57 |
| COMETRIQ KIT 140MG | 24 | DAURISMO | 24 |
| COMPLERA TAB | 15 | DAYVIGO | 49 |
| <i>compro</i> | 64 | <i>deblitane</i> | 57 |
| <i>constulose</i> | 66 | <i>deferasirox</i> | 57 |
| COPIKTRA | 24 | DELSTRIGO TAB..... | 15 |
| CORLANOR..... | 38 | DENGVAXIA SUS..... | 73 |
| COTELLIC..... | 24 | DEPO-SUBQ PROVERA 104 | 58 |
| CREON CAP 12000UNT..... | 67 | <i>depo-testosterone</i> | 53 |
| CREON CAP 24000UNT..... | 67 | DESCOVY TAB 120-15MG | 15 |
| CREON CAP 3000UNIT | 66 | DESCOVY TAB 200/25MG | 15 |

| | | | |
|---|----|--|----|
| <i>desipramine hcl</i> | 40 | <i>dicloxacillin sodium</i> | 19 |
| <i>desloratadine</i> | 79 | <i>dicyclomine hcl</i> | 65 |
| <i>desmopressin acetate</i> | 62 | DIFICID | 18 |
| <i>desmopressin acetate spray</i> | 62 | <i>diflunisal</i> | 9 |
| <i>desmopressin acetate spray</i> <i>refrigerated</i> | 62 | <i>difluprednate</i> | 77 |
| <i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i> | 58 | <i>digoxin</i> | 38 |
| <i>desogestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i> | 58 | <i>dihydroergotamine mesylate</i> | 50 |
| <i>desvenlafaxine succinate</i> | 40 | DILANTIN..... | 45 |
| <i>dexamethasone</i> | 61 | DILANTIN INFATABS..... | 46 |
| DEXAMETHASONE INTENSOL..... | 61 | DILANTIN-125 | 46 |
| <i>dexamethasone sodium phosphate</i> ... | 61 | <i>diltiazem hcl</i> | 36 |
| <i>dexamethasone sodium phosphate</i> <i>(ophth)</i> | 77 | <i>diltiazem hcl coated beads</i> | 36 |
| <i>dexmethylphenidate hcl</i> | 49 | <i>diltiazem hcl extended release beads</i> 36 | |
| <i>dextrose</i> | 76 | <i>dilt-xr</i> | 36 |
| <i>dextrose 10% w/ sodium chloride</i> <i>0.45%</i> | 74 | DIP/TET PED INJ 25-5LFU | 73 |
| <i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i> | 74 | <i>diphenhydramine hcl</i> | 79 |
| <i>dextrose 5% in lactated ringers</i> | 74 | <i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i> | 66 |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 74 | <i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i> | 66 |
| <i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i> | 74 | <i>dipyridamole</i> | 69 |
| <i>dextrose 5% w/ sodium chloride 0.3%</i> | 74 | <i>disopyramide phosphate</i> | 33 |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 74 | <i>disulfiram</i> | 52 |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 74 | <i>divalproex sodium</i> | 46 |
| DIACOMIT | 45 | <i>docetaxel</i> | 23 |
| <i>diazepam</i> | 45 | DOCETAXEL..... | 23 |
| <i>diazepam (anticonvulsant)</i> | 45 | <i>dofetilide</i> | 33 |
| <i>diazepam inj</i> | 45 | <i>donepezil hydrochloride</i> | 39 |
| <i>diazepam intensol</i> | 45 | DOPTELET | 69 |
| <i>diazoxide</i> | 62 | <i>dorzolamide hcl</i> | 77 |
| <i>diclofenac potassium</i> | 9 | <i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i> | 78 |
| <i>diclofenac sodium</i> | 9 | <i>dotti</i> | 61 |
| <i>diclofenac sodium (ophth)</i> | 77 | DOVATO TAB 50-300MG | 15 |
| <i>diclofenac sodium (topical)</i> | 85 | <i>doxazosin mesylate</i> | 31 |
| <i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i> | 9 | <i>doxepin hcl</i> | 40 |
| <i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i> | 9 | <i>doxepin hcl (sleep)</i> | 49 |
| | | <i>doxercalciferol</i> | 64 |
| | | <i>doxorubicin hcl</i> | 20 |
| | | <i>doxorubicin hcl liposomal</i> | 21 |
| | | <i>doxy 100</i> | 20 |
| | | <i>doxycycline (monohydrate)</i> | 20 |
| | | <i>doxycycline hyclate</i> | 20 |
| | | <i>dronabinol</i> | 64 |
| | | <i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i> | 58 |

| | |
|---|----|
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 58 |
| DROXIA | 69 |
| <i>droxidopa</i> | 38 |
| DULERA AER 100-5MCG | 82 |
| DULERA AER 200-5MCG | 82 |
| DULERA AER 50-5MCG | 82 |
| <i>duloxetine hcl</i> | 40 |
| DUPIXENT | 69 |
| <i>dutasteride</i> | 67 |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 67 |
| E | |
| <i>e.e.s. 400</i> | 18 |
| <i>ec-naproxen</i> | 9 |
| EDARBI | 33 |
| EDARBYCLOR TAB 40-12.5 | 32 |
| EDARBYCLOR TAB 40-25MG | 32 |
| EDURANT | 14 |
| <i>efavirenz</i> | 14 |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 15 |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 15 |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 15 |
| ELIGARD | 21 |
| <i>elinest</i> | 58 |
| ELIQUIS | 68 |
| ELIQUIS STARTER PACK | 68 |
| ELLENCÉ | 21 |
| <i>eluryng</i> | 58 |
| EMCYT | 21 |
| EMSAM | 40 |
| <i>emtricitabine</i> | 14 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 15 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 15 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 15 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 15 |
| EMTRIVA | 14 |
| EMVERM | 12 |
| <i>enalapril maleate</i> | 31 |

| | |
|--|--------|
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 30 |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 30 |
| ENBREL | 70 |
| ENBREL MINI | 70 |
| ENBREL SURECLICK | 70 |
| ENDARI | 69 |
| <i>endocet tab 10-325mg</i> | 10 |
| <i>endocet tab 2.5-325mg</i> | 10 |
| <i>endocet tab 5-325mg</i> | 10 |
| <i>endocet tab 7.5-325mg</i> | 10 |
| ENGERIX-B | 73 |
| <i>enoxaparin sodium</i> | 68 |
| <i>enpresse-28</i> | 58 |
| <i>enskyce</i> | 58 |
| ENSTILAR AER | 84 |
| <i>entacapone</i> | 42 |
| <i>entecavir</i> | 16 |
| ENTRESTO TAB 24-26MG | 32 |
| ENTRESTO TAB 49-51MG | 32 |
| ENTRESTO TAB 97-103MG | 32 |
| <i>enulose</i> | 66 |
| EPCLUSA PAK 150-37.5 | 16 |
| EPCLUSA PAK 200-50MG | 16 |
| EPCLUSA TAB 200-50MG | 16 |
| EPCLUSA TAB 400-100 | 16 |
| EPIDIOLEX | 46 |
| <i>epinephrine (anaphylaxis)</i> | 38, 80 |
| <i>epitol</i> | 46 |
| <i>eplerenone</i> | 31 |
| EPRONTIA | 46 |
| <i>ergocalciferol</i> | 78 |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 50 |
| ERIVEDGE | 24 |
| ERLEADA | 21 |
| <i>erlotinib hcl</i> | 24 |
| <i>errin</i> | 58 |
| <i>ertapenem sodium</i> | 12 |
| <i>ery</i> | 83 |
| <i>ery-tab</i> | 18 |
| ERYTHROCIN LACTOBIONATE | 18 |
| <i>erythrocin stearate</i> | 18 |
| <i>erythromycin (acne aid)</i> | 83 |
| <i>erythromycin (ophth)</i> | 76 |
| <i>erythromycin base</i> | 18 |

| | | | |
|---|----|--|----|
| <i>erythromycin ethylsuccinate</i> | 18 | FASENRA | 80 |
| <i>erythromycin lactobionate</i> | 18 | FASENRA PEN | 80 |
| <i>escitalopram oxalate</i> | 40 | <i>febuxostat</i> | 9 |
| <i>esomeprazole magnesium</i> | 67 | <i>felbamate</i> | 46 |
| <i>estarylla</i> | 58 | <i>felodipine</i> | 36 |
| <i>estradiol</i> | 61 | <i>fenofibrate</i> | 34 |
| <i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i> | 61 | <i>fenofibrate micronized</i> | 34 |
| <i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i> | 61 | <i>fentanyl</i> | 9 |
| <i>estradiol vaginal</i> | 61 | <i>fentanyl citrate</i> | 10 |
| <i>estradiol valerate</i> | 61 | <i>fesoterodine fumarate</i> | 67 |
| <i>ethambutol hcl</i> | 16 | FETZIMA | 40 |
| <i>ethosuximide</i> | 46 | FETZIMA CAP TITRATIO | 40 |
| <i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i> | 58 | FIASP FLEX INJ TOUCH | 55 |
| <i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i> | 58 | FIASP INJ 100/ML | 55 |
| <i>etodolac</i> | 9 | FIASP PENFIL INJ U-100 | 55 |
| <i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i> | 58 | FINACEA | 85 |
| <i>etoposide</i> | 23 | <i>finasteride</i> | 67 |
| <i>etravirine</i> | 14 | <i>fingolimod hcl</i> | 51 |
| EULEXIN | 21 | FINTEPLA | 46 |
| <i>euthyrox</i> | 64 | FIRMAGON | 21 |
| <i>everolimus</i> | 24 | <i>flac</i> | 78 |
| <i>everolimus (immunosuppressant)</i> | 72 | FLAREX | 77 |
| EVOTAZ TAB 300-150 | 15 | FLEBOGAMMA DIF | 71 |
| <i>exemestane</i> | 21 | <i>flecainide acetate</i> | 33 |
| EXKIVITY | 24 | <i>fluconazole</i> | 13 |
| EYSUVIS | 77 | <i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i> | 13 |
| EZALLOR SPRINKLE | 34 | <i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i> | 13 |
| <i>ezetimibe</i> | 34 | <i>flucytosine</i> | 13 |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 34 | <i>fludrocortisone acetate</i> | 61 |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 35 | <i>flunisolide (nasal)</i> | 81 |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 35 | <i>fluocinolone acetonide</i> | 84 |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 35 | <i>fluocinolone acetonide (otic)</i> | 78 |
| F | | <i>fluocinonide</i> | 84 |
| FABRAZYME | 62 | <i>fluocinonide emulsified base</i> | 84 |
| <i>falmina</i> | 58 | <i>fluorometholone (ophth)</i> | 77 |
| <i>famciclovir</i> | 16 | <i>fluorouracil</i> | 21 |
| <i>famotidine</i> | 65 | <i>fluorouracil (topical)</i> | 85 |
| <i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i> | 65 | <i>fluoxetine hcl</i> | 40 |
| FANAPT | 43 | <i>fluphenazine decanoate</i> | 43 |
| FANAPT PAK | 43 | <i>fluphenazine hcl</i> | 43 |
| FARXIGA | 53 | <i>flurbiprofen</i> | 9 |
| | | <i>flurbiprofen sodium</i> | 77 |
| | | <i>fluticasone propionate</i> | 84 |
| | | <i>fluticasone propionate (nasal)</i> | 82 |

| | |
|--|----|
| <i>fluticasone-salmeterol aer powder ba</i> | |
| 100-50 mcg/act | 82 |
| <i>fluticasone-salmeterol aer powder ba</i> | |
| 250-50 mcg/act | 82 |
| <i>fluticasone-salmeterol aer powder ba</i> | |
| 500-50 mcg/act | 82 |
| <i>fluvastatin sodium</i> | 34 |
| <i>fluvoxamine maleate</i> | 39 |
| <i>folic acid</i> | 78 |
| <i>fondaparinux sodium</i> | 68 |
| <i>formoterol fumarate</i> | 80 |
| FOSAMAX + D TAB 70-2800 | 56 |
| FOSAMAX + D TAB 70-5600 | 56 |
| <i>fosamprenavir calcium</i> | 14 |
| <i>fosinopril sodium</i> | 31 |
| <i>fosinopril sodium & hydrochlorothiazide</i> | |
| <i>tab 10-12.5 mg</i> | 30 |
| <i>fosinopril sodium & hydrochlorothiazide</i> | |
| <i>tab 20-12.5 mg</i> | 30 |
| FOTIVDA | 24 |
| <i>fulvestrant</i> | 21 |
| <i>furosemide</i> | 37 |
| <i>furosemide inj</i> | 37 |
| FUZEON | 14 |
| <i>fyavolv tab 0.5mg-2.5mcg</i> | 61 |
| <i>fyavolv tab 1mg-5mcg</i> | 61 |
| FYCOMPA | 46 |
| G | |
| <i>gabapentin</i> | 46 |
| <i>galantamine hydrobromide</i> | 39 |
| GAMASTAN INJ | 71 |
| GAMMAGARD LIQUID | 71 |
| GAMMAGARD S/D IGA LESS TH | 71 |
| GAMMAKED | 71 |
| GAMMAPLEX | 71 |
| GAMUNEX-C | 71 |
| <i>ganciclovir sodium</i> | 16 |
| GARDASIL 9 INJ | 73 |
| <i>gatifloxacin (ophth)</i> | 76 |
| GATTEX | 66 |
| GAUZE PADS 2 | 55 |
| <i>gavilyte-c</i> | 66 |
| <i>gavilyte-g</i> | 66 |
| GAVRETO | 25 |
| <i>gefitinib</i> | 25 |
| <i>gemcitabine hcl</i> | 21 |
| <i>gemfibrozil</i> | 34 |

| | |
|---|--------|
| GEMTESA | 67 |
| <i>generlac</i> | 66 |
| <i>gengraf</i> | 72 |
| GENOTROPIN | 62 |
| GENOTROPIN MINIQUICK | 63 |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 12 |
| <i>gentamicin in saline inj 1 mg/ml</i> | 12 |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 12 |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 12 |
| <i>gentamicin in saline inj 2 mg/ml</i> | 12 |
| <i>gentamicin sulfate</i> | 12 |
| <i>gentamicin sulfate (ophth)</i> | 76 |
| <i>gentamicin sulfate (topical)</i> | 83 |
| GENVOYA TAB | 15 |
| GILOTRIF | 25 |
| <i>glatiramer acetate</i> | 51 |
| <i>glatopa</i> | 51 |
| GLEOSTINE | 20 |
| <i>glimepiride</i> | 53 |
| <i>glipizide</i> | 53 |
| <i>glipizide xl</i> | 53 |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | |
| | 53 |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | |
| | 53 |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 53 |
| <i>glycopyrrolate</i> | 65 |
| <i>glydo</i> | 85 |
| GLYXAMBI TAB 10-5 MG | 53 |
| GLYXAMBI TAB 25-5 MG | 53 |
| GRALISE | 50, 51 |
| <i>granisetron hcl</i> | 65 |
| <i>griseofulvin microsize</i> | 13 |
| <i>griseofulvin ultramicrosize</i> | 13 |
| <i>guanfacine hcl</i> | 38 |
| <i>guanfacine hcl (adhd)</i> | 49 |
| GVOKE HYPOPEN 2-PACK | 62 |
| GVOKE KIT | 62 |
| GVOKE PFS | 62 |
| H | |
| HAEGARDA | 69 |
| <i>hailey 1.5/30</i> | 58 |
| <i>halobetasol propionate</i> | 84 |
| <i>haloperidol</i> | 43 |
| <i>haloperidol decanoate</i> | 43 |
| <i>haloperidol lactate</i> | 43 |
| HARVONI PAK 33.75-150MG | 16 |

| | | | |
|---|----|---|----|
| HARVONI PAK 45-200MG | 16 | <i>hydroxyzine pamoate</i> | 79 |
| HARVONI TAB 45-200MG | 16 | HYSINGLA ER | 10 |
| HARVONI TAB 90-400MG | 16 | I | |
| HAVRIX..... | 73 | <i>ibandronate sodium</i> | 56 |
| <i>heather</i> | 58 | IBRANCE..... | 25 |
| HEP SOD/D5W INJ 20000UNT | 68 | <i>ibu</i> | 9 |
| HEP SOD/D5W INJ 25000UNT | 68 | <i>ibuprofen</i> | 9 |
| HEP SOD/NAACL INJ 12500UNT | 68 | <i>icatibant acetate</i> | 69 |
| HEP SOD/NAACL INJ 25000UNT | 68 | <i>iclevia</i> | 58 |
| <i>heparin sodium (porcine)</i> | 68 | ICLUSIG..... | 25 |
| HEPARIN/NAACL INJ 25000UNT | 68 | IDHIFA | 25 |
| HEPLISAV-B..... | 73 | <i>imatinib mesylate</i> | 25 |
| HERCEP HYLEC SOL 60-10000 | 25 | IMBRUVICA | 25 |
| HERCEPTIN..... | 25 | <i>imipenem-cilastatin intravenous for</i> | |
| HERZUMA..... | 25 | <i>soln 250 mg</i> | 12 |
| HIBERIX..... | 73 | <i>imipenem-cilastatin intravenous for</i> | |
| HUMIRA | 70 | <i>soln 500 mg</i> | 12 |
| HUMIRA PEDIA INJ CROHNS | 70 | <i>imipramine hcl</i> | 40 |
| HUMIRA PEDIATRIC CROHNS D..... | 70 | <i>imiquimod</i> | 85 |
| HUMIRA PEN..... | 70 | IMOVAX RABIES (H.D.C.V.) | 73 |
| HUMIRA PEN KIT PS/UV | 70 | INBRIJA | 42 |
| HUMIRA PEN-CD/UC/HS START | 70 | <i>incassia</i> | 58 |
| HUMIRA PEN-PEDIATRIC UC S | 70 | INCRELEX | 63 |
| HUMIRA PEN-PS/UV STARTER..... | 70 | INCRUSE ELLIPTA | 79 |
| HUMULIN R U-500 (CONCENTR | 55 | <i>indapamide</i> | 37 |
| HUMULIN R U-500 KWIKPEN..... | 55 | INFANRIX INJ | 73 |
| <i>hydralazine hcl</i> | 38 | INFLIXIMAB..... | 70 |
| <i>hydrochlorothiazide</i> | 37 | INLYTA | 25 |
| <i>hydrocodone bitartrate</i> | 10 | INQOVI TAB 35-100MG | 21 |
| <i>hydrocodone-acetaminophen soln 7.5-</i> | | INREBIC..... | 25 |
| <i>325 mg/15ml</i> | 10 | INSULIN PEN NEEDLES: BD/NOVO ... | 55 |
| <i>hydrocodone-acetaminophen tab 10-</i> | | INSULIN SAFETY NEEDLES | 55 |
| <i>325 mg</i> | 10 | INSULIN SYRINGES: BD..... | 55 |
| <i>hydrocodone-acetaminophen tab 5-325</i> | | INTELENCE..... | 14 |
| <i>mg</i> | 10 | INTRALIPID | 76 |
| <i>hydrocodone-acetaminophen tab 7.5-</i> | | <i>introvale</i> | 58 |
| <i>325 mg</i> | 10 | INVEGA HAFYERA..... | 43 |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | | INVEGA SUSTENNA | 43 |
| | 10 | INVEGA TRINZA..... | 43 |
| <i>hydrocortisone</i> | 61 | IPOL INJ INACTIVE | 73 |
| <i>hydrocortisone (intrarectal)</i> | 65 | <i>ipratropium bromide</i> | 79 |
| <i>hydrocortisone (rectal)</i> | 85 | <i>ipratropium bromide (nasal)</i> | 79 |
| <i>hydrocortisone (topical)</i> | 84 | <i>ipratropium-albuterol nebu soln 0.5-</i> | |
| <i>hydromorphone hcl</i> | 10 | <i>2.5(3) mg/3ml</i> | 79 |
| <i>hydroxychloroquine sulfate</i> | 71 | <i>irbesartan</i> | 33 |
| <i>hydroxyurea</i> | 22 | <i>irbesartan-hydrochlorothiazide tab</i> | |
| <i>hydroxyzine hcl</i> | 79 | <i>150-12.5 mg</i> | 32 |

| | |
|--|----|
| <i>irbesartan-hydrochlorothiazide tab</i> | |
| 300-12.5 mg..... | 32 |
| <i>irinotecan hcl</i> | 22 |
| ISENTRESS..... | 14 |
| ISENTRESS HD | 14 |
| <i>isibloom</i> | 58 |
| ISOLYTE-P INJ /D5W | 74 |
| ISOLYTE-S INJ | 74 |
| ISOLYTE-S INJ PH 7.4..... | 74 |
| <i>isoniazid</i> | 16 |
| <i>isosorbide dinitrate</i> | 38 |
| <i>isosorbide mononitrate</i> | 38 |
| <i>isotretinoin</i> | 83 |
| <i>isradipine</i> | 36 |
| <i>itraconazole</i> | 13 |
| <i>ivermectin</i> | 12 |
| IXIARO INJ..... | 73 |
| J | |
| JAKAFI..... | 25 |
| <i>jantoven</i> | 68 |
| JANUMET TAB 50-1000 | 53 |
| JANUMET TAB 50-500MG | 53 |
| JANUMET XR TAB 100-1000..... | 53 |
| JANUMET XR TAB 50-1000 | 53 |
| JANUMET XR TAB 50-500MG..... | 53 |
| JANUVIA | 53 |
| JARDIANCE..... | 53 |
| <i>jasmiel</i> | 58 |
| <i>javygtor</i> | 63 |
| JAYPIRCA | 25 |
| JENTADUETO TAB 2.5-1000..... | 53 |
| JENTADUETO TAB 2.5-500..... | 53 |
| JENTADUETO TAB XR 2.5-1000MG ... | 53 |
| JENTADUETO TAB XR 5-1000MG | 53 |
| <i>jinteli</i> | 61 |
| <i>jolessa</i> | 58 |
| <i>juleber</i> | 58 |
| JULUCA TAB 50-25MG..... | 15 |
| <i>junel 1.5/30</i> | 58 |
| <i>junel 1/20</i> | 58 |
| <i>junel fe 1.5/30</i> | 58 |
| <i>junel fe 1/20</i> | 58 |
| JYNNEOS..... | 73 |
| K | |
| KADCYLA..... | 25 |
| KALYDECO..... | 80 |
| KANJINTI | 25 |
| <i>kariva</i> | 58 |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 74 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 74 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 74 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 74 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 74 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 74 |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 74 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 74 |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> | 74 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 74 |
| KCL/D5W/NACL INJ 0.3/0.9%..... | 74 |
| <i>kelnor 1/35</i> | 58 |
| <i>kelnor 1/50</i> | 58 |
| KERENDIA..... | 31 |
| KESIMPTA | 51 |
| <i>ketoconazole</i> | 13 |
| <i>ketoconazole (topical)</i> | 83 |
| <i>ketorolac tromethamine (ophth)</i> | 77 |
| KEVZARA | 70 |
| KEYTRUDA | 25 |
| KINRIX INJ..... | 73 |
| KISQALI 200 DOSE | 25 |
| KISQALI 200 PAK FEMARA..... | 22 |
| KISQALI 400 DOSE | 26 |
| KISQALI 400 PAK FEMARA..... | 23 |
| KISQALI 600 DOSE | 26 |
| KISQALI 600 PAK FEMARA..... | 23 |
| <i>klor-con</i> | 75 |
| <i>klor-con 10</i> | 75 |
| <i>klor-con 8</i> | 75 |
| <i>klor-con m10</i> | 75 |
| <i>klor-con m15</i> | 75 |
| <i>klor-con m20</i> | 75 |
| KORLYM..... | 63 |
| KOSELUGO..... | 26 |
| KRAZATI | 26 |
| <i>kurvelo</i> | 58 |

| | |
|--|----|
| L | |
| <i>labetalol hcl</i> | 35 |
| <i>lacosamide</i> | 46 |
| <i>lacosamide oral</i> | 46 |
| <i>lactated ringer's solution</i> | 74 |
| <i>lactic acid (ammonium lactate)</i> | 85 |
| <i>lactulose</i> | 66 |
| <i>lactulose (encephalopathy)</i> | 66 |
| <i>lamivudine</i> | 14 |
| <i>lamivudine (hbv)</i> | 16 |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 15 |
| <i>lamotrigine</i> | 46 |
| <i>lansoprazole</i> | 67 |
| LANTUS | 55 |
| LANTUS SOLOSTAR | 55 |
| <i>lapatinib ditosylate</i> | 26 |
| <i>larin 1.5/30</i> | 58 |
| <i>larin 1/20</i> | 58 |
| <i>larin fe 1.5/30</i> | 58 |
| <i>larin fe 1/20</i> | 58 |
| <i>latanoprost</i> | 78 |
| <i>leena</i> | 58 |
| <i>leflunomide</i> | 71 |
| <i>lenalidomide</i> | 22 |
| LENVIMA 10 MG DAILY DOSE | 26 |
| LENVIMA 12MG DAILY DOSE | 26 |
| LENVIMA 20 MG DAILY DOSE | 26 |
| LENVIMA 4 MG DAILY DOSE | 26 |
| LENVIMA 8 MG DAILY DOSE | 26 |
| LENVIMA CAP 14 MG | 26 |
| LENVIMA CAP 18 MG | 26 |
| LENVIMA CAP 24 MG | 26 |
| <i>lessina</i> | 58 |
| <i>letrozole</i> | 21 |
| <i>leucovorin calcium</i> | 30 |
| LEUKERAN | 20 |
| <i>leuprolide acetate</i> | 21 |
| <i>levabuterol hcl</i> | 80 |
| <i>levabuterol tartrate</i> | 80 |
| <i>levetiracetam</i> | 46 |
| <i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i> | 46 |
| <i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i> | 47 |
| <i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i> | 46 |
| <i>levobunolol hcl</i> | 78 |
| <i>levocarnitine (metabolic modifiers)</i> ... | 63 |
| <i>levocetirizine dihydrochloride</i> | 79 |
| <i>levofloxacin</i> | 18 |
| <i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i> | 18 |
| <i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i> | 18 |
| <i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i> | 18 |
| <i>levonest</i> | 59 |
| <i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i> | 59 |
| <i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i> | 59 |
| <i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i> | 59 |
| <i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i> | 59 |
| <i>levora 0.15/30-28</i> | 59 |
| <i>levothyroxine sodium</i> | 64 |
| <i>levoxyl</i> | 64 |
| LEXIVA | 14 |
| <i>lidocaine</i> | 85 |
| <i>lidocaine hcl</i> | 85 |
| <i>lidocaine hcl (local anesth.)</i> | 11 |
| <i>lidocaine hcl (mouth-throat)</i> | 86 |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 85 |
| <i>linezolid</i> | 12 |
| LINEZOLID INJ 2MG/ML | 12 |
| LINZESS | 66 |
| <i>liothyronine sodium</i> | 64 |
| <i>lisinopril</i> | 31 |
| <i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> | 30 |
| <i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> | 31 |
| <i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i> | 31 |
| <i>lithium carbonate</i> | 51 |
| LIVALO | 34 |
| <i>loestrin 1.5/30-21</i> | 59 |
| <i>loestrin 1/20-21</i> | 59 |
| <i>loestrin fe 1.5/30</i> | 59 |
| <i>loestrin fe 1/20</i> | 59 |
| LONSURF TAB 15-6.14 | 21 |
| LONSURF TAB 20-8.19 | 21 |

| | | | |
|--|----|---|--------|
| <i>loperamide hcl</i> | 66 | <i>marlissa</i> | 59 |
| <i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i> | 16 | MARPLAN | 40 |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 16 | MATULANE | 23 |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 16 | <i>matzim la</i> | 36 |
| <i>lorazepam</i> | 39 | MAVYRET PAK 50-20MG | 16 |
| <i>lorazepam intensol</i> | 39 | MAVYRET TAB 100-40MG | 16 |
| LORBRENA | 26 | <i>meclizine hcl</i> | 65 |
| <i>loryna</i> | 59 | <i>medroxyprogesterone acetate</i> | 64 |
| <i>losartan potassium</i> | 33 | <i>medroxyprogesterone acetate</i> <i>(contraceptive)</i> | 59 |
| <i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i> | 32 | <i>mefloquine hcl</i> | 14 |
| <i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> | 32 | <i>megestrol acetate</i> | 22, 64 |
| <i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i> | 32 | <i>megestrol acetate (appetite)</i> | 64 |
| LOTEMAX | 77 | MEKINIST | 26, 27 |
| <i>lovastatin</i> | 34 | MEKTOVI..... | 27 |
| <i>low-ogestrel</i> | 59 | <i>meloxicam</i> | 9 |
| <i>loxapine succinate</i> | 43 | <i>memantine hcl</i> | 39 |
| LUMAKRAS | 26 | MENACTRA INJ | 73 |
| LUMIGAN | 78 | MENQUADFI INJ | 73 |
| LUMIZYME | 63 | MENVEO INJ | 73 |
| LUPRON DEPOT (1-MONTH)..... | 22 | MENVEO SOL | 73 |
| LUPRON DEPOT (3-MONTH)..... | 22 | <i>mercaptapurine</i> | 21 |
| LUPRON DEPOT-PED (1-MONTH | 63 | <i>meropenem</i> | 12 |
| LUPRON DEPOT-PED (3-MONTH | 63 | <i>mesalamine</i> | 65, 66 |
| LUPRON DEPOT-PED (6-MONTH | 63 | <i>mesalamine w/ cleanser</i> | 66 |
| <i>lurasidone hcl</i> | 43 | MESNEX..... | 30 |
| <i>lutera</i> | 59 | <i>metformin hcl</i> | 53, 54 |
| <i>lyleq</i> | 59 | <i>methadone hcl</i> | 10 |
| <i>lyllana</i> | 61 | <i>methadone hydrochloride i</i> | 10 |
| LYNPARZA | 26 | <i>methazolamide</i> | 37 |
| LYSODREN | 22 | <i>methenamine hippurate</i> | 12 |
| LYTGOBI (12 MG DAILY DOSE) | 26 | <i>methimazole</i> | 64 |
| LYTGOBI (16 MG DAILY DOSE) | 26 | <i>methotrexate sodium</i> | 21, 71 |
| LYTGOBI (20 MG DAILY DOSE) | 26 | <i>methsuximide</i> | 47 |
| <i>lyza</i> | 59 | <i>methylphenidate hcl</i> | 49 |
| M | | <i>methylprednisolone</i> | 62 |
| <i>magnesium sulfate</i> | 74 | <i>methylprednisolone acetate</i> | 62 |
| MAGNESIUM SULFATE..... | 74 | <i>methylprednisolone sod succ</i> | 62 |
| <i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i> | 74 | <i>methyltestosterone</i> | 53 |
| <i>malathion</i> | 86 | <i>metoclopramide hcl</i> | 65 |
| <i>maraviroc</i> | 14 | <i>metolazone</i> | 37 |
| | | <i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i> | 35 |
| | | <i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i> | 35 |
| | | <i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i> | 35 |

| | |
|--|--------|
| <i>metoprolol succinate</i> | 35 |
| <i>metoprolol tartrate</i> | 35 |
| <i>metronidazole</i> | 12 |
| <i>metronidazole (topical)</i> | 85 |
| <i>metronidazole vaginal</i> | 68 |
| <i>metyrosine</i> | 38 |
| MG SO4/D5W INJ 10MG/ML..... | 74 |
| <i>micafungin sodium</i> | 13 |
| <i>microgestin 1.5/30</i> | 59 |
| <i>microgestin 1/20</i> | 59 |
| <i>microgestin fe 1.5/30</i> | 59 |
| <i>microgestin fe 1/20</i> | 59 |
| <i>midodrine hcl</i> | 38 |
| <i>miglustat</i> | 63 |
| <i>mili</i> | 59 |
| <i>mimvey</i> | 61 |
| <i>minocycline hcl</i> | 20 |
| <i>minoxidil</i> | 38 |
| <i>mirtazapine</i> | 40 |
| <i>misoprostol</i> | 66 |
| MITIGARE..... | 9 |
| M-M-R II INJ..... | 73 |
| M-NATAL PLUS TAB..... | 75 |
| <i>modafinil</i> | 52 |
| <i>moexipril hcl</i> | 31 |
| <i>molindone hcl</i> | 43 |
| <i>mometasone furoate</i> | 84 |
| <i>mometasone furoate (nasal)</i> | 82 |
| MONJUVI..... | 27 |
| <i>mono-lynyah</i> | 59 |
| <i>montelukast sodium</i> | 80 |
| <i>morphine sulfate</i> | 10, 11 |
| MORPHINE SULFATE..... | 10 |
| MORPHINE SULFATE/SODIUM C..... | 11 |
| MOVANTIK..... | 66 |
| <i>moxifloxacin hcl</i> | 18 |
| <i>moxifloxacin hcl (ophth)</i> | 76 |
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> | 18 |
| MULTAQ..... | 33 |
| <i>multiple electrolytes ph 5.5</i> | 75 |
| <i>multiple electrolytes ph 7.4</i> | 75 |
| <i>mupirocin</i> | 83 |
| <i>mycophenolate mofetil</i> | 72 |
| <i>mycophenolate sodium</i> | 72 |
| MYRBETRIQ..... | 67 |

| | |
|---|----|
| N | |
| <i>nabumetone</i> | 9 |
| <i>nadolol</i> | 35 |
| <i>nafticillin sodium</i> | 19 |
| NAGLAZYME..... | 63 |
| <i>nalbuphine hcl</i> | 11 |
| <i>naloxone hcl</i> | 52 |
| <i>naltrexone hcl</i> | 52 |
| NAMZARIC CAP 14-10MG..... | 39 |
| NAMZARIC CAP 21-10MG..... | 39 |
| NAMZARIC CAP 28-10MG..... | 39 |
| NAMZARIC CAP 7-10MG..... | 39 |
| NAMZARIC CAP PACK..... | 39 |
| <i>naproxen</i> | 9 |
| <i>naproxen sodium</i> | 9 |
| <i>naratriptan hcl</i> | 50 |
| NATACYN..... | 76 |
| <i>nateglinide</i> | 54 |
| NATPARA..... | 56 |
| NAYZILAM..... | 47 |
| <i>nebivolol hcl</i> | 35 |
| <i>necon 0.5/35-28</i> | 59 |
| <i>nefazodone hcl</i> | 40 |
| <i>neomycin sulfate</i> | 12 |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 76 |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 77 |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 76 |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 76 |
| <i>neomycin-polymyxin-hc ophth susp</i> | 76 |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 78 |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 78 |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> | 76 |
| <i>neo-polycin hc ophth oint 1%</i> | 76 |
| NERLYNX..... | 27 |
| NEUPRO..... | 42 |
| <i>nevirapine</i> | 14 |
| NEXAVAR..... | 27 |
| <i>niacin (antihyperlipidemic)</i> | 35 |
| <i>nicardipine hcl</i> | 36 |
| NICOTROL INHALER..... | 52 |
| NICOTROL NS..... | 52 |

| | | | |
|---|----|---|----|
| <i>nifedipine</i> | 36 | NOVOLIN N FLEXPEN | 55 |
| <i>nifedipine (osmotic release)</i> | 36 | NOVOLIN R | 55 |
| <i>nikki</i> | 59 | NOVOLIN R FLEXPEN | 55 |
| <i>nilutamide</i> | 22 | NOVOLOG | 55 |
| <i>nimodipine</i> | 36 | NOVOLOG FLEXPEN | 55 |
| NINLARO | 27 | NOVOLOG MIX INJ 70/30 | 55 |
| <i>nisoldipine</i> | 36 | NOVOLOG MIX INJ FLEXPEN | 55 |
| <i>nitazoxanide</i> | 12 | NOVOLOG PENFILL | 55 |
| <i>nitisinone</i> | 63 | NUBEQA | 22 |
| NITRO-BID | 38 | NUEDEXTA CAP 20-10MG | 51 |
| <i>nitrofurantoin macrocrystal</i> | 12 | NULOJIX | 72 |
| <i>nitrofurantoin monohyd macro</i> | 12 | NUPLAZID | 43 |
| <i>nitroglycerin</i> | 38 | NURTEC | 50 |
| <i>nizatidine</i> | 65 | NUTRILIPID | 76 |
| <i>nora-be</i> | 59 | NUZYRA | 20 |
| <i>norethindrone (contraceptive)</i> | 59 | <i>nyamyc</i> | 83 |
| <i>norethindrone ace & ethinyl estradiol</i> | | <i>nylia 1/35</i> | 60 |
| <i>tab 1 mg-20 mcg</i> | 59 | <i>nylia 7/7/7</i> | 60 |
| <i>norethindrone ace & ethinyl estradiol</i> | | NYMALIZE | 36 |
| <i>tab 1.5 mg-30 mcg</i> | 59 | <i>nymyo</i> | 60 |
| <i>norethindrone ace & ethinyl estradiol-fe</i> | | <i>nystatin</i> | 13 |
| <i>tab 1 mg-20 mcg</i> | 59 | <i>nystatin (mouth-throat)</i> | 86 |
| <i>norethindrone acetate</i> | 64 | <i>nystatin (topical)</i> | 83 |
| <i>norethindrone acetate-ethinyl estradiol</i> | | <i>nystop</i> | 83 |
| <i>tab 0.5 mg-2.5 mcg</i> | 61 | o | |
| <i>norethindrone acetate-ethinyl estradiol</i> | | <i>ocella</i> | 60 |
| <i>tab 1 mg-5 mcg</i> | 61 | OCTAGAM | 72 |
| <i>norethindrone ac-ethinyl estrad-fe tab</i> | | <i>octreotide acetate</i> | 63 |
| <i>1-20/1-30/1-35 mg-mcg</i> | 59 | ODEFSEY TAB | 16 |
| <i>norgestimate & ethinyl estradiol tab</i> | | ODOMZO | 27 |
| <i>0.25 mg-35 mcg</i> | 59 | OFEV | 81 |
| <i>norgestimate-eth estrad tab 0.18-</i> | | <i>ofloxacin (ophth)</i> | 77 |
| <i>25/0.215-25/0.25-25 mg-mcg</i> | 59 | <i>ofloxacin (otic)</i> | 78 |
| <i>norgestimate-eth estrad tab 0.18-</i> | | OGIVRI | 27 |
| <i>35/0.215-35/0.25-35 mg-mcg</i> | 60 | OGIVRI INJ 420MG | 27 |
| NORITATE | 85 | <i>olanzapine</i> | 43 |
| <i>norlyroc</i> | 60 | <i>olmesartan medoxomil</i> | 33 |
| NORPACE CR | 33 | <i>olmesartan medoxomil-</i> | |
| <i>nortrel 0.5/35 (28)</i> | 60 | <i>hydrochlorothiazide tab 20-12.5 mg</i> | |
| <i>nortrel 1/35 (21)</i> | 60 | | 32 |
| <i>nortrel 1/35 (28)</i> | 60 | <i>olmesartan medoxomil-</i> | |
| <i>nortrel 7/7/7</i> | 60 | <i>hydrochlorothiazide tab 40-12.5 mg</i> | |
| <i>nortriptyline hcl</i> | 40 | | 32 |
| NORVIR | 14 | <i>olmesartan medoxomil-</i> | |
| NOVOLIN INJ 70/30 | 55 | <i>hydrochlorothiazide tab 40-25 mg</i> | |
| NOVOLIN INJ 70/30 FP | 55 | | 32 |
| NOVOLIN N | 55 | | |

| | |
|---|--------|
| <i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> | 32 |
| <i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i> | 32 |
| <i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> | 32 |
| <i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> | 32 |
| <i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> | 32 |
| <i>olopatadine hcl</i> | 77 |
| <i>olopatadine hcl (nasal)</i> | 79 |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 35 |
| <i>omeprazole</i> | 67 |
| OMNARIS | 82 |
| OMNIPOD 5 G6 KIT INTRO | 55 |
| OMNIPOD 5 G6 MIS PODS | 55 |
| OMNIPOD DASH KIT INTRO | 55 |
| OMNIPOD DASH MIS PODS | 55 |
| OMNIPOD GO KIT 10UNT/DY | 56 |
| OMNIPOD GO KIT 15UNT/DY | 56 |
| OMNIPOD GO KIT 20UNT/DY | 56 |
| OMNIPOD GO KIT 25UNT/DY | 56 |
| OMNIPOD GO KIT 30UNT/DY | 56 |
| OMNIPOD GO KIT 35UNT/DY | 56 |
| OMNIPOD GO KIT 40UNT/DY | 56 |
| OMNIPOD MIS CLASSIC | 56 |
| <i>ondansetron</i> | 65 |
| <i>ondansetron hcl</i> | 65 |
| ONTRUZANT | 27 |
| ONUREG | 21 |
| OPSUMIT | 39 |
| ORGOVYX | 22 |
| ORKAMBI GRA 100-125 | 81 |
| ORKAMBI GRA 150-188 | 81 |
| ORKAMBI GRA 75-94MG | 81 |
| ORKAMBI TAB 100-125 | 81 |
| ORKAMBI TAB 200-125 | 81 |
| ORSERDU | 22 |
| <i>oseltamivir phosphate</i> | 16, 17 |
| OTEZLA | 70 |
| OTEZLA TAB 10/20/30 | 70 |

| | |
|---|----|
| <i>oxacillin sodium</i> | 19 |
| <i>oxaliplatin</i> | 20 |
| <i>oxaprozin</i> | 9 |
| <i>oxcarbazepine</i> | 47 |
| <i>oxybutynin chloride</i> | 67 |
| <i>oxycodone hcl</i> | 11 |
| <i>oxycodone w/ acetaminophen tab 10- 325 mg</i> | 11 |
| <i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i> | 11 |
| <i>oxycodone w/ acetaminophen tab 5- 325 mg</i> | 11 |
| <i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i> | 11 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) | 54 |
| OZEMPIC (0.25 OR 0.5MG/DOSE) | 54 |
| OZEMPIC (1MG/DOSE) | 54 |
| OZEMPIC (2MG/DOSE) SOPN 8MG/3ML | 54 |

P

| | |
|---|----|
| <i>pacerone</i> | 33 |
| <i>paclitaxel</i> | 23 |
| <i>paclitaxel protein-bound particles for iv susp 100 mg</i> | 23 |
| <i>paliperidone</i> | 43 |
| <i>pamidronate disodium</i> | 56 |
| PAMIDRONATE DISODIUM | 56 |
| PANRETIN | 85 |
| <i>pantoprazole sodium</i> | 67 |
| PANZYGA | 72 |
| <i>paraplatin</i> | 20 |
| <i>paricalcitol</i> | 64 |
| <i>paromomycin sulfate</i> | 12 |
| <i>paroxetine hcl</i> | 40 |
| PEDIARIX INJ 0.5ML | 73 |
| PEDVAX HIB | 73 |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 66 |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 66 |
| PEGASYS | 17 |
| PEMAZYRE | 27 |
| <i>pemetrexed disodium</i> | 21 |
| PEN GK/DEXTR INJ 40000/ML | 19 |
| PEN GK/DEXTR INJ 60000/ML | 19 |
| <i>penicillamine</i> | 57 |
| <i>penicillin g potassium</i> | 19 |

| | | | |
|--|----|--|----|
| PENICILLIN G PROCAINE..... | 19 | <i>piroxicam</i> | 9 |
| <i>penicillin g sodium</i> | 19 | PLASMA-LYTE INJ -148 | 75 |
| <i>penicillin v potassium</i> | 19 | PLASMA-LYTE INJ -A..... | 75 |
| PENTACEL INJ..... | 73 | <i>plenamine</i> | 76 |
| <i>pentamidine isethionate inh</i> | 12 | PLENVU SOL..... | 66 |
| <i>pentamidine isethionate inj</i> | 12 | <i>podofilox</i> | 85 |
| <i>pentoxifylline</i> | 69 | <i>polycin ophth oint</i> | 77 |
| <i>perindopril erbumine</i> | 31 | <i>polymyxin b-trimethoprim ophth soln</i> | |
| <i>periogard</i> | 86 | 10000 unit/ml-0.1% | 77 |
| <i>permethrin</i> | 86 | POMALYST..... | 22 |
| <i>perphenazine</i> | 43 | <i>portia-28</i> | 60 |
| PERSERIS..... | 43 | <i>posaconazole</i> | 13 |
| <i>pfizerpen</i> | 19 | POT CHL 20MEQ/L IN NAACL 0.45% INJ | |
| <i>phenelzine sulfate</i> | 41 | | 75 |
| <i>phenobarbital</i> | 47 | POT CHL 20MEQ/L IN NAACL 0.9% INJ | |
| <i>phenobarbital sodium</i> | 47 | | 75 |
| PHENYTEK | 47 | POT CHL 40MEQ/L IN NAACL 0.9% INJ | |
| <i>phenytoin</i> | 47 | | 75 |
| <i>phenytoin sodium</i> | 47 | <i>potassium chloride</i> | 75 |
| <i>phenytoin sodium extended</i> | 47 | POTASSIUM CHLORIDE | 75 |
| PHESGO SOL | 27 | <i>potassium chloride 20 meq/l (0.15%)</i> | |
| <i>philith</i> | 60 | <i>in dextrose 5% inj</i> | 75 |
| PIFELTRO | 14 | <i>potassium chloride microencapsulated</i> | |
| <i>pilocarpine hcl</i> | 78 | <i>crystals er</i> | 75 |
| <i>pilocarpine hcl (oral)</i> | 86 | <i>potassium citrate (alkalinizer)</i> | 67 |
| <i>pimozide</i> | 44 | PRADAXA | 68 |
| <i>pimtrea</i> | 60 | <i>pramipexole dihydrochloride</i> | 42 |
| <i>pindolol</i> | 35 | <i>prasugrel hcl</i> | 69 |
| <i>pioglitazone hcl</i> | 54 | <i>pravastatin sodium</i> | 34 |
| <i>pioglitazone hcl-metformin hcl tab 15-</i> | | <i>praziquantel</i> | 12 |
| 500 mg | 54 | <i>prazosin hcl</i> | 31 |
| <i>pioglitazone hcl-metformin hcl tab 15-</i> | | <i>prednisolone</i> | 62 |
| 850 mg | 54 | <i>prednisolone acetate (ophth)</i> | 77 |
| <i>piperacillin sod-tazobactam na for inj</i> | | PREDNISOLONE SODIUM PHOSP..... | 77 |
| 3.375 gm (3-0.375 gm) | 19 | <i>prednisolone sodium phosphate</i> | 62 |
| <i>piperacillin sod-tazobactam sod for inj</i> | | <i>prednisone</i> | 62 |
| 13.5 gm (12-1.5 gm) | 20 | PREDNISONE INTENSOL | 62 |
| <i>piperacillin sod-tazobactam sod for inj</i> | | <i>pregabalin</i> | 47 |
| 2.25 gm (2-0.25 gm) | 20 | PREHEVBRIO | 73 |
| <i>piperacillin sod-tazobactam sod for inj</i> | | PREMASOL SOL 10% | 76 |
| 4.5 gm (4-0.5 gm) | 20 | PRENATAL TAB 27-1MG..... | 75 |
| <i>piperacillin sod-tazobactam sod for inj</i> | | PRENATAL TAB PLUS | 75 |
| 40.5 gm (36-4.5 gm) | 20 | <i>prevalite</i> | 35 |
| PIQRAY 200MG DAILY DOSE | 27 | PREVYMIS | 17 |
| PIQRAY 250MG TAB DOSE..... | 27 | PREZCOBIX TAB 800-150..... | 16 |
| PIQRAY 300MG DAILY DOSE | 27 | PREZISTA..... | 14 |
| <i>pirfenidone</i> | 81 | PRIFTIN | 16 |

| | | | |
|---|--------|--|----|
| <i>primaquine phosphate</i> | 14 | <i>reclipsen</i> | 60 |
| PRIMAQUINE PHOSPHATE | 14 | RECOMBIVAX HB..... | 73 |
| <i>primidone</i> | 47 | RECTIV | 85 |
| PRIORIX INJ | 73 | REGRANEX | 86 |
| PRIVIGEN..... | 72 | RELENZA DISKHALER | 17 |
| <i>probenecid</i> | 9 | RELISTOR | 66 |
| <i>prochlorperazine</i> | 65 | REMICADE..... | 70 |
| <i>prochlorperazine edisylate</i> | 65 | RENFLEXIS..... | 70 |
| <i>prochlorperazine maleate</i> | 65 | <i>repaglinide</i> | 54 |
| PROCRIT | 68, 69 | REPATHA..... | 35 |
| <i>procto-med hc</i> | 85 | REPATHA PUSHTRONEX SYSTEM | 35 |
| <i>proctosol hc</i> | 85 | REPATHA SURECLICK | 35 |
| <i>proctozone-hc</i> | 85 | RESTASIS | 78 |
| <i>progesterone</i> | 64 | RESTASIS MULTIDOSE..... | 78 |
| PROGRAF | 72 | RETEVMO | 27 |
| PROLASTIN-C | 81 | REVLIMID..... | 22 |
| PROLENSA..... | 77 | REXULTI | 44 |
| PROLIA | 56 | REYATAZ..... | 14 |
| PROMACTA | 69 | REZLIDHIA | 27 |
| <i>promethazine hcl</i> | 65 | REZUROCK..... | 72 |
| <i>propafenone hcl</i> | 33 | RHOPRESSA | 78 |
| <i>proparacaine hcl</i> | 78 | <i>ribavirin (hepatitis c)</i> | 17 |
| <i>propranolol hcl</i> | 36 | <i>rifabutin</i> | 16 |
| <i>propylthiouracil</i> | 64 | <i>rifampin</i> | 16 |
| PROQUAD INJ | 73 | <i>riluzole</i> | 51 |
| PROSOL INJ 20% | 76 | <i>rimantadine hydrochloride</i> | 17 |
| <i>protriptyline hcl</i> | 41 | RINVOQ | 70 |
| PULMOZYME | 81 | <i>risedronate sodium</i> | 57 |
| PURIXAN | 21 | RISPERDAL CONSTA | 44 |
| <i>pyrazinamide</i> | 16 | <i>risperidone</i> | 44 |
| <i>pyridostigmine bromide</i> | 51 | <i>ritonavir</i> | 14 |
| Q | | <i>rivastigmine</i> | 39 |
| QINLOCK..... | 27 | <i>rivastigmine tartrate</i> | 39 |
| QUADRACEL INJ | 73 | <i>rizatriptan benzoate</i> | 50 |
| QUADRACEL INJ 0.5ML | 73 | ROCKLATAN DRO | 78 |
| <i>quetiapine fumarate</i> | 44 | <i>roflumilast</i> | 81 |
| <i>quinapril hcl</i> | 31 | <i>ropinirole hydrochloride</i> | 42 |
| <i>quinidine sulfate</i> | 33 | <i>rosuvastatin calcium</i> | 34 |
| <i>quinine sulfate</i> | 14 | ROTARIX SUS | 73 |
| R | | ROTATEQ SOL..... | 73 |
| RABAVERT INJ | 73 | <i>rowepra</i> | 47 |
| <i>rabeprazole sodium</i> | 67 | ROZLYTREK..... | 27 |
| <i>raloxifene hcl</i> | 63 | RUBRACA | 27 |
| <i>ramipril</i> | 31 | <i>rufinamide</i> | 47 |
| <i>ranolazine</i> | 38 | RUKOBIA | 15 |
| <i>rasagiline mesylate</i> | 42 | RYBELSUS | 54 |
| RAYALDEE | 64 | RYDAPT | 27 |

| | |
|---|----|
| S | |
| <i>sajazir</i> | 69 |
| SANDIMMUNE | 72 |
| SANTYL | 86 |
| <i>sapropterin dihydrochloride</i> | 63 |
| SAVELLA | 51 |
| SAVELLA MIS TITR PAK | 51 |
| SCSEMBLIX | 27 |
| <i>scopolamine</i> | 65 |
| SECUADO | 44 |
| <i>selegiline hcl</i> | 42 |
| <i>selenium sulfide</i> | 84 |
| SELZENTRY | 15 |
| SEREVENT DISKUS | 80 |
| <i>sertraline hcl</i> | 41 |
| <i>setlakin</i> | 60 |
| <i>sevelamer carbonate</i> | 63 |
| <i>sharobel</i> | 60 |
| SHINGRIX | 73 |
| SIGNIFOR | 63 |
| <i>sildenafil citrate</i> | 82 |
| <i>sildenafil citrate (pulmonary hypertension)</i> | 39 |
| <i>silodosin</i> | 67 |
| <i>silver sulfadiazine</i> | 83 |
| SIMBRINZA SUS 1-0.2% | 78 |
| <i>simliya</i> | 60 |
| <i>simvastatin</i> | 34 |
| <i>sirolimus</i> | 72 |
| SIRTURO | 16 |
| SIVEXTRO | 12 |
| SKYRIZI | 71 |
| SKYRIZI PEN | 71 |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 66 |
| <i>sodium chloride</i> | 75 |
| <i>sodium chloride (gu irrigant)</i> | 86 |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | 75 |
| SODIUM OXYBATE | 52 |
| <i>sodium phenylbutyrate</i> | 63 |
| <i>sodium polystyrene sulfonate powder</i> | 57 |
| <i>solifenacin succinate</i> | 68 |
| SOLIQUA INJ 100/33 | 56 |
| SOLTAMOX | 22 |
| SOLU-CORTEF | 62 |
| SOMATULINE DEPOT | 63 |
| SOMAVERT | 63 |
| <i>sorafenib tosylate</i> | 27 |
| <i>sorine</i> | 34 |
| <i>sotalol hcl</i> | 34 |
| <i>sotalol hcl (afib/afl)</i> | 34 |
| <i>spironolactone</i> | 31 |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 37 |
| <i>sprintec 28</i> | 60 |
| SPRITAM | 47 |
| SPRYCEL | 28 |
| <i>sps</i> | 57 |
| <i>sronyx</i> | 60 |
| <i>ssd</i> | 83 |
| <i>stavudine</i> | 15 |
| STELARA | 71 |
| STIVARGA | 28 |
| <i>streptomycin sulfate</i> | 12 |
| STRIBILD TAB | 16 |
| <i>subvenite</i> | 47 |
| <i>sucalfate</i> | 66 |
| <i>sulfacetamide sodium (acne)</i> | 83 |
| <i>sulfacetamide sodium (ophth)</i> | 77 |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 76 |
| <i>sulfadiazine</i> | 12 |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | 12 |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 12 |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 12 |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 13 |
| SULFAMYLON | 83 |
| <i>sulfasalazine</i> | 66 |
| <i>sulindac</i> | 9 |
| <i>sumatriptan</i> | 50 |
| <i>sumatriptan succinate</i> | 50 |
| <i>sunitinib malate</i> | 28 |
| SUNLENCA | 15 |
| <i>syeda</i> | 60 |
| SYMDEKO TAB 100-150 | 81 |
| SYMDEKO TAB 50-75MG | 81 |
| SYMJEPI | 81 |
| SYMPAZAN | 47 |

| | | | |
|--|----|---|--------|
| SYMTUZA TAB..... | 16 | <i>temazepam</i> | 50 |
| SYNAREL..... | 61 | TENIVAC INJ 5-2LF..... | 73 |
| SYNJARDY TAB 12.5-1000MG | 54 | <i>tenofovir disoproxil fumarate</i> | 15 |
| SYNJARDY TAB 12.5-500..... | 54 | TEPMETKO | 28 |
| SYNJARDY TAB 5-1000MG..... | 54 | <i>terazosin hcl</i> | 31 |
| SYNJARDY TAB 5-500MG..... | 54 | <i>terbinafine hcl</i> | 13 |
| SYNJARDY XR TAB 10-1000..... | 54 | <i>terbutaline sulfate</i> | 80 |
| SYNJARDY XR TAB 12.5-1000MG..... | 54 | <i>terconazole vaginal</i> | 68 |
| SYNJARDY XR TAB 25-1000..... | 54 | TERIPARATIDE..... | 57 |
| SYNJARDY XR TAB 5-1000MG | 54 | <i>testosterone</i> | 53 |
| SYNRIBO..... | 23 | <i>testosterone cypionate</i> | 53 |
| SYNTHROID..... | 64 | <i>testosterone enanthate</i> | 53 |
| T | | <i>tetrabenazine</i> | 51 |
| TABLOID | 21 | <i>tetracycline hcl</i> | 20 |
| TABRECTA | 28 | THALOMID | 22 |
| <i>tacrolimus</i> | 72 | THEO-24 | 81 |
| <i>tacrolimus (topical)</i> | 85 | <i>theophylline</i> | 81 |
| TAFINLAR..... | 28 | <i>thioridazine hcl</i> | 44 |
| TAGRISO | 28 | <i>thiothixene</i> | 44 |
| TALTZ..... | 71 | <i>tiadylt er</i> | 36 |
| TALZENNA..... | 28 | <i>tiagabine hcl</i> | 47 |
| <i>tamoxifen citrate</i> | 22 | TIBSOVO..... | 28 |
| <i>tamsulosin hcl</i> | 67 | TICOVAC..... | 73 |
| <i>tarina fe 1/20 eq</i> | 60 | <i>tigecycline</i> | 20 |
| TASIGNA..... | 28 | <i>tilia fe</i> | 60 |
| <i>tasimelteon</i> | 49 | <i>timolol maleate</i> | 36 |
| <i>tazarotene</i> | 83 | <i>timolol maleate (ophth)</i> | 78 |
| <i>tazicef</i> | 18 | <i>tinidazole</i> | 13 |
| TAZORAC | 83 | TIVICAY | 15 |
| <i>taztia xt</i> | 36 | TIVICAY PD | 15 |
| TAZVERIK | 28 | <i>tizanidine hcl</i> | 52 |
| TDVAX INJ 2-2 LF..... | 73 | TOBRADEX OIN 0.3-0.1% | 76 |
| TECENTRIQ | 28 | TOBRADEX ST SUS 0.3-0.05..... | 76 |
| TEFLARO | 18 | <i>tobramycin</i> | 13 |
| <i>telmisartan</i> | 33 | <i>tobramycin (ophth)</i> | 77 |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 32 | <i>tobramycin sulfate</i> | 13 |
| <i>telmisartan-amlodipine tab 40-5 mg</i> . | 32 | <i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i> | 76 |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 32 | <i>tolterodine tartrate</i> | 68 |
| <i>telmisartan-amlodipine tab 80-5 mg</i> . | 32 | <i>topiramate</i> | 47, 48 |
| <i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i> | 32 | <i>toremifene citrate</i> | 22 |
| <i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i> | 33 | <i>torseamide</i> | 37 |
| <i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i> | 33 | TOUJEO MAX SOLOSTAR | 56 |
| | | TOUJEO SOLOSTAR | 56 |
| | | TPN ELECTROL INJ | 75 |
| | | TRADJENTA | 54 |
| | | <i>tramadol hcl</i> | 11 |

| | | | |
|---|----|--|----|
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 11 | TRIKAFTA TAB 50-25-37.5MG & 75MG | 81 |
| <i>trandolapril</i> | 31 | <i>tri-legest fe</i> | 60 |
| <i>tranexamic acid</i> | 69 | <i>tri-lynyah</i> | 60 |
| <i>tranylcypramine sulfate</i> | 41 | <i>tri-lo-estarylla</i> | 60 |
| TRAVASOL INJ 10%..... | 76 | <i>tri-lo-marzia</i> | 60 |
| <i>travoprost</i> | 78 | <i>tri-lo-mili</i> | 60 |
| TRAZIMERA | 28 | <i>tri-lo-sprintec</i> | 60 |
| <i>trazodone hcl</i> | 41 | <i>trimethoprim</i> | 13 |
| TRECATOR..... | 16 | <i>tri-mili</i> | 60 |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | 79 | <i>trimipramine maleate</i> | 41 |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | 79 | TRINTELLIX | 41 |
| <i>treprostinil</i> | 39 | <i>tri-nymyo</i> | 60 |
| TRESIBA | 56 | <i>tri-sprintec</i> | 60 |
| TRESIBA FLEXTOUCH..... | 56 | TRIUMEQ PD TAB | 16 |
| <i>tretinoin</i> | 83 | TRIUMEQ TAB | 16 |
| <i>tretinoin (chemotherapy)</i> | 23 | <i>trivora-28</i> | 60 |
| TREXALL | 71 | <i>tri-vylibra</i> | 60 |
| <i>triamcinolone acetonide (mouth)</i> | 86 | <i>tri-vylibra lo</i> | 60 |
| <i>triamcinolone acetonide (topical)</i> | 85 | TRIZIVIR TAB | 16 |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | 37 | TROGARZO..... | 15 |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 37 | TROPHAMINE INJ 10%..... | 76 |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | 37 | <i>trospium chloride</i> | 68 |
| TRICARE TAB PRENATAL | 75 | TRULICITY..... | 54 |
| <i>trientine hcl</i> | 57 | TRUMENBA INJ | 73 |
| <i>tri-estarylla</i> | 60 | TRUXIMA..... | 28 |
| <i>trifluoperazine hcl</i> | 44 | TUKYSA | 28 |
| <i>trifluridine</i> | 77 | TURALIO | 28 |
| <i>trihexyphenidyl hcl</i> | 42 | TWINRIX INJ | 73 |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 54 | TYBOST | 15 |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 54 | TYPHIM VI..... | 73 |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 54 | TYRVAYA..... | 78 |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 54 | U | |
| TRIKAFTA PAK 59.5MG..... | 81 | <i>unithroid</i> | 64 |
| TRIKAFTA PAK 75MG | 81 | <i>ursodiol</i> | 66 |
| TRIKAFTA TAB 100-50-75MG & 150MG | 81 | V | |
| | | <i>valacyclovir hcl</i> | 17 |
| | | VALCHLOR | 85 |
| | | <i>valganciclovir hcl</i> | 17 |
| | | <i>valproate sodium</i> | 48 |
| | | <i>valproic acid</i> | 48 |
| | | <i>valsartan</i> | 33 |
| | | <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 33 |
| | | <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 33 |

| | | | |
|--|----|--|----|
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 33 | VIREAD..... | 15 |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 33 | VITRAKVI..... | 29 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 33 | VIVITROL..... | 52 |
| VALTOCO 10 MG DOSE | 48 | VIZIMPRO | 29 |
| VALTOCO 15 MG DOSE | 48 | VONJO | 29 |
| VALTOCO 20 MG DOSE | 48 | <i>voriconazole</i> | 13 |
| VALTOCO 5 MG DOSE | 48 | VOSEVI TAB | 17 |
| <i>vancomycin hcl</i> | 13 | VOTRIENT | 29 |
| VANCOMYCIN INJ 1 GM..... | 13 | VRAYLAR..... | 44 |
| VANCOMYCIN INJ 500MG | 13 | VRAYLAR CAP 1.5-3MG | 44 |
| VANCOMYCIN INJ 750MG | 13 | <i>vyfemla</i> | 60 |
| VAQTA | 73 | <i>vylibra</i> | 60 |
| <i>varenicline tartrate</i> | 52 | VYVANSE | 49 |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | 52 | VYZULTA..... | 78 |
| VARIVAX | 74 | W | |
| VASCEPA..... | 35 | <i>warfarin sodium</i> | 68 |
| <i>velivet</i> | 60 | <i>water for irrigation, sterile irrigation soln</i> | 86 |
| VELPHORO | 63 | WELIREG | 23 |
| VELTASSA | 57 | <i>wera</i> | 60 |
| VEMLIDY | 17 | <i>wixela inhub</i> | 82 |
| VENCLEXTA | 28 | X | |
| VENCLEXTA TAB START PK..... | 28 | XALKORI | 29 |
| <i>venlafaxine hcl</i> | 41 | XARELTO..... | 68 |
| VENTAVIS | 39 | XARELTO STAR TAB 15/20MG..... | 68 |
| VENTOLIN HFA..... | 80 | XATMEP | 71 |
| VENTOLIN HFA (INSTITUTIONAL PACK) | 80 | XCOPRI..... | 48 |
| <i>verapamil hcl</i> | 36 | XCOPRI PAK 100-150 | 48 |
| VERQUVO..... | 38 | XCOPRI PAK 12.5-25 | 48 |
| VERSACLOZ..... | 44 | XCOPRI PAK 150-200MG (MAINTENANCE)..... | 48 |
| VERZENIO | 29 | XCOPRI PAK 150-200MG (TITRATION) | 48 |
| <i>vestura</i> | 60 | XCOPRI PAK 50-100MG | 48 |
| V-GO 20 KIT | 56 | XELJANZ | 71 |
| V-GO 30 KIT | 56 | XELJANZ XR | 71 |
| V-GO 40 KIT | 56 | XERMELO | 66 |
| <i>vienna</i> | 60 | XGEVA | 57 |
| <i>vigabatrin</i> | 48 | XHANCE | 82 |
| <i>vigadrone</i> | 48 | XIFAXAN | 66 |
| <i>vilazodone hcl</i> | 41 | XIGDUO XR TAB 10-1000..... | 54 |
| <i>vincristine sulfate</i> | 23 | XIGDUO XR TAB 10-500MG | 54 |
| <i>vinorelbine tartrate</i> | 23 | XIGDUO XR TAB 2.5-1000..... | 54 |
| <i>viorele</i> | 60 | XIGDUO XR TAB 5-1000MG | 54 |
| VIRACEPT..... | 15 | XIGDUO XR TAB 5-500MG | 54 |
| | | XIIDRA | 78 |
| | | XOLAIR..... | 81 |

| | | | |
|---------------------------------|----|-----------------------------------|----|
| XOSPATA | 29 | ZENPEP CAP 25000UNT | 67 |
| XPOVIO 100 MG ONCE WEEKLY..... | 29 | ZENPEP CAP 3000UNIT | 67 |
| XPOVIO 40 MG ONCE WEEKLY | 29 | ZENPEP CAP 40000UNT..... | 67 |
| XPOVIO 40 MG TWICE WEEKLY | 29 | ZENPEP CAP 5000UNIT | 67 |
| XPOVIO 60 MG ONCE WEEKLY | 29 | ZERVIATE | 77 |
| XPOVIO 60 MG TWICE WEEKLY | 29 | <i>zidovudine</i> | 15 |
| XPOVIO 80 MG ONCE WEEKLY | 29 | ZIEXTENZO | 69 |
| XPOVIO 80 MG TWICE WEEKLY | 29 | <i>ziprasidone hcl</i> | 44 |
| XTANDI..... | 22 | <i>ziprasidone mesylate</i> | 44 |
| <i>xulane</i> | 60 | ZIRABEV | 29 |
| XULTOPHY INJ 100/3.6 | 56 | ZIRGAN | 77 |
| Y | | <i>zoledronic acid</i> | 57 |
| YF-VAX INJ | 74 | ZOLINZA..... | 29 |
| <i>yuvaferm</i> | 61 | <i>zolpidem tartrate</i> | 50 |
| Z | | ZONISADE | 48 |
| <i>zafemy</i> | 60 | <i>zonisamide</i> | 48 |
| <i>zafirlukast</i> | 80 | <i>zovia 1/35</i> | 61 |
| ZARXIO..... | 69 | ZTALMY | 48 |
| ZEJULA | 29 | <i>zumandimine</i> | 61 |
| ZELBORAF | 29 | ZYCLARA PUMP | 85 |
| ZEMAIRA..... | 81 | ZYDELIG | 29 |
| <i>zenatane</i> | 83 | ZYKADIA | 29 |
| ZENPEP CAP 10000UNT..... | 67 | ZYLET SUS 0.5-0.3% | 76 |
| ZENPEP CAP 15000UNT..... | 67 | ZYPITAMAG | 34 |
| ZENPEP CAP 20000UNT..... | 67 | ZYPREXA RELPREVV | 44 |

| | |
|------------------|--|
| MÉTODO | KelseyCare Advantage Equipo de conserjería - Información de contacto |
| LLAMAR | <p>713-442-7555</p> <p>Las llamadas a este número son gratuitas. Desde el 1.º de octubre hasta el 31 de marzo, el horario de atención es de 8:00 a. m. a 8:00 p. m., los siete días de la semana.</p> <p>Desde el 1 de abril hasta el 30 de septiembre, el horario de atención es de 8:00 a. m. a 8:00 p. m., de lunes a viernes. Utilizamos los servicios de mensajería los fines de semana, después de horas y en días festivos federales. Servicios para Miembros también ofrece servicios gratuitos de intérprete para las personas que no hablan inglés.</p> |
| TTY | <p>711</p> <p>Las llamadas a este número son gratuitas.</p> <p>Desde el 1.º de octubre hasta el 31 de marzo, el horario de atención es de 8:00 a. m. a 8:00 p.m., los siete días de la semana.</p> <p>Desde el 1 de abril hasta el 30 de septiembre, el horario de atención es de 8:00 a. m. a 8:00 p.m., de lunes a viernes. Utilizamos los servicios de mensajería los fines de semana, después de horas y en días festivos federales.</p> |
| FAX | 713-442-5450 |
| ESCRIBE | <p>KelseyCare Advantage ATTN: Equipo de conserjería P.O. Box 841569 Pearland, TX 77584-9832</p> |
| SITIO WEB | www.kelseycareadvantage.com/shell |

Programa de Defensa y Asesoramiento sobre Información de la Salud (HICAP)

El Programa de Defensa y Asesoramiento sobre Información de la Salud (Health Information Counseling and Advocacy Program, HICAP) es un programa estatal que recibe fondos del gobierno federal para brindar asesoramiento gratuito de seguro de salud local a personas con Medicare.

| | |
|------------------|---|
| MÉTODO | Programa de Defensa y Asesoramiento sobre Información de la Salud (HICAP) (Texas' SHIP) – Información de contacto |
| LLAMAR | 1-800-252-9240 |
| TTY | <p>1-800-735-2989</p> <p>Para llamar a este número, es necesario contar con un equipo de teléfono especial y es únicamente para las personas que tengan dificultades para oír o hablar.</p> |
| ESCRIBE | <p>701 West 51st Street MC: W352 Austin, TX 78751</p> |
| SITIO WEB | https://hhs.texas.gov/services/health/medicare |

®El logotipo de CVS Caremark es una marca comercial y/o marca comercial registrada de CVS Caremark y/o una de sus filiales.

Declaración de divulgación de PRA: De acuerdo con la Ley de reducción de papeleo de 1995, no se requiere que ninguna persona responda a una recopilación de información a menos que muestre un número de control de OMB válido. El número de control válido de OMB para esta recopilación de información es 0938- 1051. Si tiene comentarios o sugerencias para mejorar este formulario, escriba a: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.