2027

FORMULARIO Y LISTA DE MEDICAMENTOS CUBIERTOS

Johns Hopkins Advantage MD Select (HMO)

POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Identificador de envío del archivo de formulario aprobado por el Sistema de Gestión de Planes de Salud (Health Plan Management System, HPMS): 00027080.

Este formulario fue actualizado el 15 de octubre de 2026 Para ver información más reciente o si tiene otras preguntas, comuníquese con el Servicio de Atención al Servicios para Miembros Johns Hopkins Advantage MD Select (HMO) al 877-293-4998 (los usuarios de TTY deben llamar al 711) De 8 a.m. a 8 p.m., los 7 días de la semana, del 1 de octubre al 31 de marzo, y de 8 a.m. a 8 p.m., de lunes a viernes, del 1 de abril al 30 de septiembre, o visita hopkinsmedicare.com

10/15/2026
Y0124_HMOSeFormulary1026_C

JOHNS HOPKINS
HEALTH PLANS

Nota dirigida a los miembros existentes: Este formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía contiene los medicamentos que usted toma.

Cuando en este formulario (formulario) dice “nosotros” o “nuestro”, hace referencia a Johns Hopkins Advantage MD. Cuando menciona “plan” o “nuestro plan”, se refiere a Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD Select (HMO).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, que fue actualizado por última vez el 1 de octubre de 2026. Para obtener una lista de los medicamentos (formulario) actualizada, por favor póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de los medicamentos (formulario), aparece en la portada y en la contraportada.

Por lo general, debe acudir a las farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, formularios, red de farmacias y/o copagos/coaseguro pueden cambiar el 1 de enero de 2027 y de vez en cuando durante el año.

¿Qué es el formulario de Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD Select (HMO)?

En este documento, utilizamos los términos Lista de medicamentos y formulario para referirnos a lo mismo. Un formulario es una lista seleccionada de medicamentos cubiertos por nuestro plan en consulta con un equipo de proveedores de salud, que representa los tratamientos recetados que se cree que deben formar parte de un programa de tratamientos de calidad. Nuestro plan por lo general cubre los medicamentos listados en nuestro formulario, siempre y cuando el medicamento sea necesario en términos médicos, los medicamentos de venta con receta se despachen en una farmacia de la red del plan y se siguen otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

Para obtener una lista completa de todos los medicamentos de venta con receta cubiertos por nuestro plan, por favor visite nuestra página web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurre el 1 de enero, pero podemos agregar o quitar medicamentos de la lista en el transcurso del año, moverlos a niveles de costo compartido diferentes o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web, disponible aquí: HopkinsMedicare.com/whats-covered.

A continuación se presentan los cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por los cambios de la cobertura durante el año:

- **Sustituciones inmediatas de determinadas nuevas versiones de medicamentos de marca y productos biológicos originales** Podemos retirar de inmediato un medicamento de nuestro formulario si lo reemplazamos por una nueva versión específica de ese mismo medicamento, que se incluya en el mismo nivel de copago o en uno inferior, y que mantenga las mismas o menores restricciones. Cuando incorporamos una nueva versión de un medicamento a nuestro formulario, podemos decidir conservar el medicamento de marca o el producto biológico original, pero cambiarlo de nivel de copago de manera inmediata o agregarle nuevas restricciones.

  Podemos efectuar estos cambios inmediatos únicamente cuando agregamos una nueva versión genérica de un medicamento de marca, o cuando incorporamos ciertas nuevas versiones biosimilares de un producto biológico original que ya figuraba en el formulario (por ejemplo, al incluir un biosimilar intercambiable que una farmacia puede sustituir por el producto biológico original sin necesidad de una nueva receta médica).

  Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le avisemos con anticipación antes de realizar un cambio inmediato; sin embargo, posteriormente le proporcionaremos información sobre el o los cambios específicos que hayamos realizado.

  Si efectuamos dicho cambio, usted o su médico podrán solicitarnos una excepción para que continuemos cubriendo el medicamento que está siendo modificado. Para obtener más información, consulte la sección titulada “¿Cómo solicito una excepción al formulario de Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD Select (HMO)?”

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

- **Medicamentos retirados del mercado.** Si un medicamento es retirado del mercado por el fabricante, o si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que debe retirarse por motivos de seguridad o eficacia, podremos eliminar el medicamento de nuestro formulario de manera inmediata y, posteriormente, notificaremos a los miembros que lo utilicen.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Podemos retirar un medicamento de marca

del formulario cuando agregamos un equivalente genérico, o retirar un producto biológico original cuando agregamos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, cambiarlo a un nivel de copago diferente, o ambas cosas. También podemos realizar cambios basándonos en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos requisitos de autorización previa, límites de cantidad y/o restricciones de terapia escalonada sobre un medicamento, o trasladamos un medicamento a un nivel superior de copago, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que entre en vigencia. De manera alternativa, cuando un miembro solicite un resurtido del medicamento, podrá recibir un suministro de 30 días del mismo junto con una notificación sobre el cambio.

Si realizamos estos otros cambios, usted o su médico tratante podrán solicitarnos una excepción para usted y continuar cubriendo el medicamento que ha estado tomando. El aviso que le enviaremos también incluirá información sobre cómo solicitar una excepción, y podrá encontrar información adicional en la sección que figura más abajo titulada "¿Cómo solicito una excepción al formulario de Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD Select (HMO)?"

Cambios que no lo afectarán si usted está tomando actualmente el medicamento. Por lo general, si usted está tomando un medicamento incluido en nuestro formulario del 2027 y que estaba bajo cobertura al comienzo del año, no suspenderemos ni reduciremos la cobertura de ese medicamento durante el año de cobertura 2027, excepto como se describe anteriormente. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin restricciones nuevas para aquellos miembros que lo estén tomando por el resto del año de la cobertura. No recibirá un aviso directo este año sobre los cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios lo afectarían y es importante que consulte el formulario en el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está vigente al 1 de octubre de 2026. Para obtener información actualizada sobre los fármacos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada. En caso de que se produzcan cambios en el formulario que no sean de mantenimiento a mitad de año, los formularios se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo utilizo el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Enfermedad

El formulario comienza en la página 13. Los medicamentos en este formulario están agrupados en categorías según el tipo de enfermedad para la que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca están listados bajo la categoría "CARDIOVASCULAR - MEDICAMENTOS PARA TRATAR ENFERMEDADES CARDÍACAS Y CIRCULATORIAS". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 13. Luego busque su medicamento bajo el nombre de la categoría.

Orden alfabético

Si no sabe en qué categoría buscar, debe buscar su medicamento en el índice que comienza en la página 78. El índice contiene una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están listados en este índice. Busque en el índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página donde puede encontrar la información sobre la cobertura. Vaya a la página listada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico es aquel que contiene los mismos ingredientes activos que el medicamento de marca y tiene la aprobación de la FDA. Por lo general, los medicamentos genéricos funcionan igual de bien que los medicamentos de marca y, además, suelen costar menos. Hay medicamentos genéricos de remplazo disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituirse por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes de cada estado.

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

En el formulario, cuando decimos medicamentos, esto puede referirse a un medicamento o a un producto biológico. Los productos biológicos son medicamentos que presentan una estructura más compleja que los fármacos comunes. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, cuentan con alternativas que se denominan biosimilares. En general, los biosimilares funcionan igual de bien que el producto biológico original y pueden tener un costo menor. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el medicamento biológico original en la farmacia sin necesidad de una nueva receta, del mismo modo que los medicamentos genéricos pueden sustituirse por los de marca.

Para la información sobre los tipos de medicamentos, consulte el documento Evidencia de cobertura, Capítulo 5, Sección 3.1, “La “Lista de medicamentos” le indica cuáles medicamentos de la Parte D están cubiertos”.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos podrían tener requisitos adicionales o límites de cobertura. Estos requisitos o límites podrían incluir:

- **Autorización previa:** Nuestro plan requiere que usted o el profesional que le receta el medicamento obtengan autorización previa para determinados medicamentos. Esto significa que deberá recibir la aprobación por parte de nuestro plan, con base en criterios específicos, antes de surtir sus medicamentos de venta con receta. Si no recibe aprobación, tal vez no cubramos el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan ofrece 30 tabletas cada 30 días por receta de Januvia®. Esto podría ser adicional a un suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, nuestro plan exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa condición. Por ejemplo, si tanto el medicamento A como el medicamento B sirven para tratar su trastorno médico, es posible que no cubramos el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le sirve, entonces le cubriremos el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites al buscar en el vademécum que comienza en la página 13. En nuestro sitio de internet también puede obtener más información acerca de las restricciones que se aplican a medicamentos cubiertos específicos. Hemos publicado en línea unos documentos que explican nuestras restricciones con respecto a la autorización previa y la terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede pedirle a nuestro plan que haga una excepción en cuanto a estas restricciones o límites o pedirle una lista de otros medicamentos similares que puedan servir para tratar su enfermedad. Consulte la sección “¿Cómo solicito una excepción al formulario de Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD Select (HMO)?” en la página 6 para ver información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre (por sus siglas en inglés, OTC) son aquellos que se venden sin receta médica y que por lo general no están cubiertos por un plan de medicamentos recetados de Medicare. No pagamos por medicamentos de venta libre.

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

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

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicios al Miembro un formulario similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede pedirle a nuestro plan que haga una excepción y cubra su medicamento. Revise más abajo para obtener información sobre cómo solicitar una excepción.

"¿Cómo solicito una excepción al formulario de Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD Select (HMO)?"

Puede pedirle a nuestro plan que haga una excepción en las reglas de cobertura. Existen varios tipos de excepciones que nos puede solicitar.

- Puede pedirnos que cubramos un medicamento aun cuando este no se encuentre en nuestro formulario. De aprobarse, este medicamento será cubierto a un nivel predeterminado de costo compartido y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que eliminemos una restricción de cobertura, incluidas la autorización previa, la terapia escalonada o un límite de cantidad para su medicamento. Por ejemplo, nuestro plan limita la cantidad que cubriremos de determinados medicamentos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y cubramos una cantidad mayor.
- Puede pedirnos que cubramos un medicamento del formulario a un costo compartido más bajo a menos que el medicamento esté en el nivel de especialidad.

Generalmente, solo aprobaremos su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con un nivel de copago más bajo o la aplicación de la restricción no resultaran igual de eficaces para usted y/o pudieran causarle efectos adversos.

Usted o su médico tratante deben comunicarse con nosotros para solicitar una excepción de nivel o del formulario, incluyendo una excepción a una restricción de cobertura. ***Cuando***

solicite una excepción, su médico deberá explicar los motivos médicos por los cuales usted necesita dicha excepción. Por lo general, debemos tomar nuestra decisión dentro de un plazo de 72 horas de haber recibido la declaración de apoyo de su médico. Puede solicitar una decisión acelerada (rápida) si considera, y nosotros coincidimos, que su salud podría verse gravemente afectada al esperar hasta 72 horas por una decisión. Si estamos de acuerdo, o si su médico solicita una decisión acelerada, debemos darle una respuesta a más tardar dentro de las 24 horas después de recibir la declaración justificativa de su médico.

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

Como un miembro nuevo o continuo de nuestro plan, es posible que usted esté tomando medicamentos que no están en nuestro formulario. O bien, puede estar tomando un medicamento que sí aparece en el formulario, pero que tiene una restricción de cobertura, como una autorización previa. Debería hablar con el profesional que receta sobre la posibilidad de solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que sí esté cubierto, o presentar una solicitud de excepción al formulario para que podamos cubrir el medicamento que usted utiliza. Mientras usted y su médico determinan cuál es la mejor opción en su caso, es posible que cubramos su medicamento en ciertas circunstancias durante los primeros 90 días desde que se convierte en miembro de nuestro plan.

Para cada medicamento que no esté incluido en nuestro formulario o tenga una restricción de cobertura, le proporcionaremos un suministro temporal para 30 días. Si su receta es por menos días, permitiremos varios surtidos para proporcionarle hasta un máximo de 30 días de suministro del medicamento. Si la cobertura no se aprueba después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si usted ha sido miembro del plan por menos de 90 días.

Si es residente de una institución de cuidado a largo plazo y necesita un medicamento que no esté en nuestro formulario o su capacidad para obtener los medicamentos es limitada, pero tiene más de 90 días como miembro del plan, cubriremos un suministro de emergencia para 31 días para ese medicamento mientras tramita una excepción al formulario.

Si experimenta un cambio en su nivel de cuidado, como un cambio de un hospital a un hogar, y necesita un medicamento que no está en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal único por hasta 30 días (o 31 días si es residente de cuidado a largo plazo) de una farmacia de la red. Durante este período, debe usar el proceso de excepción del plan si desea tener una cobertura continua del medicamento después de que finalice el suministro temporal.

Para más información

Para más información detallada sobre la cobertura de medicamentos recetados de Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD Select (HMO), revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, contáctenos. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite Medicare.gov.

Formulario de Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD Select (HMO)

El formulario que comienza en la próxima página proporciona información sobre la cobertura de medicamentos de nuestro plan. Si tiene algún problema para encontrar su medicamento en el listado, pase al índice que comienza en la página 78.

La primera columna del cuadro indica el nombre del medicamento. Los medicamentos de marca se escriben en mayúsculas (por ejemplo, SYNTHROID) y los genéricos en minúsculas en cursiva (por ejemplo, *levotiroxina*).

La información en la columna de Requerimientos/Límites le dice si nuestro plan tiene algún requerimiento especial para la cobertura de su medicamento.

PA – Autorización previa. Nuestro plan le exige a usted o a su proveedor obtener autorización previa para ciertos medicamentos. Esto significa que necesitará recibir nuestra aprobación antes de surtir sus recetas. Si no recibe aprobación, tal vez no cubramos el medicamento.

QL – El medicamento tiene un límite de cantidad. Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan ofrece 30 tabletas cada 30 días por receta de rosuvastatina.

ST – Terapia escalonada. En algunos casos, nuestro plan exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa condición. Por ejemplo, si tanto el medicamento A como el medicamento B sirven para tratar su trastorno médico, es posible que no cubramos el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le sirve, entonces le cubriremos el medicamento B.

NM – No está disponible en farmacias de pedido por correo.

B/D – Este medicamento puede estar cubierto por las partes B o D de Medicare, dependiendo de las circunstancias. Podría ser necesario enviar información que describa el uso y el entorno del medicamento para hacer una determinación.

I - Es posible que el copago de nivel de este medicamento no se aplique a usted. La insulina cubierta por nuestro plan no cuesta más de $35 por un suministro de un mes. Llame a Servicios al Miembro para conocer el costo estimado.

EX - Este medicamento con receta no lo cubre normalmente el plan de medicamentos con receta de Medicare. La cantidad que pague cuando surta una receta de este medicamento no cuenta para el costo total de sus medicamentos (esto es, la cantidad que paga no lo ayuda a calificar para cobertura catastrófica). Además, si recibe ayuda adicional para pagar por sus recetas, no obtendrá ninguna ayuda adicional para pagar por este medicamento.

* - Sin suministro de días extendidos. No disponible para un suministro extendido (a largo plazo).

Johns Hopkins Advantage MD (HMO)		
Deducible: $590 (se aplica a los medicamentos de los niveles 3, 4 y 5)		
Nivel de costo compartido	**Costo compartido estándar al por menor (dentro de la red)**	**Costo compartido estándar de pedido por correo (dentro de la red)**
Nivel 1 de costo compartido (genérico preferido)	Copago de $0 para 30 días de suministro Copago de $0 para 60 días de suministro Copago de $0 para 100 días de suministro	Copago de $0 para 30 días de suministro Copago de $0 para 60 días de suministro Copago de $0 para 100 días de suministro
Nivel 2 de costo compartido (genérico)	Copago de $6 para 30 días de suministro Copago de $9 para 60 días de suministro Copago de $12 por 100 días de suministro	Copago de $6 para 30 días de suministro Copago de $9 para 60 días de suministro Copago de $12 por 100 días de suministro
Nivel 3 de costo compartido (marcas preferidas)	Copago de $45 por 30 días de suministro Copago de $67.50 por 60 días de suministro Copago de $90 por 100 días de suministro	Copago de $45 por 30 días de suministro Copago de $67.50 por 60 días de suministro Copago de $90 por 100 días de suministro
Nivel 4 de costo compartido (medicamento no preferido)	Coaseguro del 25 % por 30 días de suministro Coaseguro del 25 % por 60 días de suministro Coaseguro del 25 % por 100 días de suministro	Coaseguro del 25 % por 30 días de suministro Coaseguro del 25 % por 60 días de suministro Coaseguro del 25 % por 100 días de suministro
Nivel 5 de costo compartido (Nivel de especialidad)	Coaseguro del 27 % por 30 días de suministro (solamente)	
NOTA: -Los medicamentos se proveen en un centro de cuidados a largo plazo para un suministro de hasta 31 días. -Los medicamentos del nivel 5 solo están disponibles por 30 días de suministro. -El pedido por correo está disponible para pedir cómodamente hasta un suministro de medicamentos para 100 días en los Niveles 1 a 4. Puede comunicarse con nosotros llamando por teléfono al número que se encuentra en la portada y contraportada. -Puede encontrar la información completa sobre costos compartidos en la Evidencia de cobertura.		

Johns Hopkins Advantage MD Select (HMO)		
Deducible: $250 (se aplica a los medicamentos de los niveles 3, 4 y 5)		
Nivel de costo compartido	**Costo compartido estándar al por menor (dentro de la red)**	**Costo compartido estándar de pedido por correo (dentro de la red)**
Nivel 1 de costo compartido (genérico preferido)	Copago de $0 para 30 días de suministro Copago de $0 para 60 días de suministro Copago de $0 para 100 días de suministro	Copago de $0 para 30 días de suministro Copago de $0 para 60 días de suministro Copago de $0 para 100 días de suministro
Nivel 2 de costo compartido (genérico)	Copago de $5 para 30 días de suministro Copago de $7.50 por 60 días de suministro Copago de $10 por 100 días de suministro	Copago de $5 para 30 días de suministro Copago de $7.50 por 60 días de suministro Copago de $10 por 100 días de suministro
Nivel 3 de costo compartido (marcas preferidas)	Copago de $45 por 30 días de suministro Copago de $67.50 por 60 días de suministro Copago de $90 por 100 días de suministro	Copago de $45 por 30 días de suministro Copago de $67.50 por 60 días de suministro Copago de $90 por 100 días de suministro
Nivel 4 de costo compartido (medicamento no preferido)	Coaseguro del 30 % por 30 días de suministro Coaseguro del 30 % por 60 días de suministro Coaseguro del 30 % por 100 días de suministro	Coaseguro del 30 % por 30 días de suministro Coaseguro del 30 % por 60 días de suministro Coaseguro del 30 % por 100 días de suministro
Nivel 5 de costo compartido (Nivel de especialidad)	Coaseguro del 30 % por 30 días de suministro (solamente)	
NOTA: -Los medicamentos se proveen en un centro de cuidados a largo plazo para un suministro de hasta 31 días. -Los medicamentos del nivel 5 solo están disponibles por 30 días de suministro. -El pedido por correo está disponible para pedir cómodamente hasta un suministro de medicamentos para 100 días en los Niveles 1 a 4. Puede comunicarse con nosotros llamando por teléfono al número que se encuentra en la portada y contraportada. -Puede encontrar la información completa sobre costos compartidos en la Evidencia de cobertura.		

Cobertura de medicamentos adicionales

Advantage MD cubre los siguientes medicamentos recetados que normalmente no están cubiertos en un plan de medicamentos recetados de Medicare. Estos medicamentos excluidos cubiertos están cubiertos en el Nivel 2 e incluyen vitaminas recetadas seleccionadas, medicamentos para la tos y el resfriado y medicamentos para la disfunción eréctil.

Tenga en cuenta que: Los costos de los medicamentos excluidos que normalmente no están cubiertos por un plan de medicamentos recetados de Medicare no contarán para los costos totales de medicamentos recetados de Medicare ni para los gastos de bolsillo anuales.

Nombre del medicamento	Nivel del medicamento	Requisitos/ Límites
Tos y resfriado		
Benzonatato cápsula 100mg	2	EX
Benzonatato cápsula 200mg	2	EX
Brom/Pse/Dm jarabe 2/30/10	2	EX
Fosfato de codeína 2 mg/ml / Fenilefrina HCl 1 mg/ml / Prometazina HCl 1.25 mg/ml Solución oral	2	EX
Promet VC jarabe 6.25-5/5	2	EX
Promet/Sol cod 6.25-10	2	EX
Prometazina solución DM	2	EX
Vitaminas recetadas		
Dodex Iny.	2	EX
Ácido fólico comprimidos 1 mg	2	EX
Nascobal Spr 500mcg	2	EX
Vitamina B12 1 mg/ml Solución inyectable	2	EX
Comprimidos de Vitamina D2 50,000IU	2	EX
Salud de los hombres		
Finasterida comprimidos 1 mg QL (30 comprimidos / 30 días)	2	QL EX
Sildenafil comprimidos 25mg QL (6 comprimidos / 30 días)	2	QL EX
Sildenafil comprimidos 50mg QL (6 comprimidos / 30 días)	2	QL EX
Sildenafil comprimidos 100mg QL (6 comprimidos / 30 días)	2	QL EX
Tadalafil comprimidos 5mg QL (30 comprimidos / 30 días)	2	QL EX

Nombre del medicamento	Nivel del medicamento	Requisitos/ Límites
Tadalafil comprimidos 10mg QL (6 comprimidos / 30 días)	2	QL EX
Tadalafil comprimidos 20mg QL (6 comprimidos / 30 días)	2	QL EX

Johns Hopkins Advantage MD (HMO)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg QL (120 tabs / 30 days)	3	QL
colchicine w/ probenecid tab 0.5-500 mg	3	
probenecid TABS 500mg	3	
MISCELLANEOUS		
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	4	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	4	B/D
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	2	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	2	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	2	QL
diclofenac sodium TB24 100mg QL (60 tabs / 30 days)	3	QL
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diflunisal TABS 500mg	3	
etodolac CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	3	
etodolac (generic of LODINE) TABS 400mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg QL (120 tabs / 30 days)	2	QL
naproxen sodium TABS 275mg, 550mg	3	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	4	QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	3	QL PA
morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	3	QL

PA - Previa autorización **QL** - Límites de cantidad **ST** - Terapia escalonada **NM** - Sin encargos por correo **B/D** - Cubierto por Medicare Parte B o D ***** - Suministro de días no extendidos **I** - Insulinas cubiertas por $35/ mes

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	2	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	4	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	3	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	3	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	4	QL
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL
morphine sulfate (generic of MORPHINE SULFATE) SOLN 100mg/5ml QL (180 mL / 30 days)	3	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	4	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	4	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	2	QL
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	2	QL
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	4	QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	* NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	4	QL PA
aztreonam SOLR 1gm, 2gm	4	
BLUJEPA TABS 750mg	3	
CAYSTON SOLR 75mg	5	* NM PA
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	4	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	4	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	4	
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	4	
daptomycin SOLR 500mg	4	
EMVERM CHEW 100mg QL (12 tabs / year)	5	* QL
ertapenem sodium SOLR 1gm	3	
fosfomycin tromethamine PACK 3gm	4	
gentamicin in saline inj 0.8 mg/ml	4	
gentamicin in saline inj 1 mg/ml	4	
gentamicin in saline inj 1.2 mg/ml	4	
gentamicin in saline inj 1.6 mg/ml	4	
gentamicin in saline inj 2 mg/ml	4	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	4	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	4	
ivermectin (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	3	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	3	QL PA
linezolid (generic of ZYVOX) SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	4	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	4	QL
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 500mg	4	
meropenem (generic of MEROPENEM) SOLR 2gm	4	
methenamine hippurate TABS 1gm	3	
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	4	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	4	QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	3	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	4	B/D

PA - Previa autorización **QL** - Límites de cantidad **ST** - Terapia escalonada **NM** - Sin encargos por correo **B/D** - Cubierto por Medicare Parte B o D ***** - Suministro de días no extendidos **I** - Insulinas cubiertas por $35/ mes

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	4	
polymyxin b sulfate SOLR 500000unit	4	
praziquantel TABS 600mg	4	
pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	5	* QL PA
streptomycin sulfate SOLR 1gm	5	*
sulfadiazine TABS 500mg	5	*
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	1	
tinidazole TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	* NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	5	* NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	4	
trimethoprim TABS 100mg	3	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	4	QL
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	4	QL
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	4	
vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome (generic of AMBISOME) SUSR 50mg	5	* B/D
caspofungin acetate (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	* PA
fluconazole SUSR 10mg/ml	3	
fluconazole (generic of DIFLUCAN) SUSR 40mg/ml	3	
fluconazole TABS 50mg, 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	4	
fluconazole in nacl 0.9% inj 400 mg/200ml	4	
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	5	* PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	4	QL
ketoconazole TABS 200mg	3	PA
micafungin sodium SOLR 50mg, 100mg	4	
nystatin TABS 500000unit	3	
posaconazole TBEC 100mg QL (93 tabs / 30 days)	4	QL PA
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	2	QL PA
voriconazole (generic of VFEND IV) SOLR 200mg	4	PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	5	* QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	4	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	4	QL
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	4	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	4	NM
abacavir sulfate TABS 300mg	4	NM
APTIVUS CAPS 250mg	5	* NM
atazanavir sulfate CAPS 150mg	4	NM
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	4	NM
darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	QL NM
darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	QL NM
EDURANT TABS 25mg	5	* NM
EDURANT PED TBSO 2.5mg	5	* NM
efavirenz TABS 600mg	4	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	4	NM
EMTRIVA SOLN 10mg/ml	4	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	4	NM
fosamprenavir calcium TABS 700mg	4	NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	* NM
ISENTRESS HD TABS 600mg	5	* NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	3	NM
nevirapine SUSP 50mg/5ml; TB24 400mg	4	NM
nevirapine TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	* NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	* QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	QL NM
REYATAZ PACK 50mg	5	* NM
rilpivirine hcl (generic of EDURANT) TABS 25mg	4	NM
ritonavir (generic of NORVIR) TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	* NM
SELZENTRY SOLN 20mg/ml	5	* NM
SUNLENCA TABS 300mg; TBPK 300mg	5	* NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	4	NM
TIVICAY TABS 50mg	5	* NM
TIVICAY PD TBSO 5mg	5	* NM
TROGARZO SOLN 200mg/1.33ml	5	* NM
VIRACEPT TABS 250mg, 625mg	4	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	* NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
zidovudine (generic of RETROVIR) CAPS 100mg	4	NM
zidovudine (generic of RETROVIR) SYRP 50mg/5ml	3	NM
zidovudine TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	4	NM
BIKTARVY TAB 30-120-15 MG	5	* NM
BIKTARVY TAB 50-200-25 MG	5	* NM
CIMDUO TAB 300-300	5	* NM
DELSTRIGO TAB	5	* NM
DESCOVY TAB 120-15MG	5	* NM
DESCOVY TAB 200/25MG	5	* NM
DOVATO TAB 50-300MG	5	* NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	4	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	5	* NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	4	NM
EVOTAZ TAB 300-150	5	* NM
GENVOYA TAB	5	* NM
IDVYNSO TAB 100-0.25	5	* NM
JULUCA TAB 50-25MG	5	* NM
KALETRA SOL	4	NM
lamivudine-zidovudine tab 150-300 mg	4	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	4	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	4	NM
ODEFSEY TAB	5	* NM
PREZCOBIX TAB 675/150	5	* NM
PREZCOBIX TAB 800-150	5	* NM
STRIBILD TAB	5	* NM
SYMTUZA TAB	5	* NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	* NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	5	*
ethambutol hcl TABS 100mg, 400mg	3	
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	2	
PRETOMANID TABS 200mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
rifapentine (generic of PRIFTIN) TABS 150mg	4	
SIRTURO TABS 20mg, 100mg	5	* NM PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	4	NM
BARACLUDE SOLN .05mg/ml	5	* NM ST
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	4	NM
famciclovir TABS 125mg, 250mg, 500mg	3	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ganciclovir sodium SOLR 500mg	4	B/D
lamivudine (hbv) TABS 100mg	3	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	5	* QL NM PA
MAVYRET PAK 50-20MG	5	* NM PA
MAVYRET TAB 100-40MG	5	* NM PA
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	3	QL
oseltamivir phosphate CAPS 45mg QL (84 caps / year)	3	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 75mg QL (84 caps / year)	3	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	3	QL
PAXLOVID PAK QL (22 tabs / 90 days)	2	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	* NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	* QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	3	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	3	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	5	*
valganciclovir hcl TABS 450mg	3	
VOSEVI TAB	5	* NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg	3	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	4	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefotetan disodium SOLR 1gm	4	
cefotetan disodium (generic of CEFOTAN) SOLR 2gm	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftaroline fosamil (generic of TEFLARO) SOLR 400mg, 600mg	5	*
ceftazidime SOLR 1gm, 2gm, 6gm	4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	4	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin SOLR 500mg	4	
azithromycin SUSR 100mg/5ml	3	
azithromycin (generic of ZITHROMAX) SUSR 200mg/5ml	3	
azithromycin (generic of ZITHROMAX) TABS 250mg, 500mg	1	
azithromycin TABS 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml	4	
clarithromycin TABS 250mg, 500mg	3	
clarithromycin (generic of BIAXIN XL) TB24 500mg	4	
DIFICID SUSR 40mg/ml	5	*
e.e.s. 400 TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	4	
erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml	4	
erythromycin lactobionate (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	4	
fidaxomicin (generic of DIFICID) TABS 200mg	5	*
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	2	
ciprofloxacin hcl TABS 750mg	2	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	4	
levofloxacin in d5w iv soln 500 mg/100ml	4	
levofloxacin in d5w iv soln 750 mg/150ml	4	
moxifloxacin hcl TABS 400mg	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	3	
amoxicillin & k clavulanate tab 250-125 mg	4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	4	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	*
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) SUSR 25mg/5ml	4	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	2	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	* NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	5	* QL NM
tetracycline hcl CAPS 250mg, 500mg	4	
tigecycline (generic of TYGACIL) SOLR 50mg	4	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	* B/D NM
BENDEKA SOLN 100mg/4ml	5	* B/D NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	4	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml	4	B/D
cisplatin (generic of CISPLATIN) SOLN 200mg/200ml	4	B/D
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	* B/D NM
cyclophosphamide (generic of CYCLOPHOSPHAMIDE) SOLN 1gm/5ml	5	* B/D

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
cyclophosphamide (generic of CYCLOPHOSPHAMIDE) SOLN 500mg/2.5ml	4	B/D
CYCLOPHOSPHAMIDE SOLN 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	* B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	4	B/D
CYCLOPHOSPHAMIDE TABS 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	* B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	* B/D NM
LEUKERAN TABS 2mg	5	* PA
lomustine (generic of GLEOSTINE) CAPS 10mg, 40mg	4	NM
lomustine (generic of GLEOSTINE) CAPS 100mg	5	* NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
oxaliplatin SOLR 50mg, 100mg	5	* B/D
VIVIMUSTA SOLN 100mg/4ml	5	* B/D NM
ANTIMETABOLITES		
azacitidine (generic of VIDAZA) SUSR 100mg	5	* B/D NM
cytarabine SOLN 20mg/ml	4	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	4	B/D
gemcitabine hcl (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	4	B/D
gemcitabine hcl SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	* QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	* QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	* QL NM PA
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	5	* NM
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	* QL NM PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	* B/D
TABLOID TABS 40mg	5	* PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	5	* QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	5	* QL NM PA
abirtega (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	5	* QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	5	* QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	2	
bicalutamide (generic of CASODEX) TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	5	* QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	5	* QL NM PA
EULEXIN CAPS 125mg	5	*
exemestane (generic of AROMASIN) TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM PA
FIRMAGON SOLR 120mg/vial	5	* NM PA
fulvestrant (generic of FASLODEX) SOSY 250mg/5ml	4	B/D
INLURIYO TABS 200mg QL (56 tabs / 28 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
letrozole (generic of FEMARA) TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM PA
LIFYORLI CAP 125MG DS QL (18 caps / 28 days)	5	* QL NM PA
LIFYORLI CAP 150MG DS QL (27 caps / 28 days)	5	* QL NM PA
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
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	*
NUBEQA TABS 300mg QL (120 tabs / 30 days)	5	* QL NM PA
ORGOVYX TABS 120mg	5	* NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	5	* QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	5	* QL NM PA
SOLTAMOX SOLN 10mg/5ml	5	*
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate (generic of FARESTON) TABS 60mg	4	PA
VEPPANU TABS 100mg QL (90 tabs / 30 days)	5	* QL NM PA
VEPPANU TABS 200mg QL (30 tabs / 30 days)	5	* QL NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	5	* QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	5	* QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	5	* QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	5	* QL NM PA
IMMUNOMODULATORS		
lenalidomide (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	* QL NM PA
lenalidomide (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days)	5	* QL NM PA
pomalidomide (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	* QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	* QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	5	* QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	5	* QL NM PA
ZENBEXUS CAPS .75mg, 1mg QL (21 caps / 28 days)	5	* QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	* QL NM PA
BESREMI PEN SOPN 500mcg/0.5ml QL (2 pens / 28 days)	5	* QL NM PA
bexarotene (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	5	* QL NM PA
doxorubicin hcl (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal (generic of DOXIL) SUSP 2mg/ml	5	* B/D
hydroxyurea (generic of HYDREA) CAPS 500mg	2	
irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	4	B/D
irinotecan hcl SOLN 500mg/25ml	4	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	* QL NM PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	* NM

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
mesna (generic of MESNEX) TABS 400mg	4	
MODEYSO CAPS 125mg QL (20 caps / 28 days)	5	* QL NM PA
tretinoin (chemotherapy) CAPS 10mg	5	*
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
MITOTIC INHIBITORS		
BEIZRAY CONC 20mg/ml	4	B/D NM
docetaxel CONC 20mg/ml, 80mg/4ml	4	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
docetaxel (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	4	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel protein-bound particles for iv susp 100 mg (generic of ABRAXANE)	5	* B/D NM
vincristine sulfate SOLN 1mg/ml	4	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	* QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	* QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	* QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	* QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	* QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	5	* QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	5	* QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	* QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	* QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	* QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	* QL NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM PA
bortezomib (generic of VELCADE) SOLR 3.5mg	4	NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	5	* QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	5	* QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5	* QL NM PA
BOSULIF TABS 500mg QL (30 tabs / 30 days)	5	* QL NM PA
bosutinib (generic of BOSULIF) TABS 100mg QL (180 tabs / 30 days)	5	* QL NM PA
bosutinib (generic of BOSULIF) TABS 400mg, 500mg QL (30 tabs / 30 days)	5	* QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5	* QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5	* QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	5	* QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	* QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5	* QL NM PA
CAVHANZA TBDP 60mg, 80mg QL (112 tabs / 28 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5	* QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	5	* QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	5	* QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5	* QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	5	* QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	5	* QL NM PA
dasatinib (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	5	* QL NM PA
dasatinib (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	* QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	5	* QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	5	* QL NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	5	* QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	5	* QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	* QL NM PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	5	* QL NM PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	5	* QL NM PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	* QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	5	* QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	5	* QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	* QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	5	* QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	5	* QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
gefitinib (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	5	* QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	5	* QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	5	* QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	5	* QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	5	* QL NM PA
HERCEP HYLEC SOL 60-10000	5	* NM PA
HERCEPTIN SOLR 150mg	5	* NM PA
HERCESSI SOLR 150mg, 420mg	5	* NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	5	* QL NM PA
HERZUMA SOLR 150mg, 420mg	5	* NM PA
HYRNUO TABS 10mg QL (120 tabs / 30 days)	5	* QL NM PA
IBRANCE CAPS 125mg QL (21 caps / 28 days)	5	* QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	* QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	5	* QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	* QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	* QL NM PA
imatinib mesylate (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	3	QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
imatinib mesylate (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	5	* QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	* QL NM PA
IMBRUVICA CAPS 140mg QL (90 caps / 30 days)	5	* QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 30 days)	5	* QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	5	* QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	5	* QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	* QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	* QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	5	* QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	5	* QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	* QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	* QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
JIDEYTRO TABS 25mg QL (90 tabs / 30 days)	5	* QL NM PA
JIDEYTRO TABS 100mg QL (30 tabs / 30 days)	5	* QL NM PA
KADCYLA SOLR 100mg, 160mg	5	* B/D NM
KANJINTI SOLR 150mg, 420mg	5	* NM PA
KEYTRUDA SOLN 100mg/4ml	5	* NM PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	5	* QL NM PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	5	* QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	* QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	* QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	* QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	5	* QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5	* QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5	* QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	5	* QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	5	* QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	5	* QL NM PA
lapatinib ditosylate (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	5	* QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	5	* QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	5	* QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	* QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	* QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	* QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
LORBRENA TABS 25mg QL (90 tabs / 30 days)	5	* QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	5	* QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5	* QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	5	* QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5	* QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	* QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5	* QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5	* QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5	* QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5	* QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	5	* QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	5	* QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5	* QL NM PA
MONJUVI SOLR 200mg	5	* NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	* QL NM PA
nilotinib hcl (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	5	* QL NM PA
nilotinib hcl (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	5	* QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	* QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	5	* QL NM PA
OGIVRI SOLR 150mg, 420mg	5	* NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	5	* QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	5	* QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	5	* QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5	* QL NM PA
ONTRUZANT SOLR 150mg, 420mg	5	* NM PA
pazopanib hcl (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	5	* QL NM PA
pazopanib hcl TABS 400mg QL (60 tabs / 30 days)	5	* QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5	* QL NM PA
PHESGO SOL	5	* NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5	* QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5	* QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5	* QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	* QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	5	* QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	5	* QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	5	* QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	5	* QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	5	* QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5	* QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ROZLYTREK CAPS 100mg	5	* QL NM PA
QL (180 caps / 30 days)		
ROZLYTREK CAPS 200mg	5	* QL NM PA
QL (90 caps / 30 days)		
ROZLYTREK PACK 50mg	5	* QL NM PA
QL (336 packets / 28 days)		
RUBRACA TABS 200mg, 250mg, 300mg	5	* QL NM PA
QL (120 tabs / 30 days)		
RYDAPT CAPS 25mg	5	* QL NM PA
QL (224 caps / 28 days)		
SCEMBLIX TABS 20mg	5	* QL NM PA
QL (60 tabs / 30 days)		
SCEMBLIX TABS 40mg	5	* QL NM PA
QL (300 tabs / 30 days)		
SCEMBLIX TABS 100mg	5	* QL NM PA
QL (120 tabs / 30 days)		
sorafenib tosylate (generic of NEXAVAR) TABS 200mg	5	* QL NM PA
QL (120 tabs / 30 days)		
STIVARGA TABS 40mg	5	* QL NM PA
QL (84 tabs / 28 days)		
sunitinib malate (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	* QL NM PA
QL (30 caps / 30 days)		
TABRECTA TABS 150mg, 200mg	5	* QL NM PA
QL (112 tabs / 28 days)		
TAFINLAR CAPS 50mg, 75mg	5	* QL NM PA
QL (120 caps / 30 days)		
TAFINLAR TBSO 10mg	5	* QL NM PA
QL (840 tabs / 28 days)		
TAGRISSO TABS 40mg, 80mg	5	* QL NM PA
QL (30 tabs / 30 days)		
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	* QL NM PA
QL (30 caps / 30 days)		
TALZENNA CAPS .25mg	5	* QL NM PA
QL (90 caps / 30 days)		
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	* NM PA
TECENTRIQ INJ HYBREZA	5	* QL NM PA
QL (1 vial / 21 days)		
TEPMETKO TABS 225mg	5	* QL NM PA
QL (60 tabs / 30 days)		
TIBSOVO TABS 250mg	5	* QL NM PA
QL (60 tabs / 30 days)		
torpenz (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	5	* QL NM PA
QL (30 tabs / 30 days)		
TRAZIMERA SOLR 150mg, 420mg	5	* NM PA
TRUQAP TABS 200mg; TBPK 160mg, 200mg	5	* QL NM PA
QL (64 tabs / 28 days)		
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	* NM PA
TUKYSA TABS 50mg, 150mg	5	* QL NM PA
QL (120 tabs / 30 days)		
TURALIO CAPS 125mg	5	* QL NM PA
QL (120 caps / 30 days)		
VANFLYTA TABS 17.7mg, 26.5mg	5	* QL NM PA
QL (56 tabs / 28 days)		
VENCLEXTA TABS 10mg	3	QL NM PA
QL (112 tabs / 28 days)		
VENCLEXTA TABS 50mg	5	* QL NM PA
QL (112 tabs / 28 days)		
VENCLEXTA TABS 100mg	5	* QL NM PA
QL (180 tabs / 30 days)		
VENCLEXTA TAB START PK	5	* QL NM PA
QL (42 tabs / 28 days)		
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	* QL NM PA
QL (56 tabs / 28 days)		
VITRAKVI CAPS 25mg	5	* QL NM PA
QL (180 caps / 30 days)		
VITRAKVI CAPS 100mg	5	* QL NM PA
QL (60 caps / 30 days)		
VITRAKVI SOLN 20mg/ml	5	* QL NM PA
QL (300 mL / 30 days)		
VONJO CAPS 100mg	5	* QL NM PA
QL (120 caps / 30 days)		
VORANIGO TABS 10mg	5	* QL NM PA
QL (60 tabs / 30 days)		
VORANIGO TABS 40mg	5	* QL NM PA
QL (30 tabs / 30 days)		
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	* QL NM PA
QL (120 caps / 30 days)		
XALKORI CPSP 150mg	5	* QL NM PA
QL (180 caps / 30 days)		

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	5	* QL NM PA
yulithira (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	* QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	5	* QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	* NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	5	* QL NM PA
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS ***ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE***		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl TABS 5mg	1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	2	
prazosin hcl CAPS 1mg, 2mg, 5mg	2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)	1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)	3	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)	3	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)	3	QL (60 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	1	QL (30 tabs / 30 days)

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
irbesartan TABS 75mg QL (30 tabs / 30 days)	1	QL
irbesartan (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
losartan potassium (generic of COZAAR) TABS 25mg, 50mg QL (60 tabs / 30 days)	1	QL
losartan potassium (generic of COZAAR) TABS 100mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
telmisartan TABS 20mg, 80mg QL (30 tabs / 30 days)	1	QL
telmisartan (generic of MICARDIS) TABS 40mg QL (30 tabs / 30 days)	1	QL
valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	4	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	4	NM
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	4	QL
pacerone TABS 100mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	4	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	2	
sotalol hcl TABS 240mg	2	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 160mg	2	
fenofibrate (generic of TRICOR) TABS 145mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	2	
gemfibrozil (generic of LOPID) TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	4	
cholestyramine light PACK 4gm	4	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	4	
colesevelam hcl (generic of WELCHOL) PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl (generic of COLESTID) TABS 1gm	4	
ezetimibe (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	3	
REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)	5	* QL NM PA
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	3	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 pens / 28 days)	3	QL NM PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	2	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg	1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	3	QL
pindolol TABS 5mg, 10mg	3	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	3	
propranolol hcl SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	4	
diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 90mg	2	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	1	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg	3	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg	3	
verapamil hcl SOLN 2.5mg/ml	4	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide SOLN .25mg/ml	4	
bumetanide TABS .5mg, 1mg, 2mg	2	
chlorthalidone TABS 25mg, 50mg	1	
furosemide SOLN 10mg/ml, 40mg/5ml	2	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	4	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	3	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	3	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
digoxin SOLN .05mg/ml	4	
digoxin (generic of LANOXIN) SOLN .25mg/ml	4	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	5	* QL NM PA
epinephrine (generic of ADRENALIN) SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	3	PA
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	4	QL
metyrosine CAPS 250mg	5	* NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	3	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	3	
nitroglycerin OINT 2%	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	2	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	* QL NM PA
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	5	* QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	* QL NM PA
bosentan (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	5	* QL NM PA
macitentan (generic of OPSUMIT) TABS 10mg QL (30 tabs / 30 days)	5	* QL NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	3	QL NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	* NM PA
UPTRAVI TABS 100mcg, 150mcg QL (280 tabs / 28 days)	5	* QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	5	* QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	5	* QL NM PA
UPTRAVI PACK TAB 200/800 QL (200 tabs / 28 days)	5	* QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	5	* QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	5	* QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	5	* QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	5	* QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	5	* QL NM PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	3	QL
lorazepam (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	2	
lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	3	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
donepezil hydrochloride (generic of ARICEPT) TABS 10mg	1	
donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)	2	QL
donepezil hydrochloride TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	4	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
LEQEMBI IQLIK SOAJ 250mg/1.25ml QL (8 pens / 28 days)	5	* QL NM PA
LEQEMBI IQLIK SOAJ 360mg/1.8ml QL (4 pens / 28 days)	5	* QL NM PA
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	4	PA
memantine hcl TABS 5mg, 10mg PA applies if 29 years and younger	3	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg (generic of NAMZARIC)	4	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg (generic of NAMZARIC)	4	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg (generic of NAMZARIC)	4	
NAMZARIC CAP 7-10MG	4	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	3	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL
AUVELITY TAB TITRATIO QL (2 packs / year)	5	* QL
bupropion hcl TABS 75mg, 100mg	2	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	2	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	2	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	2	QL
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	4	PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	3	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
duloxetine hcl CPEP 20mg QL (120 caps / 30 days)	2	QL
duloxetine hcl CPEP 30mg QL (90 caps / 30 days)	2	QL
duloxetine hcl CPEP 60mg QL (60 caps / 30 days)	2	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	* QL PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	5	* QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	5	* QL PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	4	QL PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	2	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
mirtazapine TABS 7.5mg, 45mg	2	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	2	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	3	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	4	QL PA
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	2	PA
phenelzine sulfate (generic of NARDIL) TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	4	QL PA
sertraline hcl (generic of ZOLOFT) CONC 20mg/ml	3	
sertraline hcl (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days) PA applies if 65 years and older	4	QL PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
trimipramine maleate CAPS 100mg QL (60 caps / 30 days) PA applies if 65 years and older	4	QL PA
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL PA
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
vilazodone hcl (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	* QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	* QL NM PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	3	QL
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	2	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	3	
carb/levo orally disintegrating tab 25-100mg	3	
carb/levo orally disintegrating tab 25-250mg	3	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	2	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	* QL NM PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	4	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	5	* QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	* QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 vial / 28 days)	5	* QL
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	4	QL
aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	* QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	* QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	*
asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	* QL PA
BYSANTI TAB PACK A QL (2 packs / year)	4	QL PA
BYSANTI TAB PACK B QL (2 packs / year)	4	QL PA
BYSANTI TAB PACK C QL (2 packs / year)	4	QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	5	* QL
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine (generic of CLOZARIL) TABS 25mg	3	
clozapine TABS 50mg	3	
clozapine (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	3	QL
clozapine TABS 200mg QL (120 tabs / 30 days)	3	QL
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	4	QL PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	4	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	5	* QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	5	* QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	5	* QL
COBENFY STRT CAP PACK QL (2 packs / year)	5	* QL
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	* QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	5	* QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	* QL PA
FANAPT PAK PACK A QL (2 packs / year)	4	QL PA
FANAPT PAK PACK B QL (2 packs / year)	4	QL PA
FANAPT PAK PACK C QL (2 packs / year)	4	QL PA
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	4	
haloperidol lactate CONC 2mg/ml	3	
haloperidol lactate SOLN 5mg/ml	4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 syringe / 180 days)	5	* QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	* QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	* QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
lurasidone hcl (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
lurasidone hcl (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	4	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	5	* QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	5	* QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	5	* QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	5	* QL
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	* QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	* QL NM PA
olanzapine (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	4	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL ST
olanzapine (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	4	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	5	* QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	5	* QL PA
paliperidone TB24 1.5mg QL (30 tabs / 30 days)	4	QL
paliperidone (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	4	QL
paliperidone (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	4	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	2	QL
quetiapine fumarate (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	2	QL
quetiapine fumarate TABS 150mg QL (90 tabs / 30 days)	2	QL
quetiapine fumarate (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	2	QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	5	* QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	5	* QL

PA - Previa autorización **QL** - Límites de cantidad **ST** - Terapia escalonada **NM** - Sin encargos por correo **B/D** - Cubierto por Medicare Parte B o D ***** - Suministro de días no extendidos **I** - Insulinas cubiertas por $35/ mes

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
risperidone (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TABS .25mg	2	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	4	QL ST
risperidone TBDP 4mg QL (120 tabs / 30 days)	4	QL ST
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL ST
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 vials / 28 days)	4	QL
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 vials / 28 days)	5	* QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	5	* QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	* QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	QL
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	QL
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 vials / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	5	* QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	* QL NM PA
ANTISEIZURE AGENTS		
brivaracetam (generic of BRIVIACT) SOLN 10mg/ml QL (600 mL / 30 days)	4	QL PA
brivaracetam (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	QL PA
carbamazepine CHEW 100mg	3	
carbamazepine CHEW 200mg	4	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	4	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	4	
carbamazepine (generic of TEGRETOL) TABS 200mg	3	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	4	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	3	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	4	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	* QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	* QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	* QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	4	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	4	QL PA
DILANTIN CAPS 30mg	4	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	4	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	3	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	* QL NM PA
eslicarbazepine acetate (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	4	QL
eslicarbazepine acetate (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	4	QL
ethosuximide (generic of ZARONTIN) CAPS 250mg	3	
ethosuximide (generic of ZARONTIN) SOLN 250mg/5ml	4	
felbamate SUSP 600mg/5ml	4	
felbamate (generic of FELBATOL) TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	* QL NM PA
gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	2	QL
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	2	QL
gabapentin (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	3	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	2	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	2	QL
lacosamide (generic of VIMPAT) SOLN 200mg/20ml	4	
lacosamide (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	4	QL
lacosamide (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
lacosamide oral (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	3	
lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	ST
levetiracetam (generic of KEPPRA) SOLN 100mg/ml	3	
levetiracetam (generic of KEPPRA) SOLN 500mg/5ml	4	
levetiracetam (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	2	
levetiracetam TB3D 250mg QL (360 tabs / 30 days)	4	QL
levetiracetam TB3D 500mg QL (180 tabs / 30 days)	4	QL
levetiracetam (generic of KEPPRA XR) TB24 500mg, 750mg	3	
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	4	
methsuximide (generic of CELONTIN) CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	4	QL
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml	4	
oxcarbazepine (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	2	
perampanel (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)	5	* QL PA
perampanel (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	4	QL PA
perampanel (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	4	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	4	PA
phenytek CAPS 200mg, 300mg	3	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	3	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	4	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	3	
phenytoin sodium extended CAPS 200mg, 300mg	3	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	3	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	4	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	2	
primidone TABS 125mg	2	
relgaabi (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	2	QL
relgaabi (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	2	QL
roweepra (generic of KEPPRA) TABS 500mg	2	
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	5	* QL PA
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	4	QL PA
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	4	QL PA
SUBVENITE SUSP 10mg/ml	5	* ST
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg QL (60 films / 30 days)	4	QL PA
SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	5	* QL PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	4	QL
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	* QL NM PA
vigadrone (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
vigadrone (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	* QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	5	* QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	5	* QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	* QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	* QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	* QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	* QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	* QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	* QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	2	
zonisamide CAPS 50mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	* QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	4	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	3	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	3	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	5	* QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	4	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	3	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	3	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	3	QL NM PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	3	QL PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	3	QL PA
rizatriptan benzoate TABS 5mg QL (18 tabs / 30 days)	2	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	2	QL
rizatriptan benzoate TBDP 5mg QL (18 tabs / 30 days)	3	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	3	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	4	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	4	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 syringes / 30 days)	4	QL
sumatriptan succinate SOLN 6mg/0.5ml QL (12 vials / 30 days)	4	QL
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	* QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	* QL NM PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg (generic of NUEDEXTA) QL (60 caps / 30 days)	4	QL PA
lithium SOLN 8meq/5ml	4	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	2	
lithium carbonate TBCR 450mg	2	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	5	* QL PA
pyridostigmine bromide (generic of MESTINON) TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	QL NM PA
tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	5	* QL NM PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	* QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	5	* QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
dalfampridine (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	3	QL NM PA
fingolimod hcl (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	5	* QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 5mg QL (90 tabs / 30 days)	2	QL
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	3	QL PA
dantrolene sodium (generic of DANTRIUM) CAPS 25mg	4	
dantrolene sodium CAPS 50mg, 100mg	4	
tizanidine hcl TABS 2mg	2	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	2	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	4	QL PA
armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA
modafinil (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	3	QL PA
modafinil (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	3	QL PA
sodium oxybate (generic of XYREM) SOLN 500mg/ml QL (540 mL / 30 days)	5	* QL NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	3	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	3	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (180 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (120 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	2	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	2	QL
disulfiram TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	4	QL
VIVITROL SUSR 380mg	5	* NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 20.25mg/act QL (150 gm / 30 days)	4	QL PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	
dapagliflozin (generic of FARXIGA) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 5-500 mg (generic of XIGDUO XR) QL (60 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg (generic of XIGDUO XR) QL (60 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 10-500 mg (generic of XIGDUO XR) QL (30 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg (generic of XIGDUO XR) QL (30 tabs / 30 days)	1	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	3	QL PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	3	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	3	QL PA
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
sitagliptin phosphate (generic of JANUVIA) TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab 50-500 mg (generic of JANUMET) QL (60 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab 50-1000 mg (generic of JANUMET) QL (60 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg (generic of JANUMET XR) QL (60 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg (generic of JANUMET XR) QL (60 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg (generic of JANUMET XR) QL (30 tabs / 30 days)	1	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	I B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	I
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR EXT WR MIS INSERTER QL (2 inserters / year)	4	QL PA
CEQUR SIMPL KIT 1U EXTND QL (8 patches / 24 days)	4	QL PA
CEQUR SIMPL KIT 2U EXTND QL (10 patches / 30 days)	4	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	4	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	4	QL PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
FIASP SOLN 100unit/ml	3	I B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	I
FIASP PENFILL SOCT 100unit/ml	3	I
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	I *
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	I
LANTUS SOLOSTAR SOPN 100unit/ml	3	I
NOVOLIN INJ 70/30 (brand RELION not covered)	3	I
NOVOLIN INJ 70/30 FP (brand RELION not covered)	3	I
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	3	I
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	3	I
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	3	I B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	I
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	3	I B/D
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	I
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	3	I
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	3	I
NOVOLOG PENFILL SOCT 100unit/ml	3	I
OMNIPOD5 LIB KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	4	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	I QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	I
TOUJEO SOLOSTAR SOPN 300unit/ml	3	I
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	I QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg	1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
ibandronate sodium TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	B/D

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	4	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	5	* QL NM PA
WYOST SOLN 120mg/1.7ml	5	* NM PA
XTRENBO SOLN 120mg/1.7ml	4	NM PA
zoledronic acid CONC 4mg/5ml	4	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	*
deferasirox (generic of JADENU) TABS 90mg	3	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	4	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	4	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	5	* NM PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	5	* NM
sodium polystyrene sulfonate SUSP 15gm/60ml	4	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl (generic of SYPRINE) CAPS 250mg	5	* NM PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	2	
aubra eq	2	
aurovela 1/20	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
chateal eq	2	
cryselle	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	2	
elinest	2	
eluryng (generic of NUVARING)	3	
emzahh TABS .35mg	2	
enilloring (generic of NUVARING)	3	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	3	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
hailey 1.5/30	2	
hailey fe 1/20	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jasmiel (generic of YAZ)	2	
jencycla TABS .35mg	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna (generic of YAZ)	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	3	
meleya TABS .35mg	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
nikki (generic of YAZ)	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
setlakin	2	
sharobel TABS .35mg	2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
simliya	2	
sprintec 28	2	
syeda (generic of YASMIN 28)	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura (generic of YAZ)	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
xarah fe	2	
xulane	3	
zafemy	3	
zovia 1/35	2	
zumandimine (generic of YASMIN 28)	2	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
abigale (generic of ACTIVELLA)	2	
abigale lo	2	
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	3	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	4	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	4	
estradiol valerate OIL 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	2	
fyavolv tab 1mg-5mcg	2	
jinteli	2	
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
mimvey (generic of ACTIVELLA)	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
yuvafem (generic of VAGIFEM) TABS 10mcg	4	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml	3	
dexamethasone TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	4	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	3	
hydrocortisone sod succinate (generic of SOLU-CORTEF) SOLR 100mg	4	
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	2	B/D
methylprednisolone TABS 32mg	2	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	2	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	4	B/D
methylprednisolone sod succ SOLR 40mg, 125mg	4	B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	4	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	4	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	* NM PA
betaine powder for oral solution (generic of CYSTADANE)	5	* NM
cabergoline TABS .5mg	3	
carglumic acid (generic of CARBAGLU) TBSO 200mg	5	* NM PA
CERDELGA CAPS 84mg	5	* NM PA
CEREZYME SOLR 400unit	5	* NM PA
cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	4	B/D QL NM
cinacalcet hcl (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	4	NM PA
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml	4	
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	* NM PA
GENOTROPIN CART 5mg, 12mg	5	* NM PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	* NM PA
INCRELEX SOLN 40mg/4ml	5	* NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	5	* QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	5	* QL NM PA
javygtor (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	* NM PA
lanreotide acetate SOLN 120mg/0.5ml	5	* NM PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	* NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	* NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	* NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	* NM PA
mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg	5	* NM PA
NAGLAZYME SOLN 1mg/ml	5	* NM PA
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	5	* NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	4	NM PA
octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	5	* NM PA
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	5	* NM PA
raloxifene hcl (generic of EVISTA) TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	* NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	5	* QL NM PA
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	* NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	* NM PA
sodium phenylbutyrate POWD 3gm/tsp	5	* NM PA
sodium phenylbutyrate (generic of BUPHENYL) TABS 500mg	5	* NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	* NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	* NM PA
SYNAREL SOLN 2mg/ml	5	* PA
tolvaptan (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	5	* NM PA
tolvaptan (generic of JYNARQUE) TBPK 15mg	5	* NM PA
tolvaptan tab therapy pack 30 & 15 mg (generic of JYNARQUE)	5	* NM PA
tolvaptan tab therapy pack 45 & 15 mg (generic of JYNARQUE)	5	* NM PA
tolvaptan tab therapy pack 60 & 30 mg (generic of JYNARQUE)	5	* NM PA
tolvaptan tab therapy pack 90 & 30 mg (generic of JYNARQUE)	5	* NM PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days)	3	QL PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days)	3	QL PA
zelvysia (generic of KUVAN) PACK 100mg, 500mg	5	* NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	2	B/D QL
sevelamer carbonate (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	4	B/D QL
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey TABS 5mg	3	
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	3	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
liomny (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	3	
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	4	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	4	B/D
paricalcitol CAPS 4mcg	4	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant CAPS 40mg	4	B/D
aprepitant (generic of EMEND BIPACK) CAPS 80mg	4	B/D
aprepitant CAPS 125mg	5	* B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	4	B/D QL
dronabinol CAPS 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
metoclopramide hcl SOLN 5mg/5ml	3	
metoclopramide hcl SOLN 5mg/ml	4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	2	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl SOSY 4mg/2ml	4	
ondansetron hcl TABS 4mg, 8mg	2	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml PA applies if 65 years and older after a 30 day supply in a calendar year	4	PA
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	4	PA
promethazine hcl TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
scopolamine (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	4	QL
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	3	PA
dicyclomine hcl SOLN 10mg/5ml PA applies if 65 years and older	4	PA
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	3	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	3	QL
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	4	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	4	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	4	
budesonide CPEP 3mg QL (90 caps / 30 days)	4	QL
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	4	QL PA
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	4	
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	4	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	4	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	4	QL
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	4	QL
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	4	QL
sulfasalazine (generic of AZULFIDINE) TABS 500mg	2	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	3	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g (generic of GOLYTELY)	2	
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	3	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	4	QL PA
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)	4	
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	4	
GATTEX KIT 5mg	5	* NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
loperamide hcl CAPS 2mg	2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	3	QL
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
sucralfate (generic of CARAFATE) TABS 1gm	2	
TALICIA CAP	3	
ursodiol CAPS 300mg	4	
ursodiol TABS 250mg	3	
ursodiol (generic of URSO FORTE) TABS 500mg	3	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	3	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	3	QL PA
VOWST CAP QL (12 caps / 30 days)	5	* QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	5	* QL NM PA
XIFAXAN TABS 550mg	3	PA
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	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
lansoprazole CPDR 15mg QL (60 caps / 30 days)	2	QL
lansoprazole (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	2	QL
omeprazole CPDR 10mg, 20mg, 40mg	1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
pantoprazole sodium (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	4	
pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg	1	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	2	QL
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	2	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	4	QL
finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	2	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	4	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
FILSPARI TABS 200mg QL (30 tabs / 30 days)	5	* QL NM PA
FILSPARI TABS 400mg QL (60 tabs / 30 days)	5	* QL NM PA
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	3	
potassium citrate (alkalinizer) TBCR 540mg	3	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	3	
TARPEYO CPDR 4mg QL (120 caps / 30 days)	5	* QL NM PA
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
mirabegron (generic of MYRBETRIQ) SRER 8mg/ml QL (300 mL / 28 days)	3	QL
mirabegron (generic of MYRBETRIQ) TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	3	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	3	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
solifenacin succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	4	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%	2	
terconazole vaginal SUPP 80mg	3	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	4	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	3	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	3	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	3	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL
enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	4	
fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	*
HEP SOD/NACL INJ 25000UNT	4	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	4	QL
rivaroxaban (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	3	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	* QL NM PA
LEUKINE SOLR 250mcg	5	* NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	* NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	* NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	5	* QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	5	* QL NM PA
anagrelide hcl CAPS 1mg	4	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	4	
BERINERT KIT 500unit QL (24 kits / 30 days)	5	* QL NM PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	* NM PA
DOPTELET SPRINKLE CPSP 10mg	5	* NM PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	* QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	* QL NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	5	* NM PA
pentoxifylline TBCR 400mg	2	
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	* QL NM PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	*
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	5	* QL NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	4	PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	3	
ticagrelor (generic of BRILINTA) TABS 60mg, 90mg	4	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 pens / 28 days)	5	* QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	5	* QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	5	* QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	5	* QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	5	* QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	5	* QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	5	* QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	5	* QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	* QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	* QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	* QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	* QL NM PA
ENTYVIO PEN SOAJ 108mg/0.68ml QL (2 pens / 28 days)	5	* QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	* QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	* QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	5	* QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	* QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	* QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	5	* QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	* QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	5	* QL NM PA
INFLIXIMAB SOLR 100mg	5	* NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	5	* QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	5	* QL NM PA
OTEZLA TAB 10/20 QL (2 packs / year)	5	* QL NM PA
OTEZLA TAB 10/20/30 QL (2 packs / year)	5	* QL NM PA
OTEZLA XR TB24 75mg QL (30 tabs / 30 days)	5	* QL NM PA
OTEZLA/XR TAB 28 DAY QL (2 packs / year)	5	* QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	3	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	5	* QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	QL NM PA
PYZCHIVA SOLN 130mg/26ml	5	* NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	3	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
RENFLEXIS SOLR 100mg	5	* NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	* QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	* QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	5	* QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	* QL NM PA
SKYRIZI SOLN 600mg/10ml	5	* NM PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml QL (6 syringes / 365 days)	5	* QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	* QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	* QL NM PA
STELARA SOLN 130mg/26ml	5	* NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
tofacitinib citrate (generic of XELJANZ) SOLN 1mg/ml QL (480 mL / 24 days)	5	* QL NM PA
tofacitinib citrate (generic of XELJANZ) TABS 5mg, 10mg QL (60 tabs / 30 days)	5	* QL NM PA
tofacitinib citrate (generic of XELJANZ XR) TB24 11mg, 22mg QL (30 tabs / 30 days)	5	* QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	5	* QL NM PA
TREMFYA SOLN 200mg/20ml	5	* NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	5	* QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	5	* QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	5	* QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	5	* QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	* NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	5	* QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	* QL NM PA
USTEKINUMAB SOLN 130mg/26ml	5	* NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	5	* QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	QL NM PA
YESINTEK SOLN 130mg/26ml	3	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	3	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
ZYMFENTRA 2-PEN AJKT 120mg/ml QL (2 pens / 28 days)	5	* QL NM PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml QL (2 syringes / 28 days)	5	* QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
methotrexate sodium TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	* NM PA
BIVIGAM SOLN 5gm/50ml, 10%	5	* NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	* NM PA
GAMASTAN INJ	4	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	* NM PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	* NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	* NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	* NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	* NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	* NM PA
OCTAGAM SOLN 1gm/20ml	4	NM PA
OCTAGAM SOLN 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
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	* NM PA
ARCALYST SOLR 220mg	5	* NM PA
VYVGART SOLN 400mg/20ml	5	* NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	* B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D NM
azathioprine (generic of IMURAN) TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	5	* QL NM PA
BENLYSTA SOLR 120mg, 400mg	5	* NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	4	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	4	B/D NM
ENVARSUS XR TB24 .75mg, 1mg, 4mg	4	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS 1mg	5	* B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg	4	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	4	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	3	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	4	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	4	B/D NM
NULOJIX SOLR 250mg	5	* B/D NM
PROGRAF PACK .2mg, 1mg	4	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	5	* QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	4	B/D NM
tacrolimus (generic of ASTAGRAF XL) CP24 .5mg, 1mg, 5mg	4	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes per lifetime)	1	QL
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	4	
D5W/NACL INJ 0.45%	4	
D10W/NACL INJ 0.2%	4	
D10W/NACL INJ 0.45%	4	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	4	
dextrose 5% in lactated ringers	4	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	4	
dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)	4	
dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)	4	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.15%/D5W/NACL 0.9%)	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.15%/D5W/NACL 0.45%)	4	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	4	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	4	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.3%/D5W/NACL 0.45%)	4	
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	4	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	
lactated ringer's solution (generic of LACTATED RINGERS)	4	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	4	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50%	4	
magnesium sulfate SOLN 3gm/100ml, 4gm/50ml	4	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	4	
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
potassium chloride SOLN 2meq/ml	4	
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	4	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	4	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 (generic of KLOR-CON 8) TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; TBCR 10meq, 20meq	2	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride (generic of KLOR-CON 8) TBCR 8meq	2	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%	4	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
dextrose (generic of DEXTROSE 10%) SOLN 10%	4	
dextrose (generic of DEXTROSE 50%) SOLN 50%	4	B/D
DEXTROSE 10% SOLN 10%	4	
DEXTROSE 70% SOLN 70%	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	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
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (generic of ZYLET)	4	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin-polymyxin b ophth oint	2	
besifloxacin hcl SUSP .6%	4	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5% QL (12 mL / 30 days)	3	QL
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	* NM PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	2	
LOTEMAX OINT .5%	3	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)	3	
brinzolamide (generic of AZOPT) SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	2	
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	* NM PA
CYSTARAN SOLN .44%	5	* NM PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl (generic of ALCAINE) SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER 9MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER 18MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	
ipratropium bromide hfa (generic of ATROVENT HFA) AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	4	QL
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl SOLN .1%	2	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	2	QL
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
diphenhydramine hcl SOLN 50mg/ml	4	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	4	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
hydroxyzine pamoate CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	4	QL
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	2	QL
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	2	QL
albuterol sulfate (generic of VENTOLIN HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	2	QL
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	4	
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
terbutaline sulfate TABS 2.5mg, 5mg	4	
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg	2	

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
montelukast sodium (generic of SINGULAIR) PACK 4mg	4	
montelukast sodium (generic of SINGULAIR) TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	3	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	3	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	5	* QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	5	* QL NM PA
KALYDECO TABS 150mg QL (56 tabs / 28 days)	5	* QL NM PA
nintedanib esylate (generic of OFEV) CAPS 100mg, 150mg QL (60 caps / 30 days)	5	* QL NM PA
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	5	* QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	5	* QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	5	* QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	5	* QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	* QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	* QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	* QL NM PA
pirfenidone CAPS 267mg QL (270 caps / 30 days)	5	* QL NM PA
pirfenidone (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	5	* QL NM PA
pirfenidone TABS 534mg QL (90 tabs / 30 days)	5	* QL NM PA
pirfenidone (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	5	* QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	5	* NM PA
PULMOZYME SOLN 2.5mg/2.5ml	5	* NM PA
roflumilast (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	4	QL
roflumilast (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	4	QL
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	* QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	* QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	5	* QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	* QL NM PA

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	5	* QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	5	* QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	5	* QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	5	* QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	3	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act, 160mcg/act QL (2 inhalers / 30 days)	4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	4	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	3	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
breyna (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act QL (60 blisters / 30 days)	2	QL
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act QL (60 blisters / 30 days)	2	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	3	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	3	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	3	QL
wixela inhub (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	3	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	4	PA
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	4	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	3	QL
clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	4	QL PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	3	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	3	QL
ery PADS 2% QL (60 pledgets / 30 days)	3	QL
erythromycin (acne aid) GEL 2% QL (60 gm / 30 days)	3	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	3	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
neuac QL (45 gm / 30 days)	3	QL
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	4	QL
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
twice-daily clindamycin phosphate (topical) GEL 1% QL (60 gm / 30 days)	4	QL
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	3	QL
mupirocin OINT 2% QL (30 gm / 30 days)	2	QL
silver sulfadiazine (generic of SILVADENE) CREA 1%	2	
ssd (generic of SILVADENE) CREA 1%	2	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1% QL (120 mL / 30 days)	3	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	3	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	3	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	2	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	3	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	3	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	3	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	3	QL
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	2	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	3	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	2	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	
calcipotriene CREA .005%; OINT .005% QL (120 gm / 30 days)	4	QL PA
calcipotriene (generic of PELLIX) SOLN .005% QL (120 mL / 30 days)	3	QL PA
calcitrene OINT .005% QL (120 gm / 30 days)	4	QL PA
ENSTILAR AER QL (120 gm / 30 days)	5	* QL PA
PELLIX SOLN .005% QL (120 mL / 30 days)	3	QL PA
tazarotene (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	4	QL
betamethasone dipropionate (topical) CREA .05% QL (120 gm / 30 days)	3	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	2	QL
betamethasone dipropionate (topical) OINT .05% QL (120 gm / 30 days)	4	QL
betamethasone dipropionate augmented CREA .05% QL (120 gm / 30 days)	2	QL
betamethasone dipropionate augmented GEL .05% QL (120 gm / 30 days)	4	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	4	QL
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	4	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	2	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	3	QL
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	4	QL
clobetasol propionate SHAM .05% QL (236 mL / 30 days)	4	QL
clobetasol propionate SOLN .05% QL (100 mL / 30 days)	4	QL
clobetasol propionate e CREA .05% QL (120 gm / 30 days)	4	QL
clodan SHAM .05% QL (236 mL / 30 days)	4	QL
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	4	QL
fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	4	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	4	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	4	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
fluocinolone acetonide SOLN .01% QL (60 mL / 30 days)	4	QL
fluocinonide CREA .05%, .1% QL (120 gm / 30 days)	4	QL
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	4	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	4	QL
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	2	QL
hydrocortisone valerate CREA .2% QL (60 gm / 30 days)	3	QL
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	2	
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	2	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	
triderm CREA .5% QL (454 gm / 30 days)	2	QL
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	4	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	4	QL PA
lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
lidocaine hcl PRSY 2% QL (60 mL / 30 days)	4	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	4	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	2	B/D QL
lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
tridacaine iii (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	5	* QL NM PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	3	QL
EUCRISA OINT 2% QL (120 gm / 30 days)	4	QL PA
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	4	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
hydrocortisone (rectal) CREA 1%	3	
hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	3	
imiquimod CREA 5% QL (24 packets / 30 days)	3	QL
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75% QL (45 gm / 30 days)	3	QL
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	4	QL

NOMBRE DE MEDICAMENTO	NIVEL	REQUISITOS / LIMITES
nitroglycerin (intra-anal) (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	4	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	* QL PA
pimecrolimus CREA 1% QL (100 gm / 30 days)	4	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	3	QL
procto-med hc (generic of ANUSOL-HC) CREA 2.5%	3	
proctocort CREA 1%	3	
proctosol hc (generic of ANUSOL-HC) CREA 2.5%	3	
proctozone-hc (generic of ANUSOL-HC) CREA 2.5%	3	
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	4	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	* QL NM PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	4	QL
permethrin (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	3	QL
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL PA
sodium chloride (gu irrigant) SOLN .9%	2	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	3	QL
kourzeq PSTE .1%	3	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml	2	
periogard (generic of PERIDEX) SOLN .12%	1	
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

Index

A

abacavir sulfate.....19
abacavir sulfate-lamivudine tab 600-300 mg.....20
abigale.....57
abigale lo.....57
ABILIFY
see *aripiprazole*.....42
ABILIFY ASIMTUFII.....41
ABILIFY MAINTENA.41, 42
abiraterone acetate.....24
abirtega.....24
ABRAXANE
see *paclitaxel protein-bound particles for iv susp 100 mg*.....26
ABRYSVO.....68
acamprosate calcium.....51
acarbose.....52
accutane.....76
acebutolol hcl.....36
acetaminophen w/ codeine soln 120-12 mg/5ml.....15
acetaminophen w/ codeine tab 300-15 mg.....16
acetaminophen w/ codeine tab 300-30 mg.....16
acetaminophen w/ codeine tab 300-60 mg.....16
acetazolamide.....37
acetic acid.....63
acetic acid (otic).....72
acetylcysteine.....74
acitretin.....77
ACTHIB INJ.....68
ACTIMMUNE.....67
ACTIVELLA
see *abigale*.....57
see *estradiol & norethindrone acetate tab 1-0.5 mg*.....57
see *mimvey*.....57
ACTOPLUS MET
see *pioglitazone hcl-metformin hcl tab 15-850 mg*.....53
ACTOS
see *pioglitazone hcl*.....53
ACULAR
see *ketorolac tromethamine (ophth)*.....71
acyclovir.....20
acyclovir sodium.....20
ADACEL INJ.....68
ADALIMUMAB-BWWD...65
ADCIRCA
see *alyq*.....38
see *tadalafil (pulmonary hypertension)*.....38
ADDERALL
see *amphetamine-dextroamphetamine tab 10 mg*.....48
see *amphetamine-dextroamphetamine tab 12.5 mg*.....48
see *amphetamine-dextroamphetamine tab 15 mg*.....48
see *amphetamine-dextroamphetamine tab 20 mg*.....48
see *amphetamine-dextroamphetamine tab 30 mg*.....48
see *amphetamine-dextroamphetamine tab 5 mg*.....48
see *amphetamine-dextroamphetamine tab 7.5 mg*.....48
ADDERALL XR
see *amphetamine-dextroamphetamine cap er 24hr 10 mg*...48
see *amphetamine-dextroamphetamine cap er 24hr 15 mg*...48
see *amphetamine-dextroamphetamine cap er 24hr 20 mg*...48
see *amphetamine-dextroamphetamine cap er 24hr 25 mg*...48
see *amphetamine-dextroamphetamine cap er 24hr 30 mg*...48
see *amphetamine-dextroamphetamine cap er 24hr 5 mg*.....48
adefovir dipivoxil.....20
ADEMPAS.....38
ADMELOG.....53
ADMELOG SOLOSTAR .53
ADRENALIN
see *epinephrine*.....37
ADVAIR DISKUS
see *fluticasone-salmeterol aer powder ba 100-50 mcg/act*...75
see *fluticasone-salmeterol aer powder ba 250-50 mcg/act*...75
see *fluticasone-salmeterol aer powder ba 500-50 mcg/act*...75
see *wixela inhub*.....75
ADVAIR HFA AER 115/21.....75
ADVAIR HFA AER 230/21.....75
ADVAIR HFA AER 45/2175
AFINITOR
see *everolimus*.....27
see *torpenz*.....30
see *yulithira*.....31
AFINITOR DISPERZ
see *everolimus*.....27
afirmelle.....55
AGRYLIN
see *anagrelide hcl*.....64
AIMOVIG.....49
AIRSUPRA AER 90-80MCG.....75
AKEEGA TAB 100/500...24
AKEEGA TAB 50/500MG.....24
ala-cort.....77
albendazole.....16
albuterol sulfate.....73
ALCAINE
see *proparacaine hcl*...72
alclometasone dipropionate.....77

ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 53
ALDACTONE
see *spironolactone* 32
ALDURAZYME 58
ALECENSA 26
alendronate sodium 54
alfuzosin hcl 63
aliskiren fumarate 37
allopurinol 15
alosetron hcl 62
alprazolam 38
altavera 55
ALUNBRIG 26
ALUNBRIG PAK 26
ALVAIZ 64
ALVESCO 75
alyacen 1/35 55
alyacen 7/7/7 55
ALYGLO 67
alyq 38
amantadine hcl 41
AMBIEN
see *zolpidem tartrate* ...49
AMBISOME
see *amphotericin b liposome* 18
ambrisentan 38
amikacin sulfate 16
amiloride & hydrochlorothiazide tab 5-50 mg 37
amiloride hcl 37
aminosyn ii soln 15% 70
AMINOSYN INJ 10% 70
AMINOSYN-PF INJ 10% 70
amiodarone hcl 34
AMITIZA
see *lubiprostone* 62
amitriptyline hcl 39
amlodipine besylate 36
amlodipine besylate-benazepril hcl cap 10-20 mg 31
amlodipine besylate-benazepril hcl cap 10-40 mg 31
amlodipine besylate-benazepril hcl cap 2.5-10 mg 31
amlodipine besylate-benazepril hcl cap 5-10 mg 31
amlodipine besylate-benazepril hcl cap 5-20 mg 31
amlodipine besylate-benazepril hcl cap 5-40 mg 31
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 32
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 32
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 32
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 32
amlodipine besylate-valsartan tab 10-160 mg 33
amlodipine besylate-valsartan tab 10-320 mg 33
*amlodipine besylate-valsartan tab 5-160 mg*32
*amlodipine besylate-valsartan tab 5-320 mg*32
AMLODIPINE/OLMESARTAN MED
see *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* 32
see *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* 32
see *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* 32
see *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* 32
amnesteem 76
amoxapine 39
amoxicillin 22
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 22
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 22
amoxicillin & k clavulanate for susp 400-57 mg/5ml 22
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 22
amoxicillin & k clavulanate tab 250-125 mg 22
amoxicillin & k clavulanate tab 500-125 mg 23
amoxicillin & k clavulanate tab 875-125 mg 23
amphetamine-dextroamphetamine cap er 24hr 10 mg 48
amphetamine-dextroamphetamine cap er 24hr 15 mg 48
amphetamine-dextroamphetamine cap er 24hr 20 mg 48
amphetamine-dextroamphetamine cap er 24hr 25 mg 48
amphetamine-dextroamphetamine cap er 24hr 30 mg 48
amphetamine-dextroamphetamine cap er 24hr 5 mg 48
amphetamine-dextroamphetamine tab 10 mg 48
amphetamine-dextroamphetamine tab 12.5 mg 48
amphetamine-dextroamphetamine tab 15 mg 48
amphetamine-dextroamphetamine tab 20 mg 48

amphetamine-dextroamphetamine tab 30 mg 48
amphetamine-dextroamphetamine tab 5 mg 48
amphetamine-dextroamphetamine tab 7.5 mg 48
amphotericin b 18
amphotericin b liposome 18
ampicillin 23
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 23
ampicillin & sulbactam sodium for inj 3 (2-1) gm 23
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 23
ampicillin sodium 23
AMPYRA
see *dalfampridine* 50
ANAFRANIL
see *clomipramine hcl* 39
anagrelide hcl 64
anastrozole 24
ANCOBON
see *flucytosine* 18
ANDROGEL PUMP
see *testosterone pump* 52
ANORO ELLIPT AER 62.5-25 72
ANUSOL-HC
see *hydrocortisone (rectal)* 78
see *procto-med hc* 79
see *proctosol hc* 79
see *proctozone-hc* 79
aprepitant 60
aprepitant capsule therapy pack 80 & 125 mg 60
apri 55
APRISO
see *mesalamine* 61
APTIOM
see *eslicarbazepine acetate* 45
APTIVUS 19
aranelle 55
ARAVA
see *leflunomide* 67
ARCALYST 67
AREXVY 68
ARICEPT
see *donepezil hydrochloride* 39
ARIKAYCE 16
ARIMIDEX
see *anastrozole* 24
aripiprazole 42
ARISTADA 42
ARISTADA INITIO 42
ARIXTRA
see *fondaparinux sodium* 64
armodafinil 51
ARNUITY ELLIPTA 75
AROMASIN
see *exemestane* 24
asenapine maleate 42
aspirin-dipyridamole cap er 12hr 25-200 mg 65
ASTAGRAF XL 68
see *tacrolimus* 68
ATACAND
see *candesartan cilexetil* 34
atazanavir sulfate 19
atenolol 36
atenolol & chlorthalidone tab 100-25 mg 35
atenolol & chlorthalidone tab 50-25 mg 35
ATIVAN
see *lorazepam* 38
atomoxetine hcl 48
atorvastatin calcium 34
atovaquone 17
atovaquone-proguanil hcl tab 250-100 mg 19
atovaquone-proguanil hcl tab 62.5-25 mg 19
ATROPINE SULFATE 72
atropine sulfate (ophthalmic) 72
ATROVENT HFA 73
see *ipratropium bromide hfa* 73
aubra eq 55
AUGMENTIN ES-600
see *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* 22
AUGTYRO 26
aurovela 1/20 55
aurovela fe 1.5/30 55
aurovela fe 1/20 55
AUSTEDO 50
AUSTEDO XR 50
AUSTEDO XR TAB TITR KIT 50
AUVELITY TAB 45-105MG 39
AUVELITY TAB TITRATIO 39
AVALIDE
see *irbesartan-hydrochlorothiazide tab 150-12.5 mg* 33
see *irbesartan-hydrochlorothiazide tab 300-12.5 mg* 33
AVAPRO
see *irbesartan* 34
aviane 55
AVMAPKI PAK FAKZYNJA 26
AVODART
see *dutasteride* 63
ayuna 55
AYVAKIT 26
azacitidine 24
azathioprine 68
azelastine hcl 73
azelastine hcl (ophth) 72
AZILECT
see *rasagiline mesylate* 41
azithromycin 22
AZOPT
see *brinzolamide* 72
aztreonam 17
AZULFIDINE
see *sulfasalazine* 61
AZULFIDINE EN-TABS
see *sulfasalazine* 61
azurette 55

B
bacitracin-polymyxin b ophth oint 71
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....71
baclofen 51
BACTRIM
see *sulfamethoxazole-trimethoprim tab 400-80 mg* 18
BACTRIM DS
see *sulfamethoxazole-trimethoprim tab 800-160 mg* 18
BAFIERTAM 50
balsalazide disodium 61
BALVERSA.....26
balziva 55
BANZEL
see *rufinamide*.....47
BARACLUDE.....20
see *entecavir*.....20
BCG VACCINE.....68
BEIZRAY 26
benazepril & hydrochlorothiazide tab 10-12.5 mg.....31
benazepril & hydrochlorothiazide tab 20-12.5 mg.....31
benazepril & hydrochlorothiazide tab 20-25 mg.....31
benazepril & hydrochlorothiazide tab 5-6.25mg.....31
benazepril hcl 32
BENDAMUSTINE HYDROCHLORID 23
BENDEKA 23
BENICAR
see *olmesartan medoxomil* 34
BENICAR HCT
see *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* 33
see *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* 33
see *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* 33
BENLYSTA.....68
BENZAMYCIN
see *benzoyl peroxide-erythromycin gel 5-3%* 76
benzoyl peroxide-erythromycin gel 5-3% 76
benztropine mesylate.....41
BERINERT 64
besifloxacin hcl 71
BESREMI 25
BESREMI PEN 25
betaine powder for oral solution.....58
betamethasone dipropionate (topical)...77
betamethasone dipropionate augmented 77
betamethasone valerate .77
BETAPACE
see *sotalol hcl* 34
BETAPACE AF
see *sotalol hcl (afib/afl)*34
BETASERON.....50
betaxolol hcl (ophth) 72
bethanechol chloride.....63
BEVESPI AER 9-4.8MCG 72
bexarotene.....25
bexarotene (topical) 78
BEXSERO 68
BIAXIN XL
see *clarithromycin* 22
bicalutamide.....24
BICILLIN L-A.....23
BIKTARVY TAB 30-120-15 MG 20
BIKTARVY TAB 50-200-25 MG 20
BILDYOS 54
BIMZELX 65
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg 62
bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....35
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....35
bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....35
bisoprolol fumarate 36
BIVIGAM.....67
blisovi fe 1.5/30.....55
blisovi fe 1/20.....55
BLUJEPA.....17
BOOSTRIX INJ.....68
bortezomib.....26
BORTEZOMIB 26
bosentan.....38
BOSULIF 26
see *bosutinib*.....26
bosutinib 26
BRAFTOVI.....26
BREO ELLIPTA INH 100-25 75
BREO ELLIPTA INH 200-25 75
BREO ELLIPTA INH 50-25MCG.....75
breyna.....75
BREZTRI AERO AER 18MCG.....72
BREZTRI AERO AER 9MCG.....72
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 72
briellyn 55
BRILINTA
see *ticagrelor*.....65
brimonidine tartrate.....72
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....72
brinzolamide 72
brivaracetam.....44

BRIVIACT
see *brivaracetam*.....44
bromocriptine mesylate...41
BRUKINSA 26
budesonide 61
budesonide (inhalation) ..75
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 75
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 75
bumetanide.....37
BUPHENYL
see *sodium phenylbutyrate*.....59
buprenorphine hcl.....51
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 51
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 51
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 51
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 51
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 51
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 51
bupropion hcl.....39
bupropion hcl (smoking deterrent) 51
buspirone hcl.....38
butorphanol tartrate 16
BYSANTI 42
BYSANTI TAB PACK A ..42
BYSANTI TAB PACK B ..42
BYSANTI TAB PACK C ..42
BYSTOLIC
see *nebivolol hcl*.....36

C

cabergoline.....58
CABOMETYX.....26
calcipotriene 77
calcitonin (salmon) spray 54
calcitrene 77
calcitriol.....60
calcitriol (oral) 60
calcium acetate (phosphate binder).....60
CALQUENCE 26
camila 55
CAMPTOSAR
see *irinotecan hcl* 25
CANASA
see *mesalamine*.....61
candesartan cilexetil 34
CAPLYTA 42
CAPRELSA 26
captopril.....32
captopril & hydrochlorothiazide tab 25-15 mg.....31
captopril & hydrochlorothiazide tab 25-25 mg.....31
captopril & hydrochlorothiazide tab 50-15 mg.....31
captopril & hydrochlorothiazide tab 50-25 mg.....31
CARAFATE
see *sucralfate*.....62
carb/levo orally disintegrating tab 10-100mg 41
carb/levo orally disintegrating tab 25-100mg 41
carb/levo orally disintegrating tab 25-250mg 41
CARBAGLU
see *carglumic acid* 58
carbamazepine 44
CARBATROL
see *carbamazepine*.....44
carbidopa & levodopa tab 10-100 mg.....41
carbidopa & levodopa tab 25-100 mg.....41
carbidopa & levodopa tab 25-250 mg.....41
carbidopa & levodopa tab er 25-100 mg.....41
carbidopa & levodopa tab er 50-200 mg.....41
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....41
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....41
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....41
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....41
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....41
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....41
carboplatin 23
CARDIZEM
see *diltiazem hcl*.....36
CARDIZEM CD
see *cartia xt*.....36
see *diltiazem hcl coated beads*.....36
CARDURA
see *doxazosin mesylate* 32
carglumic acid.....58
CARNITOR
see *levocarnitine (metabolic modifiers)* 59
carteolol hcl (ophth) 72
cartia xt 36
carvedilol.....36
CASODEX
see *bicalutamide* 24
caspofungin acetate.....18
CASPOFUNGIN ACETATE
see *caspofungin acetate* 18
CATAPRES-TTS-1
see *clonidine* 37
CATAPRES-TTS-2
see *clonidine* 37

CATAPRES-TTS-3
see *clonidine* 37
CAVHANZA 26
CAYSTON 17
cefaclor 21
cefadroxil 21
CEFAZOLIN 21
CEFAZOLIN INJ 1GM/50ML 21
cefazolin sodium 21
CEFAZOLIN SOLN 2GM/100ML-4% 21
CEFAZOLIN/DEX SOL 1GM/50ML-4% 21
CEFAZOLIN/DEX SOL 2GM/50ML-3% 21
CEFAZOLIN/DEX SOL 3GM/150ML-4% 21
CEFAZOLIN/DEX SOL 3GM/50ML-2% 21
cefdinir 21
cefepime hcl 21
cefixime 21
CEFOTAN
see *cefotetan disodium* 21
cefotetan disodium 21
cefoxitin sodium 21
cefpodoxime proxetil 21
cefprozil 21
ceftaroline fosamil 21
ceftazidime 21
ceftriaxone sodium 22
cefuroxime axetil 22
cefuroxime sodium 22
CELEBREX
see *celecoxib* 15
celecoxib 15
CELEXA
see *citalopram hydrobromide* 39
CELLCEPT
see *mycophenolate mofetil* 68
CELONTIN
see *methsuximide* 46
cephalexin 22
CEQUR EXT WR MIS INSERTER 53
CEQUR SIMPL KIT 1U EXTND 53
CEQUR SIMPL KIT 2U EXTND 53
CEQUR SIMPL KIT PATCH 2U (4-DAY) 53
CEQUR SIMPL MIS INSERTER 53
CERDELGA 58
CEREZYME 58
cetirizine hcl 73
CHANTIX
see *varenicline tartrate* 51
chateal eq 55
CHEMET 55
chlorhexidine gluconate (mouth-throat) 79
chloroquine phosphate ...19
chlorpromazine hcl 42
chlorthalidone 37
cholestyramine 35
cholestyramine light 35
CIALIS
see *tadalafil* 63
ciclopirox 76
ciclopirox olamine 76
cilostazol 64
CILOXAN 71
CIMDUO TAB 300-300 ...20
cinacalcet hcl 58
CIPRO
see *ciprofloxacin hcl* 22
ciprofloxacin 200 mg/100ml in d5w 22
ciprofloxacin 400 mg/200ml in d5w 22
ciprofloxacin hcl 22
ciprofloxacin hcl (ophth) ..71
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 72
cisplatin 23
CISPLATIN
see *cisplatin* 23
citalopram hydrobromide 39
claravis 76
clarithromycin 22
CLEOCIN
see *clindamycin hcl* 17
see *clindamycin phosphate vaginal* ...63
CLEOCIN PEDIATRIC GRANULE
see *clindamycin palmitate hydrochloride* 17
CLEOCIN PHOSPHATE
see *clindamycin phosphate* 17
CLEOCIN-T
see *clindamycin phosphate (topical)* ..76
CLIMARA
see *estradiol* 57
CLINDAGEL
see *clindamycin phosphate (topical)* ..76
clindamycin hcl 17
clindamycin palmitate hydrochloride 17
clindamycin phosphate ...17
clindamycin phosphate (topical) 76
clindamycin phosphate in d5w iv soln 300 mg/50ml 17
clindamycin phosphate in d5w iv soln 600 mg/50ml 17
clindamycin phosphate in d5w iv soln 900 mg/50ml 17
clindamycin phosphate vaginal 63
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 76
CLINDMYC/NAC INJ 300/50ML 17
CLINDMYC/NAC INJ 600/50ML 17
CLINDMYC/NAC INJ 900/50ML 17
CLINIMIX INJ 4.25/D10 ..70
CLINIMIX INJ 4.25/D5W .70
CLINIMIX INJ 5%/D15W .70
CLINIMIX INJ 5%/D20W .70
CLINIMIX INJ 6/5 70
CLINIMIX INJ 8/10 70

CLINIMIX INJ 8/14.....70
clinisol sf 15%.....70
CLINOLIPID EMU 20%...70
clobazam 44
clobetasol propionate.....77
clobetasol propionate e...77
clodan 77
clomipramine hcl.....39
clonazepam 44
clonidine 37
clonidine hcl.....37
clopidogrel bisulfate.....65
clorazepate dipotassium .45
clotrimazole 79
clotrimazole (topical).....76
clotrimazole w/ betamethasone cream 1-0.05%.....76
clozapine 42
CLOZARIL
see *clozapine* 42
COARTEM TAB 20-120MG 19
COBENFY CAP 100-20MG 42
COBENFY CAP 125-30MG 42
COBENFY CAP 50-20MG 42
COBENFY STRT CAP PACK 42
colchicine.....15
colchicine w/ probenecid tab 0.5-500 mg.....15
colesevelam hcl 35
COLESTID
see *colestipol hcl*.....35
colestipol hcl 35
colistimethate sodium 17
COLY-MYCIN M
see *colistimethate sodium*.....17
COMBIGAN
see *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%*.....72
COMBIGAN SOL 0.2/0.5% 72
COMBIVENT AER 20-100 73
COMETRIQ (60MG DOSE) 27
COMETRIQ KIT 100MG .27
COMETRIQ KIT 140MG .27
COMPLERA
see *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* ..20
compro.....60
constulose 62
COPAXONE 50
see *glatiramer acetate*.50
see *glatopa*.....50
COPIKTRA 27
COREG
see *carvedilol* 36
CORLANOR
see *ivabradine hcl* 37
CORTEF
see *hydrocortisone*.....58
CORTENEMA
see *hydrocortisone (intrarectal)* 61
COSOPT
see *dorzolamide hcl-timolol maleate ophth soln 2-0.5%*.....72
COTELLIC 27
COZAAR
see *losartan potassium* 34
CREON CAP 12000UNT 62
CREON CAP 24000UNT 62
CREON CAP 3000UNIT .62
CREON CAP 36000UNT 62
CREON CAP 6000UNIT .62
CRESEMBA.....18
CRESTOR
see *rosuvastatin calcium* 35
cromolyn sodium.....74
cromolyn sodium (mastocytosis) 62
cromolyn sodium (ophth) 72
cryselle 55
cyclobenzaprine hcl 51
cyclophosphamide....23, 24
CYCLOPHOSPHAMIDE 23, 24
see *cyclophosphamide* 23, 24
CYCLOPHOSPHAMIDE MONOHYDR.....24
cycloserine.....20
cyclosporine.....68
cyclosporine modified (for microemulsion).....68
CYKLOKAPRON
see *tranexamic acid* 65
cyproheptadine hcl.....73
cyred eq.....55
CYSTADANE
see *betaine powder for oral solution* 58
CYSTADROPS 72
CYSTAGON.....58
CYSTARAN 72
cytarabine 24
CYTOMEL
see *liomny*.....60
see *liothyronine sodium* 60
CYTOTEC
see *misoprostol*.....62

D

D10W/NACL INJ 0.2%....69
D10W/NACL INJ 0.45%..69
D2.5W/NACL INJ 0.45%.69
D5W/NACL INJ 0.2%.....69
D5W/NACL INJ 0.45%....69
dabigatran etexilate mesylate.....64
dalfampridine 50
DALIRESP
see *roflumilast*.....74
danazol 51
DANTRIUM
see *dantrolene sodium*51
dantrolene sodium 51
DANZITEN.....27
dapagliflozin.....52
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg 52
dapagliflozin-metformin hcl tab er 24hr 10-500 mg.52
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg.52

dapagliflozin-metformin hcl tab er 24hr 5-500 mg...52
dapsone.....17
DAPTACEL INJ 68
daptomycin 17
DAPTOMYCIN.....17
see *daptomycin*.....17
DARAPRIM
see *pyrimethamine*.....18
darunavir.....19
dasatinib 27
dasetta 1/35.....55
dasetta 7/7/7.....55
DAURISMO 27
DAYVIGO 49
DDAVP
see *desmopressin acetate*.....58
deblitane 55
deferasirox.....55
DELESTROGEN
see *estradiol valerate*..57
DELSTRIGO TAB.....20
DEPAKOTE
see *divalproex sodium* 45
DEPAKOTE ER
see *divalproex sodium* 45
DEPAKOTE SPRINKLES
see *divalproex sodium* 45
DEPEN TITRATABS
see *penicillamine*.....55
DEPO-MEDROL
see *methylprednisolone acetate*.....58
DEPO-PROVERA CONTRACEPTIV
see *medroxyprogesterone acetate (contraceptive)* 56
DEPO-SUBQ PROVERA 104 55
depo-testosterone.....51
DERMA-SMOOTHE/FS BODY
see *fluocinolone acetonide*.....77
DERMA-SMOOTHE/FS SCALP
see *fluocinolone acetonide*.....77
DERMOTIC
see *fluocinolone acetonide (otic)* 72
DESCOVY TAB 120-15MG 20
DESCOVY TAB 200/25MG 20
desipramine hcl.....39
desmopressin acetate.....58
desmopressin acetate spray 58
desmopressin acetate spray refrigerated.....58
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....55
*desvenlafaxine succinate*40
dexamethasone 57
DEXAMETHASONE INTENSOL 57
dexamethasone sodium phosphate 58
dexamethasone sodium phosphate (ophth) 71
dexmethylphenidate hcl..48
dextromethorphan hbr-quinidine sulfate cap 20-10 mg 50
dextrose.....70, 71
DEXTROSE 10%.....71
see *dextrose*.....71
dextrose 2.5% w/ sodium chloride 0.45% 69
DEXTROSE 2.5%/SODIUM CHLO
see *dextrose 2.5% w/ sodium chloride 0.45%* 69
dextrose 5% in lactated ringers 69
dextrose 5% w/ sodium chloride 0.225% 69
dextrose 5% w/ sodium chloride 0.3% 69
dextrose 5% w/ sodium chloride 0.45% 69
dextrose 5% w/ sodium chloride 0.9% 69
DEXTROSE 5%/SODIUM CHLORI
see *dextrose 5% w/ sodium chloride 0.3%* 69
see *dextrose 5% w/ sodium chloride 0.45%* 69
see *dextrose 5% w/ sodium chloride 0.9%* 69
DEXTROSE 50%
see *dextrose*.....71
DEXTROSE 70%.....71
DEXTROSE/SODIUM CHLORIDE
see *dextrose 5% w/ sodium chloride 0.225%* 69
DIACOMIT 45
diazepam 45
diazepam (anticonvulsant) 45
diazepam inj.....45
diazepam intensol.....45
diazoxide 58
diclofenac potassium 15
diclofenac sodium.....15
diclofenac sodium (ophth) 71
diclofenac sodium (topical) 78
dicloxacillin sodium.....23
dicyclomine hcl 61
DIFICID.....22
see *fidaxomicin* 22
DIFLUCAN
see *fluconazole* 18
diflunisal.....15
digoxin 37
dihydroergotamine mesylate.....49
DILANTIN 45
see *phenytoin sodium extended*.....46
DILANTIN INFATABS
see *phenytoin*.....46
DILANTIN-125
see *phenytoin*.....46
DILAUDID

see *hydromorphone hcl* 16
diltiazem hcl....36
diltiazem hcl coated beads 36
diltiazem hcl extended release beads....36
dilt-xr....36
DIOVAN
see *valsartan*....34
DIOVAN HCT
see *valsartan-hydrochlorothiazide tab 160-12.5 mg* 33
see *valsartan-hydrochlorothiazide tab 160-25 mg* 33
see *valsartan-hydrochlorothiazide tab 320-12.5 mg* 33
see *valsartan-hydrochlorothiazide tab 320-25 mg* 34
see *valsartan-hydrochlorothiazide tab 80-12.5 mg* 33
diphenhydramine hcl....73
diphenoxylate w/ atropine tab 2.5-0.025 mg....62
DIPROLENE
see *betamethasone dipropionate augmented*....77
dipyridamole 65
disopyramide phosphate.34
disulfiram 51
divalproex sodium....45
docetaxel 26
DOCETAXEL....26
see *docetaxel*....26
DOCIVYX 26
dofetilide 34
donepezil hydrochloride..39
DOPTELET....64
DOPTELET SPRINKLE..64
dorzolamide hcl....72
dorzolamide hcl-timolol maleate ophth soln 2-0.5%....72
dotti....57
DOVATO TAB 50-300MG 20
doxazosin mesylate 32
doxepin hcl 40
doxepin hcl (sleep)....49
DOXIL
see *doxorubicin hcl liposomal* 25
doxorubicin hcl....25
*doxorubicin hcl liposomal*25
DOXORUBICIN HYDROCHLORIDE
see *doxorubicin hcl* 25
doxy 100 23
doxycycline (monohydrate) 23
doxycycline hyclate....23
DRIZALMA SPRINKLE...40
dronabinol....60
*drospirenone-ethinyl estradiol tab 3-0.02 mg*55
*drospirenone-ethinyl estradiol tab 3-0.03 mg*55
DROXIA....64
droxidopa....37
duloxetine hcl....40
DUPIXENT 65
dutasteride....63
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 63
E
e.e.s. 400....22
E.E.S. GRANULES
see *erythromycin ethylsuccinate*....22
EBGLYSS....65
econazole nitrate 76
EDURANT 19
see *rilpivirine hcl*....19
EDURANT PED....19
efavirenz....19
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg....20
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg....20
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg....20
EFFEXOR XR
see *venlafaxine hcl*....41
EFFIENT
see *prasugrel hcl*....65
ELIGARD....24
elinest 55
ELIQUIS 64
ELIQUIS (1.5MG PACK) 3 X....64
ELIQUIS (2MG PACK) 4 X 64
ELIQUIS STARTER PACK 64
eluryng....55
EMEND BIPACK
see *aprepitant* 60
EMGALITY....49
EMSAM 40
emtricitabine 19
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 20
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg....20
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg....20
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg....20
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg....20
EMTRIVA....19
see *emtricitabine*....19
EMVERM....17
emzahh....55
enalapril maleate 32
enalapril maleate & hydrochlorothiazide tab 10-25 mg....31
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg....31
ENBREL 65
ENBREL MINI....65
ENBREL SURECLICK....65
ENDARI

see *l-glutamine (sickle cell)* 65
endocet tab 10-325mg 16
endocet tab 2.5-325mg ...16
endocet tab 7.5-325mg ...16
ENGERIX-B 68
enilloring 55
enoxaparin sodium 64
ENSACOVE 27
enskyce 55
ENSTILAR AER 77
entacapone 41
entecavir 20
ENTRESTO
see *sacubitril-valsartan tab 24-26 mg* 33
see *sacubitril-valsartan tab 49-51 mg* 33
see *sacubitril-valsartan tab 97-103 mg* 33
ENTRESTO CAP 15-16MG 33
ENTRESTO CAP 6-6MG 33
ENTYVIO PEN 65
enulose 62
ENVARSUS XR 68
EPIDIOLEX 45
epinephrine 37
epinephrine (anaphylaxis) 74
EPIPEN 2-PAK
see *epinephrine (anaphylaxis)* 74
EPIPEN-JR 2-PAK
see *epinephrine (anaphylaxis)* 74
EPIVIR
see *lamivudine* 19
eplerenone 32
EPRONTIA
see *topiramate* 47
ergotamine w/ caffeine tab 1-100 mg 49
ERIVEDGE 27
ERLEADA 24
erlotinib hcl 27
errin 55
ertapenem sodium 17
ery 76
ERYPED 400
see *erythromycin ethylsuccinate* 22
ERYTHROCIN LACTOBIONATE 22
see *erythromycin lactobionate* 22
erythromycin (acne aid) ..76
erythromycin (ophth) 71
erythromycin base 22
erythromycin ethylsuccinate 22
erythromycin lactobionate 22
ERZOFRI 42
ESBRIET
see *pirfenidone* 74
escitalopram oxalate 40
eslicarbazepine acetate ..45
esomeprazole magnesium 62
estarylla 55
ESTRACE
see *estradiol vaginal* ...57
estradiol 57
estradiol & norethindrone acetate tab 0.5-0.1 mg 57
estradiol & norethindrone acetate tab 1-0.5 mg ...57
estradiol vaginal 57
estradiol valerate 57
ethambutol hcl 20
ethosuximide 45
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 55
etodolac 15
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 55
etoposide 26
etravirine 19
EUCRISA 78
EULEXIN 24
everolimus 27
everolimus (immunosuppressant) .68
EVISTA
see *raloxifene hcl* 59
EVOTAZ TAB 300-150 ...20
EXELON
see *rivastigmine* 39
exemestane 24
EXFORGE
see *amlodipine besylate-valsartan tab 10-160 mg* 33
see *amlodipine besylate-valsartan tab 10-320 mg* 33
see *amlodipine besylate-valsartan tab 5-160 mg* 32
see *amlodipine besylate-valsartan tab 5-320 mg* 32
EXJADE
see *deferasirox* 55
EXXUA 40
EXXUA TITRATION PACK 40
EYSUVIS 72
ezetimibe 35
ezetimibe-simvastatin tab 10-10 mg 35
ezetimibe-simvastatin tab 10-20 mg 35
ezetimibe-simvastatin tab 10-40 mg 35
ezetimibe-simvastatin tab 10-80 mg 35

F

FABRAZYME 58
falmina 55
famciclovir 20
famotidine 61
famotidine in nacl 0.9% iv soln 20 mg/50ml 61
FANAPT 42
FANAPT PAK PACK A ...42
FANAPT PAK PACK B ...42
FANAPT PAK PACK C ...42
FARESTON
see *toremifene citrate* ..25
FARXIGA 52
see *dapagliflozin* 52
FASENRA 74
FASENRA PEN 74
FASLODEX
see *fulvestrant* 24
feirza 1.5/30 55

feirza 1/20.....55
felbamate.....45
FELBATOL
see *felbamate*.....45
felodipine 36
FEMARA
see *letrozole*.....25
fenofibrate.....34
fenofibrate micronized 34
fentanyl 15
FETZIMA 40
FETZIMA CAP TITRATIO 40
FIASP 54
FIASP FLEXTOUCH.....54
FIASP PENFILL.....54
FIASP PUMPCART 54
fidaxomicin.....22
FILSPARI.....63
finasteride 63
fingolimod hcl.....50
FINTEPLA 45
FIRAZYR
see *icatibant acetate* ...65
see *sajazir*.....65
FIRMAGON 24
FLEBOGAMMA DIF.....67
flecainide acetate.....34
fluconazole 18
fluconazole in nacl 0.9% inj 200 mg/100ml 18
fluconazole in nacl 0.9% inj 400 mg/200ml 18
flucytosine.....18
fludrocortisone acetate ...58
flunisolide (nasal).....75
fluocinolone acetonide ...77, 78
fluocinolone acetonide (otic) 72
fluocinonide 78
fluocinonide emulsified base 78
fluorometholone (ophth)..71
fluorouracil 24
fluorouracil (topical) 78
fluoxetine hcl.....40
fluphenazine decanoate..42
fluphenazine hcl.....42
flurbiprofen.....15
flurbiprofen sodium 71
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act 75
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act 75
fluticasone propionate.....78
fluticasone propionate (nasal) 75
fluticasone-salmeterol aer powder ba 100-50 mcg/act 75
fluticasone-salmeterol aer powder ba 250-50 mcg/act 75
fluticasone-salmeterol aer powder ba 500-50 mcg/act 75
fluvoxamine maleate.....38
FML LIQUIFILM
see *fluorometholone (ophth)* 71
FOCALIN
see *dexmethylphenidate hcl*.....48
fondaparinux sodium 64
FOSAMAX
see *alendronate sodium* 54
fosamprenavir calcium....19
*fosfomycin tromethamine*17
fosinopril sodium.....32
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....32
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....32
FOTIVDA 27
FRINDOVYX.....24
FRUZAQLA.....27
FULPHILA 64
fulvestrant 24
furosemide.....37
furosemide inj 37
fyavolv tab 0.5mg-2.5mcg 57
fyavolv tab 1mg-5mcg.....57
FYCOMPA
see *perampanel* 46

G

gabapentin.....45
galantamine hydrobromide 39
gallifrey 60
GAMASTAN INJ 67
GAMMAGARD LIQUID ...67
GAMMAGARD LIQUID ERC 67
GAMMAGARD S/D IGA LESS TH 67
GAMMAKED.....67
GAMMAPLEX.....67
GAMUNEX-C.....67
ganciclovir sodium 21
GARDASIL 9.....68
GASTROCROM
see *cromolyn sodium (mastocytosis)* 62
gatifloxacin (ophth) 71
GATTEX 62
GAUZE PADS 2.....54
gavilyte-c.....62
gavilyte-g 62
gavilyte-n/flavor pack.....62
GAVRETO 27
gefitinib 27
gemcitabine hcl.....24
GEMCITABINE HYDROCHLORIDE
see *gemcitabine hcl* 24
gemfibrozil 34
GEMTESA 63
generlac.....62
gengraf 68
GENOTROPIN.....58
GENOTROPIN MINIQUICK 58, 59
gentamicin in saline inj 0.8 mg/ml 17
gentamicin in saline inj 1 mg/ml 17
gentamicin in saline inj 1.2 mg/ml 17
gentamicin in saline inj 1.6 mg/ml 17
gentamicin in saline inj 2 mg/ml 17
gentamicin sulfate.....17

gentamicin sulfate (ophth) 71
gentamicin sulfate (topical) 76
GENVOYA TAB 20
GEODON
see *ziprasidone hcl* 44
see *ziprasidone mesylate* 44
GILENYA
see *fingolimod hcl* 50
GILOTRIF 27
glatiramer acetate 50
glatopa 50
GLEEVEC
see *imatinib mesylate* .27, 28
GLEOSTINE
see *lomustine* 24
glimepiride 52
glipizide 52
glipizide-metformin hcl tab 2.5-250 mg 52
glipizide-metformin hcl tab 2.5-500 mg 52
glipizide-metformin hcl tab 5-500 mg 52
GLUCOTROL XL
see *glipizide* 52
glycopyrrolate 61
glydo 78
GLYXAMBI TAB 10-5 MG 52
GLYXAMBI TAB 25-5 MG 52
GOLYTELY
see *gavilyte-g* 62
see *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* 62
GOMEKLI 27
granisetron hcl 60
griseofulvin microsize 18
griseofulvin ultramicrosize 18
guanfacine hcl 37
guanfacine hcl (adhd) 48, 49
GVOKE HYPOPEN 1-PACK 58
GVOKE HYPOPEN 2-PACK 58
GVOKE KIT 58
GVOKE PFS 58
H
HADLIMA 65
HADLIMA PUSHTOUCH 65
HAEGARDA 64, 65
hailey 1.5/30 56
hailey fe 1/20 56
halobetasol propionate ...78
haloperidol 42
haloperidol decanoate 42
haloperidol lactate 42
HAVRIX 68
heather 56
HEP SOD/NACL INJ 25000UNT 64
heparin sodium (porcine) 64
HEPLISAV-B 68
HERCEP HYLEC SOL 60-10000 27
HERCEPTIN 27
HERCESSI 27
HERNEXEOS 27
HERZUMA 27
HETLIOZ
see *tasimelteon* 49
HIBERIX 68
HUMIRA 65, 66
HUMIRA PEN 66
HUMIRA PEN KIT PS/UV 66
HUMIRA PEN-CD/UC/HS START 66
HUMULIN R U-500 KWIKPEN 54
hydralazine hcl 37
HYDREA
see *hydroxyurea* 25
hydrochlorothiazide 37
hydrocodone bitartrate 15
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 16
hydrocodone-acetaminophen tab 10-325 mg 16
hydrocodone-acetaminophen tab 5-325 mg 16
hydrocodone-acetaminophen tab 7.5-325 mg 16
hydrocodone-ibuprofen tab 7.5-200 mg 16
hydrocortisone 58
hydrocortisone (intrarectal) 61
hydrocortisone (rectal) 78
hydrocortisone (topical) ..78
hydrocortisone sod succinate 58
hydrocortisone valerate ..78
hydrocortisone w/ acetic acid otic soln 1-2% 72
hydromorphone hcl 16
hydroxychloroquine sulfate 67
hydroxyurea 25
hydroxyzine hcl 73
hydroxyzine pamoate 73
HYRNUO 27
HYZAAR
see *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* 33
see *losartan potassium & hydrochlorothiazide tab 100-25 mg* 33
see *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* 33
I
ibandronate sodium 54
IBRANCE 27
IBTROZI 27
ibu 15
ibuprofen 15
icatibant acetate 65
iclevia 56
ICLUSIG 27
IDHIFA 27
IDVYNSO TAB 100-0.25 20
imatinib mesylate 27, 28
IMBRUVICA 28

imipenem-cilastatin intravenous for soln 250 mg 17
imipenem-cilastatin intravenous for soln 500 mg 17
imipramine hcl 40
imiquimod 78
IMITREX
see *sumatriptan succinate* 50
IMITREX STATDOSE SYSTEM
see *sumatriptan succinate* 50
IMKELDI 28
IMOVAX RABIES (H.D.C.V.) 68
IMURAN
see *azathioprine* 68
INBRIJA 41
incassia 56
INCRELEX 59
INCRUSE ELLIPTA 73
indapamide 37
INDERAL LA
see *propranolol hcl* 36
INFANRIX INJ 68
INFLIXIMAB 66
INLURIYO 24
INLYTA 28
INQOVI TAB 35-100MG ..24
INREBIC 28
INSULIN PEN NEEDLES: EMBECTA-BD 54
INSULIN SAFETY NEEDLES: EMBECTA-BD 54
INSULIN SYRINGES: EMBECTA-BD 54
INTELENCE 19
see *etravirine* 19
INTRALIPID 71
introvale 56
INTUNIV
see *guanfacine hcl (adhd)* 48, 49
INVEGA
see *paliperidone* 43
INVEGA HAFYERA 43
INVEGA SUSTENNA 43
INVEGA TRINZA 43
IPOL INJ INACTIVE 68
ipratropium bromide 73
ipratropium bromide (nasal) 73
ipratropium bromide hfa ..73
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 73
irbesartan 34
irbesartan-hydrochlorothiazide tab 150-12.5 mg 33
irbesartan-hydrochlorothiazide tab 300-12.5 mg 33
IRESSA
see *gefitinib* 27
irinotecan hcl 25
ISENTRESS 19
ISENTRESS HD 19
isibloom 56
ISOLYTE-P INJ /D5W 69
ISOLYTE-S INJ PH 7.4 ...69
isoniazid 20
isosorbide dinitrate 38
isosorbide mononitrate ...38
isotretinoin 76
ISTURISA 59
ITOVEBI 28
itraconazole 18
ivabradine hcl 37
ivermectin 17
IWILFIN 25
IXIARO INJ 68
J
JADENU
see *deferasirox* 55
JAKAFI 28
JALYN
see *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* 63
jantoven 64
JANUMET
see *sitagliptin phosphate-metformin hcl tab 50-1000 mg* 53
see *sitagliptin phosphate-metformin hcl tab 50-500 mg* 53
JANUMET XR
see *sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg* ...53
see *sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg* 53
see *sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg* 53
JANUVIA
see *sitagliptin phosphate* 53
JARDIANCE 52
jasmiel 56
javygtor 59
JAYPIRCA 28
jencycla 56
JENTADUETO TAB 2.5-1000 52
JENTADUETO TAB 2.5-500 52
JENTADUETO TAB 2.5-850 52
JENTADUETO TAB XR 2.5-1000MG 52
JENTADUETO TAB XR 5-1000MG 52
JIDEYTRO 28
jinteli 57
jolessa 56
JOURNAVX 15
juleber 56
JULUCA TAB 50-25MG ..20
junel 1.5/30 56
junel 1/20 56
junel fe 1.5/30 56
junel fe 1/20 56
JYLAMVO 67
JYNARQUE
see *tolvaptan* 59
see *tolvaptan tab therapy pack 30 & 15 mg* 59
see *tolvaptan tab therapy pack 45 & 15 mg* 59
see *tolvaptan tab therapy pack 60 & 30 mg* 59

see *tolvaptan tab therapy pack 90 & 30 mg*.....59
JYNNEOS.....68
K
KADCYLA.....28
KALETRA
see *lopinavir-ritonavir tab 100-25 mg* 20
see *lopinavir-ritonavir tab 200-50 mg* 20
KALETRA SOL 20
KALYDECO 74
KANJINTI.....28
kariva 56
KCL 0.075%/D5W/NACL 0.45%
see *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj*.69
KCL 0.15%/D5W/NACL 0.45%
see *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj*.....69
KCL 0.15%/D5W/NACL 0.9%
see *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj*.....69
KCL 0.3%/D5W/NACL 0.45%
see *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj*.....70
KCL 0.3%/D5W/NACL 0.9%
see *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj*.....70
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 69
kcl 20 meq/l (0.149%) in nacl 0.45% inj.....69
kcl 20 meq/l (0.149%) in nacl 0.9% inj.....69
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 69
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 69
kcl 20 meq/l (0.15%) in nacl 0.45% inj 69
kcl 20 meq/l (0.15%) in nacl 0.9% inj 69
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 69
kcl 40 meq/l (0.298%) in nacl 0.9% inj.....70
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 70
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 70
kcl 40 meq/l (0.3%) in nacl 0.9% inj 70
KCL/D5W/NACL INJ 0.15/0.2 70
KCL/D5W/NACL INJ 0.3/0.9%.....70
kelnor 1/35.....56
KEPPRA
see *levetiracetam* 46
see *roweepra* 47
KEPPRA XR
see *levetiracetam* 46
KERENDIA 32
KESIMPTA 50
ketoconazole.....18
ketoconazole (topical).....76
ketorolac tromethamine (ophth).....71
KEYTRUDA 28
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML.....28
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML.....28
KINERET 66
KINRIX INJ 68
kionex 55
KISQALI 200 DOSE.....28
KISQALI 400 DOSE.....28
KISQALI 600 DOSE.....28
KITABIS PAK
see *tobramycin*.....18
KLARON
see *sulfacetamide sodium (acne)*.....76
klayesta 76
KLONOPIN
see *clonazepam* 44
klor-con 70
klor-con 10.....70
klor-con 8.....70
KLOR-CON 8
see *klor-con 8*.....70
see *potassium chloride*70
klor-con m10.....70
klor-con m15.....70
klor-con m20.....70
KLOXXADO 51
KOMZIFTI 28
KORLYM
see *mifepristone (hyperglycemia)* 59
KOSELUGO.....28
kourzeq 79
KRAZATI.....28
kurvelo 56
KUVAN
see *javygtor*.....59
see *sapropterin dihydrochloride* 59
see *zelvysia*.....59
L
labetalol hcl.....36
lacosamide.....45
lacosamide oral.....45
LACTATED RINGERS
see *lactated ringer's solution* 70
lactated ringer's solution .70
lactic acid (ammonium lactate) 78
lactulose 62
lactulose (encephalopathy) 62
LAMICTAL
see *lamotrigine*.....46
see *subvenite*.....47
LAMICTAL CHEWABLE DISPERS
see *lamotrigine*.....46
LAMICTAL XR

see *lamotrigine*.....46
lamivudine 19
lamivudine (hbv) 21
lamivudine-zidovudine tab 150-300 mg.....20
lamotrigine.....46
LANOXIN
see *digoxin*.....37
lanreotide acetate.....59
lansoprazole 62
LANTUS 54
LANTUS SOLOSTAR.....54
lapatinib ditosylate 28
larin 1.5/30.....56
larin 1/20.....56
larin fe 1.5/30.....56
larin fe 1/20.....56
LASIX
see *furosemide*.....37
latanoprost.....72
LATUDA
see *lurasidone hcl*.....43
LAZCLUZE 28
leflunomide 67
lenalidomide 25
LENVIMA 10 MG DAILY DOSE.....28
LENVIMA 12MG DAILY DOSE.....28
LENVIMA 20 MG DAILY DOSE.....28
LENVIMA 4 MG DAILY DOSE.....28
LENVIMA 8 MG DAILY DOSE.....28
LENVIMA CAP 14 MG....28
LENVIMA CAP 18 MG....28
LENVIMA CAP 24 MG....28
LEQEMBI IQLIK.....39
lessina 56
LETAIRIS
see *ambrisentan*.....38
letrozole 25
leucovorin calcium 25
LEUKERAN 24
LEUKINE 64
leuprolide acetate 25
levalbuterol tartrate.....73
levetiracetam 46
levetiracetam in sodium chloride iv soln 1000 mg/100ml 46
levetiracetam in sodium chloride iv soln 1500 mg/100ml 46
levetiracetam in sodium chloride iv soln 500 mg/100ml 46
LEVETIRACETAM/SODIUM CHLO
see *levetiracetam in sodium chloride iv soln 1000 mg/100ml*.....46
see *levetiracetam in sodium chloride iv soln 1500 mg/100ml*.....46
see *levetiracetam in sodium chloride iv soln 500 mg/100ml*.....46
levobunolol hcl.....72
levocarnitine (metabolic modifiers) 59
levocetirizine dihydrochloride.....73
levofloxacin.....22
levofloxacin in d5w iv soln 250 mg/50ml 22
levofloxacin in d5w iv soln 500 mg/100ml 22
levofloxacin in d5w iv soln 750 mg/150ml 22
levonest 56
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....56
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 56
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 56
levothyroxine sodium.....60
levoxyl.....60
LEXAPRO
see *escitalopram oxalate* 40
l-glutamine (sickle cell) ...65
LIALDA
see *mesalamine*.....61
lidocaine 78
lidocaine hcl.....78
lidocaine hcl (local anesth.) 15
lidocaine hcl (mouth-throat) 79
lidocaine-prilocaine cream 2.5-2.5%.....78
lidocan 78
LIDODERM
see *lidocaine* 78
see *lidocan*.....78
see *tridacaine iii* 78
LIFYORLI CAP 125MG DS 25
LIFYORLI CAP 150MG DS 25
LILETTA 56
linezolid.....17
LINEZOLID INJ 2MG/ML 17
LINZESS.....62
liomny 60
liothyronine sodium.....60
LIPITOR
see *atorvastatin calcium* 34
lisinopril.....32
lisinopril & hydrochlorothiazide tab 10-12.5 mg.....32
lisinopril & hydrochlorothiazide tab 20-12.5 mg.....32
lisinopril & hydrochlorothiazide tab 20-25 mg.....32
lithium 50
lithium carbonate 50
LITHOBID
see *lithium carbonate* ..50
LIVTENCITY 21
LODINE
see *etodolac*.....15
loestrin 1.5/30-21 56
loestrin 1/20-21 56
loestrin fe 1.5/30 56
loestrin fe 1/20 56
LOKELMA.....55
LOMOTIL

see *diphenoxylate w/ atropine tab 2.5-0.025 mg* 62
lomustine 24
LONSURF TAB 15-6.14 .24
LONSURF TAB 20-8.19 .24
loperamide hcl 62
LOPID
see *gemfibrozil* 34
lopinavir-ritonavir tab 100-25 mg 20
lopinavir-ritonavir tab 200-50 mg 20
LOPRESSOR
see *metoprolol tartrate* 36
lorazepam 38
lorazepam intensol 38
LORBRENA 29
loryna 56
losartan potassium 34
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 33
losartan potassium & hydrochlorothiazide tab 100-25 mg 33
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 33
LOTEMAX 71
LOTENSIN
see *benazepril hcl* 32
LOTENSIN HCT
see *benazepril & hydrochlorothiazide tab 10-12.5 mg* 31
see *benazepril & hydrochlorothiazide tab 20-12.5 mg* 31
see *benazepril & hydrochlorothiazide tab 20-25 mg* 31
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 71
LOTREL
see *amlodipine besylate-benazepril hcl cap 10-20 mg* 31
LOTRONEX
see *alosetron hcl* 62
lovastatin 35
LOVAZA
see *omega-3-acid ethyl esters cap 1 gm* 35
LOVENOX
see *enoxaparin sodium* 64
loxapine succinate 43
lubiprostone 62
luizza 1.5/30 56
luizza 1/20 56
LUMAKRAS 29
LUMIGAN 72
LUMIZYME 59
LUPRON DEPOT (1-MONTH) 25
LUPRON DEPOT (3-MONTH) 25
LUPRON DEPOT-PED (1-MONTH 59
LUPRON DEPOT-PED (3-MONTH 59
LUPRON DEPOT-PED (6-MONTH 59
lurasidone hcl 43
lutera 56
LYBALVI TAB 10-10MG .43
LYBALVI TAB 15-10MG .43
LYBALVI TAB 20-10MG .43
LYBALVI TAB 5-10MG ...43
lyleq 56
lyllana 57
LYNPARZA 29
LYRICA
see *pregabalin* 46, 47
LYSODREN 25
LYTGOBI (12 MG DAILY DOSE) 29
LYTGOBI (16 MG DAILY DOSE) 29
LYTGOBI (20 MG DAILY DOSE) 29
lyza 56
M
macitentan 38
MACROBID
see *nitrofurantoin monohyd macro* 17
magnesium sulfate 70
MAGNESIUM SULFATE 70
see *magnesium sulfate* 70
MAGNESIUM SULFATE IN D5W
see *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* 70
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 70
MALARONE
see *atovaquone-proguanil hcl tab 250-100 mg* 19
see *atovaquone-proguanil hcl tab 62.5-25 mg* 19
malathion 79
maraviroc 19
MARINOL
see *dronabinol* 60
marlissa 56
MARPLAN 40
MATULANE 25
MAVYRET PAK 50-20MG 21
MAVYRET TAB 100-40MG 21
MAXALT
see *rizatriptan benzoate* 49
MAXALT-MLT
see *rizatriptan benzoate* 49
MAXITROL
see *neomycin-polymyxin-dexamethasone ophth oint 0.1%* 71
see *neomycin-polymyxin-dexamethasone ophth susp 0.1%* 71
meclizine hcl 60
MEDROL
see *methylprednisolone* 58
MEDROL DOSEPAK
see *methylprednisolone* 58

medroxyprogesterone acetate 60
medroxyprogesterone acetate (contraceptive) 56
mefloquine hcl 19
megestrol acetate 25, 60
megestrol acetate (appetite) 60
MEKINIST.....29
MEKTOVI 29
meleya 56
meloxicam 15
memantine hcl 39
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 39
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 39
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 39
MENQUADFI 68
MENVEO INJ.....68
MENVEO SOL.....68
MEPRON
see *atovaquone*.....17
mercaptopurine.....24
meropenem 17
MEROPENEM
see *meropenem* 17
mesalamine 61
mesalamine w/ cleanser .61
mesna.....26
MESNEX
see *mesna* 26
MESTINON
see *pyridostigmine bromide* 50
metformin hcl 52
methadone hcl 15
methadone hydrochloride i 15
METHADOSE
see *methadone hydrochloride i* 15
methazolamide 37
methenamine hippurate ..17
methimazole 60
methotrexate sodium 24, 67
methsuximide.....46
METHYLIN
see *methylphenidate hcl* 49
methylphenidate hcl.....49
methylprednisolone.....58
methylprednisolone acetate 58
methylprednisolone sod succ.....58
metoclopramide hcl...60, 61
metolazone 37
metoprolol & hydrochlorothiazide tab 100-25 mg.....35
metoprolol & hydrochlorothiazide tab 100-50 mg.....35
metoprolol & hydrochlorothiazide tab 50-25 mg.....35
metoprolol succinate.....36
metoprolol tartrate.....36
metronidazole 17
METRONIDAZOLE
see *metronidazole*.....17
metronidazole (topical) ...78
metronidazole vaginal.....63
metyrosine 37
micafungin sodium.....18
MICARDIS
see *telmisartan*.....34
microgestin 1.5/30 56
microgestin 1/20 56
microgestin fe 1.5/30 56
microgestin fe 1/20 56
midodrine hcl 37
MIEBO 72
mifepristone (hyperglycemia).....59
mili 56
mimvey 57
MINIVELLE
see *lyllana* 57
minocycline hcl 23
minoxidil.....37
mirabegron 63
mirtazapine 40
misoprostol 62
M-M-R II INJ 68
M-NATAL PLUS TAB.....70
modafinil 51
MODEYSO 26
moexipril hcl.....32
molindone hcl.....43
mometasone furoate.....78
MONJUVI.....29
mono-linyah 56
montelukast sodium..73, 74
morphine sulfate 15, 16
MORPHINE SULFATE
see *morphine sulfate*...16
MOUNJARO 52
MOVANTIK.....62
moxifloxacin hcl 22
moxifloxacin hcl (ophth) ..71
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....22
MRESVIA.....68
MS CONTIN
see *morphine sulfate*...15
MULTAQ.....34
multiple electrolytes ph 5.5 70
mupirocin 76
mycophenolate mofetil....68
mycophenolate sodium...68
MYFORTIC
see *mycophenolate sodium*.....68
MYRBETRIQ
see *mirabegron* 63
MYSOLINE
see *primidone*.....47

N

nabumetone.....15
nadolol 36
nafcillin sodium 23
NAGLAZYME.....59
naloxone hcl.....51
naltrexone hcl 51
NAMZARIC
see *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* 39
see *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* 39

see *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* 39
NAMZARIC CAP 7-10MG 39
naproxen.....15
naproxen sodium 15
naratriptan hcl.....49
NARDIL
see *phenelzine sulfate* 40
NATACYN 71
nateglinide 53
NAYZILAM.....46
nebivolol hcl.....36
NEBUPENT
see *pentamidine isethionate inh* 17
necon 0.5/35-28.....56
nefazodone hcl 40
neomycin sulfate.....17
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 71
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.....71
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....71
neomycin-polymyxin-dexamethasone ophth susp 0.1% 71
neomycin-polymyxin-hc ophth susp 71
neomycin-polymyxin-hc otic soln 1% 72
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....72
NEORAL
see *cyclosporine modified (for microemulsion)* 68
see *gengraf*.....68
NERLYNX.....29
neuac.....76
NEURONTIN
see *gabapentin*.....45
see *relgaabi* 47
nevirapine 19
NEXAVAR
see *sorafenib tosylate* .30
NEXIUM
see *esomeprazole magnesium*.....62
NEXLETOL.....35
NEXLIZET TAB 180/10MG 35
NEXPLANON.....56
niacin (antihyperlipidemic) 35
NICOTROL NS 51
nifedipine 36
nikki 56
nilotinib hcl.....29
nilutamide 25
nimodipine 36
NINLARO.....29
nintedanib esylate.....74
nitazoxanide 17
nitisinone 59
nitro-bid.....38
nitrofurantoin macrocrystal 17
nitrofurantoin monohyd macro 17
nitroglycerin 38
nitroglycerin (intra-anal) ..79
NITROSTAT
see *nitroglycerin*.....38
nizatidine 61
nora-be 56
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....56
norethindrone (contraceptive) 56
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 56
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 56
norethindrone acetate.....60
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 57
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 57
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 56
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 56
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 56
norlyroc.....56
NORPACE
see *disopyramide phosphate*.....34
NORTHERA
see *droxidopa*.....37
nortrel 0.5/35 (28) 56
nortrel 1/35 (21) 56
nortrel 1/35 (28) 56
nortrel 7/7/7.....56
nortriptyline hcl.....40
NORVASC
see *amlodipine besylate* 36
NORVIR.....19
see *ritonavir*.....19
NOVOLIN INJ 70/30 54
NOVOLIN INJ 70/30 FP..54
NOVOLIN N 54
NOVOLIN N FLEXPEN...54
NOVOLIN R 54
NOVOLIN R FLEXPEN...54
NOVOLOG.....54
NOVOLOG FLEXPEN 54
NOVOLOG MIX INJ 70/30 54
NOVOLOG MIX INJ FLEXPEN.....54
NOVOLOG PENFILL 54
NUBEQA.....25
NUCALA 74
NUEDEXTA
see *dextromethorphan hbr-quinidine sulfate cap 20-10 mg*.....50
NUEDEXTA CAP 20-10MG 50
NULOJIX.....68

NUPLAZID.....43
NURTEC.....49
NUTRILIPID.....71
NUVARING
see *eluryng* 55
see *enilloring*.....55
see *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* 55
NUVIGIL
see *armodafinil*.....51
NUZYRA.....23
nyamyc 77
nylia 1/35 56
nylia 7/7/7 56
nystatin 18
NYSTATIN
see *nystatin (mouth-throat)* 79
nystatin (mouth-throat)....79
nystatin (topical).....77
nystop 77
O
OCTAGAM 67
octreotide acetate 59
OCUFLOX
see *ofloxacin (ophth)*...71
ODEFSEY TAB.....20
ODOMZO 29
OFEV.....74
see *nintedanib esylate* 74
ofloxacin (ophth) 71
ofloxacin (otic) 72
OGIVRI 29
OGSIVEO 29
OJEMDA.....29
OJJAARA 29
olanzapine 43
olmesartan medoxomil....34
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....33
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....33
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....33
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg.....33
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg.....33
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg.....33
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg.....33
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg.....33
omega-3-acid ethyl esters cap 1 gm 35
omeprazole.....62
OMNIPOD 5 DX KIT INT G7G6 54
OMNIPOD 5 DX MIS POD G7G6 54
OMNIPOD DASH KIT INTRO.....54
OMNIPOD DASH MIS PODS.....54
OMNIPOD5 LIB KIT INTRO 54
OMNIPOD5 LIB MIS PODS 54
ondansetron.....61
ondansetron hcl 61
ONFI
see *clobazam* 44
ONTRUZANT.....29
ONUREG.....24
OPIPZA 43
OPSUMIT
see *macitentan*.....38
ORFADIN
see *nitisinone* 59
ORGOVYX 25
ORKAMBI GRA 100-125 74
ORKAMBI GRA 150-188 74
ORKAMBI GRA 75-94MG 74
ORKAMBI TAB 100-125 .74
ORKAMBI TAB 200-125 .74
orquidea.....56
ORSERDU.....25
oseltamivir phosphate.....21
OSPOMYV.....54
OTEZLA.....66
OTEZLA TAB 10/20.....66
OTEZLA TAB 10/20/30...66
OTEZLA XR.....66
OTEZLA/XR TAB 28 DAY 66
oxacillin sodium 23
oxaliplatin.....24
oxcarbazepine 46
oxybutynin chloride.....63
oxycodone hcl.....16
oxycodone w/ acetaminophen tab 10-325 mg 16
oxycodone w/ acetaminophen tab 2.5-325 mg 16
oxycodone w/ acetaminophen tab 5-325 mg 16
oxycodone w/ acetaminophen tab 7.5-325 mg 16
OZEMPIC 53
OZEMPIC (0.25 OR 0.5MG/DOSE).....53
OZEMPIC (1MG/DOSE) .53
OZEMPIC (2MG/DOSE) .53
P
pacerone.....34
paclitaxel.....26
paclitaxel protein-bound particles for iv susp 100 mg 26
paliperidone 43
PAMELOR
see *nortriptyline hcl* 40
pamidronate disodium 55
PAMIDRONATE DISODIUM 54
PANRETIN.....79
pantoprazole sodium 63
PANTOPRAZOLE SODIUM
see *pantoprazole sodium* 63
PANZYGA.....67
paricalcitol.....60
PARNATE

see *tranylcypromine sulfate* 40
paroxetine hcl 40
PAXIL
see *paroxetine hcl* 40
PAXLOVID PAK....21
PAXLOVID TAB 150-100 21
PAXLOVID TAB 300-100 21
pazopanib hcl 29
PEDIARIX INJ 0.5ML....68
PEDVAXHIB 68
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 62
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 62
PEGASYS 21
PELLIX 77
see *calcipotriene* 77
PEMAZYRE 29
pemetrexed disodium 24
PENBRAYA INJ....68
penicillamine 55
penicillin g potassium 23
penicillin g sodium 23
penicillin v potassium 23
PENMENVY INJ 68
PENTACEL INJ 68
PENTAM 300
see *pentamidine isethionate inj* 18
pentamidine isethionate inh 17
pentamidine isethionate inj 18
pentoxifylline 65
PEPCID
see *famotidine* 61
perampanel 46
PERCOCET
see *endocet tab 10-325mg* 16
see *endocet tab 7.5-325mg* 16
see *oxycodone w/ acetaminophen tab 10-325 mg* 16
see *oxycodone w/ acetaminophen tab 5-325 mg* 16
see *oxycodone w/ acetaminophen tab 7.5-325 mg* 16
PERIDEX
see *chlorhexidine gluconate (mouth-throat)* 79
see *periogard* 79
perindopril erbumine 32
periogard 79
permethrin 79
PERMETHRIN
see *permethrin* 79
perphenazine 43
pfizerpen 23
phenelzine sulfate 40
PHENERGAN
see *promethazine hcl* ..61
phenobarbital 46
phenobarbital sodium 46
phenytek 46
phenytoin 46
phenytoin sodium 46
phenytoin sodium extended 46
PHESGO SOL 29
philith 56
PIFELTRO 19
pilocarpine hcl 72
pilocarpine hcl (oral) 79
pimecrolimus 79
pimozide 43
pimtrea 56
pindolol 36
pioglitazone hcl 53
pioglitazone hcl-metformin hcl tab 15-500 mg 53
pioglitazone hcl-metformin hcl tab 15-850 mg 53
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 23
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 23
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 23
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 23
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 23
PIQRAY 200MG DAILY DOSE 29
PIQRAY 250MG TAB DOSE 29
PIQRAY 300MG DAILY DOSE 29
pirfenidone 74
piroxicam 15
PLAQUENIL
see *hydroxychloroquine sulfate* 67
PLASMA-LYTE A
see *multiple electrolytes ph 5.5* 70
PLAVIX
see *clopidogrel bisulfate* 65
plenamine 71
podofilox 79
polymyxin b sulfate 18
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 71
pomalidomide 25
POMALYST 25
see *pomalidomide* 25
portia-28 56
posaconazole 18
POT CHL 20MEQ/L IN NACL 0.45% INJ 70
POT CHL 20MEQ/L IN NACL 0.9% INJ 70
POT CHL 40MEQ/L IN NACL 0.9% INJ 70
potassium chloride 70
POTASSIUM CHLORIDE
see *potassium chloride* 70
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 70
potassium chloride microencapsulated crystals er 70

POTASSIUM CHLORIDE/DEXTRO
see *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj*.69
see *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj*.....70
POTASSIUM CHLORIDE/SODIUM
see *kcl 20 meq/l (0.15%) in nacl 0.45% inj* 69
see *kcl 20 meq/l (0.15%) in nacl 0.9% inj* 69
see *kcl 40 meq/l (0.3%) in nacl 0.9% inj* 70
potassium citrate (alkalinizer).....63
PRADAXA
see *dabigatran etexilate mesylate* 64
pramipexole dihydrochloride.....41
prasugrel hcl 65
pravastatin sodium.....35
praziquantel 18
prazosin hcl 32
PRED FORTE
see *prednisolone acetate (ophth)* 72
prednisolone 58
prednisolone acetate (ophth).....72
PREDNISOLONE SODIUM PHOSP 72
prednisolone sodium phosphate 58
prednisone.....58
PREDNISONE INTENSOL 58
pregabalin.....46, 47
PREMASOL SOL 10% ...71
PRENATAL TAB 27-1MG 70
PRENATAL TAB PLUS ..70
PRETOMANID.....20
PREVACID
see *lansoprazole*.....62
PREVYMIS 21
PREZCOBIX TAB 675/150 20
PREZCOBIX TAB 800-150 20
PREZISTA 19
see *darunavir* 19
PRIFTIN
see *rifapentine*.....20
primaquine phosphate 19
PRIMAQUINE PHOSPHATE 19
see *primaquine phosphate*.....19
PRIMAXIN IV
see *imipenem-cilastatin intravenous for soln 500 mg* 17
primidone.....47
PRIORIX INJ.....68
PRISTIQ
see *desvenlafaxine succinate* 40
PRIVIGEN 67
probenecid.....15
PROCARDIA XL
see *nifedipine* 36
prochlorperazine 61
prochlorperazine edisylate 61
prochlorperazine maleate 61
PROCRIT 64
proctocort.....79
procto-med hc.....79
proctosol hc 79
proctozone-hc.....79
progesterone.....60
PROGLYCEM
see *diazoxide* 58
PROGRAF 68
see *tacrolimus*.....68
PROLASTIN-C.....74
PROLIA 55
promethazine hcl 61
PROMETRIUM
see *progesterone* 60
propafenone hcl.....34
proparacaine hcl 72
propranolol hcl 36
propylthiouracil.....60
PROQUAD INJ 69
PROSCAR
see *finasteride*.....63
PROSOL INJ 20% 71
PROTONIX
see *pantoprazole sodium* 63
protriptyline hcl.....40
PROVERA
see *medroxyprogesterone acetate*.....60
PROVIGIL
see *modafinil*.....51
PULMICORT
see *budesonide (inhalation)*.....75
PULMOZYME.....74
PURIXAN
see *mercaptopurine* 24
PYLERA
see *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* 62
pyrazinamide 20
pyridostigmine bromide...50
pyrimethamine 18
PYZCHIVA.....66
Q
QINLOCK.....29
QUADRACEL INJ 0.5ML 69
QUESTRAN
see *cholestyramine* 35
QUESTRAN LIGHT
see *cholestyramine light* 35
quetiapine fumarate 43
quinapril hcl.....32
quinidine sulfate.....34
quinine sulfate.....19
QULIPTA 49
R
RABAVERT INJ.....69
RALDESY.....40
raloxifene hcl.....59
ramelteon.....49
ramipril.....32
ranolazine 37
rasagiline mesylate 41

RECLAST
see *zoledronic acid* 55
reclipsen 56
RECOMBIVAX HB.....69
RECTIV
see *nitroglycerin (intra-anal)* 79
REDEMPLO 35
REGLAN
see *metoclopramide hcl* 61
RELENZA DISKHALER..21
relgaabi.....47
REMERON
see *mirtazapine*.....40
REMERON SOLTAB
see *mirtazapine*.....40
RENFLEXIS.....66
RENVELA
see *sevelamer carbonate* 60
repaglinide 53
REPATHA.....35
REPATHA SURECLICK .35
RESTASIS.....72
RESTASIS MULTIDOSE 72
RESTORIL
see *temazepam*.....49
RETEVMO.....29
RETIN-A
see *tretinoin* 76
RETROVIR
see *zidovudine* 20
REVATIO
see *sildenafil citrate (pulmonary hypertension)*.....38
REVCOVI 59
REVLIMID
see *lenalidomide* 25
REVUFORJ 29
REXULTI 43
REYATAZ.....19
see *atazanavir sulfate* .19
REZDIFFRA 59
REZLIDHIA.....29
REZUROCK 68
RHOPRESSA 72
ribavirin (hepatitis c).....21
rifabutin.....20
rifampin.....20
rifapentine.....20
rilpivirine hcl.....19
riluzole 50
rimantadine hydrochloride 21
RINVOQ 66
RINVOQ LQ.....66
RISPERDAL
see *risperidone*.....44
RISPERDAL CONSTA
see *risperidone microspheres*.....44
risperidone.....44
*risperidone microspheres*44
RITALIN
see *methylphenidate hcl* 49
ritonavir.....19
rivaroxaban.....64
rivastigmine 39
rivastigmine tartrate 39
rizatriptan benzoate 49
ROCKLATAN DRO.....72
roflumilast 74
ROMVIMZA 29
ropinirole hydrochloride ..41
rosuvastatin calcium 35
ROTARIX SUS 69
ROTATEQ SOL 69
ROWASA
see *mesalamine w/ cleanser*.....61
roweepra.....47
ROXICODONE
see *oxycodone hcl* 16
ROZEREM
see *ramelteon* 49
ROZLYTREK.....30
RUBRACA.....30
rufinamide.....47
RUKOBIA 19
RYDAPT 30
S
SABRIL
see *vigabatrin*.....47
see *vigadrone*.....47
sacubitril-valsartan tab 24-26 mg.....33
sacubitril-valsartan tab 49-51 mg.....33
sacubitril-valsartan tab 97-103 mg 33
sajazir 65
SALAGEN
see *pilocarpine hcl (oral)* 79
SANDIMMUNE
see *cyclosporine* 68
SANDOSTATIN
see *octreotide acetate* .59
SANTYL.....79
SAPHRIS
see *asenapine maleate* 42
sapropterin dihydrochloride 59
SCEMBLIX.....30
scopolamine.....61
SECUADO 44
selegiline hcl 41
selenium sulfide 77
SELZENTRY.....19
see *maraviroc*.....19
SENSIPAR
see *cinacalcet hcl*.....58
SEREVENT DISKUS 73
SEROQUEL
see *quetiapine fumarate* 43
SEROQUEL XR
see *quetiapine fumarate* 43
sertraline hcl 40
setlakin 56
sevelamer carbonate 60
sharobel.....56
SHINGRIX 69
SIGNIFOR 59
SIKLOS.....65
sildenafil citrate (pulmonary hypertension) 38
SILENOR
see *doxepin hcl (sleep)* 49
SILVADENE
see *silver sulfadiazine* .76
see *ssd*.....76
silver sulfadiazine 76

SIMBRINZA SUS 1-0.2%72
simliya.....57
simvastatin.....35
SINEMET
see *carbidopa & levodopa tab 10-100 mg* 41
see *carbidopa & levodopa tab 25-100 mg* 41
SINGULAIR
see *montelukast sodium* 73, 74
sirolimus 68
SIRTURO 20
sitagliptin phosphate.....53
sitagliptin phosphate-metformin hcl tab 50-1000 mg.....53
sitagliptin phosphate-metformin hcl tab 50-500 mg.....53
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg.....53
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg.....53
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg.....53
SKYRIZI.....66
SKYRIZI PEN 66
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 62
sodium chloride.....70
sodium chloride (gu irrigant).....79
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln ..70
sodium oxybate.....51
sodium phenylbutyrate....59
sodium polystyrene sulfonate 55
sodium polystyrene sulfonate powder.....55
solifenacin succinate.....63
SOLIQUA INJ 100/33 54
SOLTAMOX.....25
SOLU-CORTEF 58
see *hydrocortisone sod succinate* 58
SOLU-MEDROL
see *methylprednisolone sod succ* 58
SOMATULINE DEPOT ...59
SOMAVERT.....59
sorafenib tosylate.....30
sotalol hcl.....34
sotalol hcl (afib/afl).....34
SPIRIVA RESPIMAT 73
spironolactone 32
spironolactone & hydrochlorothiazide tab 25-25 mg.....37
SPORANOX
see *itraconazole*.....18
sprintec 28 57
SPRYCEL
see *dasatinib*.....27
sps.....55
sps rectal 55
ssd.....76
STELARA 66
STIVARGA 30
streptomycin sulfate.....18
STRIBILD TAB.....20
STROMECTOL
see *ivermectin*.....17
SUBOXONE
see *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)*....51
see *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)*.51
see *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)*.....51
see *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)*.....51
subvenite 47
SUBVENITE 47
sucralfate.....62
sulfacetamide sodium (acne).....76
sulfacetamide sodium (ophth).....71
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 71
sulfadiazine.....18
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 18
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 18
sulfamethoxazole-trimethoprim tab 400-80 mg.....18
sulfamethoxazole-trimethoprim tab 800-160 mg.....18
SULFAMYLON 76
sulfasalazine.....61
sulindac 15
sumatriptan.....49, 50
sumatriptan succinate.....50
sunitinib malate.....30
SUNLENCA 19
SUPREP BOWEL PREP KIT
see *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml*...62
SUTENT
see *sunitinib malate* 30
syeda 57
SYMBICORT
see *breyna* 75
see *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act*.....75
see *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act*.....75
SYMFI
see *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* 20
SYMPAZAN.....47
SYMTUZA TAB.....20
SYNALAR
see *fluocinolone acetonide*.....77

SYNAREL.....59
SYNTHROID 60
see *levothyroxine sodium* 60
see *levoxyl* 60
see *unithroid* 60
SYPRINE
see *trientine hcl*.....55
T
TABLOID 24
TABRECTA 30
tacrolimus 68
tacrolimus (topical).....79
tadalafil 63
tadalafil (pulmonary hypertension) 38
TAFINLAR 30
TAGRISSO 30
TALICIA CAP.....62
TALZENNA.....30
TAMIFLU
see *oseltamivir phosphate*.....21
tamoxifen citrate 25
tamsulosin hcl.....63
TARGRETIN
see *bexarotene* 25
see *bexarotene (topical)* 78
tarina fe 1/20 eq.....57
TARPEYO 63
TASIGNA
see *nilotinib hcl*.....29
tasimelteon 49
TAVNEOS 65
tazarotene.....77
tazicef 22
TAZORAC
see *tazarotene* 77
TECENTRIQ.....30
TECENTRIQ INJ HYBREZA.....30
TEFLARO
see *ceftaroline fosamil* 21
TEGRETOL
see *carbamazepine*.....44
TEGRETOL-XR
see *carbamazepine*.....44
TEKTURNA
see *aliskiren fumarate* .37
telmisartan 34
temazepam.....49
TENIVAC INJ 5-2LF 69
tenofovir disoproxil fumarate.....19
TENORMIN
see *atenolol*.....36
TEPMETKO.....30
terazosin hcl.....32
terbinafine hcl 18
terbutaline sulfate 73
terconazole vaginal.....63
testosterone.....52
testosterone cypionate....52
testosterone enanthate ...52
testosterone pump 52
tetrabenazine.....50
tetracycline hcl.....23
THALOMID 25
theophylline 74
thioridazine hcl.....44
thiothixene 44
tiadylt er.....36
tiagabine hcl 47
TIAZAC
see *diltiazem hcl extended release beads*.....36
see *tiadylt er*.....36
TIBSOVO.....30
ticagrelor.....65
TICOVAC.....69
tigecycline.....23
TIKOSYN
see *dofetilide*.....34
tilia fe 57
timolol maleate.....36
timolol maleate (ophth) ...72
tinidazole 18
TIVICAY.....19
TIVICAY PD.....19
tizanidine hcl.....51
TOBI PODHALER.....18
TOBRADEX OIN 0.3-0.1% 71
tobramycin 18
tobramycin (ophth).....71
tobramycin sulfate.....18
tobramycin-dexamethasone ophth susp 0.3-0.1% ...71
tofacitinib citrate.....66
tolterodine tartrate.....63
tolvaptan 59
tolvaptan tab therapy pack 30 & 15 mg.....59
tolvaptan tab therapy pack 45 & 15 mg.....59
tolvaptan tab therapy pack 60 & 30 mg.....59
tolvaptan tab therapy pack 90 & 30 mg.....59
TOPAMAX
see *topiramate* 47
TOPAMAX SPRINKLE
see *topiramate* 47
topiramate.....47
TOPROL XL
see *metoprolol succinate* 36
toremifene citrate.....25
torpenz.....30
torsemide.....37
TOUJEO MAX SOLOSTAR 54
TOUJEO SOLOSTAR.....54
TPN ELECTROL INJ 70
TRACLEER
see *bosentan*.....38
TRADJENTA.....53
tramadol hcl 16
tramadol-acetaminophen tab 37.5-325 mg 16
trandolapril 32
tranexamic acid.....65
TRANSDERM SCOP
see *scopolamine* 61
tranylcypromine sulfate...40
TRAVASOL INJ 10% 71
TRAZIMERA 30
trazodone hcl 40
TRELEGY AER ELLIPTA 100-62.5-25 MCG 73
TRELEGY AER ELLIPTA 200-62.5-25 MCG 73
TREMFYA.....66
TREMFYA INDUCTION PACK FO 66
TREMFYA PEN 67
treprostinil 38
tretinoin.....76

tretinoin (chemotherapy) 26
triamcinolone acetonide (mouth) 79
triamcinolone acetonide (topical) 78
triamterene & hydrochlorothiazide cap 37.5-25 mg 37
triamterene & hydrochlorothiazide tab 37.5-25 mg 37
triamterene & hydrochlorothiazide tab 75-50 mg 37
TRIBENZOR
see *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* 33
see *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* 33
see *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* 33
see *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* 33
see *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* 33
TRICOR
see *fenofibrate* 34
tridacaine iii 78
triderm 78
trientine hcl 55
tri-estarylla 57
trifluoperazine hcl 44
trifluridine 71
trihexyphenidyl hcl 41
TRIJARDY XR TAB ER 24HR 10-5-1000MG 53
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 53
TRIJARDY XR TAB ER 24HR 25-5-1000MG 53
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 53
TRIKAFTA PAK 59.5MG 74
TRIKAFTA PAK 75MG 74
TRIKAFTA TAB 100-50-75MG & 150MG 74
TRIKAFTA TAB 50-25-37.5MG & 75MG 74
tri-legest fe 57
TRILEPTAL
see *oxcarbazepine* 46
tri-linyah 57
tri-lo-estarylla 57
tri-lo-marzia 57
tri-lo-mili 57
tri-lo-sprintec 57
trimethoprim 18
tri-mili 57
trimipramine maleate 40, 41
TRINTELLIX 41
tri-sprintec 57
TRIUMEQ PD TAB 20
TRIUMEQ TAB 20
tri-vylibra 57
tri-vylibra lo 57
TROGARZO 19
TROPHAMINE INJ 10% 71
trospium chloride 63
TRULICITY 53
TRUMENBA 69
TRUQAP 30
TRUVADA
see *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* 20
see *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* 20
see *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* 20
see *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* 20
TRUXIMA 30
TUKYSA 30
TURALIO 30
turqoz 57
twice-daily clindamycin phosphate (topical) 76
TWINRIX INJ 69
TYENNE 67
TYGACIL
see *tigecycline* 23
TYKERB
see *lapatinib ditosylate* 28
TYMLOS 55
TYPHIM VI 69
U
UBRELVY 50
UCERIS
see *budesonide* 61
UNASYN
see *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* 23
see *ampicillin & sulbactam sodium for inj 3 (2-1) gm* 23
UNASYN BULK PACK
see *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* 23
unithroid 60
UPTRAVI 38
UPTRAVI PACK TAB 200/800 38
UROCIT-K 10
see *potassium citrate (alkalinizer)* 63
UROCIT-K 15
see *potassium citrate (alkalinizer)* 63
UROXATRAL
see *alfuzosin hcl* 63
URSO FORTE
see *ursodiol* 62
ursodiol 62
USTEKINUMAB 67
V
VAGIFEM
see *estradiol vaginal* 57
see *yuvafem* 57
valacyclovir hcl 21

VALCHLOR 79
VALCYTE
see *valganciclovir hcl* ..21
valganciclovir hcl.....21
VALIUM
see *diazepam*.....45
valproate sodium 47
valproic acid.....47
valsartan 34
valsartan-hydrochlorothiazide tab 160-12.5 mg.....33
valsartan-hydrochlorothiazide tab 160-25 mg.....33
valsartan-hydrochlorothiazide tab 320-12.5 mg.....33
valsartan-hydrochlorothiazide tab 320-25 mg.....34
valsartan-hydrochlorothiazide tab 80-12.5 mg.....33
VALTOCO 10 MG DOSE47
VALTOCO 15 MG DOSE47
VALTOCO 20 MG DOSE47
VALTOCO 5 MG DOSE..47
VALTREX
see *valacyclovir hcl* 21
valtya 1/35 57
valtya 1/50 57
VANCOCIN
see *vancomycin hcl*.....18
vancomycin hcl 18
VANCOMYCIN HYDROCHLORIDE
see *vancomycin hcl*.....18
VANCOMYCIN INJ 1 GM18
VANCOMYCIN INJ 500MG 18
VANCOMYCIN INJ 750MG 18
VANFLYTA.....30
VAQTA 69
varenicline tartrate 51
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 51
VARIVAX.....69
VASCEPA.....35
VASERETIC
see *enalapril maleate & hydrochlorothiazide tab 10-25 mg* 31
VASOTEC
see *enalapril maleate* ..32
VAXCHORA SUS 69
VELCADE
see *bortezomib*.....26
velivet 57
VELSIPITY 67
VENCLEXTA 30
VENCLEXTA TAB START PK 30
venlafaxine hcl.....41
VENTOLIN HFA
see *albuterol sulfate* 73
VEPPANU 25
verapamil hcl.....36
VERQUVO.....37
VERSACLOZ.....44
VERZENIO 30
vestura.....57
VFEND
see *voriconazole* 19
VFEND IV
see *voriconazole* 18
VIDAZA
see *azacitidine* 24
vienva 57
vigabatrin 47
vigadrone.....47
VIGAFYDE 47
VIGAMOX
see *moxifloxacin hcl (ophth)* 71
VIIBRYD
see *vilazodone hcl*.....41
vilazodone hcl.....41
VIMKUNYA.....69
VIMPAT
see *lacosamide* 45
see *lacosamide oral* 45
vincristine sulfate 26
vinorelbine tartrate.....26
viorele 57
VIRACEPT.....19
VIREAD 19
see *tenofovir disoproxil fumarate* 19
VITRAKVI 30
VIVELLE-DOT
see *dotti*.....57
see *estradiol*.....57
VIVIMUSTA 24
VIVITROL 51
VIVOTIF CAP EC 69
VONJO 30
VOQUEZNA PAK DUAL PAK.....62
VOQUEZNA PAK TRIP PK 62
VORANIGO 30
voriconazole.....18, 19
VOSEVI TAB 21
VOTRIENT
see *pazopanib hcl* 29
VOWST CAP 62
VRAYLAR.....44
vyfemla 57
vylibra 57
VYNDAMAX.....37
VYTORIN
see *ezetimibe-simvastatin tab 10-10 mg* 35
see *ezetimibe-simvastatin tab 10-20 mg* 35
see *ezetimibe-simvastatin tab 10-40 mg* 35
see *ezetimibe-simvastatin tab 10-80 mg* 35
VYVGART.....67
VYZULTA.....72
W
warfarin sodium 64
water for irrigation, sterile irrigation soln.....79
WEGOVY.....59
WELCHOL
see *colesevelam hcl*....35
WELIREG 26
WELLBUTRIN SR
see *bupropion hcl*.....39
WELLBUTRIN XL

see *bupropion hcl*.....39
wera.....57
WESTAB PLUS TAB 27-1MG 70
WINREVAIR 38
WINREVAIR INJ 45MG ..38
WINREVAIR INJ 60MG ..38
wixela inhub.....75
WYOST 55
X
XALATAN
see *latanoprost*.....72
XALKORI.....30
XANAX
see *alprazolam*.....38
xarah fe.....57
XARELTO.....64
see *rivaroxaban*.....64
XARELTO STAR TAB 15/20MG 64
XATMEP.....67
XCOPRI.....47
XCOPRI PAK 100-150....48
XCOPRI PAK 12.5-25.....47
XCOPRI PAK 150-200MG (MAINTENANCE).....48
XCOPRI PAK 150-200MG (TITRATION).....48
XCOPRI PAK 50-100MG 47
XDEMVY 71
XELJANZ
see *tofacitinib citrate* ...66
XELJANZ XR
see *tofacitinib citrate* ...66
XENAZINE
see *tetrabenazine*.....50
XERMELO 62
XHANCE.....75
XIFAXAN 18, 62
XIGDUO XR
see *dapagliflozin-metformin hcl tab er 24hr 10-1000 mg* 52
see *dapagliflozin-metformin hcl tab er 24hr 10-500 mg* 52
see *dapagliflozin-metformin hcl tab er 24hr 5-1000 mg* 52
see *dapagliflozin-metformin hcl tab er 24hr 5-500 mg* 52
XIIDRA.....72
XOLAIR 75
XOSPATA.....31
XPOVIO PAK (100 MG ONCE WEEKLY).....31
XPOVIO PAK (40 MG ONCE WEEKLY).....31
XPOVIO PAK (40 MG TWICE WEEKLY) 31
XPOVIO PAK (60 MG ONCE WEEKLY).....31
XPOVIO PAK (60 MG TWICE WEEKLY) 31
XPOVIO PAK (80 MG ONCE WEEKLY).....31
XPOVIO PAK (80 MG TWICE WEEKLY) 31
XTANDI 25
XTRENBO 55
xulane.....57
XULTOPHY INJ 100/3.6 .54
XYLOCAINE
see *lidocaine hcl (local anesth.)*.....15
XYLOCAINE-MPF
see *lidocaine hcl (local anesth.)*.....15
XYREM
see *sodium oxybate* 51
Y
YASMIN 28
see *drospirenone-ethinyl estradiol tab 3-0.03 mg* 55
see *syeda*.....57
see *zumandimine*.....57
YAZ
see *drospirenone-ethinyl estradiol tab 3-0.02 mg* 55
see *jasmiel*.....56
see *loryna*.....56
see *nikki*.....56
see *vestura*.....57
YESINTEK.....67
YF-VAX INJ 69
YONSA.....25
yulithira 31
YUTREPIA.....38
yuvafem.....57
Z
zafemy.....57
zafirlukast.....74
ZANAFLEX
see *tizanidine hcl*.....51
ZARONTIN
see *ethosuximide* 45
ZARXIO 64
ZEJULA 31
ZELBORAF.....31
zelvysia.....59
ZEMPLAR
see *paricalcitol* 60
zenatane.....76
ZENBEXUS 25
ZENPEP CAP 10000UNT 62
ZENPEP CAP 15000UNT 62
ZENPEP CAP 20000UNT 62
ZENPEP CAP 25000UNT 62
ZENPEP CAP 3000UNIT62
ZENPEP CAP 40000UNT 62
ZENPEP CAP 5000UNIT62
ZENPEP CAP 60000UNT 62
ZERVIATE 72
ZESTORETIC
see *lisinopril & hydrochlorothiazide tab 10-12.5 mg* 32
see *lisinopril & hydrochlorothiazide tab 20-12.5 mg* 32
see *lisinopril & hydrochlorothiazide tab 20-25 mg* 32
ZESTRIL
see *lisinopril* 32
ZETIA
see *ezetimibe*.....35
ZIAGEN
see *abacavir sulfate* 19
zidovudine.....20

ziprasidone hcl.....44
ziprasidone mesylate.....44
ZIRABEV 31
ZIRGAN 71
ZITHROMAX
see *azithromycin* 22
ZOCOR
see *simvastatin* 35
zoledronic acid.....55
ZOLINZA 31
ZOLOFT
see *sertraline hcl*.....40
zolpidem tartrate.....49
ZONEGRAN
see *zonisamide* 48
ZONISADE 48
zonisamide 48
ZORTRESS
see *everolimus (immunosuppressant)* 68
zovia 1/35 57
ZTALMY 48
zumandimine 57
ZURZUVAE 41
ZYKADIA 31
ZYLET
see *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%*71
ZYMFENTRA 2-PEN 67
ZYMFENTRA 2-SYRINGE 67
ZYPREXA
see *olanzapine* 43
ZYPREXA RELPREVV ...44
ZYPREXA ZYDIS
see *olanzapine* 43
ZYTIGA
see *abiraterone acetate* 24
see *abirtega* 24
ZYVOX
see *linezolid* 17

Aviso de no discriminación

Johns Hopkins Advantage MD (HMO) y Johns Hopkins Advantage MD (PPO) cumplen con las leyes federales de derechos civiles vigentes y no discriminan por motivos de raza, color, nacionalidad (incluida la competencia limitada en el idioma inglés y el idioma principal), edad, discapacidad o sexo (de conformidad con el alcance de la discriminación por sexo descrito en el Título 45 del Código de Reglamentos Federales, § 92.101(a)(2)). Johns Hopkins Advantage MD no excluye a las personas ni las trata de manera diferente debido a su raza, color de piel, nacionalidad, edad, discapacidad o sexo.

Johns Hopkins Advantage MD:

- Ofrece adaptaciones razonables para personas con discapacidad, así como ayudas y servicios auxiliares adecuados, incluyendo intérpretes cualificados y formatos de información alternativos, como braille o letra grande, de forma gratuita y oportuna, cuando dichas adaptaciones, ayudas y servicios sean necesarios para garantizar la accesibilidad y la igualdad de oportunidades de participación a las personas con discapacidad.

- Servicios de asistencia lingüística para personas con dominio limitado del inglés. Esto incluye la traducción oportuna de documentos, tanto escritos como electrónicos, así como interpretación oral. Estos servicios se proveen siempre y cuando sean razonablemente necesarios para asegurar un acceso significativo a la información.

Si necesita estos servicios, comuníquese con nuestro Departamento de Servicio de Atención al Cliente llamando al número 1-877-293-5325 (TTY: 711) o visite www.HopkinsMedicare.com.

Si cree que Johns Hopkins Advantage MD no le ha provisto estos servicios o lo ha discriminado de alguna otra manera debido a su raza, color de piel, nacionalidad, edad, discapacidad o sexo, puede presentarnos un reclamo de la siguiente forma: Johns Hopkins Attn: Compliance en 7231 Parkway Dr., Suite 100, Hanover, MD 21076, teléfono: 1-844-422-6957 (TTY: 711) de lunes a viernes de 8 a.m. a 5 p.m., o llamando al número 1-844-SPEAK2US (1-844-773-2528, disponible las 24 horas del día, los 7 días de la semana), fax: 1-410-762-1527 o por correo electrónico: compliance@jhhp.org.

Puede presentar un reclamo en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, un miembro del equipo de cumplimiento de Johns Hopkins Advantage MD está disponible para ayudarlo. También puede presentar una queja por derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU., de manera electrónica, en el portal de quejas de la Oficina de Derechos Civiles que se encuentra en https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf o por correo o teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Los formularios para quejas están disponibles en https://www.hhs.gov/ocr/complaints/index.html.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-293-5325 (TTY: 711) or speak to your provider.

Spanish (Español)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-293-5325 (TTY 711) o hable con su proveedor.

Portuguese (Português do Brasil)
ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-293-5325 (TTY 711) ou fale com seu provedor.

German (Deutsch)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-293-5325 (TTY 711) an oder sprechen Sie mit Ihrem Provider.

French (Français)
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-293-5325 (TTY : 711) ou parlez à votre fournisseur.

French/Haitian Creole (Kreyòl Ayisyen)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-877-293-5325 (TTY : 711) oswa pale avèk founisè w la.

Farsi

فارسي

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد.
همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-293-5325 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Simplified Chinese 中文

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-293-5325（文本电话：711）或咨询您的服务提供商。

Traditional Chinese 台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-293-5325（TTY：711）或與您的提供者討論。」

Korean 한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-293-5325 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Vietnamese Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-293-5325 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-293-5325 (TTY: 711) o makipag-usap sa iyong provider.

Russian РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-293-5325 (TTY: 711) или обратитесь к своему поставщику услуг.

Gujarati ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-877-293-5325 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-293-5325 (711) أو تحدث إلى مقدم الخدمة".

Hindi हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-293-5325 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Japanese 日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-293-5325（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Urdu

اردو

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔-1-800-293-5325 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔"

Thai ไทย

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-293-5325 (TTY:711) หรือปรึกษาผู้ให้บริการของคุณ

JOHNS HOPKINS
HEALTH PLANS

Este formulario fue actualizado el 15 de octubre de 2026 Para ver información más reciente o si tiene otras preguntas, comuníquese con el Servicio de Atención al Servicios para Miembros Johns Hopkins Advantage MD Select (HMO) al 877-293-4998 (los usuarios de TTY deben llamar al 711) De 8 a.m. a 8 p.m., los 7 días de la semana, del 1 de octubre al 31 de marzo, y de 8 a.m. a 8 p.m., de lunes a viernes, del 1 de abril al 30 de septiembre, o visita hopkinsmedicare.com