



Blue Shield of California Medicare Rx Plan (PDP)

Formulario de 2024

(Lista de medicamentos cubiertos)

**ATENCIÓN: ESTE DOCUMENTO INCLUYE INFORMACIÓN
SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN.**

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Este formulario se actualizó el **11/19/2024**. Para obtener información más reciente o hacer otras preguntas, comuníquese con Servicio al Cliente de Blue Shield of California al **(888) 239-6469** o al **711** para los usuarios del sistema TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana, o visite el sitio web **blueshieldca.com/medformulary2024**.

Blue Shield of California is an independent member of the Blue Shield Association.

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Aviso para los miembros actuales: Este formulario no es igual al del año pasado. Revise este documento para asegurarse de que todavía incluye los medicamentos que usted toma.

Cuando en esta lista de medicamentos (formulario) se usan los términos “nosotros” o “nuestro(s)”, se hace referencia a Blue Shield of California. Cuando se usan los términos “plan” o “nuestro plan”, se hace referencia a Blue Shield of California Medicare Rx Plan.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan que es válida desde el **11/19/2024**. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la última fecha de actualización del formulario, están en la parte de adelante y de atrás de este documento.

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

¿Qué es el formulario de Blue Shield of California Medicare Rx Plan?

Un formulario es una lista de medicamentos cubiertos seleccionados entre nuestro plan y un equipo de proveedores de atención de la salud. Esta lista representa las terapias de medicamentos recetados, que son una parte necesaria de los programas de tratamiento de calidad. Por lo general, nuestro plan cubre los medicamentos que están en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, se obtenga en una farmacia de la red del plan y se respeten otras reglas del plan. Si necesita más información sobre cómo obtener sus medicamentos recetados, lea su Evidencia de Cobertura.

¿Puede haber cambios en el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos se hacen el 1 de enero, pero nuestro plan puede agregar o quitar medicamentos de la lista durante el año, además de moverlos a diferentes niveles de costo compartido o agregar restricciones nuevas. Debemos respetar las reglas de Medicare cuando se hacen estos cambios.

Cambios que pueden afectarlo este año: Durante el año, usted será afectado por los cambios en la cobertura en los siguientes casos:

- **Medicamentos genéricos nuevos.** Es posible que quitemos de inmediato un medicamento de marca de nuestra lista si lo reemplazamos por un medicamento genérico nuevo que esté en el mismo nivel de costo compartido o en uno más bajo, y que tenga las mismas restricciones o menos. Además, al agregar el medicamento genérico nuevo, es posible que mantengamos el medicamento de marca en nuestra lista, pero que lo movamos de inmediato a un nivel de costo compartido diferente o que agreguemos restricciones nuevas. Si está tomando ese medicamento de marca, es

posible que no le avisemos antes de hacer el cambio, pero después le brindaremos información sobre los cambios específicos que hemos hecho.

- o Si hacemos un cambio así, usted o el profesional que le hace las recetas pueden pedirnos que hagamos una excepción y que sigamos cubriendo el medicamento de marca para usted. Cuando le enviemos el aviso, también incluiremos información sobre cómo pedir una excepción. Además, puede encontrar ayuda más adelante en la sección llamada “¿Cómo puedo pedir una excepción del formulario de Blue Shield of California Medicare Rx Plan?”.

- **Medicamentos retirados del mercado.** Si la Food and Drug Administration (FDA, Administración de Alimentos y Medicamentos) cree que un medicamento de nuestro formulario no es seguro o si el fabricante lo retira del mercado, quitaremos de inmediato ese medicamento del formulario y les avisaremos a los miembros que lo toman.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que están tomando medicamentos. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca del formulario. A ese medicamento de marca también podemos agregarle restricciones nuevas o moverlo a un nivel de costo compartido diferente, o las dos cosas. También es posible que hagamos cambios según las pautas clínicas nuevas. Si quitamos medicamentos de nuestro formulario, si le agregamos autorizaciones previas, límites de cantidad o restricciones de tratamiento escalonado a algún medicamento o si movemos un medicamento a un nivel de costo compartido más alto, debemos avisarles a los miembros afectados al menos 30 días antes de la fecha de comienzo del cambio o cuando el miembro pida una repetición del medicamento, momento en el que el miembro recibirá un suministro de 30 días de ese medicamento.
 - o Si hacemos estos otros cambios, usted o el profesional que le hace las recetas pueden pedirnos que hagamos una excepción y que sigamos cubriendo el medicamento de marca para usted. Cuando le enviemos el aviso, también incluiremos información sobre cómo pedir una excepción. Además, puede encontrar ayuda más adelante en la sección llamada “¿Cómo puedo pedir una excepción del formulario de Blue Shield of California Medicare Rx Plan?”.

Cambios que no lo afectarán si está tomando un medicamento. Por lo general, si está tomando un medicamento de nuestro formulario de 2024 que tenía cobertura a principios de año, no suspenderemos ni reduciremos la cobertura de ese medicamento durante el año de cobertura 2024, excepto lo descrito anteriormente. Por lo tanto, estos medicamentos seguirán estando disponibles para los miembros que los toman, con el mismo costo compartido y sin restricciones nuevas durante el resto del año de cobertura. Este año, no recibirá ningún aviso directo sobre los cambios que no lo afectan. Sin embargo, el 1 de enero del próximo año, esos cambios podrían afectarlo, por lo que es importante que revise la lista de medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto es válido desde el **11/19/2024** . Comuníquese con nosotros para obtener información actualizada sobre los medicamentos cubiertos por nuestro plan. Nuestra información de contacto aparece en la parte de adelante y de atrás de este documento. Si hacemos algún otro cambio negativo en el formulario durante el año, los cambios se publicarán en nuestro sitio web, en blueshieldca.com/medformulary2024.

¿Cómo uso el formulario?

Hay dos maneras de buscar su medicamento en el formulario:

Por tipo de problema de salud

El formulario empieza en la página 1. Los medicamentos de este formulario están agrupados en diferentes categorías según el tipo de problema de salud que tratan. Por ejemplo, los medicamentos que se usan para tratar enfermedades del corazón se incluyen en la categoría llamada "Cardiovasculares". Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Después, busque el medicamento en esa categoría.

Por orden alfabético

Si no está seguro de la categoría en la que debe buscar su medicamento, revise el índice que empieza en la página 117 . En el índice, encontrará una lista alfabética de todos los medicamentos incluidos en este documento, tanto los de marca como los genéricos. Revise el índice y busque su medicamento. Al lado del nombre del medicamento, verá el número de la página donde se puede encontrar información sobre la cobertura. Vaya a la página que indica el índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre medicamentos de marca y genéricos. Los medicamentos genéricos están aprobados por la FDA porque tienen el mismo principio activo que los medicamentos de marca. Además, los medicamentos genéricos suelen costar menos que los de marca.

¿Hay restricciones en mi cobertura?

Es posible que haya ciertos límites o requisitos adicionales en la cobertura de algunos medicamentos cubiertos. Estos requisitos o límites pueden incluir lo siguiente:

- **Autorización previa:** Nuestro plan exige que usted o su médico obtengan una autorización previa para algunos medicamentos. Esto significa que usted deberá obtener una aprobación de nuestro plan antes de recibir sus medicamentos recetados. Si no obtiene la aprobación, es posible que nuestro plan no cubra el medicamento.
- **Límites de cantidad:** Para algunos medicamentos, nuestro plan pone un límite en la cantidad de medicamento que cubriremos. Por ejemplo, en el caso del *sumatriptán* (la versión genérica de IMITREX), nuestro plan le da 18 comprimidos cada 30 días, además de un suministro estándar de un mes o de tres meses.

- **Tratamiento escalonado:** En algunos casos, nuestro plan exige que primero intente tratar su problema de salud con ciertos medicamentos antes de que cubramos otro medicamento para tratar el problema. Por ejemplo, si el medicamento A y el medicamento B sirven para tratar su problema de salud, es posible que nuestro plan no cubra el medicamento B, a menos que usted primero pruebe el medicamento A. Si el medicamento A no le funciona, nuestro plan cubrirá entonces el medicamento B.

Puede ver si hay más límites o requisitos para su medicamento en el formulario que empieza en la página 1. Para obtener más información sobre las restricciones que se aplican a ciertos medicamentos cubiertos, también puede visitar nuestro sitio web. Hemos publicado en Internet documentos que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la última fecha de actualización del formulario, están en la parte de adelante y de atrás de este documento.

Puede pedirle a nuestro plan que haga una excepción con respecto a estos límites o restricciones, o bien puede pedirle una lista de otros medicamentos similares que se puedan usar para tratar su problema de salud. Para obtener información sobre cómo pedir una excepción, lea la sección llamada "¿Cómo puedo pedir una excepción del formulario del plan?" en la página v.

¿Qué puedo hacer si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero deberá comunicarse con Servicio al Cliente y preguntar si su medicamento tiene cobertura.

Si le informan que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicio al Cliente una lista de medicamentos similares cubiertos por nuestro plan. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que cubra nuestro plan.
- Puede pedirle a nuestro plan que haga una excepción y que cubra su medicamento. Lea lo que sigue para obtener información sobre cómo pedir una excepción.

¿Cómo puedo pedir una excepción del formulario de Blue Shield of California Medicare Rx Plan?

Puede pedirle a nuestro plan que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que usted puede pedirnos.

- Puede pedirnos que cubramos un medicamento, aunque no esté en nuestro formulario. Si se aprueba, ese medicamento será cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que brindemos el medicamento a un nivel de costo compartido más bajo.

- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo si ese medicamento no es del nivel de medicamentos especializados. Si se aprueba, esto reduciría lo que tiene que pagar por su medicamento.
- Puede pedirnos que no pongamos límites o restricciones a la cobertura de su medicamento. Por ejemplo, para algunos medicamentos, nuestro plan pone un límite en la cantidad de medicamento que cubriremos. Si hay un límite de cantidad para su medicamento, puede pedirnos que no pongamos ese límite y que cubramos una cantidad mayor.

En términos generales, nuestro plan aprobará su pedido de excepción solamente si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de uso adicionales no son tan eficaces para tratar su problema de salud o le provocan efectos médicos adversos.

Deberá comunicarse con nosotros para pedir que tomemos una decisión de cobertura inicial para obtener una excepción con respecto al formulario, al nivel de medicamentos o a la restricción de uso. **Cuando pida una excepción con respecto al formulario, al nivel de medicamentos o a la restricción de uso, deberá respaldar su pedido mostrando una declaración de su médico o del profesional que le hace las recetas.** Por lo general, debemos tomar una decisión en un plazo de 72 horas después de recibir la declaración de respaldo del profesional que le hace las recetas. Puede pedir una excepción urgente (rápida) si usted o su médico piensan que esperar hasta 72 horas para que se tome una decisión podría ser muy peligroso para su salud. Si aceptamos su pedido urgente, debemos tomar la decisión en un plazo de 24 horas después de recibir la declaración de respaldo de su médico o de otro profesional que le haga recetas.

¿Qué tengo que hacer antes de hablar con mi médico sobre cambiar mis medicamentos o pedir una excepción?

Como miembro actual o nuevo de nuestro plan, es posible que tome medicamentos que no estén en nuestro formulario. O bien, es posible que tome un medicamento que sí esté en nuestro formulario, pero su capacidad para obtenerlo sea limitada. Por ejemplo, tal vez necesite que le demos una autorización previa antes de que pueda obtener su medicamento recetado. Debe hablar con su médico para decidir si le conviene cambiar su medicamento por otro apropiado que cubramos o si debe pedir una excepción del formulario para que cubramos el medicamento que toma. Mientras deciden qué es lo mejor para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días de su membresía en nuestro plan.

Cubriremos un suministro temporal de 30 días si sus medicamentos no están en nuestro formulario o si su capacidad para obtenerlos es limitada. Si su receta indica menos días, le dejaremos pedir repeticiones hasta alcanzar un suministro de 30 días de medicación como máximo. Después de su primer suministro de 30 días, dejaremos de pagar esos medicamentos, aunque aún no hayan pasado los primeros 90 días de su membresía en el plan.

Si usted está en un centro de atención a largo plazo (LTC, por sus siglas en inglés) y necesita un medicamento que no está en nuestro formulario o su capacidad para obtener medicamentos es limitada, pero ya pasaron los primeros 90 días de su membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras pide una excepción del formulario.

Nuestra política de transición se aplica a miembros con problemas de salud estabilizados con:

- Medicamentos de la Parte D que no están en el formulario del plan.
- Medicamentos de la Parte D anteriormente cubiertos por excepción una vez que termina la excepción.
- Medicamentos de la Parte D que están en el formulario del plan y que tienen requisitos de autorización previa, tratamiento escalonado o límite de cantidad.
- Medicamentos de la Parte D como los anteriores que no se pueden distinguir entre medicamentos recetados nuevos o existentes en el punto de servicio.

Y son miembros que están en alguna de estas situaciones:

- Son miembros nuevos después del período coordinado de elección anual.
- Son miembros elegibles por primera vez y que vienen de otra cobertura al empezar el año del contrato.
- Son personas que cambian de un plan de Blue Shield a otro después de empezar el año del contrato.
- Son miembros que están en centros LTC.
- En algunos casos, son miembros actuales afectados por los cambios en el formulario de un año del plan al siguiente.

Los miembros que sigan con la cobertura en un nuevo año del plan y tengan cambios negativos en el formulario tendrán cobertura continuada de medicamentos seleccionados en el nuevo año del plan, según lo dispuesto por nuestro plan y de acuerdo con la guía de los Centers for Medicare and Medicaid Services (CMS, Centros de Servicios de Medicare y Medicaid) sobre los medicamentos de la Parte D. A los miembros del plan que tomen medicamentos que no se seleccionaron para tener cobertura continuada automática se les brindará un proceso de transición que se ajuste a los requisitos de los nuevos miembros que empiezan un nuevo año del plan. La política de transición se extenderá de un año del plan a otro si un miembro necesita un suministro de transición y se inscribe en un plan que empiece el 1 de noviembre o el 1 de diciembre.

Durante la etapa de transición, los miembros pueden hablar con los profesionales que les hacen las recetas para decidir si deberían cambiar su medicamento por otro que cubramos o pedir una excepción del formulario para obtener la cobertura de ese medicamento, en caso de que no esté en nuestro formulario o tenga restricciones, como requisitos de tratamiento escalonado o de autorización previa. Los miembros pueden comunicarse con

Servicio al Cliente de nuestro plan si quieren recibir ayuda para iniciar un pedido de autorización previa o de excepción. Los formularios para pedir una autorización previa o una excepción están disponibles en nuestro sitio web. También se envían por correo postal, correo electrónico o fax a pedido de los miembros y los profesionales que hacen las recetas.

De acuerdo con nuestra política de transición y junto con las farmacias de la red, para evitar interrupciones en un tratamiento continuo, se brindará un suministro temporal de medicamentos de la Parte D que no estén en el formulario, o de medicamentos que estén en el formulario, pero tengan restricciones de cobertura. Este suministro temporal también brinda suficiente tiempo para que los miembros y los profesionales que les hacen las recetas puedan cambiar el medicamento por otro de igual acción terapéutica que esté en el formulario o puedan completar un pedido de excepción del formulario por necesidad médica. Los pedidos de autorización previa para medicamentos del formulario se evalúan teniendo en cuenta los criterios de cobertura aprobados por CMS, y los pedidos de excepción del formulario se evalúan según la necesidad médica. El proceso de evaluación está a cargo de médicos, farmacéuticos o técnicos en farmacia de Blue Shield. Si se rechaza un pedido de excepción del formulario, le enviaremos al profesional que hace las recetas una lista de alternativas terapéuticas adecuadas. Además, usted recibirá una carta con instrucciones sobre cómo apelar la decisión.

El suministro de transición es un suministro temporal de 30 días del medicamento que no está en el formulario (si la receta es por menos días, cubriremos varias repeticiones hasta alcanzar un total de 30 días de medicamento). El suministro de transición se brinda por única vez y se puede obtener en una farmacia de venta al por menor durante los primeros 90 días de la membresía nueva, que empieza en la fecha de comienzo de su cobertura de nuestro plan. Con un suministro total de 30 días como máximo, se pueden repetir las recetas de transición que se hayan brindado en menor cantidad que la indicada, debido a un cambio en el límite de cantidad del plan por motivos de seguridad o a cambios en el uso del medicamento según las indicaciones de la etiqueta aprobada del producto. Si un cambio negativo en el formulario lo afecta de un año al siguiente, le daremos un suministro temporal de hasta 30 días del medicamento que no está en el formulario, en caso de que necesite una repetición del medicamento durante los primeros 90 días del nuevo año del plan.

Las farmacias LTC y de venta al por menor tienen la capacidad de autorizar, en el punto de venta, la cobertura de un suministro de transición de un medicamento que no esté en el formulario, que requiera autorización previa o que tenga requisitos de tratamiento escalonado, a menos que el medicamento esté sujeto a una revisión para determinar si corresponde a la Parte B o a la Parte D, o se hayan puesto límites para impedir la cobertura de medicamentos que no sean de la Parte D o para fomentar el uso seguro de un medicamento de la Parte D. Cubriremos un suministro de 30 días (si la receta es por menos días, cubriremos varias repeticiones hasta llegar a un total de 30 días de medicamento). En el caso de los miembros elegibles para recibir un subsidio por bajos ingresos (LIS, por sus siglas en inglés), el costo compartido por un suministro temporal de medicamentos brindados en el proceso de transición no superará las cantidades de copago máximo que establece la ley para los miembros elegibles para el LIS. En el caso de los demás miembros

(los que no tengan acceso al LIS), para los medicamentos de la Parte D que no estén en el formulario y se brinden durante el período de transición, aplicaremos el mismo costo compartido que correspondería para los medicamentos no incluidos en el formulario que se aprueben mediante una excepción del formulario; y para los medicamentos del formulario sujetos a cambios en la administración del uso que se brinden durante el período de transición, aplicaremos el mismo costo compartido que correspondería una vez cumplidos los criterios de administración del uso. Después de completar el proceso de excepciones y determinar que las dosis de los medicamentos de la Parte D recetadas originalmente son médicamente necesarias, los miembros no deberán pagar ningún costo compartido adicional por repetir varias veces una receta que indica cantidades menores de medicamentos de la Parte D basadas en límites de cantidad por motivos de seguridad.

Por lo general, después de cubrir el suministro temporal de 30 días, no pagaremos nuevamente estos medicamentos como parte de nuestra política de transición. Después de cubrir el suministro temporal, le enviaremos un aviso por escrito en un plazo de 3 días hábiles después de la fecha en que se haya obtenido el suministro de transición. Este aviso incluirá una explicación sobre la naturaleza temporal del suministro de transición recibido, instrucciones para colaborar con nosotros y el profesional que hace las recetas en la identificación de alternativas terapéuticas adecuadas que estén incluidas en nuestro formulario, una explicación de su derecho a pedir una excepción del formulario y una descripción de los procedimientos para pedir una excepción del formulario. Si se ha brindado un suministro de transición una vez y usted está actualmente en el proceso de recibir una determinación de cobertura, es posible que el suministro de transición inicial de 30 días se extienda por 30 días más, salvo que tenga una receta que indique menos de 30 días. Siempre y cuando su pedido de excepción o su apelación no se hayan procesado al terminar el período de transición mínimo, la extensión del período de transición se determina según el caso y dura hasta el momento en que se hace la transición (si cambia su medicamento por otro medicamento adecuado del formulario o si se toma una decisión sobre un pedido de excepción).

Si usted está en un centro de atención a largo plazo (como un asilo de ancianos), cubriremos los suministros de los medicamentos de la Parte D en incrementos de 14 días o menos para un suministro temporal de 31 días de transición, a menos que la receta sea por menos días, durante los primeros 90 días de inscripción en nuestro plan, que empieza en la fecha de comienzo de su cobertura.

Tenga en cuenta que nuestra política de transición se aplica únicamente a los "medicamentos de la Parte D" que se compran en una farmacia de la red. La política de transición no se puede usar para comprar un medicamento que no sea de la Parte D o un medicamento fuera de la red, a menos que usted califique para tener acceso fuera de la red.

Cómo obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de su plan, lea su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la última fecha de actualización del formulario, están en la parte de adelante y de atrás de este documento.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al **1-800-MEDICARE (1-800-633-4227)**, las 24 horas, los siete días de la semana. Los usuarios del sistema TTY deben llamar al **1-877-486-2048**. También puede visitar el sitio web <http://www.medicare.gov>.

Formulario del plan

El siguiente formulario brinda información sobre la cobertura de los medicamentos cubiertos por nuestro plan. Si tiene algún problema para encontrar su medicamento en la lista, revise el índice que empieza en la página 117 .

En la primera columna del cuadro, se indica el nombre del medicamento. Los medicamentos de marca aparecen con letras mayúsculas (por ejemplo, ELIQUIS), y los medicamentos genéricos aparecen con letras minúsculas y en cursiva (por ejemplo, *amoxicilina*).

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

REFERENCIAS

| NIVEL | NOMBRE | |
|-------|---|--|
| gen | Medicamentos genéricos (<i>Generic Drugs</i>) | |
| brd | Medicamentos de marca preferidos (<i>Preferred Brand Drugs</i>) | |
| npd | Medicamentos no preferidos (<i>Non-Preferred Drugs</i>) | |
| inj | Medicamentos inyectables (<i>Injectable Drugs</i>) | |
| spec | Medicamentos de nivel especializado (<i>Specialty Tier Drugs</i>) | |

| SIGLA | NOMBRE | DESCRIPCIÓN |
|-------|--|--|
| ED | Medicamento de la Parte D excluido (<i>Excluded Part D Drug</i>) | Por lo general, este medicamento recetado no tiene cobertura en un plan de medicamentos recetados de Medicare; sin embargo, Blue Shield cubre este medicamento como un beneficio suplementario. La cantidad que usted paga cuando obtiene este medicamento recetado no cuenta para el total de sus costos de medicamentos (es decir, la cantidad que paga no lo ayuda a calificar para la cobertura contra catástrofes). Además, si recibe ayuda adicional de Medicare o del Seguro Social para pagar sus medicamentos recetados, no obtendrá ninguna ayuda adicional para pagar este medicamento. |
| LA | Acceso limitado (<i>Limited Access</i>) | Es posible que este medicamento recetado esté disponible solamente en ciertas farmacias. Para obtener más información, lea su directorio de farmacias o llame a Servicio al Cliente. |
| PA | Autorización previa (<i>Prior Authorization</i>) | La cobertura de este medicamento recetado requiere autorización previa de Blue Shield. Comuníquese con Blue Shield para brindar la información necesaria para determinar la cobertura. Es posible que haya que determinar si algunos medicamentos corresponden a la cobertura de la Parte B o la Parte D, según las reglas de cobertura de Medicare. Estos medicamentos se indican con la frase "PA: Determinación de Parte B vs. Parte D". |
| QL | Límite de cantidad (<i>Quantity Limit</i>) | Este medicamento tiene un límite de dosis o de cantidad recetada. Los límites máximos de dosis diarias están definidos por la FDA y están en el prospecto del medicamento. Otros límites de cantidad recomiendan dosis consolidadas cuando es posible. |
| ST | Tratamiento escalonado (<i>Step Therapy</i>) | La cobertura de este medicamento recetado se brinda cuando ya se han probado tratamientos con otros medicamentos de primera línea o preferidos (tratamiento escalonado). |

| SIGLA | NOMBRE | DESCRIPCIÓN |
|-------|--|---|
| NDS | Suministro sin extensión (<i>Non-Extended Day Supply</i>) | El medicamento NO está disponible para un suministro a largo plazo. |
| INS | Insulina cubierta (<i>Covered Insulin</i>) | No pagará más de \$35 por un suministro para un mes de cada insulina cubierta por nuestro plan, sin importar el nivel de costo compartido en el que esté. |
| VAC | Vacunas por \$0 (<i>\$0 Vaccine</i>) | Nuestro plan cubre la mayoría de las vacunas de la Parte D, sin ningún costo para usted. Llame a Servicio al Cliente si necesita más información. |

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

ANALGÉSICOS

ANALGÉSICOS OPIOIDES DE ACCIÓN CORTA

| | | |
|--|-----|------------------------------------|
| <i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i> | gen | QL (1800 PER 30 OVER TIME), NDS |
| <i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i> | gen | QL (12 PER 1 DAYS), NDS |
| <i>acetaminophen-codeine 300-60 mg tab</i> | gen | QL (6 PER 1 DAYS), NDS |
| APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB | gen | PA, QL (10 PER 1 DAYS), NDS |
| <i>ascomp-codeine 50-325-40-30 mg cap</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| <i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| <i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| <i>butorphanol tartrate 10 mg/ml solution</i> | gen | QL (15 PER 28 OVER TIME), NDS |
| CODEINE SULFATE 15 MG TAB | gen | QL (336 PER 30 OVER TIME), NDS |
| <i>codeine sulfate 30 mg tab</i> | gen | QL (168 PER 30 OVER TIME), NDS |
| CODEINE SULFATE 60 MG TAB | gen | QL (84 PER 30 OVER TIME), NDS |
| <i>dvorah 325-30-16 mg tab</i> | gen | PA, QL (10 PER 1 DAYS), NDS |
| <i>endocet (2.5-325 mg tab, 5-325 mg tab)</i> | gen | QL (168 PER 30 OVER TIME), NDS |
| <i>endocet 10-325 mg tab</i> | gen | QL (84 PER 30 OVER TIME), NDS |
| <i>endocet 7.5-325 mg tab</i> | gen | QL (112 PER 30 OVER TIME), NDS |
| FENTANYL CITRATE (100 MCG TAB, 200 MCG LOZ HANDLE, 200 MCG TAB, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE) | gen | PA, QL (120 PER 30 OVER TIME), NDS |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i> | gen | QL (2520 PER 30 OVER TIME), NDS |
| <i>hydrocodone-acetaminophen (7.5-300 mg tab, 10-300 mg tab)</i> | gen | PA, QL (6 PER 1 DAYS), NDS |
| <i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i> | gen | QL (6 PER 1 DAYS), NDS |
| <i>hydrocodone-acetaminophen 5-300 mg tab</i> | gen | PA, QL (8 PER 1 DAYS), NDS |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i> | gen | QL (8 PER 1 DAYS), NDS |
| <i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i> | gen | QL (5 PER 1 DAYS), NDS |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|------------------------------------|
| <i>hydromorphone hcl 1 mg/ml liquid</i> | gen | QL (675 PER 30 OVER TIME), NDS |
| <i>hydromorphone hcl 2 mg tab</i> | gen | QL (154 PER 30 OVER TIME), NDS |
| HYDROMORPHONE HCL 3 MG SUPPOS | gen | QL (240 PER 30 OVER TIME), NDS, ED |
| <i>hydromorphone hcl 4 mg tab</i> | gen | QL (84 PER 30 OVER TIME), NDS |
| <i>hydromorphone hcl 8 mg tab</i> | gen | QL (42 PER 30 OVER TIME), NDS |
| <i>morphine sulfate (15 mg tab, 30 mg tab)</i> | gen | QL (120 PER 30 OVER TIME), NDS |
| MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS) | gen | QL (84 PER 30 OVER TIME), NDS, ED |
| <i>morphine sulfate (concentrate) ((concentrate) 20 mg/ml solution, (concentrate) 100 mg/5ml solution)</i> | gen | QL (70 PER 30 OVER TIME), NDS |
| <i>morphine sulfate 10 mg/5ml solution</i> | gen | QL (630 PER 30 OVER TIME), NDS |
| <i>morphine sulfate 20 mg/5ml solution</i> | gen | QL (315 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl (15 mg tab, 30 mg tab)</i> | gen | QL (56 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl (20 mg tab, 100 mg/5ml conc)</i> | gen | QL (120 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl (5 mg cap, 5 mg tab)</i> | gen | QL (168 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl 10 mg tab</i> | gen | QL (84 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl 5 mg/5ml solution</i> | gen | QL (840 PER 30 OVER TIME), NDS |
| <i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i> | gen | QL (168 PER 30 OVER TIME), NDS |
| <i>oxycodone-acetaminophen 10-325 mg tab</i> | gen | QL (84 PER 30 OVER TIME), NDS |
| OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION | gen | QL (840 PER 30 OVER TIME), NDS |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i> | gen | QL (112 PER 30 OVER TIME), NDS |
| OXYCODONE-ASPIRIN 4.8355-325 MG TAB | gen | QL (168 PER 30 OVER TIME), NDS |
| <i>oxymorphone hcl 10 mg tab</i> | gen | PA, QL (120 PER 30 OVER TIME), NDS |
| <i>oxymorphone hcl 5 mg tab</i> | gen | PA, QL (180 PER 30 OVER TIME), NDS |
| <i>pentazocine-naloxone hcl 50-0.5 mg tab</i> | gen | QL (12 PER 1 DAYS), NDS |
| <i>tramadol hcl 100 mg tab</i> | gen | QL (4 PER 1 DAYS), NDS |
| <i>tramadol hcl 50 mg tab</i> | gen | QL (8 PER 1 DAYS), NDS |
| <i>tramadol-acetaminophen 37.5-325 mg tab</i> | gen | QL (112 PER 30 OVER TIME), NDS |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

ANALGÉSICOS OPIOIDES DE ACCIÓN PROLONGADA

| | | |
|---|-----|------------------------------------|
| <i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i> | gen | PA, QL (4 PER 28 OVER TIME), NDS |
| <i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i> | gen | PA, QL (10 PER 30 OVER TIME), NDS |
| <i>hydromorphone hcl er (er 8 mg tab er 24h, er 16 mg tab er 24h, er 32 mg tab er 24h)</i> | gen | PA, QL (30 PER 30 OVER TIME), NDS |
| <i>hydromorphone hcl er 12 mg tab er 24h</i> | gen | PA, QL (60 PER 30 OVER TIME), NDS |
| <i>methadone hcl (10 mg tab, 10 mg/ml conc)</i> | gen | PA, QL (90 PER 30 OVER TIME), NDS |
| <i>methadone hcl 10 mg/5ml solution</i> | gen | PA, QL (450 PER 30 OVER TIME), NDS |
| <i>methadone hcl 10 mg/ml solution</i> | inj | PA, NDS |
| <i>methadone hcl 40 mg tab sol</i> | gen | QL (1 PER 1 DAYS), NDS |
| <i>methadone hcl 5 mg tab</i> | gen | PA, QL (180 PER 30 OVER TIME), NDS |
| <i>methadone hcl 5 mg/5ml solution</i> | gen | PA, QL (900 PER 30 OVER TIME), NDS |
| <i>methadone hcl intensol 10 mg/ml conc</i> | gen | PA, QL (90 PER 30 OVER TIME), NDS |
| <i>methadose 40 mg tab sol</i> | gen | QL (1 PER 1 DAYS), NDS |
| <i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i> | gen | QL (60 PER 30 OVER TIME), NDS |
| <i>morphine sulfate er 15 mg tab er</i> | gen | QL (180 PER 30 OVER TIME), NDS |
| <i>morphine sulfate er 30 mg tab er</i> | gen | QL (90 PER 30 OVER TIME), NDS |
| OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER) | gen | PA, QL (2 PER 1 DAYS), NDS |
| OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H) | gen | PA, QL (2 PER 1 DAYS), NDS |
| <i>tramadol hcl (er biphasic) (biphasic) 100 mg tab er 24h, biphasic) 200 mg tab er 24h, biphasic) 300 mg tab er 24h)</i> | gen | PA, QL (1 PER 1 DAYS), NDS |
| <i>tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i> | gen | PA, QL (1 PER 1 DAYS), NDS |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

ANTIINFLAMATORIOS NO ESTEROIDES

| | | |
|--|-----|-----------------------------------|
| BUTALBITAL-ASPIRIN-CAFFEINE (50-325-40 MG CAP, 50-325-40 MG TAB) | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| <i>cataflam 50 mg tab</i> | gen | |
| <i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i> | gen | QL (2 PER 1 DAYS) |
| <i>celecoxib 400 mg cap</i> | gen | QL (1 PER 1 DAYS) |
| <i>diclofenac potassium 50 mg tab</i> | gen | |
| <i>diclofenac sodium (1 % gel, 1.5 % solution, 25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i> | gen | |
| <i>diclofenac sodium er 100 mg tab er 24h</i> | gen | |
| <i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i> | gen | |
| <i>diflunisal 500 mg tab</i> | gen | |
| <i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i> | gen | |
| <i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i> | gen | |
| <i>etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)</i> | gen | |
| FLURBIPROFEN (50 MG TAB, 100 MG TAB) | gen | |
| <i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i> | gen | |
| <i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i> | gen | |
| <i>indomethacin (25 mg cap, 50 mg cap)</i> | gen | |
| <i>indomethacin er 75 mg cap er</i> | gen | |
| <i>meloxicam (7.5 mg tab, 15 mg tab)</i> | gen | |
| <i>nabumetone (500 mg tab, 750 mg tab)</i> | gen | |
| <i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i> | gen | |
| <i>naproxen dr 500 mg tab dr</i> | gen | |
| <i>naproxen sodium (275 mg tab, 550 mg tab)</i> | gen | |
| <i>oxaprozin 600 mg tab</i> | gen | |
| <i>piroxicam (10 mg cap, 20 mg cap)</i> | gen | |
| <i>relafen (500 mg tab, 750 mg tab)</i> | gen | |
| <i>salsalate (500 mg tab, 750 mg tab)</i> | gen | |
| <i>sulindac (150 mg tab, 200 mg tab)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

ANESTÉSICOS

ANESTÉSICOS LOCALES

| | | |
|---|------|--------------------------|
| <i>lidocaine 5 % ointment</i> | gen | QL (50 PER 30 OVER TIME) |
| <i>lidocaine 5 % patch</i> | gen | PA, QL (3 PER 1 DAYS) |
| <i>lidocaine hcl 4 % solution</i> | gen | |
| LIDOCAINE HCL 4 % SOLUTION | brd | |
| <i>lidocaine viscous hcl 2 % solution</i> | gen | |
| <i>lidocaine-prilocaine 2.5-2.5 % cream</i> | gen | QL (30 PER 30 OVER TIME) |
| <i>lidocan 5 % patch</i> | gen | PA, QL (3 PER 1 DAYS) |
| NAYZILAM 5 MG/0.1ML SOLUTION | spec | QL (10 PER 30 OVER TIME) |
| <i>premium lidocaine 5 % ointment</i> | gen | QL (50 PER 30 OVER TIME) |

ANSIOLÍTICOS

ANSIOLÍTICOS, OTROS

| | | |
|--|-----|--|
| <i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i> | gen | |
| <i>meprobamate (200 mg tab, 400 mg tab)</i> | gen | |

BENZODIACEPINAS

| | | |
|---|-----|--------------------|
| <i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i> | gen | QL (4 PER 1 DAYS) |
| <i>alprazolam (2 mg tab, 2 mg tab disp)</i> | gen | QL (5 PER 1 DAYS) |
| <i>alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 3 mg tab er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>alprazolam er 2 mg tab er 24h</i> | gen | QL (5 PER 1 DAYS) |
| ALPRAZOLAM INTENSOL 1 MG/ML CONC | gen | QL (10 PER 1 DAYS) |
| <i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>alprazolam xr 2 mg tab er 24h</i> | gen | QL (5 PER 1 DAYS) |
| <i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i> | gen | QL (40 PER 1 DAYS) |
| <i>clonazepam (1 mg tab, 1 mg tab disp)</i> | gen | QL (20 PER 1 DAYS) |
| <i>clonazepam (2 mg tab, 2 mg tab disp)</i> | gen | QL (10 PER 1 DAYS) |
| <i>clorazepate dipotassium 15 mg tab</i> | gen | QL (6 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>clorazepate dipotassium 3.75 mg tab</i> | gen | QL (24 PER 1 DAYS) |
| <i>clorazepate dipotassium 7.5 mg tab</i> | gen | QL (12 PER 1 DAYS) |
| <i>diazepam (5 mg tab, 5 mg/ml conc)</i> | gen | QL (12 PER 1 DAYS) |
| <i>diazepam 10 mg tab</i> | gen | QL (6 PER 1 DAYS) |
| <i>diazepam 2 mg tab</i> | gen | QL (30 PER 1 DAYS) |
| <i>diazepam 5 mg/5ml solution</i> | gen | QL (60 PER 1 DAYS) |
| <i>diazepam intensol 5 mg/ml conc</i> | gen | QL (12 PER 1 DAYS) |
| <i>lorazepam (2 mg tab, 2 mg/ml conc)</i> | gen | QL (5 PER 1 DAYS) |
| <i>lorazepam 0.5 mg tab</i> | gen | QL (20 PER 1 DAYS) |
| <i>lorazepam 1 mg tab</i> | gen | QL (10 PER 1 DAYS) |
| <i>lorazepam intensol 2 mg/ml conc</i> | gen | QL (5 PER 1 DAYS) |
| <i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i> | gen | QL (4 PER 1 DAYS) |

ANTIADICTIVOS/TRATAMIENTO POR ABUSO DE SUSTANCIAS ADICTIVAS, MEDICAMENTOS PARA EL

ANTITABACO, MEDICAMENTOS

| | | |
|--|-----|--------------------------|
| <i>bupropion hcl er (smoking det) 150 mg tab er 12h</i> | gen | QL (2 PER 1 DAYS) |
| NICOTROL 10 MG INHALER | brd | |
| NICOTROL NS 10 MG/ML SOLUTION | brd | |
| <i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i> | gen | QL (2 PER 1 DAYS) |
| <i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i> | gen | QL (53 PER 30 OVER TIME) |
| <i>varenicline tartrate(continue) 1 mg tab</i> | gen | QL (2 PER 1 DAYS) |

DEPENDENCIA A OPIOIDES

| | | |
|--|-----|--------------------|
| <i>buprenorphine hcl 2 mg sl tab</i> | gen | QL (12 PER 1 DAYS) |
| <i>buprenorphine hcl 8 mg sl tab</i> | gen | QL (3 PER 1 DAYS) |
| <i>buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 4-1 mg film)</i> | gen | QL (5 PER 1 DAYS) |
| <i>buprenorphine hcl-naloxone hcl (-naloxone 8-2 mg film, -naloxone 8-2 mg sl tab)</i> | gen | QL (3 PER 1 DAYS) |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i> | gen | QL (2 PER 1 DAYS) |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i> | gen | QL (12 PER 1 DAYS) |
| ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB) | npd | QL (3 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| ZUBSOLV (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB) | npd | QL (1 PER 1 DAYS) |
| ZUBSOLV 8.6-2.1 MG SL TAB | npd | QL (2 PER 1 DAYS) |

DISUASIVOS DEL ALCOHOL/REDUCTORES DE LA COMPULSIÓN

| | |
|--|-----|
| <i>acamprosate calcium 333 mg tab dr</i> | gen |
| <i>disulfiram (250 mg tab, 500 mg tab)</i> | gen |

REVERTIDORES OPIOIDEOS

| | | |
|--|-----|-------------------------|
| <i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsy, 0.4 mg/ml solution, 2 mg/2ml soln prsy, 4 mg/10ml solution)</i> | gen | |
| <i>naloxone hcl 4 mg/0.1ml liquid</i> | gen | QL (2 PER 30 OVER TIME) |
| <i>naltrexone hcl 50 mg tab</i> | gen | |

ANTIBACTERIANOS

AMINOGLUCÓSIDOS

| | |
|--|-----|
| <i>amikacin sulfate 500 mg/2ml solution</i> | inj |
| <i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i> | gen |
| <i>gentamicin sulfate 40 mg/ml solution</i> | inj |
| <i>neomycin sulfate 500 mg tab</i> | gen |
| <i>paromomycin sulfate 250 mg cap</i> | gen |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN | inj |
| <i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i> | inj |

ANTIBACTERIANOS, OTROS

| | |
|--|-----|
| <i>acetic acid 2 % solution</i> | gen |
| <i>aztreonam (1 gm recon soln, 2 gm recon soln)</i> | inj |
| CHLORAMPHENICOL SOD SUCCINATE 1 GM RECON SOLN | inj |
| CLEOCIN 100 MG SUPPOS | brd |
| <i>clindacin etz 1 % swab</i> | gen |
| <i>clindacin-p 1 % swab</i> | gen |
| <i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i> | gen |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>clindamycin palmitate hcl 75 mg/5ml recon soln</i> | gen | |
| <i>clindamycin phosphate (1 % swab, 2 % cream)</i> | gen | |
| <i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i> | inj | |
| <i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i> | inj | |
| CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION) | inj | |
| CLINDESSE 2 % CREAM | brd | |
| <i>colistimethate sodium (cba) 150 mg recon soln</i> | inj | |
| <i>daptomycin (350 mg recon soln, 500 mg recon soln)</i> | spec | |
| <i>fosfomicin tromethamine 3 gm packet</i> | gen | QL (1 PER 30 OVER TIME) |
| <i>lincomycin hcl 300 mg/ml solution</i> | inj | |
| <i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i> | gen | PA |
| <i>linezolid 600 mg/300ml solution</i> | inj | |
| LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION | spec | |
| <i>methenamine hippurate 1 gm tab</i> | gen | |
| <i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab)</i> | gen | |
| <i>metronidazole 500 mg/100ml solution</i> | inj | |
| <i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i> | gen | |
| <i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i> | gen | |
| <i>nitrofurantoin monohyd macro 100 mg cap</i> | gen | |
| <i>polymyxin b sulfate 500000 unit recon soln</i> | inj | |
| <i>rosadan (0.75 % cream, 0.75 % gel)</i> | gen | |
| SYNERCID 150-350 MG RECON SOLN | spec | |
| <i>tigecycline 50 mg recon soln</i> | spec | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|-------------------------------|
| <i>tinidazole (250 mg tab, 500 mg tab)</i> | gen | |
| <i>trimethoprim 100 mg tab</i> | gen | |
| <i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i> | inj | |
| <i>vancomycin hcl (125 mg cap, 250 mg cap)</i> | gen | |
| <i>vancomycin hcl (50 mg/ml recon soln, 250 mg/5ml recon soln)</i> | gen | PA, QL (450 PER 30 OVER TIME) |
| VANDAZOLE 0.75 % GEL | brd | |
| XIFAXAN 200 MG TAB | npd | PA, QL (9 PER 30 OVER TIME) |
| XIFAXAN 550 MG TAB | npd | PA, QL (3 PER 1 DAYS) |

BETALACTÁMICOS, CEFALOSPORINAS

| | | |
|--|-----|--|
| <i>CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)</i> | gen | |
| CEFACLOR ER 500 MG TAB ER 12H | gen | |
| <i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i> | gen | |
| <i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i> | inj | |
| <i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i> | gen | |
| CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION) | inj | |
| <i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i> | gen | |
| CEFOTAXIME SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN) | inj | |
| <i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i> | npd | |
| <i>cefroxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i> | inj | |
| <i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i> | gen | |
| <i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i> | inj | |
| <i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i> | inj | |
| <i>cefuroxime axetil (250 mg tab, 500 mg tab)</i> | gen | |
| <i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i> | inj | |
| <i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i> | gen | |
| SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP) | npd | |
| TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN) | inj | |
| TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN) | spec | |

BETALACTÁMICOS, PENICILINAS

| | | |
|---|-----|--|
| <i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i> | gen | |
| <i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i> | gen | |
| AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H | gen | |
| <i>ampicillin 500 mg cap</i> | gen | |
| <i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i> | inj | |
| <i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i> | inj | |
| AUGMENTIN 125-31.25 MG/5ML RECON SUSP | brd | |
| BICILLIN C-R 1200000 UNIT/2ML SUSPENSION | inj | |
| BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION | inj | |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR) | inj | |
| <i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i> | gen | |
| <i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i> | inj | |
| <i>nafcillin sodium 10 gm recon soln</i> | spec | |
| <i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i> | inj | |
| PENICILLIN G SODIUM 5000000 UNIT RECON SOLN | inj | |
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i> | gen | |
| PFIZERPEN (5000000 RECON SOLN, 20000000 RECON SOLN) | inj | |
| <i>piperacillin sod-tazobactam so (d-tazobactam 2.25 (2-0.25) gm recon ln, d-tazobactam 3-0.375 gm recon ln, d-tazobactam 3.375 (3-0.375) gm recon ln, d-tazobactam 4-0.5 gm recon ln, d-tazobactam 4.5 (4-0.5) gm recon ln, d-tazobactam 13.5 (12-1.5) gm recon ln, d-tazobactam 40.5 (36-4.5) gm recon ln)</i> | inj | |

CARBAPENÉMICOS

| | | |
|--|-----|--|
| <i>ertapenem sodium 1 gm recon soln</i> | inj | |
| <i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i> | inj | |
| <i>meropenem (1 gm recon soln, 500 mg recon soln)</i> | inj | |
| MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN) | inj | |

MACRÓLIDOS

| | | |
|---|-----|--|
| <i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i> | gen | |
| <i>azithromycin 500 mg recon soln</i> | inj | |
| <i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i> | gen | |
| <i>clarithromycin er 500 mg tab er 24h</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|-------------------------------|
| DIFICID 200 MG TAB | spec | PA, QL (20 PER 10 OVER TIME) |
| DIFICID 40 MG/ML RECON SUSP | spec | PA, QL (136 PER 10 OVER TIME) |
| E.E.S. 400 400 MG TAB | gen | |
| <i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i> | gen | |
| <i>erythrocin lactobionate 500 mg recon soln</i> | inj | |
| ERYTHROCIN STEARATE 250 MG TAB | brd | |
| <i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i> | gen | |
| <i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i> | gen | |
| <i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i> | gen | |
| <i>erythromycin lactobionate 500 mg recon soln</i> | inj | |

QUINOLONAS

| | | |
|---|-----|--------------------------------|
| BESIVANCE 0.6 % SUSPENSION | brd | |
| CILOXAN 0.3 % OINTMENT | brd | |
| <i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i> | gen | |
| <i>ciprofloxacin hcl (0.3 % solution, 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i> | gen | |
| <i>ciprofloxacin in d5w 200 mg/100ml solution</i> | inj | |
| <i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i> | gen | |
| <i>levofloxacin 25 mg/ml solution</i> | inj | |
| <i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i> | inj | |
| <i>moxifloxacin hcl 400 mg tab</i> | gen | |
| MOXIFLOXACIN HCL 400 MG/250ML SOLUTION | inj | PA - PART B VS D DETERMINATION |
| MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION | inj | PA - PART B VS D DETERMINATION |
| <i>ofloxacin (300 mg tab, 400 mg tab)</i> | gen | |

SULFONAMIDAS

| | | |
|--|-----|--|
| <i>sulfacetamide sodium (acne) 10 % lotion</i> | gen | |
| <i>sulfadiazine 500 mg tab</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i> | gen | |
| <i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i> | inj | |
| <i>sulfatrim pediatric 200-40 mg/5ml suspension</i> | gen | |

TETRACICLINAS

| | | |
|---|-----|-----------------------|
| <i>avidoxy 100 mg tab</i> | gen | |
| <i>demeclocycline hcl (150 mg tab, 300 mg tab)</i> | gen | |
| <i>doxy 100 100 mg recon soln</i> | npd | |
| <i>doxycycline 40 mg cap dr</i> | gen | PA, QL (1 PER 1 DAYS) |
| <i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i> | gen | |
| <i>doxycycline hyclate (50 mg tab dr, 75 mg tab, 75 mg tab dr, 100 mg tab dr, 150 mg tab, 150 mg tab dr, 200 mg tab dr)</i> | gen | PA |
| <i>doxycycline hyclate 100 mg recon soln</i> | npd | |
| <i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i> | gen | |
| <i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i> | gen | |
| <i>mondoxylene nl 100 mg cap</i> | gen | |
| <i>morgidox 100 mg cap</i> | gen | |
| <i>tetracycline hcl (250 mg cap, 500 mg cap)</i> | gen | |

ANTICONVULSIVOS

ANTICONVULSIVOS, OTROS

| | | |
|---|------|---|
| <i>BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)</i> | spec | ST, QL (2 PER 1 DAYS) |
| <i>BRIVIACT 10 MG/ML SOLUTION</i> | npd | ST, QL (20 PER 1 DAYS) |
| <i>DIACOMIT (250 MG CAP, 250 MG PACKET)</i> | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>DIACOMIT (500 MG CAP, 500 MG PACKET)</i> | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|--|
| <i>divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)</i> | gen | |
| EPIDIOLEX 100 MG/ML SOLUTION | spec | LA, PA - FOR NEW STARTS ONLY |
| EPRONTIA 25 MG/ML SOLUTION | npd | QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i> | gen | |
| FINTEPLA 2.2 MG/ML SOLUTION | spec | LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | npd | QL (1 PER 1 DAYS) |
| FYCOMPA 0.5 MG/ML SUSPENSION | npd | QL (24 PER 1 DAYS) |
| FYCOMPA 2 MG TAB | npd | QL (3 PER 1 DAYS) |
| <i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg & 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)</i> | gen | |
| <i>lamotrigine er (er 100 mg tab er 24h, er 200 mg tab er 24h)</i> | gen | ST, QL (3 PER 1 DAYS) |
| <i>lamotrigine er (er 25 mg tab er 24h, er 50 mg tab er 24h)</i> | gen | ST, QL (1 PER 1 DAYS) |
| <i>lamotrigine er (er 250 mg tab er 24h, er 300 mg tab er 24h)</i> | gen | ST |
| <i>lamotrigine starter kit-blue 35 x 25 mg kit</i> | gen | |
| <i>lamotrigine starter kit-green 84 x 25 mg & 14x100 mg kit</i> | gen | |
| <i>lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i> | gen | |
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i> | gen | |
| <i>levetiracetam er 500 mg tab er 24h</i> | gen | QL (6 PER 1 DAYS) |
| <i>levetiracetam er 750 mg tab er 24h</i> | gen | QL (4 PER 1 DAYS) |
| <i>roweepira (500 mg tab, 750 mg tab, 1000 mg tab)</i> | gen | |
| <i>roweepira xr 500 mg tab er 24h</i> | gen | QL (6 PER 1 DAYS) |
| <i>roweepira xr 750 mg tab er 24h</i> | gen | QL (4 PER 1 DAYS) |
| SPRITAM (250 MG TAB, 500 MG TAB) | npd | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|--|
| SPRITAM 1000 MG TAB | npd | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRITAM 750 MG TAB | npd | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | gen | |
| <i>subvenite starter kit-blue 35 x 25 mg kit</i> | gen | |
| <i>subvenite starter kit-green 84 x 25 mg & 14x100 mg kit</i> | gen | |
| <i>subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i> | gen | |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i> | gen | |
| <i>topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cp24 sprnk)</i> | gen | PA - FOR NEW STARTS ONLY |
| <i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i> | inj | |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i> | gen | |
| XCOPRI (150 MG TAB, 200 MG TAB) | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (250 MG DAILY DOSE) (MG DOSE) 50 200 MG TAB THPK, (MG DOSE) 100 150 MG TAB THPK) | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK) | spec | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK | npd | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| ZTALMY 50 MG/ML SUSPENSION | spec | LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

AUMENTANTES DEL ÁCIDO GAMMAAMINOBUTÍRICO (GABA)

| | | |
|--------------------------------------|-----|--|
| <i>clobazam 10 mg tab</i> | gen | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>clobazam 2.5 mg/ml suspension</i> | gen | QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>clobazam 20 mg tab</i> | gen | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--|
| <i>diazepam 10 mg gel</i> | gen | QL (20 PER 30 OVER TIME) |
| DIAZEPAM 2.5 MG GEL | gen | QL (5 PER 30 OVER TIME) |
| <i>diazepam 20 mg gel</i> | gen | QL (40 PER 30 OVER TIME) |
| <i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i> | gen | QL (72 PER 1 DAYS) |
| <i>gabapentin (600 mg tab, 800 mg tab)</i> | gen | QL (4 PER 1 DAYS) |
| <i>gabapentin 100 mg cap</i> | gen | QL (12 PER 1 DAYS) |
| <i>gabapentin 300 mg cap</i> | gen | QL (8 PER 1 DAYS) |
| <i>gabapentin 400 mg cap</i> | gen | QL (6 PER 1 DAYS) |
| LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM) | spec | QL (10 PER 30 DAYS) |
| <i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i> | gen | PA - FOR NEW STARTS ONLY |
| <i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i> | gen | |
| SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM) | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i> | gen | |
| VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID | spec | QL (10 PER 30 OVER TIME) |
| VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK | spec | QL (10 PER 30 OVER TIME) |
| VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK | spec | QL (10 PER 30 OVER TIME) |
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID | spec | QL (10 PER 30 OVER TIME) |
| <i>vigabatrin (500 mg packet, 500 mg tab)</i> | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadrone 500 mg packet</i> | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadrone 500 mg tab</i> | spec | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VIGAFYDE 100 MG/ML SOLUTION | spec | LA, QL (750 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigpoder 500 mg packet</i> | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

CANALES DE SODIO, MEDICAMENTOS PARA LOS

| | | |
|---------------------------------|-----|-------------------|
| APTIOM (200 MG TAB, 400 MG TAB) | npd | QL (1 PER 1 DAYS) |
| APTIOM (600 MG TAB, 800 MG TAB) | npd | QL (2 PER 1 DAYS) |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--------------------------------|
| <i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i> | gen | |
| <i>carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)</i> | gen | |
| DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION) | brd | |
| DILANTIN INFATABS 50 MG CHEW TAB | brd | |
| <i>epitol 200 mg tab</i> | gen | |
| <i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i> | gen | QL (40 PER 1 DAYS) |
| <i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | gen | QL (2 PER 1 DAYS) |
| <i>lacosamide 200 mg/20ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| <i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i> | gen | |
| <i>phenytek (200 mg cap, 300 mg cap)</i> | gen | |
| <i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i> | gen | |
| <i>phenytoin infatabs 50 mg chew tab</i> | gen | |
| <i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i> | gen | |
| <i>rufinamide 200 mg tab</i> | gen | ST, QL (16 PER 1 DAYS) |
| <i>rufinamide 40 mg/ml suspension</i> | gen | ST, QL (80 PER 1 DAYS) |
| <i>rufinamide 400 mg tab</i> | gen | ST, QL (8 PER 1 DAYS) |
| ZONISADE 100 MG/5ML SUSPENSION | npd | |
| <i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i> | gen | |

MODIFICADORES DE LOS CANALES DE CALCIO

| | |
|---|-----|
| <i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i> | gen |
| <i>methsuximide 300 mg cap</i> | gen |

ANTIDEMENCIALES

ANTAGONISTA DE LOS RECEPTORES DE N-METIL-D-ASPARTATO (NMDA)

| | |
|--|-----|
| <i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i> | gen |
|--|-----|

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)</i> | gen | |

ANTIDEMENCIALES, OTROS

| | | |
|--|-----|--------------------------|
| ERGOLOID MESYLATES 1 MG TAB | gen | |
| NAMZARIC (7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H) | brd | QL (1 PER 1 DAYS) |
| NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK | brd | QL (28 PER 28 OVER TIME) |

INHIBIDORES DE LA COLINESTERASA

| | | |
|---|-----|--------------------------|
| <i>donepezil hcl (5 mg tab, 10 mg tab)</i> | gen | |
| <i>donepezil hcl 23 mg tab</i> | gen | ST |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> | gen | |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i> | gen | |
| <i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i> | gen | |
| <i>galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i> | gen | QL (30 PER 30 OVER TIME) |
| <i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i> | gen | |

ANTIDEPRESIVOS

ANTIDEPRESIVOS, OTROS

| | | |
|---|------|---|
| AUVELITY 45-105 MG TAB ER | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>bupropion hcl 100 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| <i>bupropion hcl 75 mg tab</i> | gen | QL (6 PER 1 DAYS) |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12h</i> | gen | QL (2 PER 1 DAYS) |
| <i>bupropion hcl er (sr) 100 mg tab er 12h</i> | gen | QL (4 PER 1 DAYS) |
| <i>bupropion hcl er (sr) 150 mg tab er 12h</i> | gen | QL (3 PER 1 DAYS) |
| <i>bupropion hcl er (sr) 200 mg tab er 12h</i> | gen | QL (2 PER 1 DAYS) |
| <i>bupropion hcl er (xl) 150 mg tab er 24h</i> | gen | QL (3 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---|
| <i>bupropion hcl er (xl) 300 mg tab er 24h</i> | gen | QL (1 PER 1 DAYS) |
| LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB) | gen | |
| <i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i> | gen | |
| <i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i> | gen | |
| PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB) | gen | PA - FOR NEW STARTS ONLY |
| ZURZUVAE (20 MG CAP, 25 MG CAP) | spec | QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| ZURZUVAE 30 MG CAP | spec | QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |

INHIBIDORES DE LA MONOAMINOOXIDASA

| | | |
|---|-----|--------------------------|
| EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR) | npd | PA - FOR NEW STARTS ONLY |
| MARPLAN 10 MG TAB | npd | |
| <i>phenelzine sulfate 15 mg tab</i> | gen | |
| <i>tranylcypromine sulfate 10 mg tab</i> | gen | |

INHIBIDORES SELECTIVOS DE LA RECAPTACIÓN DE SEROTONINA (SSRI)/INHIBIDORES DE LA RECAPTACIÓN DE SEROTONINA Y NOREPINEFRINA (SNRI)

| | | |
|--|-----|--|
| <i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i> | gen | |
| <i>desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>desvenlafaxine succinate er 100 mg tab er 24h</i> | gen | QL (4 PER 1 DAYS) |
| <i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i> | gen | |
| FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H) | npd | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FETZIMA TITRATION 20 & 40 MG CP24 THPK | npd | QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|------------------------------|
| <i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)</i> | gen | |
| FLUOXETINE HCL (PMDD) ((PMDD) 10 MG TAB, (PMDD) 20 MG TAB) | gen | |
| FLUOXETINE HCL 90 MG CAP DR | gen | QL (4 PER 28 OVER TIME) |
| <i>fluvoxamine maleate 100 mg tab</i> | gen | QL (3 PER 1 DAYS) |
| <i>fluvoxamine maleate 25 mg tab</i> | gen | QL (12 PER 1 DAYS) |
| <i>fluvoxamine maleate 50 mg tab</i> | gen | QL (6 PER 1 DAYS) |
| <i>fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)</i> | gen | ST, QL (2 PER 1 DAYS) |
| NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB) | gen | |
| <i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i> | gen | |
| <i>paroxetine hcl 10 mg/5ml suspension</i> | gen | QL (30 PER 1 DAYS) |
| <i>paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i> | gen | |
| <i>paroxetine mesylate 7.5 mg cap</i> | gen | QL (1 PER 1 DAYS) |
| <i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | |
| <i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i> | gen | |
| TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB) | npd | ST, QL (1 PER 1 DAYS) |
| <i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i> | gen | |
| <i>venlafaxine hcl er (er 37.5 mg cap er 24h, er 150 mg cap er 24h)</i> | gen | QL (2 PER 1 DAYS) |
| <i>venlafaxine hcl er (er 75 mg cap er 24h, er 75 mg tab er 24h)</i> | gen | QL (3 PER 1 DAYS) |
| <i>venlafaxine hcl er 150 mg tab er 24h</i> | gen | QL (1 PER 1 DAYS) |
| <i>venlafaxine hcl er 37.5 mg tab er 24h</i> | gen | QL (6 PER 1 DAYS) |
| VIIIBRYD STARTER PACK 10 & 20 MG KIT | npd | ST, QL (30 PER 30 OVER TIME) |
| <i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i> | gen | ST, QL (1 PER 1 DAYS) |

TRICÍCLICOS

| | | |
|---|-----|--------------------------|
| <i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i> | gen | PA - FOR NEW STARTS ONLY |
|---|-----|--------------------------|

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i> | gen | |
| <i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i> | gen | PA - FOR NEW STARTS ONLY |
| <i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i> | gen | |
| <i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i> | gen | PA - FOR NEW STARTS ONLY |
| <i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i> | gen | PA - FOR NEW STARTS ONLY |
| <i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i> | gen | |
| <i>protriptyline hcl (5 mg tab, 10 mg tab)</i> | gen | |
| <i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i> | gen | PA - FOR NEW STARTS ONLY |

ANTIEMÉTICOS

ANTIEMÉTICOS, OTROS

| | | |
|---|-----|------------------------|
| <i>compro 25 mg suppos</i> | gen | |
| <i>doxylamine-pyridoxine 10-10 mg tab dr</i> | gen | QL (4 PER 1 DAYS) |
| <i>meclizine hcl (12.5 mg tab, 25 mg tab)</i> | gen | |
| <i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i> | gen | |
| METOCLOPRAMIDE HCL 10 MG TAB DISP | gen | PA, QL (4 PER 1 DAYS) |
| METOCLOPRAMIDE HCL 5 MG TAB DISP | gen | PA, QL (12 PER 1 DAYS) |
| <i>metoclopramide hcl 5 mg/ml solution</i> | inj | |
| <i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i> | gen | |
| <i>prochlorperazine 25 mg suppos</i> | gen | |
| <i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i> | gen | |
| <i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i> | gen | PA |
| <i>promethegan 12.5 mg suppos</i> | gen | PA, ED |
| <i>promethegan 25 mg suppos</i> | gen | PA |
| <i>scopolamine 1 mg/3days patch 72hr</i> | gen | |
| <i>trimethobenzamide hcl 300 mg cap</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

COMPLEMENTOS PARA LA TERAPIA EMETOGENICA

| | | |
|--|-----|--|
| <i>aprepitant (80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>aprepitant 40 mg cap</i> | gen | PA, QL (1 PER 30 OVER TIME) |
| <i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i> | gen | PA, QL (6 PER 1 DAYS) |
| <i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i> | inj | PA - PART B VS D DETERMINATION |
| <i>granisetron hcl 1 mg tab</i> | gen | QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| <i>ondansetron 4 mg tab disp</i> | gen | QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| <i>ondansetron 8 mg tab disp</i> | gen | QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| ONDANSETRON HCL 24 MG TAB | gen | QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| <i>ondansetron hcl 4 mg tab</i> | gen | QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| <i>ondansetron hcl 4 mg/5ml solution</i> | gen | QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| <i>ondansetron hcl 8 mg tab</i> | gen | QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION |

ANTIESPÁSTICOS

| | | |
|--|-----|--------------------|
| <i>baclofen 10 mg tab</i> | gen | QL (8 PER 1 DAYS) |
| <i>baclofen 15 mg tab</i> | gen | QL (6 PER 1 DAYS) |
| <i>baclofen 20 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| <i>baclofen 5 mg tab</i> | gen | QL (16 PER 1 DAYS) |
| <i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i> | gen | |
| <i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i> | gen | |

ANTIFÚNGICOS

| | | |
|---|------|--------------------------------|
| ABELCET 5 MG/ML SUSPENSION | npd | PA - PART B VS D DETERMINATION |
| AMPHOTERICIN B 50 MG RECON SOLN | npd | PA - PART B VS D DETERMINATION |
| <i>amphotericin b liposome 50 mg recon susp</i> | spec | PA - PART B VS D DETERMINATION |
| <i>caspofungin acetate 50 mg recon soln</i> | spec | PA |
| <i>caspofungin acetate 70 mg recon soln</i> | inj | PA |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i> | gen | |
| <i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i> | gen | |
| CRESEMBA (74.5 MG CAP, 186 MG CAP, 372 MG RECON SOLN) | spec | PA |
| <i>econazole nitrate 1 % cream</i> | gen | |
| <i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | gen | |
| <i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i> | inj | |
| <i>flucytosine (250 mg cap, 500 mg cap)</i> | gen | |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i> | gen | |
| <i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i> | gen | |
| GYNAZOLE-1 2 % CREAM | gen | |
| <i>itraconazole 10 mg/ml solution</i> | gen | PA |
| <i>itraconazole 100 mg cap</i> | gen | |
| <i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i> | gen | |
| <i>ketoconazole 2 % foam</i> | gen | ST |
| <i>ketodan 2 % foam</i> | gen | ST |
| <i>klayesta 100000 unit/gm powder</i> | gen | |
| LULICONAZOLE 1 % CREAM | gen | ST |
| <i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i> | spec | |
| MICONAZOLE 3 200 MG SUPPOS | gen | |
| MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT | gen | ST |
| <i>naftifine hcl (1 % cream, 1 % gel, 2 % cream)</i> | gen | ST |
| <i>nyamyc 100000 unit/gm powder</i> | gen | |
| <i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i> | gen | |
| <i>nystop 100000 unit/gm powder</i> | gen | |
| <i>oxiconazole nitrate 1 % cream</i> | gen | ST |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--------------------------------|
| <i>posaconazole 100 mg tab dr</i> | gen | PA, QL (3 PER 1 DAYS) |
| <i>posaconazole 40 mg/ml suspension</i> | gen | PA |
| <i>terbinafine hcl 250 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i> | gen | |
| <i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i> | gen | PA |
| <i>voriconazole 200 mg recon soln</i> | inj | PA - PART B VS D DETERMINATION |

ANTIGOTOSOS

| | | |
|---|-----|-----------------------|
| <i>allopurinol (100 mg tab, 300 mg tab)</i> | gen | |
| <i>colchicine (0.6 mg cap, 0.6 mg tab)</i> | gen | QL (4 PER 1 DAYS) |
| <i>colchicine-probenecid 0.5-500 mg tab</i> | gen | |
| <i>febuxostat (40 mg tab, 80 mg tab)</i> | gen | ST, QL (1 PER 1 DAYS) |
| <i>probenecid 500 mg tab</i> | gen | |

ANTIJAQUECOSOS

AGONISTA DE LOS RECEPTORES DE LA SEROTONINA (5-HT)

| | | |
|---|-----|--------------------------|
| <i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i> | gen | QL (18 PER 30 OVER TIME) |
| <i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i> | gen | QL (24 PER 30 OVER TIME) |
| <i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i> | gen | QL (18 PER 30 OVER TIME) |
| <i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | QL (18 PER 30 OVER TIME) |
| <i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsyr, 6 mg/0.5ml solution)</i> | gen | QL (8 PER 30 OVER TIME) |
| <i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i> | gen | QL (8 PER 30 OVER TIME) |
| <i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i> | gen | QL (18 PER 30 OVER TIME) |

ALCALOIDES DE ERGOTAMINA

| | | |
|--|-----|-----------------------------|
| <i>dihydroergotamine mesylate 1 mg/ml solution</i> | gen | PA |
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | gen | PA, QL (8 PER 30 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|----------------------------------|--------------|---------------------------|
| ERGOTAMINE-CAFFEINE 1-100 MG TAB | gen | QL (40 PER 28 OVER TIME) |
| MIGERGOT 2-100 MG SUPPOS | npd | QL (20 PER 30 OVER TIME) |

ANTIJAQUECOSOS, OTROS

| | | |
|---------------------------------|------|------------------------------|
| NURTEC 75 MG TAB DISP | spec | PA, QL (16 PER 30 OVER TIME) |
| UBRELVY (50 MG TAB, 100 MG TAB) | spec | PA, QL (16 PER 30 OVER TIME) |

PROFILÁCTICOS

| | | |
|---|-----|-----------------------------|
| AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ) | brd | PA, QL (1 PER 28 OVER TIME) |
| <i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i> | gen | |

ANTIMIASTÉNICOS

PARASIMPATICOMIMÉTICOS

| | | |
|--|-----|--|
| GUANIDINE HCL 125 MG TAB | gen | |
| <i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i> | gen | |
| <i>pyridostigmine bromide er 180 mg tab er</i> | gen | |

ANTIMICOBACTERIANOS

ANTIMICOBACTERIANOS, OTROS

| | | |
|--|-----|--|
| <i>dapsone (25 mg tab, 100 mg tab)</i> | gen | |
| <i>rifabutin 150 mg cap</i> | gen | |

ANTITUBERCULOSOS

| | | |
|--|-----|--|
| CAPASTAT SULFATE 1 GM RECON SOLN | inj | |
| <i>ethambutol hcl (100 mg tab, 400 mg tab)</i> | gen | |
| <i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i> | gen | |
| ISONIAZID 100 MG/ML SOLUTION | inj | |
| PASER 4 GM PACKET | npd | |
| PRIFTIN 150 MG TAB | brd | |
| <i>pyrazinamide 500 mg tab</i> | gen | |
| <i>rifampin (150 mg cap, 300 mg cap)</i> | gen | |
| <i>rifampin 600 mg recon soln</i> | inj | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|----------------------------------|--------------|---------------------------|
| RIFATER 50-120-300 MG TAB | npd | |
| SIRTIURO (20 MG TAB, 100 MG TAB) | spec | PA |
| TRECTOR 250 MG TAB | npd | |

ANTINEOPLÁSICOS

ALQUILANTES

| | | |
|---|------|--|
| CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) | brd | PA - PART B VS D DETERMINATION |
| GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP) | brd | |
| LEUKERAN 2 MG TAB | brd | |
| MATULANE 50 MG CAP | brd | LA |
| MELPHALAN 2 MG TAB | gen | PA - PART B VS D DETERMINATION |
| <i>thiotepa (15 mg recon soln, 100 mg recon soln)</i> | spec | PA - PART B VS D DETERMINATION |
| VALCHLOR 0.016 % GEL | spec | LA, QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |

ANTIANDRÓGENOS

| | | |
|---------------------------------------|------|---|
| <i>abiraterone acetate 250 mg tab</i> | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>abiraterone acetate 500 mg tab</i> | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>bicalutamide 50 mg tab</i> | gen | |
| ERLEADA 240 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ERLEADA 60 MG TAB | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>flutamide 125 mg cap</i> | gen | |
| <i>nilutamide 150 mg tab</i> | spec | QL (1 PER 1 DAYS) |
| NUBEQA 300 MG TAB | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ORSERDU 345 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ORSERDU 86 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI (40 MG CAP, 40 MG TAB) | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 80 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---|
| ANTIANGIOGÉNICOS | | |
| <i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i> | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID (150 MG CAP, 200 MG CAP) | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID (50 MG CAP, 100 MG CAP) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ANTIESTROGÉNICOS/MODIFICADORES | | |
| EMCYT 140 MG CAP | brd | |
| <i>fulvestrant 250 mg/5ml soln prsyr</i> | spec | |
| SOLTAMOX 10 MG/5ML SOLUTION | npd | |
| <i>tamoxifen citrate (10 mg tab, 20 mg tab)</i> | gen | |
| <i>toremifene citrate 60 mg tab</i> | gen | |
| ANTIMETABOLITOS | | |
| DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) | brd | |
| <i>hydroxyurea 500 mg cap</i> | gen | |
| INQOVI 35-100 MG TAB | spec | LA, QL (5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>mercaptopurine 50 mg tab</i> | gen | |
| PURIXAN 2000 MG/100ML SUSPENSION | spec | LA, PA - FOR NEW STARTS ONLY |
| TABLOID 40 MG TAB | brd | |
| ANTINEOPLÁSICOS, OTROS | | |
| AKEEGA (50-500 MG TAB, 100-500 MG TAB) | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AUGTYRO 160 MG CAP | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AUGTYRO 40 MG CAP | spec | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BESREMI 500 MCG/ML SOLN PRSYR | spec | LA, QL (2 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---|
| BRUKINSA 80 MG CAP | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| EXKIVITY 40 MG CAP | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FOTIVDA (0.89 MG CAP, 1.34 MG CAP) | spec | LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| IDHIFA (50 MG TAB, 100 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| INREBIC 100 MG CAP | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK | spec | QL (49 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK | spec | QL (70 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK | spec | QL (91 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KOSELUGO 10 MG CAP | spec | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 25 MG CAP | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KRAZATI 200 MG TAB | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i> | inj | |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i> | gen | |
| LONSURF 15-6.14 MG TAB | spec | LA, QL (100 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| LONSURF 20-8.19 MG TAB | spec | LA, QL (80 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| LUMAKRAS 120 MG TAB | spec | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LUMAKRAS 240 MG TAB | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LUMAKRAS 320 MG TAB | spec | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LYSODREN 500 MG TAB | brd | |
| NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) | spec | QL (3 PER 21 OVER TIME), PA - FOR NEW STARTS ONLY |
| OGSIVEO 100 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 150 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|--|
| OGSIVEO 50 MG TAB | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ONUREG (200 MG TAB, 300 MG TAB) | spec | QL (14 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| QINLOCK 50 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB) | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 40 MG CAP | spec | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 40 MG TAB | spec | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 80 MG CAP | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ROZLYTREK 100 MG CAP | spec | QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ROZLYTREK 200 MG CAP | spec | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ROZLYTREK 50 MG PACKET | spec | QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SYNRIBO 3.5 MG RECON SOLN | spec | PA - PART B VS D DETERMINATION |
| TABRECTA (150 MG TAB, 200 MG TAB) | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAZVERIK 200 MG TAB | spec | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VANFLYTA 17.7 MG TAB | spec | LA, QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| VANFLYTA 26.5 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| WELIREG 40 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK | spec | LA, QL (20 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | spec | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK | spec | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | spec | LA, QL (4 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK | spec | LA, QL (16 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | spec | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--|
| XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK | spec | LA, QL (12 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | spec | LA, QL (4 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK | spec | LA, QL (24 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK | spec | LA, QL (16 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | spec | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK | spec | LA, QL (32 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| ZOLINZA 100 MG CAP | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

COMPLEMENTOS DE TRATAMIENTO

| | | |
|---------------------------------|------|---|
| <i>mesna 100 mg/ml solution</i> | inj | |
| MESNEX 400 MG TAB | brd | |
| VONJO 100 MG CAP | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

INHIBIDORES DE ENZIMAS

| | | |
|---|------|--|
| LAZCLUZE 240 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LAZCLUZE 80 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OJEMDA 100 MG TAB | spec | LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| OJEMDA 25 MG/ML RECON SUSP | spec | LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK) | spec | LA, QL (64 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |

INHIBIDORES DE LA AROMATASA DE TERCERA GENERACIÓN

| | | |
|-----------------------------|-----|--|
| <i>anastrozole 1 mg tab</i> | gen | |
| <i>exemestane 25 mg tab</i> | gen | |
| <i>letrozole 2.5 mg tab</i> | gen | |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--|
| ALECENSA 150 MG CAP | spec | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG (90 MG TAB, 180 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG 30 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG 90 & 180 MG TAB THPK | spec | LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| BALVERSA 3 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BALVERSA 4 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BALVERSA 5 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF (400 MG TAB, 500 MG TAB) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 100 MG CAP | spec | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 100 MG TAB | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 50 MG CAP | spec | QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BRAFTOVI 75 MG CAP | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CALQUENCE (100 MG CAP, 100 MG TAB) | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CAPRELSA 100 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CAPRELSA 300 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (60 MG DAILY DOSE) 20 MG KIT | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COPIKTRA (15 MG CAP, 25 MG CAP) | spec | LA, QL (56 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--|
| COTELLIC 20 MG TAB | spec | LA, QL (63 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>dasatinib (100 mg tab, 140 mg tab)</i> | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib (70 mg tab, 80 mg tab)</i> | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib 20 mg tab</i> | spec | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib 50 mg tab</i> | spec | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| DAURISMO 100 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| DAURISMO 25 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ERIVEDGE 150 MG CAP | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>erlotinib hcl (100 mg tab, 150 mg tab)</i> | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>erlotinib hcl 25 mg tab</i> | spec | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i> | spec | PA - FOR NEW STARTS ONLY |
| <i>everolimus (2.5 mg tab, 5 mg tab)</i> | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>everolimus (7.5 mg tab, 10 mg tab)</i> | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FRUZAQLA 1 MG CAP | spec | LA, QL (84 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| FRUZAQLA 5 MG CAP | spec | LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| GAVRETO 100 MG CAP | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>gefitinib 250 mg tab</i> | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB) | spec | LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>imatinib mesylate 100 mg tab</i> | spec | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|--|
| <i>imatinib mesylate 400 mg tab</i> | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA 140 MG CAP | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA 70 MG/ML SUSPENSION | spec | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| INLYTA 1 MG TAB | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| INLYTA 5 MG TAB | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB) | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| JAYPIRCA 100 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| JAYPIRCA 50 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (200 MG DOSE) 200 MG TAB THPK | spec | QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KISQALI (400 MG DOSE) 200 MG TAB THPK | spec | QL (42 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| KISQALI (600 MG DOSE) 200 MG TAB THPK | spec | QL (63 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>lapatinib ditosylate 250 mg tab</i> | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---|
| LORBRENA 100 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LORBRENA 25 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LYNPARZA (100 MG TAB, 150 MG TAB) | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK | spec | LA, QL (84 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK | spec | LA, QL (112 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK | spec | LA, QL (140 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| MEKINIST 0.05 MG/ML RECON SOLN | spec | LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| MEKINIST 0.5 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| MEKINIST 2 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| MEKTOVI 15 MG TAB | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| NERLYNX 40 MG TAB | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ODOMZO 200 MG CAP | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>pazopanib hcl 200 mg tab</i> | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB) | spec | LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| REZLIDHIA 150 MG CAP | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB) | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RYDAPT 25 MG CAP | spec | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SCEMBLIX 100 MG TAB | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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|---|--------------|--|
| SCEMBLIX 20 MG TAB | spec | QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SCEMBLIX 40 MG TAB | spec | QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>sorafenib tosylate 200 mg tab</i> | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRYCEL (100 MG TAB, 140 MG TAB) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRYCEL (70 MG TAB, 80 MG TAB) | spec | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRYCEL 20 MG TAB | spec | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRYCEL 50 MG TAB | spec | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| STIVARGA 40 MG TAB | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>sunitinib malate (37.5 mg cap, 50 mg cap)</i> | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>sunitinib malate 12.5 mg cap</i> | spec | QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>sunitinib malate 25 mg cap</i> | spec | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAFINLAR (50 MG CAP, 75 MG CAP) | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAFINLAR 10 MG TAB SOL | spec | LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAGRISSE (40 MG TAB, 80 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TALZENNA 0.25 MG CAP | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP) | spec | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TEPMETKO 225 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TIBSOVO 250 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TUKYSA (50 MG TAB, 150 MG TAB) | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TURALIO (125 MG CAP, 200 MG CAP) | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---|
| UKONIQ 200 MG TAB | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 10 MG TAB | brd | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 100 MG TAB | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA 50 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK | spec | LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 100 MG CAP | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 20 MG/ML SOLUTION | spec | LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 25 MG CAP | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VORANIGO 10 MG TAB | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VORANIGO 40 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP) | spec | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XALKORI 150 MG CAP SPRINK | spec | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XOSPATA 40 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZEJULA 100 MG CAP | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZELBORAF 240 MG TAB | spec | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZYDELIG (100 MG TAB, 150 MG TAB) | spec | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZYKADIA 150 MG TAB | spec | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|-------------------------------|--------------|--|
| RETINOIDES | | |
| <i>bexarotene 1 % gel</i> | spec | QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>bexarotene 75 mg cap</i> | spec | QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PANRETIN 0.1 % GEL | npd | PA - FOR NEW STARTS ONLY |
| <i>tretinoin 10 mg cap</i> | gen | |

ANTIPARASITARIOS

ANTIHELMÍNTICOS

| | | |
|--------------------------------|-----|---------------------------|
| <i>albendazole 200 mg tab</i> | npd | |
| <i>ivermectin 3 mg tab</i> | gen | QL (16 PER 365 OVER TIME) |
| <i>praziquantel 600 mg tab</i> | gen | |

ANTIPROTOZOICOS

| | | |
|--|------|--------------------------------|
| ALINIA 100 MG/5ML RECON SUSP | npd | PA, QL (180 PER 3 OVER TIME) |
| <i>atovaquone 750 mg/5ml suspension</i> | gen | PA |
| <i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i> | gen | |
| BENZNIDAZOLE 100 MG TAB | npd | QL (240 PER 365 OVER TIME) |
| BENZNIDAZOLE 12.5 MG TAB | npd | QL (720 PER 365 OVER TIME) |
| <i>chloroquine phosphate 250 mg tab</i> | gen | QL (50 PER 30 OVER TIME) |
| <i>chloroquine phosphate 500 mg tab</i> | gen | QL (25 PER 30 OVER TIME) |
| COARTEM 20-120 MG TAB | brd | QL (24 PER 2 OVER TIME) |
| <i>hydroxychloroquine sulfate 100 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| <i>hydroxychloroquine sulfate 200 mg tab</i> | gen | QL (3 PER 1 DAYS) |
| <i>hydroxychloroquine sulfate 300 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>hydroxychloroquine sulfate 400 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>mefloquine hcl 250 mg tab</i> | gen | |
| <i>nitazoxanide 500 mg tab</i> | gen | PA, QL (6 PER 3 OVER TIME) |
| <i>pentamidine isethionate 300 mg recon soln</i> | gen | PA - PART B VS D DETERMINATION |
| <i>primaquine phosphate 26.3 (15 base) mg tab</i> | gen | |
| <i>pyrimethamine 25 mg tab</i> | spec | PA |
| <i>quinine sulfate 324 mg cap</i> | gen | QL (6 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

ANTIPARKINSONIANOS

AGONISTAS DE LA DOPAMINA

| | | |
|---|------|--------------------------|
| <i>apomorphine hcl 30 mg/3ml soln cart</i> | spec | PA |
| <i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i> | gen | |
| NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR) | npd | QL (30 PER 30 OVER TIME) |
| <i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i> | gen | |
| <i>pramipexole dihydrochloride er (er 0.375 mg tab er 24h, er 0.75 mg tab er 24h, er 1.5 mg tab er 24h, er 2.25 mg tab er 24h, er 3 mg tab er 24h, er 3.75 mg tab er 24h, er 4.5 mg tab er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i> | gen | |
| <i>ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>ropinirole hcl er 12 mg tab er 24h</i> | gen | QL (2 PER 1 DAYS) |
| <i>ropinirole hcl er 8 mg tab er 24h</i> | gen | QL (3 PER 1 DAYS) |

ANTICOLINÉRGICOS

| | | |
|---|-----|--|
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | gen | |
| <i>benztropine mesylate 1 mg/ml solution</i> | inj | |
| <i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i> | gen | |

ANTIPARKINSONIANOS, OTROS

| | | |
|---|-----|-------------------|
| <i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i> | gen | |
| <i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i> | gen | |
| <i>entacapone 200 mg tab</i> | gen | QL (8 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| INHIBIDORES DE LA MONOAMINOOXIDASA B (MAO-B) | | |
| <i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>selegiline hcl (5 mg cap, 5 mg tab)</i> | gen | |
| PRECURSORES DE LA DOPAMINA Y/O INHIBIDORES DE LA L-AMINOÁCIDO DESCARBOXILASA | | |
| <i>carbidopa 25 mg tab</i> | gen | |
| <i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i> | gen | |
| <i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i> | gen | |
| ANTIPSIÓTICOS | | |
| PRIMERA GENERACIÓN/TÍPICOS | | |
| <i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i> | gen | |
| <i>chlorpromazine hcl (25 mg/ml solution, 50 mg/2ml solution)</i> | inj | |
| <i>fluphenazine decanoate 25 mg/ml solution</i> | inj | |
| FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB) | gen | |
| FLUPHENAZINE HCL 2.5 MG/ML SOLUTION | inj | |
| <i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | gen | |
| <i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i> | inj | |
| <i>haloperidol lactate 2 mg/ml conc</i> | gen | |
| <i>haloperidol lactate 5 mg/ml solution</i> | inj | |
| <i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i> | gen | |
| MOLINDONE HCL 10 MG TAB | gen | QL (8 PER 1 DAYS) |
| MOLINDONE HCL 25 MG TAB | gen | QL (9 PER 1 DAYS) |
| MOLINDONE HCL 5 MG TAB | gen | QL (12 PER 1 DAYS) |
| PIMOZIDE (1 MG TAB, 2 MG TAB) | gen | |
| <i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | PA - FOR NEW STARTS ONLY |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i> | gen | |
| <i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i> | gen | |

RESISTENTES AL TRATAMIENTO

| | | |
|--|------|--|
| <i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i> | gen | |
| VERSACLOZ 50 MG/ML SUSPENSION | spec | QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

SEGUNDA GENERACIÓN/ATÍPICOS

| | | |
|--|------|--|
| ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR) | spec | PA - PART B VS D DETERMINATION |
| ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER) | spec | PA - PART B VS D DETERMINATION |
| <i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>aripiprazole (5 mg tab, 10 mg tab disp, 15 mg tab disp)</i> | gen | QL (2 PER 1 DAYS) |
| <i>aripiprazole 1 mg/ml solution</i> | gen | QL (25 PER 1 DAYS) |
| <i>aripiprazole 2 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR) | spec | PA - PART B VS D DETERMINATION |
| ARISTADA INITIO 675 MG/2.4ML PRSYR | spec | QL (2.4 PER 42 OVER TIME), PA - PART B VS D DETERMINATION |
| <i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i> | gen | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | npd | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB | npd | QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR | spec | QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR | spec | QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR | spec | QL (0.75 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--|
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR | spec | QL (1 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR | spec | QL (1.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR | inj | QL (0.25 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | spec | QL (0.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR | spec | QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | spec | QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | spec | QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR | spec | QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| <i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>lurasidone hcl (80 mg tab, 120 mg tab)</i> | gen | QL (2 PER 1 DAYS) |
| NUPLAZID (10 MG TAB, 34 MG CAP) | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i> | gen | |
| <i>olanzapine 10 mg recon soln</i> | inj | |
| <i>paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 9 mg tab er 24h)</i> | gen | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>paliperidone er 6 mg tab er 24h</i> | gen | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PERSERIS (90 MG PRSYR, 120 MG PRSYR) | spec | QL (1 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| <i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i> | gen | |
| <i>quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)</i> | gen | |
| REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---|
| <i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i> | gen | |
| <i>risperidone microspheres er (er 25 mg, er 37.5 mg, er 50 mg)</i> | spec | PA - PART B VS D DETERMINATION |
| <i>risperidone microspheres er 12.5 mg srer</i> | inj | PA - PART B VS D DETERMINATION |
| SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP) | spec | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VRAYLAR 1.5 & 3 MG CAP THPK | npd | QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i> | gen | |
| <i>ziprasidone mesylate 20 mg recon soln</i> | inj | |
| ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP) | inj | PA - PART B VS D DETERMINATION |

ANTIVÍRICOS

ANTICITOMEGALOVIRUS (CMV)

| | | |
|---|------|----------------------------|
| PREVYMIS 240 MG TAB | spec | QL (200 PER 365 OVER TIME) |
| PREVYMIS 480 MG TAB | spec | QL (100 PER 365 OVER TIME) |
| <i>valganciclovir hcl 450 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | gen | QL (18 PER 1 DAYS) |
| ZIRGAN 0.15 % GEL | npd | QL (5 PER 30 OVER TIME) |

ANTIGRIPALES

| | | |
|---|-----|-----------------------------|
| <i>oseltamivir phosphate 30 mg cap</i> | gen | QL (120 PER 180 OVER TIME) |
| <i>oseltamivir phosphate 45 mg cap</i> | gen | QL (42 PER 180 OVER TIME) |
| <i>oseltamivir phosphate 6 mg/ml recon susp</i> | gen | QL (1080 PER 365 OVER TIME) |
| <i>oseltamivir phosphate 75 mg cap</i> | gen | QL (60 PER 180 OVER TIME) |
| RELENZA DISKHALER 5 MG/ACT AER POW BA | brd | QL (60 PER 180 OVER TIME) |
| RIMANTADINE HCL 100 MG TAB | gen | |
| XOFLUZA (40 MG DOSE) (OFLUZA MG DOSE) 1 40 MG TAB THPK, OFLUZA MG DOSE) 2 20 MG TAB THPK) | npd | QL (2 PER 30 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK | npd | QL (1 PER 30 OVER TIME) |
| XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK | npd | QL (2 PER 30 OVER TIME) |

ANTIHEPATÍTCOS CONTRA LA HEPATITIS B (HBV)

| | | |
|---|-----|--------------------|
| <i>adefovir dipivoxil 10 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| BARACLUDE 0.05 MG/ML SOLUTION | brd | QL (21 PER 1 DAYS) |
| <i>entecavir (0.5 mg tab, 1 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| EPIVIR HBV 5 MG/ML SOLUTION | brd | |
| <i>lamivudine 100 mg tab</i> | gen | |

ANTIHEPÁTICOS CONTRA LA HEPATITIS C

| | | |
|---|------|-----------------------|
| EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB) | spec | PA, QL (1 PER 1 DAYS) |
| EPCLUSA 200-50 MG PACKET | spec | PA, QL (2 PER 1 DAYS) |
| HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB) | spec | PA, QL (1 PER 1 DAYS) |
| HARVONI 45-200 MG PACKET | spec | PA, QL (2 PER 1 DAYS) |
| LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB | spec | PA, QL (1 PER 1 DAYS) |
| MAVYRET 100-40 MG TAB | spec | PA, QL (3 PER 1 DAYS) |
| MAVYRET 50-20 MG PACKET | spec | PA, QL (6 PER 1 DAYS) |
| <i>ribavirin (200 mg cap, 200 mg tab)</i> | gen | |
| SOFOSBUVIR-VELPATASVIR 400-100 MG TAB | spec | PA, QL (1 PER 1 DAYS) |
| VOSEVI 400-100-100 MG TAB | spec | PA, QL (1 PER 1 DAYS) |

ANTIHERPÉTICOS

| | | |
|--|-----|--------------------------------|
| <i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i> | gen | |
| <i>acyclovir sodium 50 mg/ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| <i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i> | gen | |
| TRIFLURIDINE 1% SOLUTION | gen | |
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i> | gen | |

ANTIRRETROVÍRICOS, INHIBIDORES DE LA INTEGRASA (INSTI)

| | | |
|---|-----|-------------------|
| BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB) | brd | QL (1 PER 1 DAYS) |
|---|-----|-------------------|

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| DOVATO 50-300 MG TAB | npd | QL (1 PER 1 DAYS) |
| GENVOYA 150-150-200-10 MG TAB | npd | QL (1 PER 1 DAYS) |
| ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB) | brd | QL (6 PER 1 DAYS) |
| ISENTRESS 100 MG PACKET | brd | QL (2 PER 1 DAYS) |
| ISENTRESS 400 MG TAB | brd | QL (4 PER 1 DAYS) |
| ISENTRESS HD 600 MG TAB | brd | QL (2 PER 1 DAYS) |
| JULUCA 50-25 MG TAB | npd | QL (1 PER 1 DAYS) |
| STRIBILD 150-150-200-300 MG TAB | brd | QL (1 PER 1 DAYS) |
| TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB) | brd | QL (2 PER 1 DAYS) |
| TIVICAY PD 5 MG TAB SOL | brd | QL (6 PER 1 DAYS) |

ANTIRRETROVÍRICOS, INHIBIDORES DE LA PROTEASA

| | | |
|--|-----|--------------------|
| APTIVUS 100 MG/ML SOLUTION | brd | QL (10 PER 1 DAYS) |
| APTIVUS 250 MG CAP | brd | QL (4 PER 1 DAYS) |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap)</i> | gen | QL (2 PER 1 DAYS) |
| <i>atazanavir sulfate 300 mg cap</i> | gen | QL (1 PER 1 DAYS) |
| CRIXIVAN 200 MG CAP | brd | QL (9 PER 1 DAYS) |
| CRIXIVAN 400 MG CAP | brd | QL (6 PER 1 DAYS) |
| <i>darunavir 600 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>darunavir 800 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| EVOTAZ 300-150 MG TAB | npd | QL (1 PER 1 DAYS) |
| <i>fosamprenavir calcium 700 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| LEXIVA 50 MG/ML SUSPENSION | brd | QL (56 PER 1 DAYS) |
| <i>lopinavir-ritonavir 100-25 mg tab</i> | gen | QL (10 PER 1 DAYS) |
| <i>lopinavir-ritonavir 200-50 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i> | gen | QL (13 PER 1 DAYS) |
| NORVIR (100 MG CAP, 100 MG PACKET) | brd | QL (12 PER 1 DAYS) |
| NORVIR 80 MG/ML SOLUTION | brd | QL (15 PER 1 DAYS) |
| PREZCOBIX 800-150 MG TAB | brd | QL (1 PER 1 DAYS) |
| PREZISTA 100 MG/ML SUSPENSION | brd | QL (12 PER 1 DAYS) |
| PREZISTA 150 MG TAB | brd | QL (8 PER 1 DAYS) |
| PREZISTA 75 MG TAB | brd | QL (10 PER 1 DAYS) |
| REYATAZ 50 MG PACKET | brd | QL (8 PER 1 DAYS) |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|-------------------------------|--------------|---------------------------|
| <i>ritonavir 100 mg tab</i> | gen | QL (12 PER 1 DAYS) |
| SYMTUZA 800-150-200-10 MG TAB | npd | QL (1 PER 1 DAYS) |
| VIRACEPT 250 MG TAB | brd | QL (9 PER 1 DAYS) |
| VIRACEPT 625 MG TAB | brd | QL (4 PER 1 DAYS) |

ANTIRRETROVÍRICOS, INHIBIDORES NO NUCLEOSÍDICOS DE LA TRANSCRIPTASA INVERSA (NNRTI)

| | | |
|--|-----|--------------------|
| COMPLERA 200-25-300 MG TAB | brd | QL (1 PER 1 DAYS) |
| DELSTRIGO 100-300-300 MG TAB | npd | QL (1 PER 1 DAYS) |
| EDURANT 25 MG TAB | brd | QL (2 PER 1 DAYS) |
| EFAVIRENZ 200 MG CAP | gen | QL (3 PER 1 DAYS) |
| EFAVIRENZ 50 MG CAP | gen | QL (6 PER 1 DAYS) |
| <i>efavirenz 600 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>etravirine 100 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| <i>etravirine 200 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| INTELENCE 25 MG TAB | brd | QL (12 PER 1 DAYS) |
| <i>nevirapine 200 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| NEVIRAPINE 50 MG/5ML SUSPENSION | gen | QL (40 PER 1 DAYS) |
| NEVIRAPINE ER 100 MG TAB ER 24H | gen | QL (3 PER 1 DAYS) |
| <i>nevirapine er 400 mg tab er 24h</i> | gen | QL (1 PER 1 DAYS) |
| ODEFSEY 200-25-25 MG TAB | brd | QL (1 PER 1 DAYS) |
| PIFELTRO 100 MG TAB | npd | QL (2 PER 1 DAYS) |

ANTIRRETROVÍRICOS, INHIBIDORES NUCLEOSÍDICOS Y NUCLEOTÍDICOS DE LA TRANSCRIPTASA INVERSA (NRTI)

| | | |
|--|-----|--------------------|
| <i>abacavir sulfate 20 mg/ml solution</i> | gen | QL (30 PER 1 DAYS) |
| <i>abacavir sulfate 300 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>abacavir sulfate-lamivudine 600-300 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| CIMDUO 300-300 MG TAB | brd | QL (1 PER 1 DAYS) |
| DESCOVY (120-15 MG TAB, 200-25 MG TAB) | brd | QL (1 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR) | gen | QL (1 PER 1 DAYS) |
| <i>emtricitabine 200 mg cap</i> | gen | QL (1 PER 1 DAYS) |
| <i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| EMTRIVA 10 MG/ML SOLUTION | brd | QL (24 PER 1 DAYS) |
| <i>lamivudine 10 mg/ml solution</i> | gen | QL (30 PER 1 DAYS) |
| <i>lamivudine 150 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>lamivudine 300 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>lamivudine-zidovudine 150-300 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | gen | QL (2 PER 1 DAYS) |
| TEMIXYS 300-300 MG TAB | brd | QL (1 PER 1 DAYS) |
| <i>tenofovir disoproxil fumarate 300 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| TRIUMEQ 600-50-300 MG TAB | npd | QL (1 PER 1 DAYS) |
| TRIUMEQ PD 60-5-30 MG TAB SOL | npd | QL (6 PER 1 DAYS) |
| TRIZIVIR 300-150-300 MG TAB | brd | QL (2 PER 1 DAYS) |
| VIREAD (200 MG TAB, 250 MG TAB) | brd | QL (1 PER 1 DAYS) |
| VIREAD 150 MG TAB | brd | QL (2 PER 1 DAYS) |
| VIREAD 40 MG/GM POWDER | brd | QL (240 PER 30 OVER TIME) |
| <i>zidovudine 100 mg cap</i> | gen | QL (6 PER 1 DAYS) |
| <i>zidovudine 300 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>zidovudine 50 mg/5ml syrup</i> | gen | QL (60 PER 1 DAYS) |

ANTIRRETROVÍRICOS, OTROS

| | | |
|----------------------------------|------|---|
| CABENUVA 400 & 600 MG/2ML SUSP | spec | QL (4 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| CABENUVA 600 & 900 MG/3ML SUSP | spec | QL (6 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| FUZEON 90 MG RECON SOLN | spec | QL (60 PER 30 OVER TIME) |
| <i>maraviroc 150 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>maraviroc 300 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| RUKOBIA 600 MG TAB ER 12H | npd | QL (2 PER 1 DAYS) |
| SELZENTRY (25 MG TAB, 75 MG TAB) | brd | QL (8 PER 1 DAYS) |
| SELZENTRY 20 MG/ML SOLUTION | brd | QL (60 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|----------------------------------|--------------|--|
| SUNLENCA 4 X 300 MG TAB THPK | spec | QL (4 PER 180 OVER TIME) |
| SUNLENCA 463.5 MG/1.5ML SOLUTION | spec | QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION |
| SUNLENCA 5 X 300 MG TAB THPK | spec | QL (5 PER 180 OVER TIME) |
| TYBOST 150 MG TAB | brd | QL (1 PER 1 DAYS) |

BIPOLARES

ESTABILIZADORES DEL ESTADO DE ÁNIMO

| | | |
|---|-----|--|
| EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H) | brd | |
| <i>lithium 8 meq/5ml solution</i> | gen | |
| <i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i> | gen | |
| <i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i> | gen | |

BUCODENTALES

| | | |
|--|------|--------------------------------|
| <i>cevimeline hcl 30 mg cap</i> | gen | |
| <i>chlorhexidine gluconate 0.12 % solution</i> | gen | |
| KEPIVANCE 6.25 MG RECON SOLN | spec | PA - PART B VS D DETERMINATION |
| <i>kourzeq 0.1 % paste</i> | gen | |
| <i>oralone 0.1 % paste</i> | gen | |
| <i>paroex 0.12 % solution</i> | gen | |
| <i>periogard 0.12 % solution</i> | gen | |
| <i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i> | gen | |
| <i>triamcinolone acetonide 0.1 % paste</i> | gen | |

CARDIOVASCULARES

AGONISTAS ADRENÉRGICOS ALFA

| | | |
|---|------|-------------------------------|
| <i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i> | gen | |
| <i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i> | gen | |
| <i>droxidopa 100 mg cap</i> | spec | PA, QL (252 PER 90 OVER TIME) |
| <i>droxidopa 200 mg cap</i> | spec | PA, QL (120 PER 30 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|------------------------------|
| <i>droxidopa 300 mg cap</i> | spec | PA, QL (84 PER 90 OVER TIME) |
| <i>guanfacine hcl (1 mg tab, 2 mg tab)</i> | gen | |
| <i>methyldopa (250 mg tab, 500 mg tab)</i> | gen | |
| <i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | gen | |

ANTAGONISTAS DE LOS RECEPTORES DE LA ANGIOTENSINA II

| | | |
|---|-----|-------------------|
| <i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i> | gen | |
| EPROSARTAN MESYLATE 600 MG TAB | gen | QL (1 PER 1 DAYS) |
| <i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i> | gen | |
| <i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | |
| <i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i> | gen | |
| <i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i> | gen | |
| <i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i> | gen | |

ANTIARRÍTMICOS

| | | |
|--|-----|-------------------|
| <i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i> | gen | |
| <i>disopyramide phosphate (100 mg cap, 150 mg cap)</i> | gen | |
| <i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i> | gen | |
| <i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i> | gen | |
| <i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i> | gen | |
| MULTAQ 400 MG TAB | brd | QL (2 PER 1 DAYS) |
| <i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i> | gen | |
| <i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i> | gen | |
| <i>propafenone hcl er (er 225 mg cap er 12h, er 325 mg cap er 12h, er 425 mg cap er 12h)</i> | gen | |
| <i>quinidine gluconate er 324 mg tab er</i> | gen | |
| <i>quinidine sulfate (200 mg tab, 300 mg tab)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i> | gen | |
| <i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i> | gen | |
| <i>sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab, (af) 160 mg tab)</i> | gen | |

BLOQUEANTES ADRENÉRGICOS ALFA

| | | |
|--|-----|--|
| <i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i> | gen | |
| <i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i> | gen | |
| <i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i> | gen | |

BLOQUEANTES ADRENÉRGICOS BETA

| | | |
|--|-----|----|
| <i>acebutolol hcl (200 mg cap, 400 mg cap)</i> | gen | |
| <i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i> | gen | |
| <i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i> | gen | |
| <i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i> | gen | |
| <i>carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)</i> | gen | ST |
| <i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i> | gen | |
| <i>metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)</i> | gen | |
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i> | gen | |
| <i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i> | gen | |
| <i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | gen | |
| <i>pindolol (5 mg tab, 10 mg tab)</i> | gen | |
| <i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i> | gen | |
| <i>propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

BLOQUEANTES DE LOS CANALES DE CALCIO, DIHIDROPIRIDINAS

| | | |
|--|------|----------------------------|
| <i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | gen | |
| <i>felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i> | gen | |
| <i>isradipine (2.5 mg cap, 5 mg cap)</i> | gen | |
| <i>nicardipine hcl (20 mg cap, 30 mg cap)</i> | gen | |
| <i>nifedipine (10 mg cap, 20 mg cap)</i> | gen | |
| <i>nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i> | gen | |
| <i>nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)</i> | gen | |
| <i>nimodipine 30 mg cap</i> | gen | |
| <i>nisoldipine er (er 8.5 mg tab er 24h, er 17 mg tab er 24h, er 20 mg tab er 24h, er 25.5 mg tab er 24h, er 30 mg tab er 24h, er 34 mg tab er 24h, er 40 mg tab er 24h)</i> | gen | |
| NYMALIZE 6 MG/ML SOLUTION | spec | QL (1260 PER 21 OVER TIME) |

BLOQUEANTES DE LOS CANALES DE CALCIO, NO DIHIDROPIRIDINAS

| | | |
|---|-----|--|
| <i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i> | gen | |
| <i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i> | gen | |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i> | gen | |
| <i>diltiazem hcl 120 mg extended release 24hr capsule</i> | gen | |
| <i>diltiazem hcl 180 mg extended release 24hr capsule</i> | gen | |
| <i>diltiazem hcl 240 mg extended release 24hr capsule</i> | gen | |
| <i>diltiazem hcl 300 mg extended release 24hr capsule</i> | gen | |
| <i>diltiazem hcl 360 mg extended release 24hr capsule</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg tab er 24h, er 180 mg tab er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i> | gen | |
| <i>diltiazem hcl er beads (er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h, er beads 420 mg cap er 24h)</i> | gen | |
| <i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i> | gen | |
| <i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i> | gen | |
| <i>tiadylt er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)</i> | gen | |
| <i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i> | gen | |
| VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 120 MG CAP ER 24H, ER 120 MG TAB ER, ER 180 MG CAP ER 24H, ER 180 MG TAB ER, ER 200 MG CAP ER 24H, ER 240 MG CAP ER 24H, ER 240 MG TAB ER, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H) | gen | |

CARDIOVASCULARES, OTROS

| | | |
|--|-----|----|
| <i>acetazolamide (125 mg tab, 250 mg tab)</i> | gen | |
| <i>aliskiren fumarate (150 mg tab, 300 mg tab)</i> | gen | PA |
| <i>amiloride-hydrochlorothiazide 5-50 mg tab</i> | gen | |
| <i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i> | gen | |
| <i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i> | gen | |
| <i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i> | gen | |
| <i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i> | gen | |
| <i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i> | gen | |
| <i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | gen | |
| <i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i> | gen | |
| <i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i> | gen | |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB) | gen | |
| CORLANOR 5 MG/5ML SOLUTION | npd | PA, QL (20 PER 1 DAYS) |
| <i>digitek (125 mcg tab, 250 mcg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>digox (125 mcg tab, 250 mcg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>digoxin (125 mcg tab, 250 mcg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>digoxin 62.5 mcg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i> | gen | |
| ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB) | brd | QL (2 PER 1 DAYS) |
| ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK) | brd | QL (8 PER 1 DAYS) |
| <i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i> | gen | |
| <i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i> | gen | |
| <i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i> | gen | QL (6 PER 1 DAYS) |
| <i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i> | gen | PA, QL (2 PER 1 DAYS) |
| <i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | gen | |
| <i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i> | gen | |
| METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB) | gen | |
| <i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i> | gen | |
| <i>metyrosine 250 mg cap</i> | spec | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i> | gen | |
| <i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i> | gen | |
| <i>pentoxifylline er 400 mg tab er</i> | gen | |
| PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB) | gen | |
| <i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | gen | |
| <i>ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)</i> | gen | QL (2 PER 1 DAYS) |
| <i>spironolactone-hctz 25-25 mg tab</i> | gen | |
| <i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i> | gen | |
| <i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i> | gen | |
| TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER) | gen | |
| <i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i> | gen | |
| <i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i> | gen | |
| VECAMYL 2.5 MG TAB | gen | |
| VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB) | npd | PA, QL (1 PER 1 DAYS) |
| VYNDAMAX 61 MG CAP | spec | PA, LA, QL (1 PER 1 DAYS) |

DISLIPIDÉMICOS, DERIVADOS DEL ÁCIDO FÍBRICO

| | | |
|--|-----|--|
| <i>fenofibrate (40 mg tab, 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 120 mg tab, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)</i> | gen | |
| <i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i> | gen | |
| <i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i> | gen | |
| <i>gemfibrozil 600 mg tab</i> | gen | |

DISLIPIDÉMICOS, INHIBIDORES DE LA HIDROXIMETILGLUTARIL-COENZIMA A (HMG-COA) REDUCTASA

| | | |
|--|-----|--|
| <i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | gen | |
|--|-----|--|

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>fluvastatin sodium (20 mg cap, 40 mg cap)</i> | gen | |
| <i>fluvastatin sodium er 80 mg tab er 24h</i> | gen | |
| <i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i> | gen | |
| <i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | gen | |
| <i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i> | gen | |
| <i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | gen | |

DISLIPIDÉMICOS, OTROS

| | | |
|--|-----|-------------------------------|
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i> | gen | |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i> | gen | |
| <i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i> | gen | |
| <i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i> | gen | |
| <i>ezetimibe 10 mg tab</i> | gen | |
| <i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i> | gen | |
| <i>icosapent ethyl 0.5 gm cap</i> | gen | QL (8 PER 1 DAYS) |
| <i>icosapent ethyl 1 gm cap</i> | gen | QL (4 PER 1 DAYS) |
| NIACIN (ANTIHYPÉRLIPIDEMIC) 500 MG TAB | gen | |
| <i>niacin er (antihyperlipidemic) (er antihyperlipidemic) 750 mg tab er, er (antihyperlipidemic) 1000 mg tab er)</i> | gen | QL (2 PER 1 DAYS) |
| <i>niacin er (antihyperlipidemic) 500 mg tab er</i> | gen | QL (4 PER 1 DAYS) |
| NIACOR 500 MG TAB | gen | |
| <i>omega-3-acid ethyl esters 1 gm cap</i> | gen | QL (4 PER 1 DAYS) |
| <i>prevalite (4 gm packet, 4 gm/dose powder)</i> | gen | |
| REPATHA 140 MG/ML SOLN PRSYR | brd | PA, QL (2 PER 28 OVER TIME) |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART | brd | PA, QL (3.5 PER 28 OVER TIME) |
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ | brd | PA, QL (2 PER 28 OVER TIME) |

DIURÉTICOS, AHORRADORES DE POTASIO

| | | |
|-------------------------------|-----|--|
| <i>amiloride hcl 5 mg tab</i> | gen | |
|-------------------------------|-----|--|

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>eplerenone (25 mg tab, 50 mg tab)</i> | gen | |
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | |
| <i>triamterene (50 mg cap, 100 mg cap)</i> | gen | ST |

DIURÉTICOS, ASA

| | | |
|---|-----|--|
| <i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | gen | |
| <i>bumetanide 0.25 mg/ml solution</i> | inj | |
| <i>furosemide (8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i> | gen | |
| <i>furosemide 10 mg/ml solution</i> | inj | |
| <i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i> | gen | |

DIURÉTICOS, TIAZIDAS

| | | |
|---|-----|--|
| <i>chlorthalidone (25 mg tab, 50 mg tab)</i> | gen | |
| DIURIL 250 MG/5ML SUSPENSION | npd | |
| <i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i> | gen | |
| <i>indapamide (1.25 mg tab, 2.5 mg tab)</i> | gen | |
| <i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | gen | |

INHIBIDORES DE LA ENZIMA CONVERTIDORA DE ANGIOTENSINA (ACE)

| | | |
|--|-----|--------------------|
| <i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i> | gen | |
| <i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | gen | |
| <i>enalapril maleate 1 mg/ml solution</i> | gen | QL (40 PER 1 DAYS) |
| <i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i> | gen | |
| <i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i> | gen | |
| <i>moexipril hcl (7.5 mg tab, 15 mg tab)</i> | gen | |
| <i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i> | gen | |
| <i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i> | gen | |
| <i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i> | gen | |

VASODILADORES ARTERIALES DE ACCIÓN DIRECTA

| | | |
|--|-----|--|
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | |
| <i>minoxidil (2.5 mg tab, 10 mg tab)</i> | gen | |

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

| | | |
|---|-----|--------------------------|
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i> | gen | |
| <i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i> | gen | |
| <i>isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)</i> | gen | |
| <i>minitran (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i> | gen | |
| NITRO-BID 2 % OINTMENT | brd | |
| NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR) | brd | |
| NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER) | gen | |
| <i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i> | gen | |
| <i>nitroglycerin 0.4 % ointment</i> | gen | QL (30 PER 30 OVER TIME) |
| NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB) | brd | |

DERMATOLÓGICOS

ACNÉ Y ROSÁCEA, MEDICAMENTOS PARA TRATAR

| | | |
|--|-----|----|
| <i>acutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | gen | |
| <i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i> | gen | |
| <i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i> | gen | PA |
| <i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i> | gen | ST |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i> | gen | |
| <i>avita (0.025 % cream, 0.025 % gel)</i> | gen | PA |
| <i>azelaic acid 15 % gel</i> | gen | QL (50 PER 30 OVER TIME) |
| <i>benzoyl peroxide-erythromycin 5-3 % gel</i> | gen | |
| <i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | gen | |
| <i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i> | gen | |
| <i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i> | gen | ST |
| <i>clindamycin-tretinoin 1.2-0.025 % gel</i> | gen | ST |
| <i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i> | gen | |
| <i>myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | gen | |
| <i>tazarotene (0.05 % cream, 0.1 % cream)</i> | gen | |
| TAZORAC 0.05 % CREAM | npd | |
| <i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i> | gen | PA |
| <i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | gen | |

ANTIINFECIOSOS TÓPICOS

| | | |
|--|-----|------------------------------|
| <i>acyclovir 5 % cream</i> | gen | PA, QL (5 PER 30 OVER TIME) |
| <i>acyclovir 5 % ointment</i> | gen | PA, QL (30 PER 30 OVER TIME) |
| <i>ciclodan 8 % solution</i> | gen | |
| <i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i> | gen | |
| <i>clindacin 1 % foam</i> | gen | |
| <i>clindamycin phosphate (1 % foam, 1 % gel, 1 % lotion, 1 % solution)</i> | gen | |
| <i>dapsone (5 % gel, 7.5 % gel)</i> | gen | PA, QL (90 PER 30 OVER TIME) |
| ERY 2 % PAD | gen | |
| <i>erythromycin (2 % gel, 2 % solution)</i> | gen | |
| <i>mafenide acetate 5 % packet</i> | gen | |
| <i>mupirocin 2 % ointment</i> | gen | |
| <i>penciclovir 1 % cream</i> | gen | PA, QL (5 PER 30 OVER TIME) |
| SULFAMYLON 85 MG/GM CREAM | npd | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

DERMATITIS Y PRURITO, MEDICAMENTOS PARA TRATAR

| | | |
|--|-----|----|
| <i>ala-cort (1 % cream, 2.5 % cream)</i> | gen | |
| <i>alclometasone dipropionate 0.05 % ointment</i> | gen | |
| <i>ammonium lactate (12 % cream, 12 % lotion)</i> | gen | |
| ANUSOL-HC 2.5 % CREAM | gen | |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion)</i> | gen | |
| <i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i> | gen | |
| <i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i> | gen | |
| CAPEX 0.01 % SHAMPOO | npd | |
| <i>clobetasol prop emollient base 0.05 % cream</i> | gen | |
| <i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i> | gen | |
| <i>clobetasol propionate 0.05 % foam</i> | gen | PA |
| <i>clobetasol propionate emulsion 0.05 % foam</i> | gen | PA |
| <i>clodan 0.05 % shampoo</i> | gen | |
| <i>desonide (0.05 % cream, 0.05 % ointment)</i> | gen | |
| <i>desonide 0.05 % gel</i> | gen | PA |
| <i>desoximetasone (0.05 % cream, 0.25 % cream, 0.25 % ointment)</i> | gen | |
| <i>desoximetasone (0.05 % gel, 0.05 % ointment, 0.25 % liquid)</i> | gen | ST |
| <i>desrx 0.05 % gel</i> | gen | PA |
| DIFLORASONE DIACETATE 0.05 % CREAM | gen | |
| <i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i> | gen | |
| <i>fluocinolone acetonide body 0.01 % oil</i> | gen | |
| <i>fluocinolone acetonide scalp 0.01 % oil</i> | gen | |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i> | gen | |
| <i>fluocinonide 0.1 % cream</i> | gen | ST |
| <i>fluocinonide emulsified base 0.05 % cream</i> | gen | |
| <i>flurandrenolide (0.05 % lotion, 0.05 % ointment)</i> | gen | PA |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i> | gen | |
| <i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i> | gen | QL (200 PER 28 OVER TIME) |
| <i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i> | gen | |
| <i>hydrocortisone (perianal) ((perianal) 1 % cream, (perianal) 2.5 % cream)</i> | gen | |
| HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % SOLUTION) | gen | ST |
| <i>hydrocortisone valerate 0.2 % cream</i> | gen | ST |
| <i>mometasone furoate 0.1 % solution</i> | gen | |
| <i>nolix 0.05 % lotion</i> | gen | PA |
| <i>pimecrolimus 1 % cream</i> | gen | QL (100 PER 30 OVER TIME) |
| <i>procto-med hc 2.5 % cream</i> | gen | |
| <i>procto-pak 1 % cream</i> | gen | |
| <i>proctosol hc 2.5 % cream</i> | gen | |
| <i>proctozone-hc 2.5 % cream</i> | gen | |
| <i>selenium sulfide 2.5 % lotion</i> | gen | |
| <i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i> | gen | QL (100 PER 30 OVER TIME) |
| <i>tovet 0.05 % foam</i> | gen | PA |
| <i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i> | gen | |
| <i>triamcinolone acetonide 0.147 mg/gm aero soln</i> | gen | PA |
| <i>triderm (0.1 % cream, 0.5 % cream)</i> | gen | |

DERMATOLÓGICOS, OTROS

| | | |
|--|-----|----|
| ANALPRAM-HC 2.5-1 % LOTION | brd | |
| <i>avar-e emollient 10-5 % cream</i> | gen | ED |
| <i>avar-e green 10-5 % cream</i> | gen | ED |
| <i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i> | gen | |
| <i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i> | gen | PA |
| <i>calcitrene 0.005 % ointment</i> | gen | |
| CALCITRIOL 3 MCG/GM OINTMENT | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|--------------------------------|
| <i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i> | gen | |
| <i>diclofenac sodium 3 % gel</i> | gen | PA, QL (100 PER 30 OVER TIME) |
| EPIFOAM 1-1 % FOAM | brd | |
| <i>fluorouracil (2 % solution, 5 % cream, 5 % solution)</i> | gen | |
| HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM | gen | |
| <i>imiquimod 5 % cream</i> | gen | QL (24 PER 30 OVER TIME) |
| <i>methoxsalen rapid 10 mg cap</i> | gen | |
| <i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i> | gen | |
| OTEZLA (20 MG TAB, 30 MG TAB) | spec | PA, QL (2 PER 1 DAYS) |
| <i>podofilox 0.5 % solution</i> | gen | |
| PRAMOSONE (1-1 % LOTION, 1-2.5 % LOTION) | brd | |
| PROCTOFOAM HC 1-1 % FOAM | brd | |
| REGRANEX 0.01 % GEL | brd | PA, QL (15 PER 2 OVER TIME) |
| SANTYL 250 UNIT/GM OINTMENT | brd | QL (180 PER 30 OVER TIME) |
| <i>silver sulfadiazine 1 % cream</i> | gen | |
| SKYRIZI 600 MG/10ML SOLUTION | spec | PA, QL (30 PER 365 OVER TIME) |
| SODIUM SULFACETAMIDE-BAKUCHIOL 10 % LIQUID | gen | ED |
| <i>ssd 1 % cream</i> | gen | |
| <i>sss 10-5 10-5 % cream</i> | gen | |
| SSS 10-5 10-5 % FOAM | gen | ED |
| STELARA 130 MG/26ML SOLUTION | spec | PA, QL (104 PER 365 OVER TIME) |
| <i>sulfacetamide sodium-sulfur (10-5 % lotion, 10-5 % suspension)</i> | gen | ED |
| <i>sulfacetamide sodium-sulfur 10-5 % cream</i> | gen | |
| TOLAK 4 % CREAM | brd | |

PEDICULICIDAS/ESCABICIDAS

| | | |
|-------------------------------|-----|------------------------------|
| <i>ivermectin 1 % cream</i> | gen | PA, QL (45 PER 30 OVER TIME) |
| LINDANE 1 % SHAMPOO | gen | |
| <i>malathion 0.5 % lotion</i> | gen | |
| <i>permethrin 5 % cream</i> | gen | |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|-------------------------------|--------------|---------------------------|
| SPINOSAD 0.9 % SUSPENSION | gen | QL (240 PER 30 OVER TIME) |

ELECTROLITOS/MINERALES/METALES/VITAMINAS

MODIFICADORES DE ELECTROLITOS/MINERALES/METALES

| | | |
|---|------|-----------------------|
| CHEMET 100 MG CAP | brd | |
| <i>clovique 250 mg cap</i> | spec | PA, QL (8 PER 1 DAYS) |
| <i>deferasirox (180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i> | spec | |
| <i>deferasirox 125 mg tab sol</i> | brd | |
| <i>deferasirox 90 mg tab</i> | npd | |
| <i>deferiprone 1000 mg tab</i> | spec | PA |
| <i>deferiprone 500 mg tab</i> | spec | PA, LA |
| FERRIPROX 100 MG/ML SOLUTION | spec | PA, LA |
| <i>trientine hcl 250 mg cap</i> | spec | PA, QL (8 PER 1 DAYS) |
| TRIENTINE HCL 500 MG CAP | spec | PA, QL (4 PER 1 DAYS) |

QUELANTES DE FOSFATO

| | | |
|---|-----|------------------------|
| AURYXIA 1 GM 210 MG(Fe) TAB | npd | PA, QL (12 PER 1 DAYS) |
| <i>calcium acetate (phos binder) (binder) 667 mg cap, binder) 667 mg tab)</i> | gen | |
| <i>calcium acetate 667 mg tab</i> | gen | |
| <i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)</i> | gen | |
| <i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)</i> | gen | |
| <i>sevelamer hcl (400 mg tab, 800 mg tab)</i> | gen | |

QUELANTES DE POTASIO

| | | |
|---|-----|--|
| <i>kionex 15 gm/60ml suspension</i> | gen | |
| <i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i> | gen | |
| SPS (SODIUM POLYSTYRENE SULF) (SULF) 15 GM/60ML SUSPENSION, SULF) 30 GM/120ML SUSPENSION) | gen | |
| VELTASSA (1 GM PACKET, 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET) | brd | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|-------|---------------------------------|
| SUSTITUTOS DE ELECTROLITOS/MINERALES | | |
| AMINOSYN II 10 % SOLUTION | inj | PA - PART B VS D DETERMINATION |
| AMINOSYN-PF 10 % SOLUTION | inj | PA - PART B VS D DETERMINATION |
| <i>carglumic acid 200 mg tab sol</i> | spec | PA, LA |
| CRYSVITA 10 MG/ML SOLUTION | spec | PA, LA, QL (2 PER 28 OVER TIME) |
| CRYSVITA 20 MG/ML SOLUTION | spec | PA, LA, QL (8 PER 28 OVER TIME) |
| CRYSVITA 30 MG/ML SOLUTION | spec | PA, LA, QL (6 PER 28 OVER TIME) |
| HEPATAMINE 8 % SOLUTION | inj | PA - PART B VS D DETERMINATION |
| INTRALIPID (20 % EMULSION, 30 % EMULSION) | inj | PA - PART B VS D DETERMINATION |
| KCL (0.149%) IN NAACL 20-0.9 MEQ/L-% SOLUTION | inj | |
| KCL (0.298%) IN NAACL 40-0.9 MEQ/L-% SOLUTION | inj | |
| <i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i> | inj | |
| <i>klor-con (8 tab er, 20 packet)</i> | gen | |
| <i>klor-con 10 10 meq tab er</i> | gen | |
| <i>klor-con m10 10 meq tab er</i> | gen | |
| <i>klor-con m15 15 meq tab er</i> | gen | |
| <i>klor-con m20 20 meq tab er</i> | gen | |
| <i>klor-con sprinkle (8 cap er, 10 cap er)</i> | gen | |
| <i>magnesium sulfate 50 % solution</i> | inj | |
| MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB) | gen | ED |
| NORMOSOL-M IN D5W SOLUTION | inj | |
| NUTRILIPID 20 % EMULSION | inj | PA - PART B VS D DETERMINATION |
| <i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i> | gen | |
| <i>potassium chloride (2 meq/ml solution, 10 meq/100ml solution, 20 meq/100ml solution, 40 meq/100ml solution)</i> | inj | |
| <i>potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|--------------------------------|
| <i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 15 tab er, er 20 tab er)</i> | gen | |
| <i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i> | inj | |
| <i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i> | gen | |
| PREMASOL 10 % SOLUTION | inj | PA - PART B VS D DETERMINATION |
| <i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i> | inj | |
| <i>sodium chloride (pf) 0.9 % solution</i> | inj | |

VITAMINAS

| | | |
|--|-----|----|
| <i>cyanocobalamin 1000 mcg/ml solution</i> | gen | ED |
| <i>dextrose (5 % solution, 10 % solution)</i> | inj | |
| <i>dextrose in lactated ringers 5 % solution</i> | inj | |
| <i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i> | inj | |
| <i>dodex 1000 mcg/ml solution</i> | gen | ED |
| <i>effer-k 25 meq effer tab</i> | gen | ED |
| <i>folic acid 1 mg tab</i> | gen | ED |
| <i>k-prime 25 meq effer tab</i> | gen | |
| KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION | inj | |
| <i>klor-con/ef 25 meq effer tab</i> | gen | ED |
| <i>lactated ringers solution</i> | inj | |
| <i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i> | gen | |
| <i>levocarnitine sf 1 gm/10ml solution</i> | gen | |
| MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | gen | ED |
| MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION | gen | ED |
| <i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i> | gen | ED |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--------------------------------|
| MULTIVITAMIN W/FLUORIDE (W/FLUORIDE 0.25 MG CHEW TAB, W/FLUORIDE 0.5 MG CHEW TAB, W/FLUORIDE 1 MG CHEW TAB) | gen | ED |
| MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB) | gen | ED |
| <i>multivitamins/fluoride 0.5 mg chew tab</i> | gen | ED |
| <i>nafrinse 2.2 (1 f) mg chew tab</i> | gen | |
| POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | gen | ED |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i> | inj | |
| <i>prenatal vitamins</i> | brd | |
| QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB) | gen | ED |
| <i>ringers solution</i> | inj | |
| <i>ringers irrigation solution</i> | gen | |
| SMOFLIPID 20 % EMULSION | inj | PA - PART B VS D DETERMINATION |
| <i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i> | gen | |
| <i>tis-u-sol solution</i> | gen | |
| TPN ELECTROLYTES CONC | inj | PA - PART B VS D DETERMINATION |
| TRI-VITE/FLUORIDE (TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION, TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION) | gen | |
| VITAMINS ACD-FLUORIDE (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION) | gen | |

ENFERMEDAD INFLAMATORIA INTESTINAL, MEDICAMENTOS CONTRA LA

AMINOSALICILATOS

| | | |
|--|-----|-----------------------|
| <i>balsalazide disodium 750 mg cap</i> | gen | |
| DIPENTUM 250 MG CAP | npd | PA |
| <i>mesalamine (4 gm enema, 1000 mg suppos)</i> | gen | |
| <i>mesalamine (400 mg cap dr, 800 mg tab dr)</i> | gen | ST, QL (6 PER 1 DAYS) |
| <i>mesalamine 1.2 gm tab dr</i> | gen | QL (4 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>mesalamine er 0.375 gm cap er 24h</i> | gen | QL (4 PER 1 DAYS) |
| <i>mesalamine er 500 mg cap er</i> | gen | ST, QL (8 PER 1 DAYS) |
| <i>sulfasalazine (500 mg tab, 500 mg tab dr)</i> | gen | |

GLUCOCORTICOIDES

| | | |
|---|-----|-----------------------|
| <i>budesonide 3 mg cp dr part</i> | gen | PA, QL (3 PER 1 DAYS) |
| <i>budesonide er 9 mg tab er 24h</i> | gen | PA, QL (1 PER 1 DAYS) |
| CORTIFOAM 10 % FOAM | brd | |
| <i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i> | gen | |

ENFERMEDAD ÓSEA METABÓLICA, MEDICAMENTOS CONTRA LA

| | | |
|--|------|---------------------------------|
| <i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i> | gen | |
| <i>calcitonin (salmon) 200 unit/act solution</i> | gen | QL (3.7 PER 30 OVER TIME) |
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i> | gen | PA - PART B VS D DETERMINATION |
| CALCITRIOL 1 MCG/ML SOLUTION | inj | PA - PART B VS D DETERMINATION |
| <i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>doxercalciferol 4 mcg/2ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| <i>ergocalciferol 1.25 mg (50000 ut) cap</i> | gen | ED |
| FORTEO 600 MCG/2.4ML SOLN PEN | spec | PA |
| <i>ibandronate sodium 150 mg tab</i> | gen | |
| <i>ibandronate sodium 3 mg/3ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE) | spec | PA, LA, QL (2 PER 28 OVER TIME) |
| <i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>paricalcitol (2 mcg/ml solution, 5 mcg/ml solution)</i> | inj | PA - PART B VS D DETERMINATION |
| PROLIA 60 MG/ML SOLN PRSYR | inj | PA |
| <i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i> | gen | |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN | spec | PA |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---|
| TYMLOS 3120 MCG/1.56ML SOLN PEN | spec | PA, QL (1.56 PER 28 OVER TIME) |
| <i>vitamin d (ergocalciferol) ((ergocalciferol) 1.25 mg (50000 ut) cap, (ergocalciferol) 50000 unit cap)</i> | gen | ED |
| XGEVA 120 MG/1.7ML SOLUTION | spec | QL (1.7 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i> | inj | PA - PART B VS D DETERMINATION |

GASTROINTESTINALES

ANTAGONISTAS DE LOS RECEPTORES DE LA HISTAMINA 2 (H2)

| | | |
|---|-----|--|
| <i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i> | gen | |
| <i>cimetidine hcl (300 mg/5ml solution, 400 mg/6.67ml solution)</i> | gen | |
| <i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i> | gen | |
| NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP) | gen | |

ANTIDIARREICOS

| | | |
|--|------|---------------------------|
| <i>alosetron hcl (0.5 mg tab, 1 mg tab)</i> | npd | PA |
| DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID) | gen | |
| <i>loperamide hcl 2 mg cap</i> | gen | |
| XERMELO 250 MG TAB | spec | PA, LA, QL (3 PER 1 DAYS) |

ANTIESPASMÓDICOS, GASTROINTESTINALES

| | | |
|--|-----|-----------------------|
| <i>atropine sulfate (0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr)</i> | inj | |
| <i>chlordiazepoxide-clidinium 5-2.5 mg cap</i> | gen | QL (8 PER 1 DAYS), ED |
| <i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i> | gen | PA |
| <i>ed-spaz 0.125 mg tab disp</i> | gen | ED |
| <i>glycopyrrolate (1 mg tab, 2 mg tab)</i> | gen | |
| <i>glycopyrrolate 1 mg/5ml solution</i> | gen | PA |
| <i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i> | gen | ED |
| <i>hyoscyamine sulfate er 0.375 mg tab er 12h</i> | gen | ED |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i> | gen | ED |
| <i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i> | gen | |
| <i>nulev 0.125 mg tab disp</i> | gen | ED |
| <i>oscimin (0.125 mg sl tab, 0.125 mg tab)</i> | gen | ED |
| <i>oscimin sr 0.375 mg tab er 12h</i> | gen | ED |
| <i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i> | gen | ED |
| <i>pb-hyoscy-atropine-scopolamine 16.2 mg/5ml elixir</i> | gen | QL (40 PER 1 DAYS), ED |
| <i>phenobarbital-belladonna alk 16.2 mg tab</i> | gen | ED |
| <i>phenobarbital-belladonna alk 16.2 mg/5ml elixir</i> | gen | QL (40 PER 1 DAYS), ED |
| <i>phenohydro 16.2 mg tab</i> | gen | ED |
| <i>phenohydro 16.2 mg/5ml elixir</i> | gen | QL (40 PER 1 DAYS), ED |
| <i>symax-sl 0.125 mg sl tab</i> | gen | ED |
| <i>symax-sr 0.375 mg tab er 12h</i> | gen | ED |

ESTREÑIMIENTO, MEDICAMENTOS CONTRA EL

| | | |
|---|-----|-------------------|
| <i>constulose 10 gm/15ml solution</i> | gen | |
| <i>enulose 10 gm/15ml solution</i> | gen | |
| <i>gavilyte-n with flavor pack 420 gm recon soln</i> | gen | |
| <i>generlac 10 gm/15ml solution</i> | gen | |
| <i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i> | gen | |
| <i>lactulose encephalopathy 10 gm/15ml solution</i> | gen | |
| LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP) | brd | QL (1 PER 1 DAYS) |
| <i>lubiprostone (8 mcg cap, 24 mcg cap)</i> | gen | QL (2 PER 1 DAYS) |
| MOVANTIK (12.5 MG TAB, 25 MG TAB) | brd | QL (1 PER 1 DAYS) |
| <i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i> | gen | |
| NULYTELY LEMON-LIME 420 GM RECON SOLN | brd | |
| NULYTELY WITH FLAVOR PACKS 420 GM RECON SOLN | brd | |
| <i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i> | gen | |
| <i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i> | gen | |
| PEG-PREP 5-210 MG-GM KIT | gen | |
| PLENVU 140 GM RECON SOLN | brd | |
| RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION) | spec | PA |
| <i>trilyte 420 gm recon soln</i> | gen | |

GASTROINTESTINALES, OTROS

| | | |
|--|------|----------------------------------|
| GATTEX 5 MG KIT | spec | PA, LA |
| GAVILYTE-C 240 GM RECON SOLN | gen | |
| <i>gavilyte-g 236 gm recon soln</i> | gen | |
| GOLYTELY 236 GM RECON SOLN | brd | |
| MYALEPT 11.3 MG RECON SOLN | spec | PA, LA, QL (60 PER 30 OVER TIME) |
| <i>peg-3350/electrolytes 236 gm recon soln</i> | gen | |
| SKYRIZI 180 MG/1.2ML SOLN CART | spec | PA, QL (1.2 PER 56 OVER TIME) |
| SKYRIZI 360 MG/2.4ML SOLN CART | spec | PA, QL (2.4 PER 56 OVER TIME) |
| <i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i> | gen | |

INHIBIDORES DE LA BOMBA DE PROTONES

| | | |
|--|-----|-------------------|
| <i>esomeprazole magnesium 20 mg cap dr</i> | gen | |
| <i>esomeprazole magnesium 40 mg cap dr</i> | gen | QL (2 PER 1 DAYS) |
| <i>lansoprazole 15 mg cap dr</i> | gen | |
| <i>lansoprazole 30 mg cap dr</i> | gen | QL (2 PER 1 DAYS) |
| <i>omeprazole (10 mg cap dr, 20 mg cap dr)</i> | gen | |
| <i>omeprazole 40 mg cap dr</i> | gen | QL (2 PER 1 DAYS) |
| <i>pantoprazole sodium 20 mg tab dr</i> | gen | |
| <i>pantoprazole sodium 40 mg recon soln</i> | inj | |
| <i>pantoprazole sodium 40 mg tab dr</i> | gen | QL (2 PER 1 DAYS) |
| <i>rabeprazole sodium 20 mg tab dr</i> | gen | |

PROTECTORES

| | | |
|--|-----|--|
| <i>misoprostol (100 mcg tab, 200 mcg tab)</i> | gen | |
| <i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

GENITOURINARIOS

ANTIESPASMÓDICOS, URINARIOS

| | | |
|--|-----|-----------------------|
| <i>darifenacin hydrobromide er 15 mg tab er 24h</i> | gen | ST, QL (1 PER 1 DAYS) |
| <i>darifenacin hydrobromide er 7.5 mg tab er 24h</i> | gen | ST, QL (2 PER 1 DAYS) |
| <i>fesoterodine fumarate er (er 4 mg tab er 24h, er 8 mg tab er 24h)</i> | gen | |
| <i>flavoxate hcl 100 mg tab</i> | gen | |
| GEMTESA 75 MG TAB | brd | QL (1 PER 1 DAYS) |
| MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H) | brd | |
| <i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i> | gen | |
| <i>oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)</i> | gen | |
| <i>solifenacin succinate (5 mg tab, 10 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>tolterodine tartrate (1 mg tab, 2 mg tab)</i> | gen | ST |
| <i>tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)</i> | gen | ST |
| <i>tropium chloride 20 mg tab</i> | gen | |
| <i>tropium chloride er 60 mg cap er 24h</i> | gen | |

GENITOURINARIOS, OTROS

| | | |
|--|------|---------------------------------|
| <i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i> | gen | |
| CYTRA K CRYSTALS 3300-1002 MG PACKET | gen | ED |
| ELMIRON 100 MG CAP | brd | |
| MUSE (125 MCG PELLETT, 250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT) | brd | PA, QL (6 PER 30 OVER TIME), ED |
| <i>penicillamine 250 mg tab</i> | spec | PA |
| <i>phenazo 200 mg tab</i> | gen | ED |
| <i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i> | gen | ED |
| <i>phospho-trin k500 500 mg tab</i> | gen | ED |
| <i>pot & sod cit-cit ac 550-500-334 mg/5ml solution</i> | gen | ED |
| <i>potassium citrate-citric acid 1100-334 mg/5ml solution</i> | gen | ED |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------------|
| <i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | PA, QL (8 PER 30 OVER TIME), ED |
| <i>sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)</i> | gen | ED |
| <i>taron-crystals 3300-1002 mg packet</i> | gen | ED |
| <i>tiopronin (100 mg tab, 100 mg tab dr, 300 mg tab dr)</i> | spec | PA |
| <i>tricitrates 550-500-334 mg/5ml solution</i> | gen | ED |
| <i>vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)</i> | gen | PA, QL (8 PER 30 OVER TIME), ED |

HIPERTROFIA PROSTÁTICA BENIGNA, MEDICAMENTOS CONTRA LA

| | | |
|--|-----|---------------------------------|
| <i>alfuzosin hcl er 10 mg tab er 24h</i> | gen | |
| <i>dutasteride 0.5 mg cap</i> | gen | QL (1 PER 1 DAYS) |
| <i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i> | gen | QL (1 PER 1 DAYS) |
| <i>finasteride 5 mg tab</i> | gen | |
| <i>silodosin (4 mg cap, 8 mg cap)</i> | gen | QL (1 PER 1 DAYS) |
| <i>tadalafil (10 mg tab, 20 mg tab)</i> | gen | PA, QL (8 PER 30 OVER TIME), ED |
| <i>tadalafil 2.5 mg tab</i> | gen | PA, QL (2 PER 1 DAYS) |
| <i>tadalafil 5 mg tab</i> | gen | PA, QL (1 PER 1 DAYS) |
| <i>tamsulosin hcl 0.4 mg cap</i> | gen | |

HEMODERIVADOS Y MODIFICADORES

ANTICOAGULANTES

| | | |
|--|-----|---------------------------|
| <i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i> | gen | QL (2 PER 1 DAYS) |
| ELIQUIS (2.5 MG TAB, 5 MG TAB) | brd | QL (2 PER 1 DAYS) |
| ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK | brd | QL (74 PER 180 OVER TIME) |
| <i>enoxaparin sodium (100 mg/ml soln prsy, 150 mg/ml soln prsy, 300 mg/3ml solution)</i> | inj | QL (60 PER 30 OVER TIME) |
| <i>enoxaparin sodium (80 mg/0.8ml soln prsy, 120 mg/0.8ml soln prsy)</i> | inj | QL (48 PER 30 OVER TIME) |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsy</i> | inj | QL (18 PER 30 OVER TIME) |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsy</i> | inj | QL (24 PER 30 OVER TIME) |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsy</i> | inj | QL (36 PER 30 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--------------------------------|
| <i>fondaparinux sodium 10 mg/0.8ml solution</i> | spec | QL (24 PER 30 OVER TIME) |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i> | inj | QL (15 PER 30 OVER TIME) |
| <i>fondaparinux sodium 5 mg/0.4ml solution</i> | spec | QL (12 PER 30 OVER TIME) |
| <i>fondaparinux sodium 7.5 mg/0.6ml solution</i> | spec | QL (18 PER 30 OVER TIME) |
| <i>heparin sodium (porcine) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i> | gen | PA - PART B VS D DETERMINATION |
| <i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i> | gen | |
| <i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i> | gen | |
| XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB) | brd | QL (1 PER 1 DAYS) |
| XARELTO 1 MG/ML RECON SUSP | brd | QL (20 PER 1 DAYS) |
| XARELTO 2.5 MG TAB | brd | QL (2 PER 1 DAYS) |
| XARELTO STARTER PACK 15 & 20 MG TAB THPK | brd | QL (51 PER 180 OVER TIME) |
| ZONTIVITY 2.08 MG TAB | npd | QL (1 PER 1 DAYS) |

HEMODERIVADOS Y MODIFICADORES, OTROS

| | | |
|--|------|---------------------------|
| <i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i> | gen | |
| ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, (FREE) 25 MCG/0.42ML SOLN PRSYR, (FREE) 25 MCG/ML SOLUTION, (FREE) 40 MCG/0.4ML SOLN PRSYR, (FREE) 40 MCG/ML SOLUTION, (FREE) 60 MCG/0.3ML SOLN PRSYR, (FREE) 60 MCG/ML SOLUTION, (FREE) 100 MCG/ML SOLUTION) | inj | PA |
| ARANESP (ALBUMIN FREE) (FREE) 100 MCG/0.5ML SOLN PRSYR, (FREE) 150 MCG/0.3ML SOLN PRSYR, (FREE) 200 MCG/0.4ML SOLN PRSYR, (FREE) 200 MCG/ML SOLUTION, (FREE) 300 MCG/0.6ML SOLN PRSYR, (FREE) 500 MCG/ML SOLN PRSYR) | spec | PA |
| PROMACTA (12.5 MG PACKET, 12.5 MG TAB) | spec | PA, LA, QL (1 PER 1 DAYS) |
| PROMACTA (25 MG TAB, 50 MG TAB) | spec | PA, LA, QL (3 PER 1 DAYS) |
| PROMACTA 25 MG PACKET | spec | PA, LA, QL (6 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| PROMACTA 75 MG TAB | spec | PA, LA, QL (2 PER 1 DAYS) |
| RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION) | npd | PA |
| RETACRIT 40000 UNIT/ML SOLUTION | spec | PA |
| ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) | spec | PA |

HEMOSTÁTICOS

| | | |
|-----------------------------------|-----|----------------------------|
| MEPHYTON 5 MG TAB | brd | QL (5 PER 7 OVER TIME), ED |
| <i>phytonadione 5 mg tab</i> | gen | QL (5 PER 7 OVER TIME), ED |
| <i>tranexamic acid 650 mg tab</i> | gen | QL (1 PER 1 DAYS) |

MODIFICADORES PLAQUETARIOS

| | | |
|---|------|---------------------------|
| <i>aspirin-dipyridamole er 25-200 mg cap er 12h</i> | gen | |
| BRILINTA (60 MG TAB, 90 MG TAB) | brd | QL (2 PER 1 DAYS) |
| CABLIVI 11 MG KIT | spec | PA, LA, QL (1 PER 1 DAYS) |
| <i>cilostazol (50 mg tab, 100 mg tab)</i> | gen | |
| <i>clopidogrel bisulfate 75 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i> | gen | |
| <i>prasugrel hcl (5 mg tab, 10 mg tab)</i> | gen | QL (1 PER 1 DAYS) |

HORMONALES, ESTIMULANTES/SUSTITUTOS/MODIFICADORES (HIPOFISARIOS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| | | |
|--|------|----------------------------------|
| <i>desmopressin ace spray refrig 0.01 % solution</i> | gen | |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i> | gen | |
| <i>desmopressin acetate 4 mcg/ml solution</i> | inj | |
| <i>desmopressin acetate pf 4 mcg/ml solution</i> | inj | |
| <i>desmopressin acetate spray 0.01 % solution</i> | gen | |
| EGRIFTA SV 2 MG RECON SOLN | spec | PA, LA, QL (30 PER 30 OVER TIME) |
| GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE) | spec | PA |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR) | spec | PA |
| INCRELEX 40 MG/4ML SOLUTION | spec | PA, LA |
| OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART) | spec | PA |

HORMONALES, ESTIMULANTES/SUSTITUTOS/MODIFICADORES (HORMONAS SEXUALES/MODIFICADORES)

ANDRÓGENOS

| | | |
|---|-----|--------------------------------|
| <i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i> | gen | |
| <i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i> | gen | |
| <i>methyltestosterone 10 mg cap</i> | gen | PA |
| <i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i> | gen | PA, QL (150 PER 30 OVER TIME) |
| <i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i> | gen | PA, QL (300 PER 30 OVER TIME) |
| <i>testosterone 10 mg/act (2%) gel</i> | gen | PA, QL (120 PER 30 OVER TIME) |
| <i>testosterone 20.25 mg/1.25gm (1.62%) gel</i> | gen | PA, QL (37.5 PER 30 OVER TIME) |
| <i>testosterone 30 mg/act solution</i> | gen | PA, QL (180 PER 30 OVER TIME) |
| <i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i> | gen | |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION | gen | QL (5 PER 30 OVER TIME) |

ESTEROIDES ANABOLIZANTES

| | | |
|--|-----|--|
| ANADROL-50 50 MG TAB | npd | |
| <i>oxandrolone (2.5 mg tab, 10 mg tab)</i> | gen | |

ESTRÓGENOS

| | | |
|---|-----|--|
| <i>afirmelle 0.1-20 mg-mcg tab</i> | gen | |
| <i>altavera 0.15-30 mg-mcg tab</i> | gen | |
| <i>alyacen 1/35 1-35 mg-mcg tab</i> | gen | |
| <i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | gen | |
| <i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>amethia 0.15-0.03 & 0.01 mg tab</i> | gen | |
| <i>amethia lo 0.1-0.02 & 0.01 mg tab</i> | gen | |
| <i>amethyst 90-20 mcg tab</i> | gen | |
| <i>apri 0.15-30 mg-mcg tab</i> | gen | |
| <i>aranelle 0.5/1/0.5-35 mg-mcg tab</i> | gen | |
| <i>ashlyna 0.15-0.03 & 0.01 mg tab</i> | gen | |
| <i>aubra 0.1-20 mg-mcg tab</i> | gen | |
| <i>aubra eq 0.1-20 mg-mcg tab</i> | gen | |
| <i>aurovela 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>aurovela 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>aurovela 24 fe 1-20 mg-mcg(24) tab</i> | gen | |
| <i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>aurovela fe 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>aviane 0.1-20 mg-mcg tab</i> | gen | |
| <i>ayuna 0.15-30 mg-mcg tab</i> | gen | |
| <i>azurette 0.15-0.02/0.01 mg (21/5) tab</i> | gen | |
| <i>balziva 0.4-35 mg-mcg tab</i> | gen | |
| <i>bekyree 0.15-0.02/0.01 mg (21/5) tab</i> | gen | |
| <i>blisovi 24 fe 1-20 mg-mcg(24) tab</i> | gen | |
| <i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>blisovi fe 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>briellyn 0.4-35 mg-mcg tab</i> | gen | |
| <i>camrese 0.15-0.03 & 0.01 mg tab</i> | gen | |
| <i>camrese lo 0.1-0.02 & 0.01 mg tab</i> | gen | |
| <i>caziant 0.1/0.125/0.15 -0.025 mg tab</i> | gen | |
| <i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i> | gen | |
| <i>chateal 0.15-30 mg-mcg tab</i> | gen | |
| <i>chateal eq 0.15-30 mg-mcg tab</i> | gen | |
| CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK | brd | QL (4 PER 28 OVER TIME) |
| <i>covaryx 1.25-2.5 mg tab</i> | gen | ED |
| <i>covaryx hs 0.625-1.25 mg tab</i> | gen | ED |
| <i>cryselle-28 0.3-30 mg-mcg tab</i> | gen | |
| <i>cyclafem 1/35 1-35 mg-mcg tab</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | gen | |
| <i>cyred 0.15-30 mg-mcg tab</i> | gen | |
| <i>cyred eq 0.15-30 mg-mcg tab</i> | gen | |
| <i>dasetta 1/35 1-35 mg-mcg tab</i> | gen | |
| <i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | gen | |
| <i>daysee 0.15-0.03 & 0.01 mg tab</i> | gen | |
| <i>delyla 0.1-20 mg-mcg tab</i> | gen | |
| DEPO-ESTRADIOL 5 MG/ML OIL | inj | |
| <i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i> | gen | |
| <i>dolishale 90-20 mcg tab</i> | gen | |
| <i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | gen | QL (16 PER 28 OVER TIME) |
| <i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i> | gen | |
| <i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i> | gen | |
| <i>eemt 1.25-2.5 mg tab</i> | gen | ED |
| <i>eemt hs 0.625-1.25 mg tab</i> | gen | ED |
| <i>elinest 0.3-30 mg-mcg tab</i> | gen | |
| <i>eluryng 0.12-0.015 mg/24hr ring</i> | gen | QL (1 PER 28 OVER TIME) |
| <i>emoquette 0.15-30 mg-mcg tab</i> | gen | |
| <i>enilloring 0.12-0.015 mg/24hr ring</i> | gen | QL (1 PER 28 OVER TIME) |
| <i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i> | gen | |
| <i>enskyce 0.15-30 mg-mcg tab</i> | gen | |
| <i>est estrogens-methyltest (rogens-methylt0.625-1.25 mg tab, rogens-methylt1.25-2.5 mg tab)</i> | gen | ED |
| <i>est estrogens-methyltest ds 1.25-2.5 mg tab</i> | gen | ED |
| <i>est estrogens-methyltest hs 0.625-1.25 mg tab</i> | gen | ED |
| <i>estarylla 0.25-35 mg-mcg tab</i> | gen | |
| <i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | gen | QL (16 PER 28 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i> | gen | QL (8 PER 28 OVER TIME) |
| <i>estradiol (0.1 mg/gm cream, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)</i> | gen | |
| <i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i> | gen | |
| <i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i> | gen | |
| ESTRING (2 MG RING, 7.5 MCG/24HR RING) | brd | QL (1 PER 84 OVER TIME) |
| <i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i> | gen | |
| <i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i> | gen | QL (1 PER 28 OVER TIME) |
| <i>falmina 0.1-20 mg-mcg tab</i> | gen | |
| <i>fayosim 42-21-21-7 days tab</i> | gen | |
| <i>femynor 0.25-35 mg-mcg tab</i> | gen | |
| <i>finzala 1-20 mg-mcg(24) chew tab</i> | gen | |
| <i>fyavolv (0.5-2.5 tab, 1-5 tab)</i> | gen | |
| <i>gemmily 1-20 mg-mcg(24) cap</i> | gen | |
| <i>gianvi 3-0.02 mg tab</i> | gen | |
| <i>hailey 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>hailey 24 fe 1-20 mg-mcg(24) tab</i> | gen | |
| <i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>hailey fe 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>haloette 0.12-0.015 mg/24hr ring</i> | gen | QL (1 PER 28 OVER TIME) |
| <i>iclevia 0.15-0.03 mg tab</i> | gen | |
| <i>introvale 0.15-0.03 mg tab</i> | gen | |
| <i>isibloom 0.15-30 mg-mcg tab</i> | gen | |
| <i>jaimiess 0.15-0.03 & 0.01 mg tab</i> | gen | |
| <i>jasmiel 3-0.02 mg tab</i> | gen | |
| <i>jinteli 1-5 mg-mcg tab</i> | gen | |
| <i>jolessa 0.15-0.03 mg tab</i> | gen | |
| <i>juleber 0.15-30 mg-mcg tab</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>junel 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>junel 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>junel fe 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>junel fe 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>junel fe 24 1-20 mg-mcg(24) tab</i> | gen | |
| <i>kaitlib fe 0.8-25 mg-mcg chew tab</i> | gen | |
| <i>kalliga 0.15-30 mg-mcg tab</i> | gen | |
| <i>kariva 0.15-0.02/0.01 mg (21/5) tab</i> | gen | |
| <i>kelnor 1/35 1-35 mg-mcg tab</i> | gen | |
| <i>kelnor 1/50 1-50 mg-mcg tab</i> | gen | |
| <i>kurvelo 0.15-30 mg-mcg tab</i> | gen | |
| <i>larin 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>larin 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>larin 24 fe 1-20 mg-mcg(24) tab</i> | gen | |
| <i>larin fe 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>larin fe 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>larissia 0.1-20 mg-mcg tab</i> | gen | |
| <i>layolis fe 0.8-25 mg-mcg chew tab</i> | gen | |
| <i>leena 0.5/1/0.5-35 mg-mcg tab</i> | gen | |
| <i>lessina 0.1-20 mg-mcg tab</i> | gen | |
| <i>levonest 50-30/75-40/ 125-30 mcg tab</i> | gen | |
| <i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i> | gen | |
| <i>levonorgest-eth est & eth est 42-21-21-7 days tab</i> | gen | |
| <i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i> | gen | |
| <i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i> | gen | |
| <i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i> | gen | |
| <i>lillow 0.15-30 mg-mcg tab</i> | gen | |
| <i>lo-zumandimine 3-0.02 mg tab</i> | gen | |
| <i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i> | gen | |
| <i>loestrin 1/20 (21) 1-20 mg-mcg tab</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>loestrin fe 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>lojaimiess 0.1-0.02 & 0.01 mg tab</i> | gen | |
| <i>lopreeza 1-0.5 mg tab</i> | gen | |
| <i>loryna 3-0.02 mg tab</i> | gen | |
| <i>low-ogestrel 0.3-30 mg-mcg tab</i> | gen | |
| <i>lutera 0.1-20 mg-mcg tab</i> | gen | |
| <i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | gen | QL (16 PER 28 OVER TIME) |
| <i>marlissa 0.15-30 mg-mcg tab</i> | gen | |
| <i>melodetta 24 fe 1-20 mg-mcg(24) chew tab</i> | gen | |
| MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB) | npd | |
| <i>merzee 1-20 mg-mcg(24) cap</i> | gen | |
| <i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i> | gen | |
| <i>microgestin 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>microgestin 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>microgestin 24 fe 1-20 mg-mcg tab</i> | gen | |
| <i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i> | gen | |
| <i>microgestin fe 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>mili 0.25-35 mg-mcg tab</i> | gen | |
| <i>mimvey 1-0.5 mg tab</i> | gen | |
| <i>mono-lynyah 0.25-35 mg-mcg tab</i> | gen | |
| <i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i> | gen | |
| <i>nikki 3-0.02 mg tab</i> | gen | |
| <i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i> | gen | |
| <i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i> | gen | |
| <i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i> | gen | |
| <i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i> | gen | |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i> | gen | |
| <i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i> | gen | |
| <i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i> | gen | |
| <i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i> | gen | |
| <i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i> | gen | |
| <i>nortrel 1/35 (21) 1-35 mg-mcg tab</i> | gen | |
| <i>nortrel 1/35 (28) 1-35 mg-mcg tab</i> | gen | |
| <i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | gen | |
| <i>nylia 1/35 1-35 mg-mcg tab</i> | gen | |
| <i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | gen | |
| <i>nymyo 0.25-35 mg-mcg tab</i> | gen | |
| <i>ocella 3-0.03 mg tab</i> | gen | |
| <i>orsythia 0.1-20 mg-mcg tab</i> | gen | |
| <i>philith 0.4-35 mg-mcg tab</i> | gen | |
| <i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i> | gen | |
| <i>pirmella 1/35 1-35 mg-mcg tab</i> | gen | |
| <i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | gen | |
| <i>portia-28 0.15-30 mg-mcg tab</i> | gen | |
| PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB) | npd | |
| PREMARIN 0.625 MG/GM CREAM | brd | |
| PREMPHASE 0.625-5 MG TAB | brd | |
| PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB) | brd | |
| <i>previfem 0.25-35 mg-mcg tab</i> | gen | |
| <i>reclipsen 0.15-30 mg-mcg tab</i> | gen | |
| <i>rivelsa 42-21-21-7 days tab</i> | gen | |
| <i>setlakin 0.15-0.03 mg tab</i> | gen | |
| <i>simliya 0.15-0.02/0.01 mg (21/5) tab</i> | gen | |
| <i>simpesse 0.15-0.03 & 0.01 mg tab</i> | gen | |
| <i>sprintec 28 0.25-35 mg-mcg tab</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>sronyx 0.1-20 mg-mcg tab</i> | gen | |
| <i>syeda 3-0.03 mg tab</i> | gen | |
| <i>tarina 24 fe 1-20 mg-mcg(24) tab</i> | gen | |
| <i>tarina fe 1/20 1-20 mg-mcg tab</i> | gen | |
| <i>tarina fe 1/20 eq 1-20 mg-mcg tab</i> | gen | |
| <i>taysofy 1-20 mg-mcg(24) cap</i> | gen | |
| <i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i> | gen | |
| <i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i> | gen | |
| <i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i> | gen | |
| <i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i> | gen | |
| <i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i> | gen | |
| <i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i> | gen | |
| <i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i> | gen | |
| <i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i> | gen | |
| <i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i> | gen | |
| <i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i> | gen | |
| <i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i> | gen | |
| <i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i> | gen | |
| <i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i> | gen | |
| <i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i> | gen | |
| <i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i> | gen | |
| <i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i> | gen | |
| <i>turqoz 0.3-30 mg-mcg tab</i> | gen | |
| <i>tydemy 3-0.03-0.451 mg tab</i> | gen | |
| VELIVET 0.1/0.125/0.15 -0.025 MG TAB | gen | |
| <i>vestura 3-0.02 mg tab</i> | gen | |
| <i>vienva 0.1-20 mg-mcg tab</i> | gen | |
| <i>viorele 0.15-0.02/0.01 mg (21/5) tab</i> | gen | |
| <i>volnea 0.15-0.02/0.01 mg (21/5) tab</i> | gen | |
| <i>vyfemla 0.4-35 mg-mcg tab</i> | gen | |
| <i>vylibra 0.25-35 mg-mcg tab</i> | gen | |
| <i>wera 0.5-35 mg-mcg tab</i> | gen | |
| <i>wymzya fe 0.4-35 mg-mcg chew tab</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>xulane 150-35 mcg/24hr patch wk</i> | gen | |
| <i>yuvafem 10 mcg tab</i> | gen | |
| <i>zafemy 150-35 mcg/24hr patch wk</i> | gen | |
| <i>zarah 3-0.03 mg tab</i> | gen | |
| <i>zovia 1/35 (28) 1-35 mg-mcg tab</i> | gen | |
| <i>zovia 1/35e (28) 1-35 mg-mcg tab</i> | gen | |
| <i>zumandimine 3-0.03 mg tab</i> | gen | |

MODIFICADORES SELECTIVOS DE LOS RECEPTORES ESTROGÉNICOS

| | | |
|---------------------------------|-----|-----------------------|
| <i>OSPHENA 60 MG TAB</i> | npd | PA, QL (1 PER 1 DAYS) |
| <i>raloxifene hcl 60 mg tab</i> | gen | QL (1 PER 1 DAYS) |

PROGESTINAS

| | | |
|--|------|--------------------------|
| <i>camila 0.35 mg tab</i> | gen | |
| <i>deblitane 0.35 mg tab</i> | gen | |
| DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR | inj | |
| <i>errin 0.35 mg tab</i> | gen | |
| <i>heather 0.35 mg tab</i> | gen | |
| HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION | spec | |
| <i>incassia 0.35 mg tab</i> | gen | |
| <i>jencycla 0.35 mg tab</i> | gen | |
| <i>lyleq 0.35 mg tab</i> | gen | |
| <i>lyza 0.35 mg tab</i> | gen | |
| <i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i> | inj | |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | gen | |
| <i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i> | gen | PA - FOR NEW STARTS ONLY |
| <i>megestrol acetate 625 mg/5ml suspension</i> | gen | PA |
| <i>nora-be 0.35 mg tab</i> | gen | |
| <i>norethindrone 0.35 mg tab</i> | gen | |
| <i>norethindrone acetate 5 mg tab</i> | gen | |
| <i>norlyda 0.35 mg tab</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>norlyroc 0.35 mg tab</i> | gen | |
| <i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i> | gen | |
| <i>sharobel 0.35 mg tab</i> | gen | |
| <i>tulana 0.35 mg tab</i> | gen | |

HORMONALES, ESTIMULANTES/SUSTITUTOS/MODIFICADORES (SUPRARRENALES)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| | | |
|--|------|--------------------------------|
| <i>alclometasone dipropionate 0.05 % cream</i> | gen | |
| <i>anucort-hc 25 mg suppos</i> | gen | ED |
| <i>anusol-hc 25 mg suppos</i> | gen | ED |
| <i>betamethasone dipropionate 0.05 % ointment</i> | gen | |
| <i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion)</i> | gen | |
| <i>clobetasol prop emollient base 0.05 % cream</i> | gen | |
| <i>clobetasol propionate e 0.05 % cream</i> | gen | |
| CORTISONE ACETATE 25 MG TAB | gen | |
| CORTROPHIN 80 UNIT/ML GEL | spec | PA, LA |
| <i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i> | gen | |
| <i>desonide 0.05 % lotion</i> | gen | |
| <i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i> | gen | |
| DEXAMETHASONE INTENSOL 1 MG/ML CONC | gen | |
| DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR | inj | |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| <i>dexamethasone sodium phosphate (10 mg/ml solution, 100 mg/10ml solution)</i> | inj | PA - PART B VS D DETERMINATION |
| <i>dexamethasone sodium phosphate (4 mg/ml soln prsy, 4 mg/ml solution, 20 mg/5ml solution, 120 mg/30ml solution)</i> | inj | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---|
| <i>fludrocortisone acetate 0.1 mg tab</i> | gen | |
| HEMADY 20 MG TAB | npd | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>hemmorex-hc 25 mg suppos</i> | gen | ED |
| <i>hydrocortisone acetate 25 mg suppos</i> | gen | ED |
| <i>hydrocortisone butyrate 0.1 % ointment</i> | gen | ST |
| <i>hydrocortisone valerate 0.2 % ointment</i> | gen | |
| MEDROL 2 MG TAB | brd | |
| <i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i> | gen | |
| <i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i> | inj | |
| <i>methylprednisolone sodium succ 125 mg recon soln</i> | inj | PA - PART B VS D DETERMINATION |
| <i>methylprednisolone sodium succ 40 mg recon soln</i> | inj | |
| <i>mifepristone 300 mg tab</i> | spec | PA, QL (4 PER 1 DAYS) |
| <i>mometasone furoate (0.1 % cream, 0.1 % ointment)</i> | gen | |
| <i>prednisolone 15 mg/5ml solution</i> | gen | |
| <i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i> | gen | |
| <i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i> | gen | |
| PREDNISONE INTENSOL 5 MG/ML CONC | gen | |

HORMONALES, ESTIMULANTES/SUSTITUTOS/MODIFICADORES (TIROIDEOS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

| | | |
|---|-----|----|
| ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | brd | |
| ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB) | brd | ED |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i> | gen | |
| <i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | brd | |
| <i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | gen | |
| <i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i> | brd | |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i> | gen | |
| NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | brd | ED |
| NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | brd | ED |
| SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB) | brd | |
| THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB) | brd | ED |
| <i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | brd | |

HORMONALES, SUPRESORES (HIPOFISARIOS)

| | | |
|--|------|--------------------------|
| <i>cabergoline 0.5 mg tab</i> | gen | |
| FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN | spec | |
| FIRMAGON 80 MG RECON SOLN | inj | |
| LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION | spec | PA - FOR NEW STARTS ONLY |
| <i>leuprolide acetate 1 mg/0.2ml kit</i> | spec | |
| LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT) | spec | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---|
| LUPRON DEPOT (3-MONTH) ((3-MONTH) 11.25 MG KIT, (3-MONTH) 22.5 MG KIT) | spec | |
| LUPRON DEPOT (4-MONTH) 30 MG KIT | spec | |
| LUPRON DEPOT (6-MONTH) 45 MG KIT | spec | |
| <i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i> | inj | PA |
| OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR | spec | PA |
| ORGOVYX 120 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT) | spec | PA |
| SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION) | spec | PA, LA, QL (60 PER 30 OVER TIME) |
| SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION) | spec | PA - FOR NEW STARTS ONLY |
| SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) | spec | PA, QL (1 PER 1 DAYS) |
| SYNAREL 2 MG/ML SOLUTION | spec | |
| TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP) | inj | PA - PART B VS D DETERMINATION |

HORMONALES, SUPRESORES (TIROIDEOS)

ANTITIROIDEOS

| | |
|--|-----|
| <i>methimazole (5 mg tab, 10 mg tab)</i> | gen |
| <i>propylthiouracil 50 mg tab</i> | gen |

INMUNOLÓGICOS

ANGIOEDEMA, MEDICAMENTOS CONTRA EL

| | | |
|--|------|------------------------------|
| HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN) | spec | PA, LA |
| <i>icatibant acetate 30 mg/3ml soln prsy</i> | spec | PA, QL (36 PER 60 OVER TIME) |
| <i>sajazir 30 mg/3ml soln prsy</i> | spec | PA, QL (36 PER 60 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|------------------------------|
| INMUNOESTIMULANTES | | |
| ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION | spec | LA, PA - FOR NEW STARTS ONLY |
| INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN) | spec | LA |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR | spec | PA, QL (2 PER 30 OVER TIME) |
| PEGASYS 180 MCG/ML SOLUTION | spec | PA, QL (4 PER 30 OVER TIME) |
| INMUNOGLOBULINAS | | |
| BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION) | spec | PA, LA |
| CARIMUNE NF (6 GM RECON SOLN, 12 GM RECON SOLN) | spec | PA |
| FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION) | spec | PA |
| GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION) | spec | PA |
| GAMMAGARD S/D LESS IGA (S/D 5 GM RECON SOLN, S/D 10 GM RECON SOLN) | spec | PA |
| GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION) | spec | PA |
| GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION) | spec | PA, LA |
| GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION) | spec | PA |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION) | spec | PA, LA |
| PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION) | spec | PA |

INMUNOLÓGICOS, OTROS

| | | |
|---|------|---------------------------------|
| ARCALYST 220 MG RECON SOLN | spec | PA, LA |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) | spec | PA, LA, QL (4 PER 28 OVER TIME) |
| BEYFORTUS (50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN PRSYR) | inj | |
| DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | spec | PA |
| ILARIS 150 MG/ML SOLUTION | spec | PA, LA |
| OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK) | spec | PA, QL (55 PER 28 OVER TIME) |
| RIDAURA 3 MG CAP | brd | |
| SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT | spec | PA, QL (6 PER 365 OVER TIME) |
| SKYRIZI 150 MG/ML SOLN PRSYR | spec | PA, QL (6 PER 365 OVER TIME) |
| SKYRIZI PEN 150 MG/ML SOLN A-INJ | spec | PA, QL (6 PER 365 OVER TIME) |
| STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION) | spec | PA, QL (0.5 PER 28 OVER TIME) |
| STELARA 90 MG/ML SOLN PRSYR | spec | PA, QL (1 PER 28 OVER TIME) |
| TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR) | spec | PA, LA, QL (1 PER 28 OVER TIME) |
| TALTZ 20 MG/0.25ML SOLN PRSYR | spec | PA, QL (0.25 PER 28 DAYS) |
| TALTZ 40 MG/0.5ML SOLN PRSYR | spec | PA, QL (0.5 PER 28 DAYS) |
| XELJANZ (5 MG TAB, 10 MG TAB) | spec | PA, QL (2 PER 1 DAYS) |
| XELJANZ 1 MG/ML SOLUTION | spec | PA, QL (10 PER 1 DAYS) |
| XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR) | spec | PA, LA, QL (8 PER 28 OVER TIME) |
| XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | spec | PA, QL (8 PER 28 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|-------------------------------|--------------|---------------------------------|
| XOLAIR 75 MG/0.5ML SOLN A-INJ | spec | PA, QL (2 PER 28 OVER TIME) |
| XOLAIR 75 MG/0.5ML SOLN PRSYR | spec | PA, LA, QL (2 PER 28 OVER TIME) |

INMUNOSUPRESORES

| | | |
|---|------|--------------------------------|
| <i>azasan (75 mg tab, 100 mg tab)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i> | gen | PA - PART B VS D DETERMINATION |
| AZATHIOPRINE SODIUM 100 MG RECON SOLN | inj | PA - PART B VS D DETERMINATION |
| <i>cyclosporine (25 mg cap, 100 mg cap)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>cyclosporine 50 mg/ml solution</i> | inj | PA - PART B VS D DETERMINATION |
| <i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i> | gen | PA - PART B VS D DETERMINATION |
| ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR) | spec | PA, QL (8 PER 28 OVER TIME) |
| ENBREL 25 MG/0.5ML SOLN PRSYR | spec | PA, QL (4.08 PER 28 OVER TIME) |
| ENBREL 25 MG/0.5ML SOLUTION | spec | PA, QL (4 PER 28 OVER TIME) |
| ENBREL MINI 50 MG/ML SOLN CART | spec | PA, QL (8 PER 28 OVER TIME) |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ | spec | PA, QL (8 PER 28 OVER TIME) |
| ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H) | npd | PA - FOR NEW STARTS ONLY |
| <i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i> | gen | PA - PART B VS D DETERMINATION |
| HADLIMA 40 MG/0.4ML SOLN PRSYR | spec | PA, QL (1.6 PER 28 OVER TIME) |
| HADLIMA 40 MG/0.8ML SOLN PRSYR | spec | PA, QL (3.2 PER 28 OVER TIME) |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ | spec | PA, QL (1.6 PER 28 OVER TIME) |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ | spec | PA, QL (3.2 PER 28 OVER TIME) |
| HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT) | spec | PA, QL (2 PER 28 OVER TIME) |
| HUMIRA (2 PEN) (PEN) 40 MG/0.4ML AUT-IJ KIT, (PEN) 40 MG/0.8ML AUT-IJ KIT) | spec | PA, QL (4 PER 28 OVER TIME) |
| HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT | spec | PA, QL (2 PER 28 OVER TIME) |
| HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT | spec | PA, QL (4 PER 28 OVER TIME) |
| HUMIRA 40 MG/0.4ML PREF SY KT | spec | PA, QL (4 PER 28 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---|
| HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT | spec | PA, QL (12 PER 365 OVER TIME) |
| HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT | spec | PA, QL (6 PER 365 OVER TIME) |
| HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PREF SY KT | spec | PA, QL (4 PER 365 OVER TIME) |
| HUMIRA-PED>/=40KG CROHNS START 80 MG/0.8ML PREF SY KT | spec | PA, QL (6 PER 365 OVER TIME) |
| HUMIRA-PED>/=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT | spec | PA, QL (8 PER 365 OVER TIME) |
| HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML AUT-IJ KIT | spec | PA, QL (8 PER 365 OVER TIME) |
| HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT | spec | PA, QL (6 PER 365 OVER TIME) |
| <i>leflunomide (10 mg tab, 20 mg tab)</i> | gen | |
| METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION) | gen | PA - PART B VS D DETERMINATION |
| <i>methotrexate sodium (pf) ((pf) 1 gm/40ml solution, (pf) 50 mg/2ml solution, (pf) 250 mg/10ml solution, (pf) 1000 mg/40ml solution)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>methotrexate sodium 1 gm recon soln</i> | inj | PA - PART B VS D DETERMINATION |
| <i>methotrexate sodium 2.5 mg tab</i> | gen | |
| <i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>mycophenolate mofetil 500 mg recon soln</i> | inj | PA - PART B VS D DETERMINATION |
| <i>mycophenolate mofetil hcl 500 mg recon soln</i> | inj | PA - PART B VS D DETERMINATION |
| <i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i> | gen | PA - PART B VS D DETERMINATION |
| PROGRAF (0.2 MG PACKET, 1 MG PACKET) | npd | PA - FOR NEW STARTS ONLY |
| REZUROCK 200 MG TAB | spec | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H) | spec | PA, QL (1 PER 1 DAYS) |
| RINVOQ 45 MG TAB ER 24H | spec | PA, QL (168 PER 365 OVER TIME) |
| RINVOQ LQ 1 MG/ML SOLUTION | spec | PA, QL (12 PER 1 DAYS) |
| SANDIMMUNE 100 MG/ML SOLUTION | brd | PA - PART B VS D DETERMINATION |
| <i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i> | gen | PA - PART B VS D DETERMINATION |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--------------------------------|
| <i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i> | gen | PA - PART B VS D DETERMINATION |
| TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB) | npd | |
| XATMEP 2.5 MG/ML SOLUTION | npd | PA - FOR NEW STARTS ONLY |
| XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H) | spec | PA, QL (1 PER 1 DAYS) |

VACUNAS

| | | |
|---|-----|-------------------------------------|
| ABRYSCO 120 MCG/0.5ML RECON SOLN | brd | VAC |
| ACTHIB RECON SOLN | brd | |
| ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION | brd | VAC |
| AREXVY 120 MCG/0.5ML RECON SUSP | brd | VAC |
| BCG VACCINE 50 MG RECON SOLN | brd | VAC |
| BEXSERO SUSP PRSYR | brd | VAC |
| BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION) | brd | VAC |
| DAPTACEL 23-15-5 SUSPENSION | brd | |
| DENGVAXIA RECON SUSP | brd | |
| DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION | brd | |
| ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) | brd | PA - PART B VS D DETERMINATION, VAC |
| GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION) | brd | VAC |
| HAVRIX 1440 EL U/ML SUSPENSION | brd | VAC |
| HAVRIX 720 EL U/0.5ML SUSPENSION | brd | |
| HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR | brd | PA - PART B VS D DETERMINATION, VAC |
| HIBERIX 10 MCG RECON SOLN | brd | |
| IMOVAX RABIES 2.5 UNIT/ML RECON SUSP | brd | VAC |
| INFANRIX 25-58-10 SUSPENSION | brd | |
| IPOLE INJECTABLE | brd | VAC |
| IXCHIQ RECON SOLN | inj | VAC |
| IXIARO SUSPENSION | inj | VAC |
| JYNNEOS 0.5 ML SUSPENSION | brd | VAC |
| KINRIX (0.5 ML SUSP PRSYR, SUSPENSION) | brd | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|-------------------------------------|
| M-M-R II RECON SOLN | brd | VAC |
| MENACTRA SOLUTION | brd | VAC |
| MENQUADFI SOLUTION | brd | VAC |
| MENVEO (RECON SOLN, SOLUTION) | brd | VAC |
| MRESVIA 50 MCG/0.5ML SUSP PRSYR | brd | VAC |
| PEDIARIX SUSP PRSYR | brd | |
| PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION | brd | |
| PENBRAYA RECON SUSP | brd | VAC |
| PENTACEL RECON SUSP | brd | |
| PREHEVBRIO 10 MCG/ML SUSPENSION | brd | PA - PART B VS D DETERMINATION, VAC |
| PRIORIX RECON SUSP | brd | VAC |
| PROQUAD RECON SUSP | brd | |
| QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION) | brd | |
| RABAVERT RECON SUSP | brd | VAC |
| RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) | brd | PA - PART B VS D DETERMINATION, VAC |
| ROTARIX (RECON SUSP, SUSPENSION) | brd | |
| ROTATEQ SOLUTION | brd | |
| SHINGRIX 50 MCG/0.5ML RECON SUSP | brd | QL (2 PER 365 OVER TIME), VAC |
| TDVAX 2-2 LF/0.5ML SUSPENSION | brd | VAC |
| TENIVAC 5-2 LFU INJECTABLE | brd | VAC |
| TETANUS-DIPHThERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION | brd | VAC |
| TICOVAC 1.2 MCG/0.25ML SUSP PRSYR | brd | |
| TICOVAC 2.4 MCG/0.5ML SUSP PRSYR | brd | VAC |
| TRUMENBA SUSP PRSYR | brd | VAC |
| TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR | brd | PA - PART B VS D DETERMINATION, VAC |
| TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION) | inj | VAC |
| VAQTA 25 UNIT/0.5ML SUSPENSION | brd | |
| VAQTA 50 UNIT/ML SUSPENSION | brd | VAC |
| VARIVAX 1350 PFU/0.5ML RECON SUSP | brd | VAC |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|-------------------------------|--------------|---------------------------|
| VAXCHORA RECON SUSP | npd | VAC |
| YF-VAX INJECTABLE | inj | VAC |

MIORRELAJANTES

| | | |
|--|-----|-----------------------|
| <i>carisoprodol 350 mg tab</i> | gen | PA, QL (4 PER 1 DAYS) |
| <i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i> | gen | PA |
| <i>metaxalone (400 mg tab, 800 mg tab)</i> | gen | PA, QL (4 PER 1 DAYS) |
| <i>methocarbamol (500 mg tab, 750 mg tab)</i> | gen | PA |
| <i>vanadom 350 mg tab</i> | gen | PA, QL (4 PER 1 DAYS) |

OFTÁLMICOS

OFTÁLMICOS ANTIALÉRGICOS

| | | |
|--|-----|---------------------------|
| <i>azelastine hcl 0.05 % solution</i> | gen | |
| <i>bepotastine besilate 1.5 % solution</i> | gen | |
| <i>cromolyn sodium 4 % solution</i> | gen | |
| <i>epinastine hcl 0.05 % solution</i> | gen | |
| LASTACAFT 0.25 % SOLUTION | npd | |
| <i>olopatadine hcl 0.2 % solution</i> | gen | |
| PAZEO 0.7 % SOLUTION | brd | QL (2.5 PER 30 OVER TIME) |

OFTÁLMICOS ANTIINFECCIOSOS

| | | |
|--|-----|---------------------------|
| BACITRACIN 500 UNIT/GM OINTMENT | gen | |
| <i>erythromycin 5 mg/gm ointment</i> | gen | |
| <i>gatifloxacin 0.5 % solution</i> | gen | QL (2.5 PER 30 OVER TIME) |
| GENTAK 0.3 % OINTMENT | gen | |
| <i>gentamicin sulfate 0.3 % solution</i> | gen | |
| LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION) | gen | |
| MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION | gen | |
| <i>moxifloxacin hcl 0.5 % solution</i> | gen | |
| NATACYN 5 % SUSPENSION | brd | |
| <i>ofloxacin 0.3 % solution</i> | gen | |
| <i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>sulfacetamide sodium (10 % ointment, 10 % solution)</i> | gen | |
| <i>tobramycin 0.3 % solution</i> | gen | |
| TOBEX 0.3 % OINTMENT | brd | |

OFTÁLMICOS ANTIINFLAMATORIOS

| | | |
|--|-----|-------------------------|
| <i>bromfenac sodium (once-daily) 0.09 % solution</i> | gen | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | gen | |
| <i>diclofenac sodium 0.1 % solution</i> | gen | |
| <i>difluprednate 0.05 % emulsion</i> | gen | |
| <i>fluorometholone 0.1 % suspension</i> | gen | |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION | gen | |
| FML 0.1 % OINTMENT | npd | |
| FML FORTE 0.25 % SUSPENSION | npd | |
| ILEVRO 0.3 % SUSPENSION | brd | QL (3 PER 30 OVER TIME) |
| <i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i> | gen | |
| <i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i> | gen | |
| MAXIDEX 0.1 % SUSPENSION | npd | |
| <i>prednisolone acetate 1 % suspension</i> | gen | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | gen | |
| PROLENSA 0.07 % SOLUTION | brd | |

OFTÁLMICOS ANÁLOGOS DE LAS PROSTAGLANDINAS Y PROSTAMIDAS

| | | |
|---|-----|------------------------|
| <i>bimatoprost 0.03 % solution</i> | gen | ST, QL (5 PER 30 DAYS) |
| <i>latanoprost 0.005 % solution</i> | gen | |
| LUMIGAN 0.01 % SOLUTION | brd | QL (5 PER 30 DAYS) |
| <i>tafluprost (pf) 0.0015 % solution</i> | gen | ST, QL (1 PER 1 DAYS) |
| <i>travoprost (bak free) 0.004 % solution</i> | gen | QL (5 PER 30 DAYS) |
| VYZULTA 0.024 % SOLUTION | npd | |

OFTÁLMICOS BLOQUEANTES ADRENÉRGICOS BETA

| | | |
|-------------------------------------|-----|--|
| <i>betaxolol hcl 0.5 % solution</i> | gen | |
|-------------------------------------|-----|--|

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| BETIMOL (0.25 % SOLUTION, 0.5 % SOLUTION) | brd | |
| BETOPTIC-S 0.25 % SUSPENSION | brd | |
| CARTEOLOL HCL 1 % SOLUTION | gen | |
| LEVOBUNOLOL HCL 0.5 % SOLUTION | gen | |
| <i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i> | gen | |
| <i>timolol maleate (once-daily) 0.5 % solution</i> | gen | |
| <i>timolol maleate ocudose 0.5 % solution</i> | gen | |
| <i>timolol maleate pf (0.25 % solution, 0.5 % solution)</i> | gen | |

OFTÁLMICOS PARA REDUCIR LA PRESIÓN INTRAOCULAR, OTROS

| | | |
|---|-----|---------------------------|
| <i>acetazolamide er 500 mg cap er 12h</i> | gen | |
| <i>apraclonidine hcl 0.5 % solution</i> | gen | |
| <i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i> | gen | |
| <i>brinzolamide 1 % suspension</i> | gen | |
| <i>dorzolamide hcl 2 % solution</i> | gen | |
| <i>methazolamide (25 mg tab, 50 mg tab)</i> | gen | |
| PHOSPHOLINE IODIDE 0.125 % RECON SOLN | npd | |
| <i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i> | gen | |
| RHOPRESSA 0.02 % SOLUTION | brd | QL (2.5 PER 25 OVER TIME) |
| SIMBRINZA 1-0.2 % SUSPENSION | brd | |

OFTÁLMICOS, OTROS

| | | |
|--|-----|--|
| <i>ak-poly-bac 500-10000 unit/gm ointment</i> | gen | |
| <i>altafrin (2.5 % solution, 10 % solution)</i> | gen | |
| <i>atropine sulfate 1 % solution</i> | gen | |
| <i>bacitra-neomycin-polymyxin-hc 1 % ointment</i> | gen | |
| <i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i> | gen | |
| BLEPHAMIDE 10-0.2 % SUSPENSION | brd | |
| <i>brimonidine tartrate-timolol 0.2-0.5 % solution</i> | gen | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i> | gen | |
| <i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i> | gen | |
| HOMATROPAIRE 5 % SOLUTION | gen | ED |
| <i>neo-polycin 3.5-400-10000 ointment</i> | gen | |
| <i>neo-polycin hc 1 % ointment</i> | gen | |
| <i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i> | gen | |
| <i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i> | gen | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION | gen | |
| NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION | gen | |
| <i>phenylephrine hcl (2.5 % solution, 10 % solution)</i> | gen | |
| <i>polycin 500-10000 unit/gm ointment</i> | gen | |
| <i>proparacaine hcl 0.5 % solution</i> | gen | |
| RESTASIS 0.05 % EMULSION | brd | QL (60 PER 30 OVER TIME) |
| RESTASIS MULTIDOSE 0.05 % EMULSION | brd | QL (5.5 PER 30 OVER TIME) |
| ROCKLATAN 0.02-0.005 % SOLUTION | npd | QL (2.5 PER 25 OVER TIME) |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION | gen | |
| TOBRADEX 0.3-0.1 % OINTMENT | brd | |
| <i>tobramycin-dexamethasone 0.3-0.1 % suspension</i> | gen | |
| XIIDRA 5 % SOLUTION | brd | |
| ZYLET 0.5-0.3 % SUSPENSION | brd | |

REGULADORES DE LA GLUCEMIA

ANTIDIABÉTICOS

| | | |
|--|-----|-------------------------------|
| <i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | |
| BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN | npd | PA, QL (2.4 PER 28 OVER TIME) |
| BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN | npd | PA, QL (1.2 PER 28 OVER TIME) |
| FARXIGA (5 MG TAB, 10 MG TAB) | brd | QL (1 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|-------------------------------|
| <i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i> | gen | |
| <i>glipizide (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | gen | |
| <i>glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i> | gen | |
| <i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i> | gen | |
| <i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i> | gen | |
| <i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i> | gen | |
| GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB) | gen | |
| <i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i> | gen | |
| GLYXAMBI (10-5 MG TAB, 25-5 MG TAB) | brd | QL (1 PER 1 DAYS) |
| JANUMET (50-1000 MG TAB, 50-500 MG TAB) | brd | QL (2 PER 1 DAYS) |
| JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H) | brd | QL (1 PER 1 DAYS) |
| JANUMET XR 50-1000 MG TAB ER 24H | brd | QL (2 PER 1 DAYS) |
| JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB) | brd | QL (1 PER 1 DAYS) |
| JARDIANCE (10 MG TAB, 25 MG TAB) | brd | QL (1 PER 1 DAYS) |
| JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB) | brd | QL (2 PER 1 DAYS) |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H | brd | QL (2 PER 1 DAYS) |
| JENTADUETO XR 5-1000 MG TAB ER 24H | brd | QL (1 PER 1 DAYS) |
| KERENDIA (10 MG TAB, 20 MG TAB) | npd | PA, QL (1 PER 1 DAYS) |
| <i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i> | gen | |
| <i>metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i> | gen | |
| <i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i> | gen | QL (3 PER 1 DAYS) |
| MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ) | brd | PA, QL (2 PER 28 OVER TIME) |
| <i>nateglinide (60 mg tab, 120 mg tab)</i> | gen | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | brd | PA, QL (1.5 PER 28 OVER TIME) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|-----------------------------|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | brd | PA, QL (3 PER 28 OVER TIME) |
| OZEMPIC (1 MG/DOSE) (MG/DOSE) 2 MG/1.5ML SOLN PEN, (MG/DOSE) 4 MG/3ML SOLN PEN) | brd | PA, QL (3 PER 28 OVER TIME) |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN | brd | PA, QL (3 PER 28 OVER TIME) |
| <i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i> | gen | |
| <i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>pioglitazone hcl-metformin hcl (-metformin 15-500 mg tab, -metformin 15-850 mg tab)</i> | gen | |
| <i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | gen | |
| RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB) | brd | PA, QL (1 PER 1 DAYS) |
| SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB) | brd | QL (2 PER 1 DAYS) |
| SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H) | brd | QL (2 PER 1 DAYS) |
| SYNJARDY XR 25-1000 MG TAB ER 24H | brd | QL (1 PER 1 DAYS) |
| TOLBUTAMIDE 500 MG TAB | gen | |
| TRADJENTA 5 MG TAB | brd | QL (1 PER 1 DAYS) |
| TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ) | brd | PA, QL (2 PER 28 OVER TIME) |
| VICTOZA 18 MG/3ML SOLN PEN | brd | PA, QL (9 PER 30 OVER TIME) |
| XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H) | brd | QL (2 PER 1 DAYS) |
| XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H) | brd | QL (1 PER 1 DAYS) |

GLUCÉMICOS

| | | |
|---|-----|-------------------------|
| BAQSIMI ONE PACK 3 MG/DOSE POWDER | brd | QL (2 PER 30 OVER TIME) |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER | brd | QL (2 PER 30 OVER TIME) |
| <i>diazoxide 50 mg/ml suspension</i> | gen | |
| GLUCAGEN HYPOKIT 1 MG RECON SOLN | brd | QL (2 PER 2 OVER TIME) |
| GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN) | brd | QL (2 PER 2 OVER TIME) |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|-------------------------------------|
| INSULINAS | | |
| HUMALOG 100 UNIT/ML SOLN CART | brd | INS |
| HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN | brd | INS |
| HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN) | brd | INS |
| HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION | brd | INS |
| HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN | brd | INS |
| HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION | brd | INS |
| HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN | brd | INS |
| HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION | brd | INS |
| HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN | brd | INS |
| HUMULIN N 100 UNIT/ML SUSPENSION | brd | INS |
| HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN | brd | INS |
| HUMULIN R 100 UNIT/ML SOLUTION | brd | INS |
| HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION | brd | PA - PART B VS D DETERMINATION, INS |
| HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN | brd | INS |
| INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN | brd | INS |
| INSULIN LISPRO 100 UNIT/ML SOLUTION | brd | INS |
| INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN | brd | INS |
| INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN | brd | INS |
| LANTUS 100 UNIT/ML SOLUTION | brd | QL (40 PER 30 OVER TIME), INS |
| LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN | brd | QL (45 PER 30 OVER TIME), INS |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN | brd | QL (18 PER 28 OVER TIME), INS |
| TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN | brd | QL (18 PER 28 OVER TIME), INS |
| TRESIBA 100 UNIT/ML SOLUTION | brd | QL (30 PER 30 OVER TIME), INS |

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| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|-------------------------------|
| TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN | brd | QL (30 PER 30 OVER TIME), INS |
| TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN | brd | QL (27 PER 30 OVER TIME), INS |

SISTEMA NERVIOSO CENTRAL, MEDICAMENTOS DEL

ESCLEROSIS MÚLTIPLE, MEDICAMENTOS CONTRA LA

| | | |
|--|------|------------------------------|
| BETASERON 0.3 MG KIT | spec | PA, QL (15 PER 30 OVER TIME) |
| COPAXONE 20 MG/ML SOLN PRSYR | spec | PA, QL (30 PER 30 OVER TIME) |
| COPAXONE 40 MG/ML SOLN PRSYR | spec | PA, QL (12 PER 28 OVER TIME) |
| <i>dalfampridine er 10 mg tab er 12h</i> | brd | PA, QL (2 PER 1 DAYS) |
| <i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i> | spec | PA, QL (2 PER 1 DAYS) |
| <i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i> | spec | PA, QL (2 PER 1 DAYS) |
| <i>fingolimod hcl 0.5 mg cap</i> | spec | PA, QL (1 PER 1 DAYS) |
| <i>teriflunomide (7 mg tab, 14 mg tab)</i> | npd | PA, QL (1 PER 1 DAYS) |
| TYSABRI 300 MG/15ML CONC | spec | PA, LA |

FIBROMIALGIA, MEDICAMENTOS CONTRA LA

| | | |
|--|-----|---|
| DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR) | npd | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR) | npd | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>duloxetine hcl (20 mg cp dr part, 40 mg cp dr part, 60 mg cp dr part)</i> | gen | QL (2 PER 1 DAYS) |
| <i>duloxetine hcl 30 mg cp dr part</i> | gen | QL (3 PER 1 DAYS) |
| <i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i> | gen | QL (2 PER 1 DAYS) |
| <i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i> | gen | QL (3 PER 1 DAYS) |
| <i>pregabalin 20 mg/ml solution</i> | gen | QL (30 PER 1 DAYS) |

SISTEMA NERVIOSO CENTRAL, OTROS MEDICAMENTOS DEL

| | | |
|--|------|-----------------------|
| AUSTEDO (9 MG TAB, 12 MG TAB) | spec | PA, QL (4 PER 1 DAYS) |
| AUSTEDO 6 MG TAB | spec | PA, QL (8 PER 1 DAYS) |
| AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H) | spec | PA, QL (1 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|-----------------------------------|
| AUSTEDO XR 24 MG TAB ER 24H | spec | PA, QL (2 PER 1 DAYS) |
| AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK | spec | PA, QL (28 PER 28 DAYS) |
| AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK | spec | PA, QL (42 PER 30 OVER TIME) |
| <i>bac 50-325-40 mg tab</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| <i>butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| <i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| <i>esgic 50-325-40 mg cap</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| INGREZZA (60 MG CAP, 80 MG CAP) | spec | PA, LA, QL (1 PER 1 DAYS) |
| INGREZZA 40 & 80 MG CAP THPK | spec | PA, LA, QL (28 PER 28 OVER TIME) |
| INGREZZA 40 MG CAP | spec | PA, LA, QL (2 PER 1 DAYS) |
| NUEDEXTA 20-10 MG CAP | brd | PA, QL (2 PER 1 DAYS) |
| <i>riluzole 50 mg tab</i> | gen | |
| TENCON 50-325 MG TAB | gen | PA, QL (48 PER 30 OVER TIME), NDS |
| <i>tetrabenazine 12.5 mg tab</i> | spec | PA, LA, QL (8 PER 1 DAYS) |
| <i>tetrabenazine 25 mg tab</i> | spec | PA, LA, QL (4 PER 1 DAYS) |
| <i>zebutal 50-325-40 mg cap</i> | gen | PA, QL (48 PER 30 OVER TIME), NDS |

TRASTORNO DE HIPERACTIVIDAD Y DÉFICIT DE ATENCIÓN, MEDICAMENTOS ANFETAMÍNICOS CONTRA EL

| | | |
|--|-----|-----------------------|
| <i>amphetamine sulfate 10 mg tab</i> | gen | ST, QL (6 PER 1 DAYS) |
| <i>amphetamine sulfate 5 mg tab</i> | gen | ST, QL (8 PER 1 DAYS) |
| <i>amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)</i> | gen | QL (2 PER 1 DAYS) |
| <i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i> | gen | QL (4 PER 1 DAYS) |
| <i>amphetamine-dextroamphetamine 12.5 mg tab</i> | gen | QL (5 PER 1 DAYS) |
| <i>amphetamine-dextroamphetamine 20 mg tab</i> | gen | QL (3 PER 1 DAYS) |
| <i>amphetamine-dextroamphetamine 30 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i> | gen | QL (6 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| <i>dextroamphetamine sulfate 15 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| <i>dextroamphetamine sulfate 20 mg tab</i> | gen | QL (3 PER 1 DAYS) |
| <i>dextroamphetamine sulfate 30 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>dextroamphetamine sulfate 5 mg/5ml solution</i> | gen | QL (60 PER 1 DAYS) |
| <i>dextroamphetamine sulfate er 10 mg cap er 24h</i> | gen | QL (6 PER 1 DAYS) |
| <i>dextroamphetamine sulfate er 15 mg cap er 24h</i> | gen | QL (4 PER 1 DAYS) |
| <i>dextroamphetamine sulfate er 5 mg cap er 24h</i> | gen | QL (12 PER 1 DAYS) |
| <i>lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)</i> | gen | QL (1 PER 1 DAYS) |
| <i>procentra 5 mg/5ml solution</i> | gen | QL (60 PER 1 DAYS) |
| <i>zenzedi (5 mg tab, 10 mg tab)</i> | gen | QL (6 PER 1 DAYS) |
| <i>zenzedi 15 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| <i>zenzedi 20 mg tab</i> | gen | QL (3 PER 1 DAYS) |
| <i>zenzedi 30 mg tab</i> | gen | QL (2 PER 1 DAYS) |

TRASTORNO DE HIPERACTIVIDAD Y DÉFICIT DE ATENCIÓN, MEDICAMENTOS NO ANFETAMÍNICOS CONTRA EL

| | | |
|--|-----|-------------------|
| <i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i> | gen | QL (4 PER 1 DAYS) |
| <i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i> | gen | QL (1 PER 1 DAYS) |
| <i>atomoxetine hcl 40 mg cap</i> | gen | QL (2 PER 1 DAYS) |
| <i>clonidine hcl er 0.1 mg tab er 12h</i> | gen | |
| <i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | gen | QL (2 PER 1 DAYS) |
| <i>dexmethylphenidate hcl er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h, er 35 mg cap er 24h, er 40 mg cap er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>methylphenidate hcl (10 mg chew tab, 10 mg tab)</i> | gen | QL (6 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 20 mg tab)</i> | gen | QL (3 PER 1 DAYS) |
| <i>methylphenidate hcl 10 mg/5ml solution</i> | gen | QL (30 PER 1 DAYS) |
| <i>methylphenidate hcl 5 mg tab</i> | gen | QL (12 PER 1 DAYS) |
| <i>methylphenidate hcl 5 mg/5ml solution</i> | gen | QL (60 PER 1 DAYS) |
| <i>methylphenidate hcl er (cd) (er (cd) 10 mg cap er, er (cd) 20 mg cap er, er (cd) 40 mg cap er, er (cd) 50 mg cap er, er (cd) 60 mg cap er)</i> | gen | QL (1 PER 1 DAYS) |
| <i>methylphenidate hcl er (cd) 30 mg cap er</i> | gen | QL (2 PER 1 DAYS) |
| METHYLPHENIDATE HCL ER (ER 18 MG TAB ER, ER 18 MG TAB ER 24H, ER 27 MG TAB ER, ER 27 MG TAB ER 24H, ER 54 MG TAB ER, ER 54 MG TAB ER 24H) | gen | QL (1 PER 1 DAYS) |
| METHYLPHENIDATE HCL ER (ER 36 MG TAB ER, ER 36 MG TAB ER 24H) | gen | QL (2 PER 1 DAYS) |
| <i>methylphenidate hcl er (la) (er (la) 20 mg cap er 24h, er (la) 30 mg cap er 24h, er (la) 40 mg cap er 24h, er (la) 60 mg cap er 24h)</i> | gen | QL (1 PER 1 DAYS) |
| <i>methylphenidate hcl er (la) 10 mg cap er 24h</i> | gen | QL (6 PER 1 DAYS) |
| <i>methylphenidate hcl er (osm) (er (osm) 18 mg tab er, er (osm) 27 mg tab er, er (osm) 54 mg tab er)</i> | gen | QL (1 PER 1 DAYS) |
| <i>methylphenidate hcl er (osm) 36 mg tab er</i> | gen | QL (2 PER 1 DAYS) |
| <i>methylphenidate hcl er 10 mg tab er</i> | gen | QL (6 PER 1 DAYS) |
| <i>methylphenidate hcl er 20 mg tab er</i> | gen | QL (3 PER 1 DAYS) |

TERAPÉUTICOS, MEDICAMENTOS VARIOS

| | | |
|--|-----|----|
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC | brd | |
| AEROCHAMBER HOLDING CHAMBER DEVICE | brd | |
| AEROCHAMBER MINI CHAMBER DEVICE | brd | ED |
| AEROCHAMBER MV MISC | brd | ED |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE | brd | |
| AEROCHAMBER PLUS FLO-VU MISC | brd | ED |
| AEROCHAMBER PLUS FLO-VU INTERM DEVICE | brd | |
| AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC) | brd | ED |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC) | brd | ED |
| AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC) | brd | ED |
| AEROCHAMBER PLUS FLO-VU W/MASK MISC | brd | ED |
| AEROCHAMBER PLUS FLOW VU MISC | brd | ED |
| AEROCHAMBER W/FLOWSIGNAL MISC | brd | ED |
| AEROCHAMBER Z-STAT PLUS MISC | brd | ED |
| AEROCHAMBER Z-STAT PLUS CHAMBR MISC | brd | ED |
| AEROCHAMBER Z-STAT PLUS/LARGE MISC | brd | ED |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | brd | ED |
| AEROCHAMBER Z-STAT PLUS/SMALL MISC | brd | ED |
| AEROVENT PLUS DEVICE | brd | ED |
| ALCOHOL 70% PADS | gen | |
| ALCOHOL PREP PAD | gen | |
| ALCOHOL PREP PADS 70 % PAD | gen | |
| ALCOHOL SWABSTICK PAD | gen | |
| <i>alcohol wipes 70 % misc</i> | gen | |
| AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd | |
| AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC) | brd | |
| <i>argyle sterile water solution</i> | gen | |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC | brd | |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC | brd | |
| AUM ALCOHOL PREP PADS 70 % PAD | gen | |
| AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC) | brd | |
| AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC) | brd | |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC | brd | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM MISC | brd | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC | brd | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC | brd | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC | brd | |
| BIOGUARD GAUZE SPONGES 2"X2" PAD | gen | |
| BREATHE COMFORT CHAMBER/ADULT DEVICE | brd | ED |
| BREATHE COMFORT CHAMBER/CHILD DEVICE | brd | ED |
| BREATHE EASE LARGE DEVICE | brd | ED |
| BREATHE EASE MEDIUM DEVICE | brd | ED |
| BREATHE EASE SMALL DEVICE | brd | ED |
| BREATHERITE MISC | brd | ED |
| BREATHERITE COLL SPACER ADULT MISC | brd | ED |
| BREATHERITE COLL SPACER CHILD MISC | brd | ED |
| BREATHERITE COLL SPACER INFANT MISC | brd | ED |
| BREATHERITE RIGID SPACER/MASK MISC | brd | ED |
| BREATHERITE SPACER NEONATE MISC | brd | ED |
| BREATHERITE SPACER SMALL CHILD MISC | brd | ED |
| BREATHERITE VALVED MDI CHAMBER DEVICE | brd | ED |
| BREATHERITE/LARGE MASK MISC | brd | ED |
| BREATHERITE/MEDIUM MASK MISC | brd | ED |
| BREATHERITE/SMALL MASK MISC | brd | ED |
| CARETOUCH ALCOHOL PREP 70 % PAD | gen | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE | brd | ED |
| COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC) | brd | |
| COMPACT SPACE CHAMBER DEVICE | brd | ED |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | brd | ED |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | brd | ED |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | brd | ED |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| CVS ALCOHOL PREP PADS 70 % PAD | gen | |
| CVS ANTIBACTERIAL GAUZE 2"X2" PAD | gen | |
| <i>cvs isopropyl alcohol wipes 70 % misc</i> | gen | |
| DROPLET MICRON 34G X 3.5 MM MISC | brd | |
| DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC) | brd | |
| EASIVENT MISC | brd | ED |
| EASIVENT MASK LARGE MISC | brd | ED |
| EASIVENT MASK MEDIUM MISC | brd | ED |
| EASIVENT MASK SMALL MISC | brd | ED |
| EASY COMFORT INSULIN SYRINGE (1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC) | brd | |
| EASY COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | brd | |
| EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC) | brd | |
| EQ SPACE CHAMBER ANTI-STATIC DEVICE | brd | ED |
| EQ SPACE CHAMBER ANTI-STATIC L DEVICE | brd | ED |
| EQ SPACE CHAMBER ANTI-STATIC M DEVICE | brd | ED |
| EQ SPACE CHAMBER ANTI-STATIC S DEVICE | brd | ED |
| FLEXICHAMBER DEVICE | brd | ED |
| <i>gauze pads 2</i> | gen | |
| INSPIRACHAMBER/LARGE DEVICE | brd | ED |
| INSPIRACHAMBER/MEDIUM DEVICE | brd | ED |
| INSPIRACHAMBER/MOUTHPIECE DEVICE | brd | ED |
| INSPIRACHAMBER/SMALL DEVICE | brd | ED |
| INSPIREASE MISC | brd | ED |
| INSULIN PEN NEEDLES | brd | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---|
| INSULIN SYRINGE 0.3 ML | brd | |
| INSULIN SYRINGE 0.5 ML | brd | |
| INSULIN SYRINGE 1 ML | brd | |
| INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd | |
| INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | brd | |
| <i>isopropyl alcohol 70 % misc</i> | gen | |
| <i>isopropyl alcohol wipes 70 % misc</i> | gen | |
| IWILFIN 192 MG TAB | spec | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LAGEVRIO 200 MG CAP | npd | QL (40 PER 30 OVER TIME) |
| <i>medpura alcohol pads 70 % misc</i> | gen | |
| <i>methergine 0.2 mg tab</i> | gen | |
| <i>methylergonovine maleate 0.2 mg tab</i> | gen | |
| MICROCHAMBER (DEVICE, MISC) | brd | ED |
| MICROSPACER MISC | brd | ED |
| NOVOFINE 32G X 6 MM MISC | brd | |
| NOVOTWIST 32G X 5 MM MISC | brd | |
| OPTICHAMBER ADVANTAGE-LG MASK MISC | brd | ED |
| OPTICHAMBER ADVANTAGE-MED MASK MISC | brd | ED |
| OPTICHAMBER ADVANTAGE-SM MASK MISC | brd | ED |
| OPTICHAMBER DIAMOND (DEVICE, MISC) | brd | ED |
| OPTICHAMBER DIAMOND-LG MASK DEVICE | brd | ED |
| OPTICHAMBER DIAMOND-MD MASK MISC | brd | ED |
| OPTICHAMBER DIAMOND-SM MASK MISC | brd | ED |
| OPTICHAMBER FACE MASK-LARGE MISC | brd | ED |
| OPTICHAMBER FACE MASK-MEDIUM MISC | brd | ED |
| OPTICHAMBER FACE MASK-SMALL MISC | brd | ED |
| OPTIHALER (DEVICE, MISC) | brd | ED |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| OPVEE 2.7 MG/0.1ML SOLUTION | npd | QL (2 PER 30 OVER TIME) |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK | brd | QL (40 PER 30 OVER TIME) |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK | brd | QL (60 PER 30 OVER TIME) |
| PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | brd | |
| POCKET CHAMBER DEVICE | brd | ED |
| POCKET SPACER DEVICE | brd | ED |
| PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd | |
| PRO COMFORT SPACER ADULT MISC | brd | ED |
| PRO COMFORT SPACER CHILD MISC | brd | ED |
| PRO COMFORT SPACER INFANT DEVICE | brd | ED |
| PROCARE SPACER/ADULT MASK DEVICE | brd | ED |
| PROCARE SPACER/CHILD MASK DEVICE | brd | ED |
| PROCHAMBER VHC DEVICE | brd | ED |
| PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | brd | |
| PURE COMFORT SPACER CHAMBER DEVICE | brd | ED |
| <i>qc alcohol 70 % misc</i> | gen | |
| <i>ra isopropyl alcohol wipes 70 % misc</i> | gen | |
| RITEFLO DEVICE | brd | ED |
| <i>saline bacteriostatic 0.9 % solution</i> | inj | |
| SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC) | brd | |
| SILIGENTLE FOAM DRESSING 2"X2" PAD | gen | |
| <i>sodium chloride bacteriostatic 0.9 % solution</i> | inj | |
| <i>sterile water for irrigation solution</i> | gen | |
| SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | brd | |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC | brd | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|---------------------------|
| TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC) | brd | |
| TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | brd | |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC | brd | |
| ULTIGUARD SAFEPAK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC) | brd | |
| UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC) | brd | |
| UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC) | brd | |
| VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC) | brd | |
| VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | brd | |
| VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | brd | |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE | brd | ED |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE | brd | ED |
| VORTEX VALVED HOLDING CHAMBER DEVICE | brd | ED |
| WATCHHALER DEVICE | brd | ED |
| <i>water for irrigation, sterile solution</i> | gen | |

TRACTO RESPIRATORIO/PULMONARES, MEDICAMENTOS DEL

ANTIHIPERTENSIVOS PULMONARES

| | | |
|--|------|---------------------------|
| ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB) | spec | PA, LA, QL (3 PER 1 DAYS) |
| <i>alyq 20 mg tab</i> | spec | PA, QL (2 PER 1 DAYS) |
| <i>ambrisentan (5 mg tab, 10 mg tab)</i> | spec | PA, LA, QL (1 PER 1 DAYS) |
| <i>bosentan 125 mg tab</i> | spec | PA, LA, QL (2 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---|
| <i>bosentan 62.5 mg tab</i> | spec | PA, LA, QL (4 PER 1 DAYS) |
| OPSUMIT 10 MG TAB | spec | PA, LA, QL (1 PER 1 DAYS) |
| <i>sildenafil citrate 10 mg/ml recon susp</i> | spec | PA, QL (6 PER 1 DAYS) |
| <i>sildenafil citrate 20 mg tab</i> | gen | PA, QL (3 PER 1 DAYS) |
| <i>tadalafil (pah) 20 mg tab</i> | spec | PA, QL (2 PER 1 DAYS) |
| TRACLEER 32 MG TAB SOL | spec | PA, LA, QL (4 PER 1 DAYS) |
| VENTAVIS 10 MCG/ML SOLUTION | spec | LA, QL (270 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| VENTAVIS 20 MCG/ML SOLUTION | spec | LA, QL (90 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |

ANTIHIISTAMÍNICOS

| | | |
|---|-----|-----------------------|
| <i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i> | gen | QL (30 PER 25 DAYS) |
| <i>azelastine-fluticasone 137-50 mcg/act suspension</i> | gen | QL (23 PER 30 DAYS) |
| <i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i> | gen | |
| <i>cyproheptadine hcl 4 mg tab</i> | gen | PA |
| DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP) | gen | ST |
| <i>desloratadine 5 mg tab</i> | gen | |
| <i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i> | gen | PA |
| <i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i> | gen | PA |
| <i>levocetirizine dihydrochloride 5 mg tab</i> | gen | |
| <i>olopatadine hcl 0.6 % solution</i> | gen | QL (30.5 PER 30 DAYS) |
| <i>promethazine hcl 6.25 mg/5ml solution</i> | gen | PA |

ANTIINFLAMATORIOS, CORTICOSTEROIDES PARA INHALAR

| | | |
|---|-----|--------------------------------|
| ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA) | brd | QL (30 PER 30 DAYS) |
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>flunisolide 25 mcg/act (0.025%) solution</i> | gen | QL (50 PER 30 DAYS) |
| <i>fluticasone propionate 50 mcg/act suspension</i> | gen | QL (16 PER 30 DAYS) |
| <i>mometasone furoate 50 mcg/act suspension</i> | gen | QL (34 PER 30 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|--|--------------|--------------------------------|
| PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA) | brd | QL (2 PER 30 DAYS) |
| ANTILEUCOTRIENOS | | |
| <i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>zafirlukast (10 mg tab, 20 mg tab)</i> | gen | QL (2 PER 1 DAYS) |
| BRONCODILADORES, ANTICOLINÉRGICOS | | |
| ATROVENT HFA 17 MCG/ACT AERO SOLN | brd | QL (25.8 PER 30 DAYS) |
| <i>ipratropium bromide 0.02 % solution</i> | gen | PA - PART B VS D DETERMINATION |
| <i>ipratropium bromide 0.03 % solution</i> | gen | QL (30 PER 30 DAYS) |
| <i>ipratropium bromide 0.06 % solution</i> | gen | QL (45 PER 30 DAYS) |
| SPIRIVA HANDIHALER 18 MCG CAP | brd | QL (30 PER 30 DAYS) |
| SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN) | brd | QL (4 PER 30 DAYS) |
| BRONCODILADORES, SIMPATICOMIMÉTICOS | | |
| <i>albuterol 90mg hfa inhaler (generic proair)</i> | gen | QL (17 PER 30 OVER TIME) |
| <i>albuterol 90mg hfa inhaler (generic proventil)</i> | gen | QL (13.4 PER 30 OVER TIME) |
| ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN) | gen | QL (36 PER 30 OVER TIME) |
| <i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i> | gen | PA - PART B VS D DETERMINATION |
| <i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)</i> | gen | |
| ALBUTEROL SULFATE ER (ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H) | gen | |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i> | gen | QL (17 PER 30 OVER TIME) |
| <i>arformoterol tartrate 15 mcg/2ml nebu soln</i> | gen | PA - PART B VS D DETERMINATION |
| <i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i> | gen | QL (24 PER 365 OVER TIME) |
| EPINEPHRINE AUTOINJECTOR (GENERIC ADRENALICK) | gen | QL (24 PER 365 OVER TIME) |
| <i>formoterol fumarate 20 mcg/2ml nebu soln</i> | gen | PA - PART B VS D DETERMINATION |
| <i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i> | gen | PA |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL | gen | QL (30 PER 30 DAYS) |
| SEREVENT DISKUS 50 MCG/ACT AER POW BA | brd | QL (60 PER 30 DAYS) |
| <i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i> | gen | |
| <i>terbutaline sulfate 1 mg/ml solution</i> | inj | |

ESTABILIZADORES DE LOS MASTOCITOS

| | | |
|--|-----|--------------------------------|
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | gen | PA - PART B VS D DETERMINATION |
|--|-----|--------------------------------|

FIBROSIS PULMONAR, MEDICAMENTOS PARA LA

| | | |
|---|------|---------------------------|
| OFEV (100 MG CAP, 150 MG CAP) | spec | PA, LA, QL (2 PER 1 DAYS) |
| <i>pirfenidone (267 mg cap, 267 mg tab)</i> | spec | PA, QL (9 PER 1 DAYS) |
| PIRFENIDONE 534 MG TAB | spec | PA, QL (5 PER 1 DAYS) |
| <i>pirfenidone 801 mg tab</i> | spec | PA, QL (3 PER 1 DAYS) |

FIBROSIS QUÍSTICA, MEDICAMENTOS CONTRA LA

| | | |
|--|------|---|
| CAYSTON 75 MG RECON SOLN | spec | PA, LA, QL (84 PER 28 OVER TIME) |
| KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB) | spec | PA, LA, QL (2 PER 1 DAYS) |
| PULMOZYME 2.5 MG/2.5ML SOLUTION | spec | QL (150 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK) | spec | PA, LA, QL (2 PER 1 DAYS) |
| TOBI PODHALER 28 MG CAP | spec | PA, LA, QL (224 PER 28 OVER TIME) |
| <i>tobramycin 300 mg/4ml nebu soln</i> | spec | PA, QL (224 PER 28 OVER TIME) |
| <i>tobramycin 300 mg/5ml nebu soln</i> | spec | PA, QL (280 PER 56 OVER TIME) |
| TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK) | spec | PA, LA, QL (3 PER 1 DAYS) |

INHIBIDORES DE LA FOSFODIESTERASA, ENFERMEDAD DE LAS VÍAS RESPIRATORIAS

| | | |
|--|-----|-------------------------------|
| <i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i> | gen | |
| <i>elixophyllin 80 mg/15ml elixir</i> | gen | |
| <i>roflumilast 250 mcg tab</i> | gen | PA, QL (28 PER 180 OVER TIME) |
| <i>roflumilast 500 mcg tab</i> | gen | PA, QL (1 PER 1 DAYS) |
| THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H) | brd | |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|---------------------------|
| <i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i> | gen | |
| <i>theophylline er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)</i> | gen | |

TRACTO RESPIRATORIO, OTROS MEDICAMENTOS DEL

| | | |
|---|-----|------------------------------------|
| <i>acetylcysteine (10 % solution, 20 % solution)</i> | gen | PA - PART B VS D DETERMINATION |
| ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL) | brd | QL (12 PER 30 DAYS) |
| ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA | brd | QL (60 PER 30 DAYS) |
| <i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i> | gen | ED |
| BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL | brd | QL (10.7 PER 28 DAYS) |
| BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) | brd | QL (60 PER 30 DAYS) |
| <i>breyna (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i> | brd | QL (10.3 PER 30 DAYS) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL | brd | QL (10.7 PER 30 DAYS) |
| <i>bromfed dm 2-30-10 mg/5ml syrup</i> | gen | ED |
| <i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i> | brd | QL (10.2 PER 30 DAYS) |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN | brd | QL (4 PER 30 DAYS) |
| <i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i> | gen | QL (60 PER 30 DAYS) |
| FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA) | gen | QL (1 PER 30 DAYS) |
| <i>g tussin ac 100-10 mg/5ml solution</i> | gen | QL (420 PER 30 OVER TIME), NDS, ED |
| <i>guaiaitussin ac 100-10 mg/5ml syrup</i> | gen | QL (420 PER 30 OVER TIME), NDS, ED |
| <i>guaifenesin ac 100-10 mg/5ml syrup</i> | gen | QL (420 PER 30 OVER TIME), NDS, ED |
| <i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i> | gen | QL (420 PER 30 OVER TIME), NDS, ED |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|--|
| <i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i> | gen | QL (70 PER 30 OVER TIME), NDS, ED |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i> | gen | QL (42 PER 30 OVER TIME), NDS, ED |
| <i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i> | gen | QL (210 PER 30 OVER TIME), NDS, ED |
| <i>hydromet 5-1.5 mg/5ml solution</i> | gen | QL (210 PER 30 OVER TIME), NDS, ED |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i> | gen | PA - PART B VS D DETERMINATION |
| <i>maxi-tuss ac 100-10 mg/5ml solution</i> | gen | QL (420 PER 30 OVER TIME), NDS, ED |
| <i>nebusal 3 % nebu soln</i> | gen | ED |
| NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) | spec | PA, LA, QL (3 PER 30 OVER TIME) |
| NUCALA 40 MG/0.4ML SOLN PRSYR | spec | PA, LA, QL (0.4 PER 28 OVER TIME) |
| <i>promethazine vc 6.25-5 mg/5ml syrup</i> | gen | PA |
| PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP | gen | PA, QL (240 PER 30 OVER TIME), NDS, ED |
| <i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i> | gen | PA, QL (240 PER 30 OVER TIME), NDS, ED |
| <i>promethazine-dm 6.25-15 mg/5ml syrup</i> | gen | PA, ED |
| <i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup</i> | gen | PA, QL (240 PER 30 OVER TIME), NDS, ED |
| <i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i> | gen | PA |
| <i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i> | gen | ED |
| <i>pulmosal 7 % nebu soln</i> | gen | ED |
| <i>ribavirin 6 gm recon soln</i> | spec | PA - PART B VS D DETERMINATION |
| <i>sodium chloride (3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i> | gen | ED |
| TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA) | brd | QL (60 PER 30 DAYS) |
| <i>virtussin a/c 100-10 mg/5ml solution</i> | gen | QL (420 PER 30 OVER TIME), NDS, ED |
| <i>virtussin ac w/alc 100-10 mg/5ml liquid</i> | gen | QL (420 PER 30 OVER TIME), NDS, ED |
| <i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i> | gen | QL (60 PER 30 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|------------------------|-------|--------------------|
|------------------------|-------|--------------------|

TRASTORNO GENÉTICO, ENZIMÁTICO O PROTEICO: SUSTITUTOS, MODIFICADORES, TRATAMIENTO

| | | |
|--|------|------------------------------------|
| ALDURAZYME 2.9 MG/5ML SOLUTION | spec | LA, PA - PART B VS D DETERMINATION |
| ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN) | spec | LA, PA - PART B VS D DETERMINATION |
| <i>betaine powder</i> | spec | |
| BYLVAY (PELLETS) 200 MCG CAP SPRINK | spec | PA, LA, QL (30 PER 1 DAYS) |
| BYLVAY (PELLETS) 600 MCG CAP SPRINK | spec | PA, LA, QL (10 PER 1 DAYS) |
| BYLVAY 1200 MCG CAP | spec | PA, LA, QL (6 PER 1 DAYS) |
| BYLVAY 400 MCG CAP | spec | PA, LA, QL (18 PER 1 DAYS) |
| CERDELGA 84 MG CAP | spec | PA, LA, QL (2 PER 1 DAYS) |
| CEREZYME 400 UNIT RECON SOLN | spec | PA, LA |
| CHOLBAM 250 MG CAP | spec | PA, QL (5 PER 1 DAYS) |
| CHOLBAM 50 MG CAP | spec | PA, QL (4 PER 1 DAYS) |
| CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART) | brd | |
| <i>cromolyn sodium 100 mg/5ml conc</i> | gen | |
| CYSTAGON (50 MG CAP, 150 MG CAP) | npd | PA, LA |
| CYSTARAN 0.44 % SOLUTION | spec | PA, LA, QL (60 PER 28 OVER TIME) |
| ELAPRASE 6 MG/3ML SOLUTION | spec | LA, PA - PART B VS D DETERMINATION |
| <i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i> | spec | PA |
| <i>l-glutamine 5 gm packet</i> | spec | PA, QL (6 PER 1 DAYS) |
| <i>miglustat 100 mg cap</i> | spec | PA, LA, QL (3 PER 1 DAYS) |
| NAGLAZYME 1 MG/ML SOLUTION | spec | LA, PA - PART B VS D DETERMINATION |
| <i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i> | spec | PA |
| PROCYSBI (25 MG CAP DR, 75 MG CAP DR) | spec | PA, LA |
| PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION) | spec | LA, PA - PART B VS D DETERMINATION |
| <i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i> | spec | PA |
| <i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i> | spec | PA |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|---|--------------|------------------------------------|
| STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION) | spec | PA, LA |
| STRENSIQ 80 MG/0.8ML SOLUTION | spec | PA, LA, QL (38.4 PER 28 OVER TIME) |
| SUCRAID 8500 UNIT/ML SOLUTION | spec | PA, LA |
| VYNDAQEL 20 MG CAP | spec | PA, LA, QL (4 PER 1 DAYS) |
| <i>yargesa 100 mg cap</i> | spec | PA, QL (3 PER 1 DAYS) |
| ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART) | npd | |

TRASTORNOS DEL SUEÑO, MEDICAMENTOS CONTRA LOS

DORMIR, MEDICAMENTOS PARA

| | | |
|---|------|-----------------------|
| <i>estazolam (1 mg tab, 2 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| <i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i> | gen | QL (1 PER 1 DAYS) |
| FLURAZEPAM HCL (15 MG CAP, 30 MG CAP) | gen | QL (1 PER 1 DAYS) |
| <i>ramelteon 8 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>tasimelteon 20 mg cap</i> | spec | PA, QL (1 PER 1 DAYS) |
| <i>temazepam (22.5 mg cap, 30 mg cap)</i> | gen | QL (1 PER 1 DAYS) |
| <i>temazepam 15 mg cap</i> | gen | QL (2 PER 1 DAYS) |
| <i>temazepam 7.5 mg cap</i> | gen | QL (4 PER 1 DAYS) |
| <i>triazolam 0.125 mg tab</i> | gen | QL (4 PER 1 DAYS) |
| <i>triazolam 0.25 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>zaleplon 10 mg cap</i> | gen | QL (2 PER 1 DAYS) |
| <i>zaleplon 5 mg cap</i> | gen | QL (4 PER 1 DAYS) |
| <i>zolpidem tartrate 10 mg tab</i> | gen | QL (1 PER 1 DAYS) |
| <i>zolpidem tartrate 5 mg tab</i> | gen | QL (2 PER 1 DAYS) |
| <i>zolpidem tartrate er 12.5 mg tab er</i> | gen | QL (1 PER 1 DAYS) |
| <i>zolpidem tartrate er 6.25 mg tab er</i> | gen | QL (2 PER 1 DAYS) |

EUGEROICOS

| | | |
|--|-----|-----------------------|
| <i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i> | gen | PA, QL (1 PER 1 DAYS) |
| <i>modafinil 100 mg tab</i> | gen | PA, QL (3 PER 1 DAYS) |

Si necesita información sobre el significado de los símbolos y las abreviaturas que aparecen en este cuadro, vaya a la página xi

| NOMBRE DEL MEDICAMENTO | NIVEL | REQUISITOS/LÍMITES |
|-------------------------------|--------------|-----------------------------------|
| <i>modafinil 200 mg tab</i> | gen | PA, QL (2 PER 1 DAYS) |
| XYREM 500 MG/ML SOLUTION | spec | PA, LA, QL (540 PER 30 OVER TIME) |

ÓTICOS

| | | |
|---|-----|-------------------|
| CIPRO HC 0.2-1 % SUSPENSION | npd | |
| <i>ciprofloxacin hcl 0.2 % solution</i> | gen | |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i> | gen | |
| CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION | gen | QL (2 PER 1 DAYS) |
| CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION | brd | |
| DERMOTIC 0.01 % OIL | brd | |
| <i>flac 0.01 % oil</i> | gen | |
| <i>fluocinolone acetonide 0.01 % oil</i> | gen | |
| <i>hydrocortisone-acetic acid 1-2 % solution</i> | gen | |
| <i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i> | gen | |
| <i>ofloxacin 0.3 % solution</i> | gen | |

Índice de medicamentos

A

| | | | |
|--------------------------------|-------|--|-------|
| abacavir sulfate | 45 | AEROCHAMBER PLUS FLO-VU W/MASK | 103 |
| abacavir sulfate-lamivudine | 45 | AEROCHAMBER PLUS FLOW VU | 103 |
| abacavir-lamivudine-zidovudine | 45 | AEROCHAMBER W/FLOWSIGNAL | 103 |
| ABELCET | 22 | AEROCHAMBER Z-STAT PLUS | 103 |
| ABILIFY ASIMTUFII | 40 | AEROCHAMBER Z-STAT PLUS CHAMBR | 103 |
| ABILIFY MAINTENA | 40 | AEROCHAMBER Z-STAT PLUS/LARGE | 103 |
| abiraterone acetate | 26 | AEROCHAMBER Z-STAT PLUS/MEDIUM | 103 |
| ABRYSVO | 90 | AEROCHAMBER Z-STAT PLUS/SMALL | 103 |
| acamprosate calcium | 7 | AEROVENT PLUS | 103 |
| acarbose | 95 | afirmelle | 73 |
| accutane | 56 | AIMOVIG | 25 |
| acebutolol hcl | 49 | ak-poly-bac | 94 |
| acetaminophen-codeine | 1 | AKEEGA | 27 |
| acetazolamide | 51 | ala-cort | 58 |
| acetazolamide er | 94 | albendazole | 37 |
| acetic acid | 7 | albuterol 90mg hfa inhaler (generic proair) | 110 |
| acetylcysteine | 112 | albuterol 90mg hfa inhaler (generic proventil) | 110 |
| acitretin | 56 | ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN) | 110 |
| ACTHIB | 90 | albuterol sulfate | 110 |
| ACTIMMUNE | 86 | ALBUTEROL SULFATE ER | 110 |
| acyclovir | 43,57 | albuterol sulfate hfa | 110 |
| acyclovir sodium | 43 | alclometasone dipropionate | 58,82 |
| ADACEL | 90 | ALCOHOL 70% PADS | 103 |
| adapalene | 56 | ALCOHOL PREP | 103 |
| adapalene-benzoyl peroxide | 56 | ALCOHOL PREP PADS | 103 |
| adefovir dipivoxil | 43 | ALCOHOL SWABSTICK | 103 |
| ADEMPAS | 108 | alcohol wipes | 103 |
| ADTHYZA | 83 | ALDURAZYME | 114 |
| ADVAIR HFA | 112 | ALECENSA | 31 |
| ADVOCATE INSULIN PEN NEEDLE | 102 | alendronate sodium | 65 |
| AEROCHAMBER HOLDING CHAMBER | 102 | alfuzosin hcl er | 70 |
| AEROCHAMBER MINI CHAMBER | 102 | ALINIA | 37 |
| AEROCHAMBER MV | 102 | aliskiren fumarate | 51 |
| AEROCHAMBER PLS FLOVU MTHPIECE | 102 | allopurinol | 24 |
| AEROCHAMBER PLUS FLO-VU | 102 | alosetron hcl | 66 |
| AEROCHAMBER PLUS FLO-VU INTERM | 102 | alprazolam | 5 |
| AEROCHAMBER PLUS FLO-VU LARGE | 102 | alprazolam er | 5 |
| AEROCHAMBER PLUS FLO-VU MEDIUM | 103 | ALPRAZOLAM INTENSOL | 5 |
| AEROCHAMBER PLUS FLO-VU SMALL | 103 | alprazolam xr | 5 |

| | | | |
|--|-----|---|-----|
| altafrin | 94 | ANALPRAM-HC | 59 |
| altavera | 73 | anastrozole | 30 |
| ALUNBRIG | 31 | ANORO ELLIPTA | 112 |
| alyacen 1/35 | 73 | anucort-hc | 82 |
| alyacen 7/7/7 | 73 | ANUSOL-HC | 58 |
| alyq | 108 | anusol-hc | 82 |
| amabelz | 73 | APAP-CAFF-DIHYDROCODEINE | 1 |
| amantadine hcl | 38 | apomorphine hcl | 38 |
| ambrisentan | 108 | apraclonidine hcl | 94 |
| amethia | 74 | aprepitant | 22 |
| amethia lo | 74 | apri | 74 |
| amethyst | 74 | APTIOM | 16 |
| amikacin sulfate | 7 | APTIVUS | 44 |
| amiloride hcl | 54 | AQ INSULIN SYRINGE | 103 |
| amiloride-hydrochlorothiazide | 51 | AQINJECT PEN NEEDLE | 103 |
| AMINOSYN II | 62 | ARALAST NP | 114 |
| AMINOSYN-PF | 62 | aranelle | 74 |
| amiodarone hcl | 48 | ARANESP (ALBUMIN FREE) | 71 |
| amitriptyline hcl | 20 | ARCALYST | 87 |
| amlodipine besy-benazepril hcl | 51 | AREXVY | 90 |
| amlodipine besylate | 50 | arformoterol tartrate | 110 |
| amlodipine besylate-valsartan | 51 | argyle sterile water | 103 |
| amlodipine-atorvastatin | 51 | aripiprazole | 40 |
| amlodipine-olmesartan | 51 | ARISTADA | 40 |
| amlodipine-valsartan-hctz | 52 | ARISTADA INITIO | 40 |
| ammonium lactate | 58 | armodafinil | 115 |
| amnesteem | 57 | ARMOUR THYROID | 83 |
| amoxapine | 21 | ARNUITY ELLIPTA | 109 |
| amoxicillin | 10 | ascomp-codeine | 1 |
| amoxicillin-pot clavulanate | 10 | asenapine maleate | 40 |
| AMOXICILLIN-POT CLAVULANATE ER | 10 | ashlyna | 74 |
| amphetamine sulfate | 100 | aspirin-dipyridamole er | 72 |
| amphetamine-dextroamphet er | 100 | ASSURE ID DUO PRO PEN NEEDLES | 103 |
| amphetamine-dextroamphetamine | 100 | ASSURE ID PRO PEN NEEDLES | 103 |
| AMPHOTERICIN B | 22 | atazanavir sulfate | 44 |
| amphotericin b liposome | 22 | atenolol | 49 |
| ampicillin | 10 | atenolol-chlorthalidone | 52 |
| ampicillin sodium | 10 | atomoxetine hcl | 101 |
| ampicillin-sulbactam sodium | 10 | atorvastatin calcium | 53 |
| ANADROL-50 | 73 | atovaquone | 37 |
| anagrelide hcl | 71 | atovaquone-proguanil hcl | 37 |

| | | | |
|---|--------|---|-------|
| atropine sulfate | 66,94 | baclofen | 22 |
| ATROVENT HFA | 110 | balsalazide disodium | 64 |
| aubra | 74 | BALVERSA | 31 |
| aubra eq | 74 | balziva | 74 |
| AUGMENTIN | 10 | BAQSIMI ONE PACK | 97 |
| AUGTYRO | 27 | BAQSIMI TWO PACK | 97 |
| AUM ALCOHOL PREP PADS | 103 | BARACLUDGE | 43 |
| AUM INSULIN SAFETY PEN NEEDLE | 103 | BCG VACCINE | 90 |
| AUM PEN NEEDLE | 103 | BD INSULIN SYRINGE | 103 |
| aurovela 1.5/30 | 74 | BD PEN NEEDLE MINI U/F 31G X 5 MM MISC | 103 |
| aurovela 1/20 | 74 | BD PEN NEEDLE NANO U/F 32G X 4 MM MISC | 104 |
| aurovela 24 fe | 74 | BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC | 104 |
| aurovela fe 1.5/30 | 74 | BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC | 104 |
| aurovela fe 1/20 | 74 | bekyree | 74 |
| AURYXIA | 61 | benazepril hcl | 55 |
| AUSTEDO | 99 | benazepril-hydrochlorothiazide | 52 |
| AUSTEDO XR | 99,100 | BENLYSTA | 87 |
| AUSTEDO XR PATIENT TITRATION | 100 | BENZNIDAZOLE | 37 |
| AUVELITY | 18 | benzonatate | 112 |
| avar-e emollient | 59 | benzoyl peroxide-erythromycin | 57 |
| avar-e green | 59 | benztropine mesylate | 38 |
| aviane | 74 | bepotastine besilate | 92 |
| avidoxy | 13 | BESIVANCE | 12 |
| avita | 57 | BESREMI | 27 |
| ayuna | 74 | betaine | 114 |
| AYVAKIT | 27 | betamethasone dipropionate | 58,82 |
| azasan | 88 | betamethasone dipropionate aug | 58,82 |
| azathioprine | 88 | betamethasone valerate | 58 |
| AZATHIOPRINE SODIUM | 88 | BETASERON | 99 |
| azelaic acid | 57 | betaxolol hcl | 49,93 |
| azelastine hcl | 92,109 | bethanechol chloride | 69 |
| azelastine-fluticasone | 109 | BETIMOL | 94 |
| azithromycin | 11 | BETOPTIC-S | 94 |
| aztreonam | 7 | BEVESPI AEROSPHERE | 112 |
| azurette | 74 | bexarotene | 37 |
| B | | BEXSERO | 90 |
| bac | 100 | BEYFORTUS | 87 |
| bacitra-neomycin-polymyxin-hc | 94 | | |
| BACITRACIN | 92 | | |
| bacitracin-polymyxin b | 94 | | |

| | | | |
|--------------------------------|---------|--------------------------------|--------|
| bicalutamide | 26 | brinzolamide | 94 |
| BICILLIN C-R | 10 | BRIVIACT | 13 |
| BICILLIN C-R 900/300 | 10 | bromfed dm | 112 |
| BICILLIN L-A | 11 | bromfenac sodium (once-daily) | 93 |
| BIKTARVY | 43 | bromocriptine mesylate | 38 |
| bimatoprost | 93 | BRUKINSA | 28 |
| BIOGUARD GAUZE SPONGES | 104 | budesonide | 65,109 |
| bisoprolol fumarate | 49 | budesonide er | 65 |
| bisoprolol-hydrochlorothiazide | 52 | budesonide-formoterol fumarate | 112 |
| BIVIGAM | 86 | bumetanide | 55 |
| BLEPHAMIDE | 94 | buprenorphine | 3 |
| blisovi 24 fe | 74 | buprenorphine hcl | 6 |
| blisovi fe 1.5/30 | 74 | buprenorphine hcl-naloxone hcl | 6 |
| blisovi fe 1/20 | 74 | bupropion hcl | 18 |
| BOOSTRIX | 90 | bupropion hcl er (smoking det) | 6,18 |
| bosentan | 108,109 | bupropion hcl er (sr) | 18 |
| BOSULIF | 31 | bupropion hcl er (xl) | 18,19 |
| BRAFTOVI | 31 | buspirone hcl | 5 |
| BREATHE COMFORT CHAMBER/ADULT | 104 | butalbital-acetaminophen | 100 |
| BREATHE COMFORT CHAMBER/CHILD | 104 | butalbital-apap-caff-cod | 1 |
| BREATHE EASE LARGE | 104 | butalbital-apap-caffeine | 100 |
| BREATHE EASE MEDIUM | 104 | butalbital-asa-caff-codeine | 1 |
| BREATHE EASE SMALL | 104 | BUTALBITAL-ASPIRIN-CAFFEINE | 4 |
| BREATHERITE | 104 | butorphanol tartrate | 1 |
| BREATHERITE COLL SPACER ADULT | 104 | BYETTA 10 MCG PEN | 95 |
| BREATHERITE COLL SPACER CHILD | 104 | BYETTA 5 MCG PEN | 95 |
| BREATHERITE COLL SPACER INFANT | 104 | BYLVAY | 114 |
| BREATHERITE RIGID SPACER/MASK | 104 | BYLVAY (PELLETS) | 114 |
| BREATHERITE SPACER NEONATE | 104 | | |
| BREATHERITE SPACER SMALL CHILD | 104 | C | |
| BREATHERITE VALVED MDI CHAMBER | 104 | CABENUVA | 46 |
| BREATHERITE/LARGE MASK | 104 | cabergoline | 84 |
| BREATHERITE/MEDIUM MASK | 104 | CABLIVI | 72 |
| BREATHERITE/SMALL MASK | 104 | CABOMETYX | 31 |
| BREO ELLIPTA | 112 | caffeine citrate | 111 |
| breynd | 112 | calcipotriene | 59 |
| BREZTRI AEROSPHERE | 112 | calcipotriene-betameth diprop | 59 |
| briellyn | 74 | calcitonin (salmon) | 65 |
| BRILINTA | 72 | calcitrene | 59 |
| brimonidine tartrate | 94 | CALCITRIOL | 59,65 |
| brimonidine tartrate-timolol | 94 | calcitriol | 65 |

| | | | |
|---|-----|---|--------|
| calcium acetate | 61 | cefoxitin sodium | 9 |
| calcium acetate (phos binder) | 61 | cefpodoxime proxetil | 9 |
| CALQUENCE | 31 | cefprozil | 9 |
| camila | 81 | ceftazidime | 10 |
| camrese | 74 | ceftriaxone sodium | 10 |
| camrese lo | 74 | cefuroxime axetil | 10 |
| candesartan cilexetil | 48 | cefuroxime sodium | 10 |
| candesartan cilexetil-hctz | 52 | celecoxib | 4 |
| CAPASTAT SULFATE | 25 | cephalexin | 10 |
| CAPEX | 58 | CERDELGA | 114 |
| CAPLYTA | 40 | CEREZYME | 114 |
| CAPRELSA | 31 | cetirizine hcl | 109 |
| captopril | 55 | cevimeline hcl | 47 |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE | 52 | charlotte 24 fe | 74 |
| carbamazepine | 17 | chateal | 74 |
| carbamazepine er | 17 | chateal eq | 74 |
| carbidopa | 39 | CHEMET | 61 |
| carbidopa-levodopa | 39 | CHLORAMPHENICOL SOD SUCCINATE | 7 |
| carbidopa-levodopa er | 39 | chlordiazepoxide-clidinium | 66 |
| carbidopa-levodopa-entacapone | 38 | chlorhexidine gluconate | 47 |
| CARETOUCH ALCOHOL PREP | 104 | chloroquine phosphate | 37 |
| carglumic acid | 62 | chlorpromazine hcl | 39 |
| CARIMUNE NF | 86 | chlorthalidone | 55 |
| carisoprodol | 92 | CHOLBAM | 114 |
| CARTEOLOL HCL | 94 | cholestyramine | 54 |
| cartia xt | 50 | cholestyramine light | 54 |
| carvedilol | 49 | ciclodan | 57 |
| carvedilol phosphate er | 49 | ciclopirox | 57 |
| caspofungin acetate | 22 | ciclopirox olamine | 23 |
| cataflam | 4 | cilostazol | 72 |
| CAYSTON | 111 | CILOXAN | 12 |
| caziant | 74 | CIMDUO | 45 |
| CEFACLOR | 9 | cimetidine | 66 |
| CEFACLOR ER | 9 | cimetidine hcl | 66 |
| cefadroxil | 9 | cinacalcet hcl | 65 |
| cefazolin sodium | 9 | CIPRO HC | 116 |
| cefdinir | 9 | ciprofloxacin | 12 |
| CEFEPIME HCL | 9 | ciprofloxacin hcl | 12,116 |
| cefixime | 9 | ciprofloxacin in d5w | 12 |
| CEFOTAXIME SODIUM | 9 | ciprofloxacin-dexamethasone | 116 |
| cefotetan disodium | 9 | CIPROFLOXACIN-FLUOCINOLONE PF | 116 |

| | | | |
|-------------------------------------|-------|-------------------------------------|------------|
| citalopram hydrobromide..... | 19 | colestipol hcl..... | 54 |
| claravis..... | 57 | colistimethate sodium (cba)..... | 8 |
| clarithromycin..... | 11 | COMBIVENT RESPIMAT..... | 112 |
| clarithromycin er..... | 11 | COMETRIQ (100 MG DAILY DOSE)..... | 31 |
| CLEOCIN..... | 7 | COMETRIQ (140 MG DAILY DOSE)..... | 31 |
| CLEVER CHOICE HOLDING CHAMBER..... | 104 | COMETRIQ (60 MG DAILY DOSE)..... | 31 |
| CLIMARA PRO..... | 74 | COMFORT EZ PRO PEN NEEDLES..... | 104 |
| clindacin..... | 57 | COMPACT SPACE CHAMBER..... | 104 |
| clindacin etz..... | 7 | COMPACT SPACE CHAMBER/LG MASK..... | 104 |
| clindacin-p..... | 7 | COMPACT SPACE CHAMBER/MED MASK..... | 104 |
| clindamycin hcl..... | 7 | COMPACT SPACE CHAMBER/SM MASK..... | 104 |
| clindamycin palmitate hcl..... | 8 | COMPLERA..... | 45 |
| clindamycin phos-benzoyl perox..... | 57 | compro..... | 21 |
| clindamycin phosphate..... | 8,57 | constulose..... | 67 |
| clindamycin phosphate in d5w..... | 8 | COPAXONE..... | 99 |
| CLINDAMYCIN PHOSPHATE IN NAACL..... | 8 | COPIKTRA..... | 31 |
| clindamycin-tretinoin..... | 57 | CORLANOR..... | 52 |
| CLINDESSE..... | 8 | CORTIFOAM..... | 65 |
| clobazam..... | 15 | CORTISONE ACETATE..... | 82 |
| clobetasol prop emollient base..... | 58,82 | CORTISPORIN-TC..... | 116 |
| clobetasol propionate..... | 58 | CORTROPHIN..... | 82 |
| clobetasol propionate e..... | 82 | COTELLIC..... | 32 |
| clobetasol propionate emulsion..... | 58 | covaryx..... | 74 |
| clodan..... | 58 | covaryx hs..... | 74 |
| clomipramine hcl..... | 21 | CREON..... | 114 |
| clonazepam..... | 5 | CRESEMBA..... | 23 |
| clonidine..... | 47 | CRIXIVAN..... | 44 |
| clonidine hcl..... | 47 | cromolyn sodium..... | 92,111,114 |
| clonidine hcl er..... | 101 | cryselle-28..... | 74 |
| clopidogrel bisulfate..... | 72 | CRYSVITA..... | 62 |
| clorazepate dipotassium..... | 5,6 | CVS ALCOHOL PREP PADS..... | 105 |
| clotrimazole..... | 23 | CVS ANTIBACTERIAL GAUZE..... | 105 |
| clotrimazole-betamethasone..... | 60 | cvs isopropyl alcohol wipes..... | 105 |
| clovique..... | 61 | cyanocobalamin..... | 63 |
| clozapine..... | 40 | cyclafem 1/35..... | 74 |
| COARTEM..... | 37 | cyclafem 7/7/7..... | 75 |
| CODEINE SULFATE..... | 1 | cyclobenzaprine hcl..... | 92 |
| codeine sulfate..... | 1 | CYCLOPHOSPHAMIDE..... | 26 |
| colchicine..... | 24 | cyclosporine..... | 88 |
| colchicine-probenecid..... | 24 | cyclosporine modified..... | 88 |
| colesevelam hcl..... | 54 | cyproheptadine hcl..... | 109 |

| | |
|------------------|-----|
| cyred | 75 |
| cyred eq | 75 |
| CYSTAGON | 114 |
| CYSTARAN | 114 |
| CYTRA K CRYSTALS | 69 |

D

| | |
|--------------------------------|---------|
| dabigatran etexilate mesylate | 70 |
| dalfampridine er | 99 |
| danazol | 73 |
| dantrolene sodium | 22 |
| dapsone | 25,57 |
| DAPTACEL | 90 |
| daptomycin | 8 |
| darifenacin hydrobromide er | 69 |
| darunavir | 44 |
| dasatinib | 32 |
| dasetta 1/35 | 75 |
| dasetta 7/7/7 | 75 |
| DAURISMO | 32 |
| daysee | 75 |
| deblitane | 81 |
| decadron | 82 |
| deferasirox | 61 |
| deferiprone | 61 |
| DELSTRIGO | 45 |
| delyla | 75 |
| demeclocycline hcl | 13 |
| DENGVAZIA | 90 |
| DEPO-ESTRADIOL | 75 |
| DEPO-SUBQ PROVERA 104 | 81 |
| depo-testosterone | 73 |
| DERMOTIC | 116 |
| DESCOVY | 45 |
| desipramine hcl | 21 |
| DESLORATADINE | 109 |
| desloratadine | 109 |
| desmopressin ace spray refrig | 72 |
| desmopressin acetate | 72 |
| desmopressin acetate pf | 72 |
| desmopressin acetate spray | 72 |
| desogestrel-ethinyl estradiol | 75 |
| desonide | 58,82 |
| desoximetasone | 58 |
| desrx | 58 |
| desvenlafaxine succinate er | 19 |
| dexamethasone | 82 |
| DEXAMETHASONE INTENSOL | 82 |
| DEXAMETHASONE SOD PHOS +RFID | 82 |
| dexamethasone sod phosphate pf | 82 |
| dexamethasone sodium phosphate | 82 |
| DEXAMETHASONE SODIUM PHOSPHATE | 93 |
| dexmethylphenidate hcl | 101 |
| dexmethylphenidate hcl er | 101 |
| dextroamphetamine sulfate | 100,101 |
| dextroamphetamine sulfate er | 101 |
| dextrose | 63 |
| dextrose in lactated ringers | 63 |
| dextrose-sodium chloride | 63 |
| DIACOMIT | 13 |
| diazepam | 6,16 |
| DIAZEPAM | 16 |
| diazepam intensol | 6 |
| diazoxide | 97 |
| diclofenac potassium | 4 |
| diclofenac sodium | 4,60,93 |
| diclofenac sodium er | 4 |
| diclofenac-misoprostol | 4 |
| dicloxacillin sodium | 11 |
| dicyclomine hcl | 66 |
| DIDANOSINE | 46 |
| DIFICID | 12 |
| DIFLORASONE DIACETATE | 58 |
| diflunisal | 4 |
| difluprednate | 93 |
| digitek | 52 |
| digox | 52 |
| digoxin | 52 |
| dihydroergotamine mesylate | 24 |
| DILANTIN | 17 |
| DILANTIN INFATABS | 17 |
| dilt-xr | 50 |

| | | | |
|---|----|--------------------------------|-------|
| diltiazem hcl | 50 | doxycycline | 13 |
| diltiazem hcl 120 mg extended release 24hr capsule | 50 | doxycycline hyclate | 13 |
| diltiazem hcl 180 mg extended release 24hr capsule | 50 | doxycycline monohydrate | 13 |
| diltiazem hcl 240 mg extended release 24hr capsule | 50 | doxylamine-pyridoxine | 21 |
| diltiazem hcl 300 mg extended release 24hr capsule | 50 | DRIZALMA SPRINKLE | 99 |
| diltiazem hcl 360 mg extended release 24hr capsule | 50 | dronabinol | 22 |
| diltiazem hcl er | 51 | DROPLET MICRON | 105 |
| diltiazem hcl er beads | 51 | DROPSAFE SAFETY SYRINGE/NEEDLE | 105 |
| dimethyl fumarate | 99 | drospiren-eth estrad-levomefol | 75 |
| dimethyl fumarate starter pack | 99 | drospirenone-ethinyl estradiol | 75 |
| DIPENTUM | 64 | DROXIA | 27 |
| DIPHENOXYLATE-ATROPINE | 66 | droxidopa | 47,48 |
| DIPHThERIA-TETANUS TOXOIDS DT | 90 | duloxetine hcl | 99 |
| dipyridamole | 72 | DUPIXENT | 87 |
| disopyramide phosphate | 48 | dutasteride | 70 |
| disulfiram | 7 | dutasteride-tamsulosin hcl | 70 |
| DIURIL | 55 | dvorah | 1 |
| divalproex sodium | 13 | E | |
| divalproex sodium er | 14 | E.E.S. 400 | 12 |
| dodex | 63 | EASIVENT | 105 |
| dofetilide | 48 | EASIVENT MASK LARGE | 105 |
| dolishale | 75 | EASIVENT MASK MEDIUM | 105 |
| donepezil hcl | 18 | EASIVENT MASK SMALL | 105 |
| donepezil hydrochloride orally disintegrating tab 10 mg | 18 | EASY COMFORT INSULIN SYRINGE | 105 |
| donepezil hydrochloride orally disintegrating tab 5 mg | 18 | EASY COMFORT PEN NEEDLES | 105 |
| dorzolamide hcl | 94 | ec-naproxen | 4 |
| dorzolamide hcl-timolol mal | 95 | econazole nitrate | 23 |
| dorzolamide hcl-timolol mal pf | 95 | ed-spaz | 66 |
| dotti | 75 | EDURANT | 45 |
| DOVATO | 44 | eemt | 75 |
| doxazosin mesylate | 49 | eemt hs | 75 |
| doxepin hcl | 21 | EFAVIRENZ | 45 |
| doxercalciferol | 65 | efavirenz | 45 |
| doxy 100 | 13 | efavirenz-emtricitab-tenofo df | 45 |
| | | efavirenz-lamivudine-tenofovir | 45 |
| | | effeR-k | 63 |
| | | EGRIFTA SV | 72 |
| | | ELAPRASE | 114 |
| | | elinest | 75 |
| | | ELIQUIS | 70 |

| | | | |
|--|-----|-------------------------------------|----------|
| ELIQUIS DVT/PE STARTER PACK..... | 70 | EQ SPACE CHAMBER ANTI-STATIC M..... | 105 |
| elixophyllin..... | 111 | EQ SPACE CHAMBER ANTI-STATIC S..... | 105 |
| ELMIRON..... | 69 | EQUETRO..... | 47 |
| eluryng..... | 75 | ergocalciferol..... | 65 |
| EMBRACE PEN NEEDLES..... | 105 | ERGOLOID MESYLATES..... | 18 |
| EMCYT..... | 27 | ERGOTAMINE-CAFFEINE..... | 25 |
| emoquette..... | 75 | ERIVEDGE..... | 32 |
| EMSAM..... | 19 | ERLEADA..... | 26 |
| emtricitabine..... | 46 | erlotinib hcl..... | 32 |
| emtricitabine-tenofovir df..... | 46 | errin..... | 81 |
| EMTRIVA..... | 46 | ertapenem sodium..... | 11 |
| enalapril maleate..... | 55 | ERY..... | 57 |
| enalapril-hydrochlorothiazide..... | 52 | ery-tab..... | 12 |
| ENBREL..... | 88 | erythrocin lactobionate..... | 12 |
| ENBREL MINI..... | 88 | ERYTHROCIN STEARATE..... | 12 |
| ENBREL SURECLICK..... | 88 | erythromycin..... | 12,57,92 |
| endocet..... | 1 | erythromycin base..... | 12 |
| ENGERIX-B..... | 90 | erythromycin ethylsuccinate..... | 12 |
| enilloring..... | 75 | erythromycin lactobionate..... | 12 |
| enoxaparin sodium..... | 70 | escitalopram oxalate..... | 19 |
| enpresse-28..... | 75 | esgic..... | 100 |
| enskyce..... | 75 | esomeprazole magnesium..... | 68 |
| entacapone..... | 38 | est estrogens-methyltest..... | 75 |
| entecavir..... | 43 | est estrogens-methyltest ds..... | 75 |
| ENTRESTO..... | 52 | est estrogens-methyltest hs..... | 75 |
| enulose..... | 67 | estarylla..... | 75 |
| ENVARBUS XR..... | 88 | estazolam..... | 115 |
| EPCLUSA..... | 43 | estradiol..... | 75,76 |
| EPIDIOLEX..... | 14 | estradiol valerate..... | 76 |
| EPIFOAM..... | 60 | estradiol-norethindrone acet..... | 76 |
| epinastine hcl..... | 92 | ESTRING..... | 76 |
| epinephrine..... | 110 | eszopiclone..... | 115 |
| EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)..... | 110 | ethambutol hcl..... | 25 |
| epitol..... | 17 | ethosuximide..... | 17 |
| EPIVIR HBV..... | 43 | ethynodiol diac-eth estradiol..... | 76 |
| eplerenone..... | 55 | etodolac..... | 4 |
| EPRONTIA..... | 14 | etodolac er..... | 4 |
| EPROSARTAN MESYLATE..... | 48 | etonogestrel-ethinyl estradiol..... | 76 |
| EQ SPACE CHAMBER ANTI-STATIC..... | 105 | etravirine..... | 45 |
| EQ SPACE CHAMBER ANTI-STATIC L..... | 105 | euthyrox..... | 84 |
| | | everolimus..... | 32,88 |

| | | | |
|--------------------------------|-----|------------------------------|--------|
| EVOTAZ | 44 | fludrocortisone acetate | 83 |
| exemestane | 30 | flunisolide | 109 |
| EXKIVITY | 28 | fluocinolone acetonide | 58,116 |
| ezetimibe | 54 | fluocinolone acetonide body | 58 |
| ezetimibe-simvastatin | 54 | fluocinolone acetonide scalp | 58 |
| | | fluocinonide | 58 |
| F | | fluocinonide emulsified base | 58 |
| falmina | 76 | fluorometholone | 93 |
| famciclovir | 43 | fluorouracil | 60 |
| famotidine | 66 | fluoxetine hcl | 20 |
| FANAPT | 40 | FLUOXETINE HCL | 20 |
| FANAPT TITRATION PACK | 40 | FLUOXETINE HCL (PMDD) | 20 |
| FARXIGA | 95 | fluphenazine decanoate | 39 |
| fayosim | 76 | FLUPHENAZINE HCL | 39 |
| febuxostat | 24 | flurandrenolide | 58 |
| felbamate | 14 | FLURAZEPAM HCL | 115 |
| felodipine er | 50 | FLURBIPROFEN | 4 |
| femynor | 76 | FLURBIPROFEN SODIUM | 93 |
| fenofibrate | 53 | flutamide | 26 |
| fenofibrate micronized | 53 | fluticasone propionate | 59,109 |
| fenofibric acid | 53 | fluticasone-salmeterol | 112 |
| fentanyl | 3 | FLUTICASONE-SALMETEROL | 112 |
| FENTANYL CITRATE | 1 | fluvastatin sodium | 54 |
| FERRIPROX | 61 | fluvastatin sodium er | 54 |
| fesoterodine fumarate er | 69 | flvoxamine maleate | 20 |
| FETZIMA | 19 | flvoxamine maleate er | 20 |
| FETZIMA TITRATION | 19 | FML | 93 |
| finasteride | 70 | FML FORTE | 93 |
| fingolimod hcl | 99 | folic acid | 63 |
| FINTEPLA | 14 | fondaparinux sodium | 71 |
| finzala | 76 | formoterol fumarate | 110 |
| FIRMAGON | 84 | FORTEO | 65 |
| FIRMAGON (240 MG DOSE) | 84 | fosamprenavir calcium | 44 |
| flac | 116 | fosfomycin tromethamine | 8 |
| flavoxate hcl | 69 | fosinopril sodium | 55 |
| FLEBOGAMMA DIF | 86 | fosinopril sodium-hctz | 52 |
| flecainide acetate | 48 | FOTIVDA | 28 |
| FLEXICHAMBER | 105 | FRUZAQLA | 32 |
| fluconazole | 23 | fulvestrant | 27 |
| fluconazole in sodium chloride | 23 | furosemide | 55 |
| flucytosine | 23 | FUZEON | 46 |

| | |
|-------------------|----|
| fyavolv | 76 |
| FYCOMPA | 14 |

G

| | |
|---------------------------------------|------|
| g tussin ac | 112 |
| gabapentin | 16 |
| galantamine hydrobromide | 18 |
| galantamine hydrobromide er | 18 |
| GAMMAGARD | 86 |
| GAMMAGARD S/D LESS IGA | 86 |
| GAMMAKED | 86 |
| GAMMAPLEX | 86 |
| GAMUNEX-C | 86 |
| GARDASIL 9 | 90 |
| gatifloxacin | 92 |
| GATTEX | 68 |
| gauze pads 2 | 105 |
| GAVILYTE-C | 68 |
| gavilyte-g | 68 |
| gavilyte-n with flavor pack | 67 |
| GAVRETO | 32 |
| gefitinib | 32 |
| gemfibrozil | 53 |
| gemmily | 76 |
| GEMTESA | 69 |
| generlac | 67 |
| gengraf | 88 |
| GENOTROPIN | 72 |
| GENOTROPIN MINIQUICK | 73 |
| GENTAK | 92 |
| gentamicin sulfate | 7,92 |
| GENVOYA | 44 |
| gianvi | 76 |
| GILOTRIF | 32 |
| GLEOSTINE | 26 |
| glimepiride | 96 |
| glipizide | 96 |
| glipizide er | 96 |
| glipizide xl | 96 |
| glipizide-metformin hcl | 96 |
| GLUCAGEN HYPOKIT | 97 |

| | |
|---------------------------------------|-----|
| GLUCAGON EMERGENCY | 97 |
| glyburide | 96 |
| GLYBURIDE MICRONIZED | 96 |
| glyburide-metformin | 96 |
| glycopyrrolate | 66 |
| GLYXAMBI | 96 |
| GOLYTELY | 68 |
| granisetron hcl | 22 |
| griseofulvin microsize | 23 |
| griseofulvin ultramicrosize | 23 |
| guaiaatussin ac | 112 |
| guaifenesin ac | 112 |
| guaifenesin-codeine | 112 |
| guanfacine hcl | 48 |
| guanfacine hcl er | 101 |
| GUANIDINE HCL | 25 |
| GYNAZOLE-1 | 23 |

H

| | |
|---------------------------------------|----|
| HADLIMA | 88 |
| HADLIMA PUSH TOUCH | 88 |
| HAEGARDA | 85 |
| hailey 1.5/30 | 76 |
| hailey 24 fe | 76 |
| hailey fe 1.5/30 | 76 |
| hailey fe 1/20 | 76 |
| halobetasol propionate | 59 |
| haloette | 76 |
| haloperidol | 39 |
| haloperidol decanoate | 39 |
| haloperidol lactate | 39 |
| HARVONI | 43 |
| HAVRIX | 90 |
| heather | 81 |
| HEMADY | 83 |
| hemmorex-hc | 83 |
| heparin sodium (porcine) | 71 |
| heparin sodium (porcine) pf | 71 |
| HEPATAMINE | 62 |
| HEPLISAV-B | 90 |
| HIBERIX | 90 |

| | | | |
|-------------------------------------|-------|-----------------------------------|-------|
| HIZENTRA..... | 87 | HYDROMORPHONE HCL..... | 2 |
| HOMATROPAIRE..... | 95 | hydromorphone hcl er..... | 3 |
| HUMALOG..... | 98 | hydroxychloroquine sulfate..... | 37 |
| HUMALOG JUNIOR KWIKPEN..... | 98 | HYDROXYPROGESTERONE CAPROATE..... | 81 |
| HUMALOG KWIKPEN..... | 98 | hydroxyurea..... | 27 |
| HUMALOG MIX 50/50..... | 98 | hydroxyzine hcl..... | 109 |
| HUMALOG MIX 50/50 KWIKPEN..... | 98 | hydroxyzine pamoate..... | 109 |
| HUMALOG MIX 75/25..... | 98 | hyoscyamine sulfate..... | 66 |
| HUMALOG MIX 75/25 KWIKPEN..... | 98 | hyoscyamine sulfate er..... | 66 |
| HUMIRA..... | 88 | hyosyne..... | 67 |
| HUMIRA (2 PEN)..... | 88 | I | |
| HUMIRA (2 SYRINGE)..... | 88 | ibandronate sodium..... | 65 |
| HUMIRA-CD/UC/HS STARTER..... | 89 | IBRANCE..... | 32 |
| HUMIRA-PED<40KG CROHNS STARTER..... | 89 | ibu..... | 4 |
| HUMIRA-PED>/=40KG CROHNS START..... | 89 | ibuprofen..... | 4 |
| HUMIRA-PED>/=40KG UC STARTER..... | 89 | icatibant acetate..... | 85 |
| HUMIRA-PS/UV/ADOL HS STARTER..... | 89 | iclevia..... | 76 |
| HUMIRA-PSORIASIS/UEVIT STARTER..... | 89 | ICLUSIG..... | 32 |
| HUMULIN 70/30..... | 98 | icosapent ethyl..... | 54 |
| HUMULIN 70/30 KWIKPEN..... | 98 | IDHIFA..... | 28 |
| HUMULIN N..... | 98 | ILARIS..... | 87 |
| HUMULIN N KWIKPEN..... | 98 | ILEVRO..... | 93 |
| HUMULIN R..... | 98 | imatinib mesylate..... | 32,33 |
| HUMULIN R U-500 (CONCENTRATED)..... | 98 | IMBRUVICA..... | 33 |
| HUMULIN R U-500 KWIKPEN..... | 98 | imipenem-cilastatin..... | 11 |
| hydralazine hcl..... | 56 | imipramine hcl..... | 21 |
| hydrochlorothiazide..... | 55 | imiquimod..... | 60 |
| hydrocod poli-chlorphe poli er..... | 113 | IMOVAX RABIES..... | 90 |
| hydrocodone bit-homatrop mbr..... | 113 | incassia..... | 81 |
| hydrocodone-acetaminophen..... | 1 | INCRELEX..... | 73 |
| hydrocodone-ibuprofen..... | 1 | indapamide..... | 55 |
| hydrocortisone..... | 59,65 | indomethacin..... | 4 |
| hydrocortisone (perianal)..... | 59 | indomethacin er..... | 4 |
| HYDROCORTISONE ACE-PRAMOXINE..... | 60 | INFANRIX..... | 90 |
| hydrocortisone acetate..... | 83 | INGREZZA..... | 100 |
| HYDROCORTISONE BUTYRATE..... | 59 | INLYTA..... | 33 |
| hydrocortisone butyrate..... | 83 | INQOVI..... | 27 |
| hydrocortisone valerate..... | 59,83 | INREBIC..... | 28 |
| hydrocortisone-acetic acid..... | 116 | INSPIRACHAMBER/LARGE..... | 105 |
| hydromet..... | 113 | INSPIRACHAMBER/MEDIUM..... | 105 |
| hydromorphone hcl..... | 2 | | |

| | | | |
|--------------------------------|-------|--------------------------|-----|
| INSPIRACHAMBER/MOUTHPIECE | 105 | IWILFIN | 106 |
| INSPIRACHAMBER/SMALL | 105 | IXCHIQ | 90 |
| INSPIREASE | 105 | IXIARO | 90 |
| INSULIN LISPRO | 98 | J | |
| INSULIN LISPRO (1 UNIT DIAL) | 98 | jaimiess | 76 |
| INSULIN LISPRO JUNIOR KWIKPEN | 98 | JAKAFI | 33 |
| INSULIN LISPRO PROT & LISPRO | 98 | jantoven | 71 |
| INSULIN PEN NEEDLES | 105 | JANUMET | 96 |
| INSULIN SYRINGE 0.3 ML | 106 | JANUMET XR | 96 |
| INSULIN SYRINGE 0.5 ML | 106 | JANUVIA | 96 |
| INSULIN SYRINGE 1 ML | 106 | JARDIANCE | 96 |
| INSULIN SYRINGE-NEEDLE U-100 | 106 | jasmiel | 76 |
| INSUPEN PEN NEEDLES | 106 | javygtor | 114 |
| INTELENCE | 45 | JAYPIRCA | 33 |
| INTRALIPID | 62 | jencycla | 81 |
| INTRON A | 86 | JENTADUETO | 96 |
| introvale | 76 | JENTADUETO XR | 96 |
| INVEGA HAFYERA | 40 | jinteli | 76 |
| INVEGA SUSTENNA | 40,41 | jolessa | 76 |
| INVEGA TRINZA | 41 | juleber | 76 |
| IPOL | 90 | JULUCA | 44 |
| ipratropium bromide | 110 | junel 1.5/30 | 77 |
| ipratropium-albuterol | 113 | junel 1/20 | 77 |
| irbesartan | 48 | junel fe 1.5/30 | 77 |
| irbesartan-hydrochlorothiazide | 52 | junel fe 1/20 | 77 |
| ISENTRESS | 44 | junel fe 24 | 77 |
| ISENTRESS HD | 44 | JYNNEOS | 90 |
| isibloom | 76 | K | |
| isoniazid | 25 | k-prime | 63 |
| ISONIAZID | 25 | kaitlib fe | 77 |
| isopropyl alcohol | 106 | kalliga | 77 |
| isopropyl alcohol wipes | 106 | KALYDECO | 111 |
| isosorb dinitrate-hydralazine | 52 | kariva | 77 |
| isosorbide dinitrate | 56 | KCL (0.149%) IN NAACL | 62 |
| isosorbide mononitrate | 56 | KCL (0.298%) IN NAACL | 62 |
| isosorbide mononitrate er | 56 | kcl in dextrose-nacl | 62 |
| isotretinoin | 57 | KCL-LACTATED RINGERS-D5W | 63 |
| isradipine | 50 | kelnor 1/35 | 77 |
| itraconazole | 23 | kelnor 1/50 | 77 |
| ivabradine hcl | 52 | | |
| ivermectin | 37,60 | | |

| | | | |
|--------------------------------|-------|----------------------------|-----|
| KEPIVANCE | 47 | LANREOTIDE ACETATE | 84 |
| KERENDIA | 96 | lansoprazole | 68 |
| ketoconazole | 23 | lanthanum carbonate | 61 |
| ketodan | 23 | LANTUS | 98 |
| ketorolac tromethamine | 93 | LANTUS SOLOSTAR | 98 |
| KINRIX | 90 | lapatinib ditosylate | 33 |
| kionex | 61 | larin 1.5/30 | 77 |
| KISQALI (200 MG DOSE) | 33 | larin 1/20 | 77 |
| KISQALI (400 MG DOSE) | 33 | larin 24 fe | 77 |
| KISQALI (600 MG DOSE) | 33 | larin fe 1.5/30 | 77 |
| KISQALI FEMARA (200 MG DOSE) | 28 | larin fe 1/20 | 77 |
| KISQALI FEMARA (400 MG DOSE) | 28 | larissia | 77 |
| KISQALI FEMARA (600 MG DOSE) | 28 | LASTACAFT | 92 |
| klayesta | 23 | latanoprost | 93 |
| klor-con | 62 | layolis fe | 77 |
| klor-con 10 | 62 | LAZCLUZE | 30 |
| klor-con m10 | 62 | LEDIPASVIR-SOFOSBUVIR | 43 |
| klor-con m15 | 62 | leena | 77 |
| klor-con m20 | 62 | leflunomide | 89 |
| klor-con sprinkle | 62 | lenalidomide | 27 |
| klor-con/ef | 63 | LENVIMA (10 MG DAILY DOSE) | 33 |
| KOSELUGO | 28 | LENVIMA (12 MG DAILY DOSE) | 33 |
| kourzeq | 47 | LENVIMA (14 MG DAILY DOSE) | 33 |
| KRAZATI | 28 | LENVIMA (18 MG DAILY DOSE) | 33 |
| kurvelo | 77 | LENVIMA (20 MG DAILY DOSE) | 33 |
| | | LENVIMA (24 MG DAILY DOSE) | 33 |
| L | | LENVIMA (4 MG DAILY DOSE) | 33 |
| l-glutamine | 114 | LENVIMA (8 MG DAILY DOSE) | 33 |
| labetalol hcl | 49 | lessina | 77 |
| lacosamide | 17 | letrozole | 30 |
| lactated ringers | 63 | leucovorin calcium | 28 |
| lactulose | 67 | LEUKERAN | 26 |
| lactulose encephalopathy | 67 | leuprolide acetate | 84 |
| LAGEVRIO | 106 | levabuterol hcl | 110 |
| lamivudine | 43,46 | LEVALBUTEROL TARTRATE | 111 |
| lamivudine-zidovudine | 46 | levetiracetam | 14 |
| lamotrigine | 14 | levetiracetam er | 14 |
| lamotrigine er | 14 | levo-t | 84 |
| lamotrigine starter kit-blue | 14 | LEVOBUNOLOL HCL | 94 |
| lamotrigine starter kit-green | 14 | levocarnitine | 63 |
| lamotrigine starter kit-orange | 14 | levocarnitine sf | 63 |

| | | | |
|--------------------------------|-----|----------------------------|----|
| levocetirizine dihydrochloride | 109 | lopinavir-ritonavir | 44 |
| levofloxacin | 12 | lopreeza | 78 |
| LEVOFLOXACIN | 92 | lorazepam | 6 |
| levofloxacin in d5w | 12 | lorazepam intensol | 6 |
| levonest | 77 | LORBRENA | 34 |
| levonorg-eth estrad triphasic | 77 | loryna | 78 |
| levonorgest-eth est & eth est | 77 | losartan potassium | 48 |
| levonorgest-eth estrad 91-day | 77 | losartan potassium-hctz | 52 |
| levonorgestrel-ethinyl estrad | 77 | loteprednol etabonate | 93 |
| levora 0.15/30 (28) | 77 | lovastatin | 54 |
| levothyroxine sodium | 84 | low-ogestrel | 78 |
| levoxyl | 84 | loxapine succinate | 39 |
| LEXIVA | 44 | lubiprostone | 67 |
| LIBERVANT | 16 | LULICONAZOLE | 23 |
| lidocaine | 5 | LUMAKRAS | 28 |
| lidocaine hcl | 5 | LUMIGAN | 93 |
| LIDOCAINE HCL | 5 | LUPRON DEPOT (1-MONTH) | 84 |
| lidocaine viscous hcl | 5 | LUPRON DEPOT (3-MONTH) | 85 |
| lidocaine-prilocaine | 5 | LUPRON DEPOT (4-MONTH) | 85 |
| lidocan | 5 | LUPRON DEPOT (6-MONTH) | 85 |
| lillow | 77 | lurasidone hcl | 41 |
| lincomycin hcl | 8 | lutera | 78 |
| LINDANE | 60 | LYBALVI | 19 |
| linezolid | 8 | lyleq | 81 |
| LINEZOLID IN SODIUM CHLORIDE | 8 | lyllana | 78 |
| LINZESS | 67 | LYNPARZA | 34 |
| liothyronine sodium | 84 | LYSODREN | 28 |
| lisdexamfetamine dimesylate | 101 | LYTGOBI (12 MG DAILY DOSE) | 34 |
| lisinopril | 55 | LYTGOBI (16 MG DAILY DOSE) | 34 |
| lisinopril-hydrochlorothiazide | 52 | LYTGOBI (20 MG DAILY DOSE) | 34 |
| lithium | 47 | lyza | 81 |
| lithium carbonate | 47 | | |
| lithium carbonate er | 47 | M | |
| lo-zumandimine | 77 | M-M-R II | 91 |
| loestrin 1.5/30 (21) | 77 | mafenide acetate | 57 |
| loestrin 1/20 (21) | 77 | magnesium sulfate | 62 |
| loestrin fe 1.5/30 | 78 | malathion | 60 |
| loestrin fe 1/20 | 78 | MAPROTILINE HCL | 19 |
| lojaimiess | 78 | maraviroc | 46 |
| LONSURF | 28 | marlissa | 78 |
| loperamide hcl | 66 | MARPLAN | 19 |

| | | | |
|-----------------------------|-----|--------------------------------|---------|
| MATULANE | 26 | methimazole | 85 |
| matzim la | 51 | methocarbamol | 92 |
| MAVYRET | 43 | METHOTREXATE SODIUM | 89 |
| maxi-tuss ac | 113 | methotrexate sodium | 89 |
| MAXIDEX | 93 | methotrexate sodium (pf) | 89 |
| meclizine hcl | 21 | methoxsalen rapid | 60 |
| medpura alcohol pads | 106 | methscopolamine bromide | 67 |
| MEDROL | 83 | methsuximide | 17 |
| medroxyprogesterone acetate | 81 | methyldopa | 48 |
| mefloquine hcl | 37 | METHYLDOPA-HYDROCHLOROTHIAZIDE | 52 |
| megestrol acetate | 81 | methylergonovine maleate | 106 |
| MEKINIST | 34 | methylphenidate hcl | 101,102 |
| MEKTOVI | 34 | METHYLPHENIDATE HCL ER | 102 |
| melodetta 24 fe | 78 | methylphenidate hcl er | 102 |
| meloxicam | 4 | methylphenidate hcl er (cd) | 102 |
| MELPHALAN | 26 | methylphenidate hcl er (la) | 102 |
| memantine hcl | 17 | methylphenidate hcl er (osm) | 102 |
| memantine hcl er | 18 | methylprednisolone | 83 |
| MENACTRA | 91 | methylprednisolone acetate | 83 |
| MENEST | 78 | methylprednisolone sodium succ | 83 |
| MENQUADFI | 91 | methyltestosterone | 73 |
| MENVEO | 91 | metoclopramide hcl | 21 |
| MEPHYTON | 72 | METOCLOPRAMIDE HCL | 21 |
| meprobamate | 5 | metolazone | 55 |
| mercaptapurine | 27 | metoprolol succinate er | 49 |
| meropenem | 11 | metoprolol tartrate | 49 |
| MEROPENEM-SODIUM CHLORIDE | 11 | metoprolol-hydrochlorothiazide | 52 |
| merzee | 78 | metronidazole | 8 |
| mesalamine | 64 | metyrosine | 52 |
| mesalamine er | 65 | mexiletine hcl | 48 |
| mesna | 30 | mibelas 24 fe | 78 |
| MESNEX | 30 | micafungin sodium | 23 |
| metaxalone | 92 | MICONAZOLE 3 | 23 |
| metformin hcl | 96 | MICONAZOLE-ZINC OXIDE-PETROLAT | 23 |
| metformin hcl er | 96 | MICROCHAMBER | 106 |
| methadone hcl | 3 | microgestin 1.5/30 | 78 |
| methadone hcl intensol | 3 | microgestin 1/20 | 78 |
| methadose | 3 | microgestin 24 fe | 78 |
| methazolamide | 94 | microgestin fe 1.5/30 | 78 |
| methenamine hippurate | 8 | microgestin fe 1/20 | 78 |
| methergine | 106 | MICROSPACER | 106 |

| | | | |
|-------------------------------------|-----------|-------------------------------------|-----|
| midodrine hcl..... | 48 | mycophenolate mofetil..... | 89 |
| mifepristone..... | 83 | mycophenolate mofetil hcl..... | 89 |
| MIGERGOT..... | 25 | mycophenolate sodium..... | 89 |
| miglitol..... | 96 | mycophenolic acid..... | 89 |
| miglustat..... | 114 | myorisan..... | 57 |
| mili..... | 78 | MYRBETRIQ..... | 69 |
| mimvey..... | 78 | | |
| minitran..... | 56 | N | |
| minocycline hcl..... | 13 | na sulfate-k sulfate-mg sulf..... | 67 |
| minoxidil..... | 56 | nabumetone..... | 4 |
| mirtazapine..... | 19 | nadolol..... | 49 |
| misoprostol..... | 68 | nafcillin sodium..... | 11 |
| modafinil..... | 115,116 | nafrinse..... | 64 |
| moexipril hcl..... | 55 | naftifine hcl..... | 23 |
| MOLINDONE HCL..... | 39 | NAGLAZYME..... | 114 |
| mometasone furoate..... | 59,83,109 | naloxone hcl..... | 7 |
| mondoxyne nl..... | 13 | naltrexone hcl..... | 7 |
| mono-lynyah..... | 78 | NAMZARIC..... | 18 |
| montelukast sodium..... | 110 | naproxen..... | 4 |
| morgidox..... | 13 | naproxen dr..... | 4 |
| morphine sulfate..... | 2 | naproxen sodium..... | 4 |
| MORPHINE SULFATE..... | 2 | naratriptan hcl..... | 24 |
| morphine sulfate (concentrate)..... | 2 | NATACYN..... | 92 |
| morphine sulfate er..... | 3 | nateglinide..... | 96 |
| MOUNJARO..... | 96 | NATPARA..... | 65 |
| MOVANTIK..... | 67 | NAYZILAM..... | 5 |
| moxifloxacin hcl..... | 12,92 | nebivolol hcl..... | 49 |
| MOXIFLOXACIN HCL..... | 12 | nebusal..... | 113 |
| MOXIFLOXACIN HCL (2X DAY)..... | 92 | necon 0.5/35 (28)..... | 78 |
| MOXIFLOXACIN HCL IN NACL..... | 12 | NEFAZODONE HCL..... | 20 |
| MRESVIA..... | 91 | neo-polycin..... | 95 |
| MULTAQ..... | 48 | neo-polycin hc..... | 95 |
| MULTI-VIT-FLOR..... | 63 | neomycin sulfate..... | 7 |
| MULTI-VITAMIN/FLUORIDE..... | 63 | neomycin-bacitracin zn-polymyx..... | 95 |
| multi-vitamin/fluoride/iron..... | 63 | neomycin-polymyxin-dexameth..... | 95 |
| MULTIVITAMIN W/FLUORIDE..... | 64 | NEOMYCIN-POLYMYXIN-GRAMICIDIN..... | 95 |
| MULTIVITAMIN/FLUORIDE..... | 62,64 | NEOMYCIN-POLYMYXIN-HC..... | 95 |
| multivitamins/fluoride..... | 64 | neomycin-polymyxin-hc..... | 116 |
| mupirocin..... | 57 | NERLYNX..... | 34 |
| MUSE..... | 69 | NEUPRO..... | 38 |
| MYALEPT..... | 68 | nevirapine..... | 45 |

| | | | |
|--------------------------------|-----|----------------------------|-----------|
| NEVIRAPINE | 45 | norlyda | 81 |
| NEVIRAPINE ER | 45 | norlyroc | 82 |
| nevirapine er | 45 | NORMOSOL-M IN D5W | 62 |
| NIACIN (ANTHYPERLIPIDEMIC) | 54 | nortrel 0.5/35 (28) | 79 |
| niacin er (antihyperlipidemic) | 54 | nortrel 1/35 (21) | 79 |
| NIACOR | 54 | nortrel 1/35 (28) | 79 |
| nicardipine hcl | 50 | nortrel 7/7/7 | 79 |
| NICOTROL | 6 | nortriptyline hcl | 21 |
| NICOTROL NS | 6 | NORVIR | 44 |
| nifedipine | 50 | NOVOFINE 32G X 6 MM MISC | 106 |
| nifedipine er | 50 | NOVOTWIST 32G X 5 MM MISC | 106 |
| nifedipine er osmotic release | 50 | NP THYROID | 84 |
| nikki | 78 | NUBEQA | 26 |
| nilutamide | 26 | NUCALA | 113 |
| nimodipine | 50 | NUEDEXTA | 100 |
| NINLARO | 28 | nulev | 67 |
| nisoldipine er | 50 | NULYTELY LEMON-LIME | 67 |
| nitazoxanide | 37 | NULYTELY WITH FLAVOR PACKS | 67 |
| nitisinone | 114 | NUPLAZID | 41 |
| NITRO-BID | 56 | NURTEC | 25 |
| NITRO-DUR | 56 | NUTRILIPID | 62 |
| NITRO-TIME | 56 | nyamyc | 23 |
| nitrofurantoin | 8 | nylia 1/35 | 79 |
| nitrofurantoin macrocrystal | 8 | nylia 7/7/7 | 79 |
| nitrofurantoin monohyd macro | 8 | NYMALIZE | 50 |
| nitroglycerin | 56 | nymyo | 79 |
| NITROSTAT | 56 | nystatin | 23 |
| NIVA THYROID | 84 | nystatin-triamcinolone | 60 |
| NIZATIDINE | 66 | nystop | 23 |
| nolix | 59 | | |
| nora-be | 81 | O | |
| norelgestromin-eth estradiol | 78 | ocella | 79 |
| norethin ace-eth estrad-fe | 78 | octreotide acetate | 85 |
| norethin-eth estradiol-fe | 78 | OCTREOTIDE ACETATE | 85 |
| norethindron-ethinyl estrad-fe | 78 | ODEFSEY | 45 |
| norethindrone | 81 | ODOMZO | 34 |
| norethindrone acet-ethinyl est | 79 | OFEV | 111 |
| norethindrone acetate | 81 | ofloxacin | 12,92,116 |
| norethindrone-eth estradiol | 79 | OGSIVEO | 28,29 |
| norgestim-eth estrad triphasic | 79 | OJEMDA | 30 |
| norgestimate-eth estradiol | 79 | OJJAARA | 30 |

| | | | |
|--------------------------------|--------|--------------------------------|-------|
| olanzapine | 41 | oxybutynin chloride er | 69 |
| olanzapine-fluoxetine hcl | 19 | oxycodone hcl | 2 |
| olmesartan medoxomil | 48 | OXYCODONE HCL ER | 3 |
| olmesartan medoxomil-hctz | 53 | oxycodone-acetaminophen | 2 |
| olmesartan-amlodipine-hctz | 53 | OXYCODONE-ACETAMINOPHEN | 2 |
| olopatadine hcl | 92,109 | OXYCODONE-ASPIRIN | 2 |
| omega-3-acid ethyl esters | 54 | oxymorphone hcl | 2 |
| omeprazole | 68 | OXYMORPHONE HCL ER | 3 |
| OMNITROPE | 73 | OZEMPIC (0.25 OR 0.5 MG/DOSE) | 96,97 |
| ondansetron | 22 | OZEMPIC (1 MG/DOSE) | 97 |
| ONDANSETRON HCL | 22 | OZEMPIC (2 MG/DOSE) | 97 |
| ondansetron hcl | 22 | | |
| ONUREG | 29 | P | |
| OPSUMIT | 109 | pacerone | 48 |
| OPTICHAMBER ADVANTAGE-LG MASK | 106 | paliperidone er | 41 |
| OPTICHAMBER ADVANTAGE-MED MASK | 106 | PANRETIN | 37 |
| OPTICHAMBER ADVANTAGE-SM MASK | 106 | pantoprazole sodium | 68 |
| OPTICHAMBER DIAMOND | 106 | paricalcitol | 65 |
| OPTICHAMBER DIAMOND-LG MASK | 106 | paroex | 47 |
| OPTICHAMBER DIAMOND-MD MASK | 106 | paromomycin sulfate | 7 |
| OPTICHAMBER DIAMOND-SM MASK | 106 | paroxetine hcl | 20 |
| OPTICHAMBER FACE MASK-LARGE | 106 | paroxetine hcl er | 20 |
| OPTICHAMBER FACE MASK-MEDIUM | 106 | paroxetine mesylate | 20 |
| OPTICHAMBER FACE MASK-SMALL | 106 | PASER | 25 |
| OPTIHALER | 106 | PAXLOVID (150/100) | 107 |
| OPVEE | 107 | PAXLOVID (300/100) | 107 |
| oralone | 47 | PAZEO | 92 |
| ORGOVYX | 85 | pazopanib hcl | 34 |
| ORSERDU | 26 | pb-hyoscy-atropine-scopolamine | 67 |
| orsythia | 79 | PEDIARIX | 91 |
| oscimin | 67 | PEDVAX HIB | 91 |
| oscimin sr | 67 | peg 3350-kcl-na bicarb-nacl | 67 |
| oseltamivir phosphate | 42 | peg-3350/electrolytes | 68 |
| OSPHENA | 81 | peg-3350/electrolytes/ascorbat | 68 |
| OTEZLA | 60,87 | peg-kcl-nacl-nasulf-na asc-c | 68 |
| oxandrolone | 73 | PEG-PREP | 68 |
| oxaprozin | 4 | PEGASYS | 86 |
| oxazepam | 6 | PEMAZYRE | 34 |
| oxcarbazepine | 17 | PEN NEEDLES | 107 |
| oxiconazole nitrate | 23 | PENBRAYA | 91 |
| oxybutynin chloride | 69 | penciclovir | 57 |

| | | | |
|--------------------------------|-------|--------------------------------|-----|
| penicillamine | 69 | PIQRAY (250 MG DAILY DOSE) | 34 |
| penicillin g potassium | 11 | PIQRAY (300 MG DAILY DOSE) | 34 |
| PENICILLIN G SODIUM | 11 | pirfenidone | 111 |
| penicillin v potassium | 11 | PIRFENIDONE | 111 |
| PENTACEL | 91 | pirmella 1/35 | 79 |
| pentamidine isethionate | 37 | pirmella 7/7/7 | 79 |
| pentazocine-naloxone hcl | 2 | piroxicam | 4 |
| pentoxifylline er | 53 | PLENVU | 68 |
| perindopril erbumine | 55 | POCKET CHAMBER | 107 |
| perlogard | 47 | POCKET SPACER | 107 |
| permethrin | 60 | podofilox | 60 |
| perphenazine | 21 | POLY-VI-FLOR | 64 |
| PERPHENAZINE-AMITRIPTYLINE | 19 | polycin | 95 |
| PERSERIS | 41 | polymyxin b sulfate | 8 |
| PFIZERPEN | 11 | polymyxin b-trimethoprim | 92 |
| phenazo | 69 | POMALYST | 27 |
| phenazopyridine hcl | 69 | portia-28 | 79 |
| phenelzine sulfate | 19 | posaconazole | 24 |
| phenobarbital | 16 | pot & sod cit-cit ac | 69 |
| phenobarbital-belladonna alk | 67 | potassium chloride | 62 |
| phenohydro | 67 | potassium chloride crys er | 62 |
| phenylephrine hcl | 95 | potassium chloride er | 63 |
| phenytek | 17 | potassium chloride in dextrose | 64 |
| phenytoin | 17 | potassium chloride in nacl | 63 |
| phenytoin infatabs | 17 | potassium citrate er | 63 |
| phenytoin sodium extended | 17 | potassium citrate-citric acid | 69 |
| philith | 79 | pramipexole dihydrochloride | 38 |
| phospho-trin k500 | 69 | pramipexole dihydrochloride er | 38 |
| PHOSPHOLINE IODIDE | 94 | PRAMOSONE | 60 |
| phytonadione | 72 | prasugrel hcl | 72 |
| PIFELTRO | 45 | pravastatin sodium | 54 |
| pilocarpine hcl | 47,94 | praziquantel | 37 |
| pimecrolimus | 59 | prazosin hcl | 49 |
| PIMOZIDE | 39 | prednisolone | 83 |
| pimtrea | 79 | prednisolone acetate | 93 |
| pindolol | 49 | prednisolone sodium phosphate | 83 |
| pioglitazone hcl | 97 | PREDNISOLONE SODIUM PHOSPHATE | 93 |
| pioglitazone hcl-glimepiride | 97 | prednisone | 83 |
| pioglitazone hcl-metformin hcl | 97 | PREDNISONE INTENSOL | 83 |
| piperacillin sod-tazobactam so | 11 | pregabalin | 99 |
| PIQRAY (200 MG DAILY DOSE) | 34 | PREHEVBRIO | 91 |

| | | | |
|----------------------------------|--------|-------------------------------------|-----|
| PREMARIN..... | 79 | PROMETHAZINE VC/CODEINE..... | 113 |
| PREMASOL..... | 63 | promethazine-codeine..... | 113 |
| premium lidocaine..... | 5 | promethazine-dm..... | 113 |
| PREMPHASE..... | 79 | promethazine-phenyleph-codeine..... | 113 |
| PREMPRO..... | 79 | promethazine-phenylephrine..... | 113 |
| prenatal vitamins..... | 64 | promethegan..... | 21 |
| prevalite..... | 54 | propafenone hcl..... | 48 |
| previfem..... | 79 | propafenone hcl er..... | 48 |
| PREVYMIS..... | 42 | proparacaine hcl..... | 95 |
| PREZCOBIX..... | 44 | propranolol hcl..... | 49 |
| PREZISTA..... | 44 | propranolol hcl er..... | 49 |
| PRIFTIN..... | 25 | PROPRANOLOL-HCTZ..... | 53 |
| primaquine phosphate..... | 37 | propylthiouracil..... | 85 |
| primidone..... | 16 | PROQUAD..... | 91 |
| PRIORIX..... | 91 | protriptyline hcl..... | 21 |
| PRIVIGEN..... | 87 | pseudoeph-bromphen-dm..... | 113 |
| PRO COMFORT INSULIN SYRINGE..... | 107 | PULMICORT FLEXHALER..... | 110 |
| PRO COMFORT SPACER ADULT..... | 107 | pulmosal..... | 113 |
| PRO COMFORT SPACER CHILD..... | 107 | PULMOZYME..... | 111 |
| PRO COMFORT SPACER INFANT..... | 107 | PURE COMFORT SAFETY PEN NEEDLE..... | 107 |
| probenecid..... | 24 | PURE COMFORT SPACER CHAMBER..... | 107 |
| PROCARE SPACER/ADULT MASK..... | 107 | PURIXAN..... | 27 |
| PROCARE SPACER/CHILD MASK..... | 107 | pyrazinamide..... | 25 |
| procentra..... | 101 | pyridostigmine bromide..... | 25 |
| PROCHAMBER VHC..... | 107 | pyridostigmine bromide er..... | 25 |
| prochlorperazine..... | 21 | pyrimethamine..... | 37 |
| prochlorperazine maleate..... | 21 | | |
| procto-med hc..... | 59 | Q | |
| procto-pak..... | 59 | qc alcohol..... | 107 |
| PROCTOFOAM HC..... | 60 | QINLOCK..... | 29 |
| proctosol hc..... | 59 | QUADRACEL..... | 91 |
| proctozone-hc..... | 59 | quetiapine fumarate..... | 41 |
| PROCYSBI..... | 114 | quetiapine fumarate er..... | 41 |
| progesterone..... | 82 | QUFLORA PEDIATRIC..... | 64 |
| PROGRAF..... | 89 | quinapril hcl..... | 55 |
| PROLASTIN-C..... | 114 | quinapril-hydrochlorothiazide..... | 53 |
| PROLENSA..... | 93 | quinidine gluconate er..... | 48 |
| PROLIA..... | 65 | quinidine sulfate..... | 48 |
| PROMACTA..... | 71,72 | quinine sulfate..... | 37 |
| promethazine hcl..... | 21,109 | | |
| promethazine vc..... | 113 | | |

R

| | | | |
|----------------------------|--------|-----------------------------|-------|
| ra isopropyl alcohol wipes | 107 | risedronate sodium | 65 |
| RABAVERT | 91 | risperidone | 42 |
| rabeprazole sodium | 68 | risperidone microspheres er | 42 |
| raloxifene hcl | 81 | RITEFLO | 107 |
| ramelteon | 115 | ritonavir | 45 |
| ramipril | 56 | rivastigmine | 18 |
| ranolazine er | 53 | rivastigmine tartrate | 18 |
| rasagiline mesylate | 39 | rivelsa | 79 |
| reclipsen | 79 | rizatRIPTAN benzoate | 24 |
| RECOMBIVAX HB | 91 | ROCKLATAN | 95 |
| REGRANEX | 60 | roflumilast | 111 |
| relafen | 4 | ropinirole hcl | 38 |
| RELENZA DISKHALER | 42 | ropinirole hcl er | 38 |
| RELISTOR | 68 | rosadan | 8 |
| repaglinide | 97 | rosuvastatin calcium | 54 |
| REPATHA | 54 | ROTARIX | 91 |
| REPATHA PUSHTRONEX SYSTEM | 54 | ROTATEQ | 91 |
| REPATHA SURECLICK | 54 | roweepra | 14 |
| RESTASIS | 95 | roweepra xr | 14 |
| RESTASIS MULTIDOSE | 95 | ROZLYTREK | 29 |
| RETACRIT | 72 | RUBRACA | 34 |
| RETEVMO | 29 | rufinamide | 17 |
| REVLIMID | 27 | RUKOBIA | 46 |
| REXULTI | 41 | RYBELSUS | 97 |
| REYATAZ | 44 | RYDAPT | 34 |
| REZLIDHIA | 34 | | |
| REZUROCK | 89 | S | |
| RHOPRESSA | 94 | sajazir | 85 |
| ribavirin | 43,113 | saline bacteriostatic | 107 |
| RIDAURA | 87 | salsalate | 4 |
| rifabutin | 25 | SANDIMMUNE | 89 |
| rifampin | 25 | SANDOSTATIN LAR DEPOT | 85 |
| RIFATER | 26 | SANTYL | 60 |
| riluzole | 100 | sapropterin dihydrochloride | 114 |
| RIMANTADINE HCL | 42 | SCSEMBLIX | 34,35 |
| ringers | 64 | scopolamine | 21 |
| ringers irrigation | 64 | SECUADO | 42 |
| RINVOQ | 89 | SECURESAFE INSULIN SYRINGE | 107 |
| RINVOQ LQ | 89 | selegiline hcl | 39 |
| | | selenium sulfide | 59 |
| | | SELZENTRY | 46 |

| | | | |
|-------------------------------------|----------|------------------------------------|-------|
| SEREVENT DISKUS..... | 111 | SPIRIVA RESPIMAT..... | 110 |
| sertraline hcl..... | 20 | spironolactone..... | 55 |
| setlakin..... | 79 | spironolactone-hctz..... | 53 |
| sevelamer carbonate..... | 61 | sprintec 28..... | 79 |
| sevelamer hcl..... | 61 | SPRITAM..... | 14,15 |
| sharobel..... | 82 | SPRYCEL..... | 35 |
| SHINGRIX..... | 91 | SPS (SODIUM POLYSTYRENE SULF)..... | 61 |
| SIGNIFOR..... | 85 | sronyx..... | 80 |
| sildenafil citrate..... | 70,109 | ssd..... | 60 |
| SILIGENTLE FOAM DRESSING..... | 107 | sss 10-5..... | 60 |
| silodosin..... | 70 | SSS 10-5..... | 60 |
| silver sulfadiazine..... | 60 | stavudine..... | 46 |
| SIMBRINZA..... | 94 | STELARA..... | 60,87 |
| simliya..... | 79 | sterile water for irrigation..... | 107 |
| simpesse..... | 79 | STIVARGA..... | 35 |
| simvastatin..... | 54 | STRENSIQ..... | 115 |
| sirolimus..... | 89 | STREPTOMYCIN SULFATE..... | 7 |
| SIRTURO..... | 26 | STRIBILD..... | 44 |
| SKYRIZI..... | 60,68,87 | subvenite..... | 15 |
| SKYRIZI (150 MG DOSE)..... | 87 | subvenite starter kit-blue..... | 15 |
| SKYRIZI PEN..... | 87 | subvenite starter kit-green..... | 15 |
| SMOFLIPID..... | 64 | subvenite starter kit-orange..... | 15 |
| sod citrate-citric acid..... | 70 | SUCRAID..... | 115 |
| sodium chloride..... | 63,113 | sucralfate..... | 68 |
| sodium chloride (pf)..... | 63 | sulfacetamide sodium..... | 93 |
| sodium chloride bacteriostatic..... | 107 | sulfacetamide sodium (acne)..... | 12 |
| sodium fluoride..... | 64 | sulfacetamide sodium-sulfur..... | 60 |
| sodium phenylbutyrate..... | 114 | SULFACETAMIDE-PREDNISOLONE..... | 95 |
| sodium polystyrene sulfonate..... | 61 | sulfadiazine..... | 12 |
| SODIUM SULFACETAMIDE-BAKUCHIOL..... | 60 | sulfamethoxazole-trimethoprim..... | 13 |
| SOFOSBUVIR-VELPATASVIR..... | 43 | SULFAMYLON..... | 57 |
| solifenacin succinate..... | 69 | sulfasalazine..... | 65 |
| SOLTAMOX..... | 27 | sulfatrim pediatric..... | 13 |
| SOMATULINE DEPOT..... | 85 | sulindac..... | 4 |
| SOMAVERT..... | 85 | sumatriptan..... | 24 |
| sorafenib tosylate..... | 35 | sumatriptan succinate..... | 24 |
| sorine..... | 49 | sumatriptan succinate refill..... | 24 |
| sotalol hcl..... | 49 | sunitinib malate..... | 35 |
| sotalol hcl (af)..... | 49 | SUNLENCA..... | 47 |
| SPINOSAD..... | 61 | SUPRAX..... | 10 |
| SPIRIVA HANDIHALER..... | 110 | SURE COMFORT PEN NEEDLES..... | 107 |

| | | | |
|---------------------------|-------|-------------------------------|-------|
| syeda | 80 | telmisartan | 48 |
| symax-sl | 67 | telmisartan-amlodipine | 53 |
| symax-sr | 67 | telmisartan-hctz | 53 |
| SYMDEKO | 111 | temazepam | 115 |
| SYMPAZAN | 16 | TEMIXYS | 46 |
| SYMTUZA | 45 | TENCON | 100 |
| SYNAREL | 85 | TENIVAC | 91 |
| SYNERCID | 8 | tenofovir disoproxil fumarate | 46 |
| SYNJARDY | 97 | TEPMETKO | 35 |
| SYNJARDY XR | 97 | terazosin hcl | 49 |
| SYNRIBO | 29 | terbinafine hcl | 24 |
| SYNTHROID | 84 | terbutaline sulfate | 111 |
| T | | | |
| TABLOID | 27 | terconazole | 24 |
| TABRECTA | 29 | teriflunomide | 99 |
| tacrolimus | 59,90 | TERIPARATIDE (RECOMBINANT) | 65 |
| tadalafil | 70 | testosterone | 73 |
| tadalafil (pah) | 109 | testosterone cypionate | 73 |
| TAFINLAR | 35 | TESTOSTERONE ENANTHATE | 73 |
| tafluprost (pf) | 93 | TETANUS-DIPHThERIA TOXOIDS TD | 91 |
| TAGRISSO | 35 | tetrabenazine | 100 |
| TALTZ | 87 | tetracycline hcl | 13 |
| TALZENNA | 35 | THALOMID | 27 |
| tamoxifen citrate | 27 | THEO-24 | 111 |
| tamsulosin hcl | 70 | theophylline | 112 |
| tarina 24 fe | 80 | theophylline er | 112 |
| tarina fe 1/20 | 80 | thioridazine hcl | 39 |
| tarina fe 1/20 eq | 80 | thiotepa | 26 |
| taron-crystals | 70 | thiothixene | 40 |
| TASIGNA | 35 | THYROID | 84 |
| tasimelteon | 115 | tiadylt er | 51 |
| taysofy | 80 | tiagabine hcl | 16 |
| tazarotene | 57 | TIBSOVO | 35 |
| TAZICEF | 10 | TICOVAC | 91 |
| TAZORAC | 57 | tigecycline | 8 |
| taztia xt | 51 | tilia fe | 80 |
| TAZVERIK | 29 | timolol maleate | 25,94 |
| TDVAX | 91 | timolol maleate (once-daily) | 94 |
| TECHLITE PLUS PEN NEEDLES | 107 | timolol maleate ocudose | 94 |
| TEFLARO | 10 | timolol maleate pf | 94 |
| | | tinidazole | 9 |
| | | tiopronin | 70 |

| | | | |
|------------------------------------|--------|-----------------------------------|-------|
| tis-u-sol..... | 64 | tri femynor..... | 80 |
| TIVICAY..... | 44 | tri-estarylla..... | 80 |
| TIVICAY PD..... | 44 | tri-legest fe..... | 80 |
| tizanidine hcl..... | 22 | tri-linyah..... | 80 |
| TOBI PODHALER..... | 111 | tri-lo-estarylla..... | 80 |
| TOBRADEX..... | 95 | tri-lo-marzia..... | 80 |
| tobramycin..... | 93,111 | tri-lo-mili..... | 80 |
| tobramycin sulfate..... | 7 | tri-lo-sprintec..... | 80 |
| tobramycin-dexamethasone..... | 95 | tri-mili..... | 80 |
| TOBREX..... | 93 | tri-nymyo..... | 80 |
| TOLAK..... | 60 | tri-previfem..... | 80 |
| TOLBUTAMIDE..... | 97 | tri-sprintec..... | 80 |
| tolterodine tartrate..... | 69 | TRI-VITE/FLUORIDE..... | 64 |
| tolterodine tartrate er..... | 69 | tri-vylibra..... | 80 |
| topiramate..... | 15 | tri-vylibra lo..... | 80 |
| topiramate er..... | 15 | triamcinolone acetonide..... | 47,59 |
| toremifene citrate..... | 27 | triamterene..... | 55 |
| torse mide..... | 55 | triamterene-hctz..... | 53 |
| TOUJEO MAX SOLOSTAR..... | 98 | triazolam..... | 115 |
| TOUJEO SOLOSTAR..... | 98 | tricitrates..... | 70 |
| tovet..... | 59 | triderm..... | 59 |
| TPN ELECTROLYTES..... | 64 | trientine hcl..... | 61 |
| TRACLEER..... | 109 | TRIENTINE HCL..... | 61 |
| TRADJENTA..... | 97 | trifluoperazine hcl..... | 40 |
| tramadol hcl..... | 2 | TRIFLURIDINE..... | 43 |
| tramadol hcl (er biphasic)..... | 3 | trihexyphenidyl hcl..... | 38 |
| tramadol hcl er..... | 3 | TRIKAFTA..... | 111 |
| tramadol-acetaminophen..... | 2 | trilyte..... | 68 |
| trandolapril..... | 56 | trimethobenzamide hcl..... | 21 |
| TRANDOLAPRIL-VERAPAMIL HCL ER..... | 53 | trimethoprim..... | 9 |
| tranexamic acid..... | 72 | trimipramine maleate..... | 21 |
| tranlycypromine sulfate..... | 19 | TRINTELLIX..... | 20 |
| travoprost (bak free)..... | 93 | TRIUMEQ..... | 46 |
| trazodone hcl..... | 20 | TRIUMEQ PD..... | 46 |
| TRECTOR..... | 26 | trivora (28)..... | 80 |
| TRELEGY ELLIPTA..... | 113 | TRIZIVIR..... | 46 |
| TRELSTAR MIXJECT..... | 85 | tropium chloride..... | 69 |
| TRESIBA..... | 98 | tropium chloride er..... | 69 |
| TRESIBA FLEXTOUCH..... | 99 | TRUE COMFORT INSULIN SYRINGE..... | 108 |
| tretinoin..... | 37,57 | TRUE COMFORT PEN NEEDLES..... | 108 |
| TREXALL..... | 90 | TRUE COMFORT PRO PEN NEEDLES..... | 108 |

| | | | |
|--------------------------------|-----|--------------------------------|-----|
| TRULICITY | 97 | varenicline tartrate | 6 |
| TRUMENBA | 91 | varenicline tartrate (starter) | 6 |
| TRUQAP | 30 | varenicline tartrate(continue) | 6 |
| TUKYSA | 35 | VARIVAX | 91 |
| tulana | 82 | VAXCHORA | 92 |
| TURALIO | 35 | VECAMYL | 53 |
| turqoz | 80 | VELIVET | 80 |
| TWINRIX | 91 | VELTASSA | 61 |
| TYBOST | 47 | VENCLEXTA | 36 |
| tydemy | 80 | VENCLEXTA STARTING PACK | 36 |
| TYMLOS | 66 | venlafaxine hcl | 20 |
| TYPHIM VI | 91 | venlafaxine hcl er | 20 |
| TYSABRI | 99 | VENTAVIS | 109 |
| U | | verapamil hcl | 51 |
| UBRELVY | 25 | VERAPAMIL HCL ER | 51 |
| UKONIQ | 36 | VERIFINE INSULIN PEN NEEDLE | 108 |
| ULTIGUARD SAFEPACK PEN NEEDLE | 108 | VERIFINE INSULIN SYRINGE | 108 |
| UNIFINE PROTECT PEN NEEDLE | 108 | VERIFINE PLUS PEN NEEDLE | 108 |
| UNIFINE SAFECONTROL PEN NEEDLE | 108 | VERQUOVO | 53 |
| unithroid | 84 | VERSACLOZ | 40 |
| ursodiol | 68 | VERZENIO | 36 |
| V | | vestura | 80 |
| valacyclovir hcl | 43 | VICTOZA | 97 |
| VALCHLOR | 26 | vienva | 80 |
| valganciclovir hcl | 42 | vigabatrin | 16 |
| valproate sodium | 15 | vigadrone | 16 |
| valproic acid | 15 | VIGAFYDE | 16 |
| valsartan | 48 | vigpoder | 16 |
| valsartan-hydrochlorothiazide | 53 | VIIBRYD STARTER PACK | 20 |
| VALTOCO 10 MG DOSE | 16 | vilazodone hcl | 20 |
| VALTOCO 15 MG DOSE | 16 | viorele | 80 |
| VALTOCO 20 MG DOSE | 16 | VIRACEPT | 45 |
| VALTOCO 5 MG DOSE | 16 | VIREAD | 46 |
| vanadom | 92 | virtussin a/c | 113 |
| vancomycin hcl | 9 | virtussin ac w/alc | 113 |
| VANDAZOLE | 9 | vitamin d (ergocalciferol) | 66 |
| VANFLYTA | 29 | VITAMINS ACD-FLUORIDE | 64 |
| VAQTA | 91 | VITRAKVI | 36 |
| vardenafil hcl | 70 | VIZIMPRO | 36 |
| | | volnea | 80 |
| | | VONJO | 30 |

| | |
|--------------------------------|-----|
| VORANIGO | 36 |
| voriconazole | 24 |
| VORTEX HOLD CHMBR/MASK/CHILD | 108 |
| VORTEX HOLD CHMBR/MASK/TODDLER | 108 |
| VORTEX VALVED HOLDING CHAMBER | 108 |
| VOSEVI | 43 |
| VRAYLAR | 42 |
| vyfemla | 80 |
| vylibra | 80 |
| VYNDAMAX | 53 |
| VYNDAQEL | 115 |
| VYZULTA | 93 |

W

| | |
|-------------------------------|-----|
| warfarin sodium | 71 |
| WATCHHALER | 108 |
| water for irrigation, sterile | 108 |
| WELIREG | 29 |
| wera | 80 |
| wixela inhub | 113 |
| wymzya fe | 80 |

X

| | |
|----------------------------|-------|
| XALKORI | 36 |
| XARELTO | 71 |
| XARELTO STARTER PACK | 71 |
| XATMEP | 90 |
| XCOPRI | 15 |
| XCOPRI (250 MG DAILY DOSE) | 15 |
| XCOPRI (350 MG DAILY DOSE) | 15 |
| XELJANZ | 87 |
| XELJANZ XR | 90 |
| XERMELO | 66 |
| XGEVA | 66 |
| XIFAXAN | 9 |
| XIGDUO XR | 97 |
| XIIDRA | 95 |
| XOFLUZA (40 MG DOSE) | 42 |
| XOFLUZA (80 MG DOSE) | 43 |
| XOLAIR | 87,88 |
| XOSPATA | 36 |

| | |
|-----------------------------|-----|
| XPOVIO (100 MG ONCE WEEKLY) | 29 |
| XPOVIO (40 MG ONCE WEEKLY) | 29 |
| XPOVIO (40 MG TWICE WEEKLY) | 29 |
| XPOVIO (60 MG ONCE WEEKLY) | 30 |
| XPOVIO (60 MG TWICE WEEKLY) | 30 |
| XPOVIO (80 MG ONCE WEEKLY) | 30 |
| XPOVIO (80 MG TWICE WEEKLY) | 30 |
| XTANDI | 26 |
| xulane | 81 |
| XYREM | 116 |

Y

| | |
|----------|-----|
| yargesa | 115 |
| YF-VAX | 92 |
| yuvaferm | 81 |

Z

| | |
|----------------------|-----|
| zafemy | 81 |
| zafirlukast | 110 |
| zaleplon | 115 |
| zarah | 81 |
| ZARXIO | 72 |
| zebutal | 100 |
| ZEJULA | 36 |
| ZELBORAF | 36 |
| zenatane | 57 |
| ZENPEP | 115 |
| zenzedi | 101 |
| zidovudine | 46 |
| ziprasidone hcl | 42 |
| ziprasidone mesylate | 42 |
| ZIRGAN | 42 |
| zoledronic acid | 66 |
| ZOLINZA | 30 |
| zolmitriptan | 24 |
| zolpidem tartrate | 115 |
| zolpidem tartrate er | 115 |
| ZONISADE | 17 |
| zonisamide | 17 |
| ZONTIVITY | 71 |
| zovia 1/35 (28) | 81 |

| | |
|-----------------------|-----|
| zovia 1/35e (28)..... | 81 |
| ZTALMY..... | 15 |
| ZUBSOLV..... | 6,7 |
| zumandimine..... | 81 |
| ZURZUVAE..... | 19 |
| ZYDELIG..... | 36 |
| ZYKADIA..... | 36 |
| ZYLET..... | 95 |
| ZYPREXA RELPREVV..... | 42 |



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Blue Shield of California Civil

Rights Coordinator

P.O. Box 629007

El Dorado Hills, CA 95762-9007

Teléfono: (844) 831-4133 (TTY: 711)

Fax: (844) 696-6070

Dirección electrónica: BlueShieldCivilRightsCoordinator@blueshieldca.com

Puede hacer el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacer un reclamo, el Coordinador de Derechos Civiles está a su disposición.

También puede hacer una queja de derechos civiles en la Office for Civil Rights (Oficina de Derechos Civiles) del U.S. Department of Health and Human Services (Departamento de Salud y Servicios Humanos de los Estados Unidos) de manera electrónica mediante el portal de quejas de esa oficina, que está disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o puede usar esta información para hacerlo por correo postal o teléfono:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Los formularios de quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert
Multi-Language Interpreter Services

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French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول ليس عليك سوى الاتصال بنا على 1-800-776-4466. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

Japanese 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hmong Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-776-4466. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

Ukrainian Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

Navajo D77 ats'77s baa lhly3 47 doodago azeé' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-776-4466 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo]. D77 t'1l j77k'eh bee an1'1wo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਰਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਆਰਾ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្តល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ քոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպիչի հետ կապված Ձեր ցանկացած հարցի և պատասխանելու համար: Թարգմանիչ լինելու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերն իմացող թարգմանիչը: Ծառայությունն անվճար է:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

Este formulario se actualizó el **11/19/2024** . Para obtener información más reciente o hacer otras preguntas, comuníquese con Servicio al Cliente de Blue Shield of California al **(888) 239-6469** o al **711** para los usuarios del sistema TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana, o visite el sitio web **blueshieldca.com/medformulary2024**.

La red de farmacias de Blue Shield of California incluye un número limitado de farmacias preferidas de bajo costo en algunos condados de California. Es posible que los bajos costos publicados en los anuncios de nuestro plan para estas farmacias no estén disponibles en la farmacia que usted usa. Para obtener información actualizada sobre las farmacias de nuestra red y saber si hay farmacias preferidas de bajo costo en su área, llame al **(888) 239-6469 [TTY: 711]**, de 8:00 a. m. a 8:00 p. m., los siete días de la semana, o consulte el directorio de farmacias por Internet en **blueshieldca.com/medpharmacy2024**.

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