



2025 FORMULARIO



Baylor Scott & White Health Plan

Formulario 2025

(Lista de medicamentos cubiertos
o lista de medicamentos)

BSW SeniorCare Advantage Rx (HMO-POS)
BSW SeniorCare Advantage (PPO)
Covenant Health Advantage Rx (HMO)

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

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Este formulario se actualizó el 09/01/2025. Para obtener información más reciente u otras preguntas, comuníquese con el Servicio al cliente de Baylor Scott & White Health Plan, al 1-866-334-3141 (TTY: 711); los miembros de Covenant Health Advantage pueden comunicarse con el servicio al cliente de Baylor Scott & White Health Plan, al 1-833-442-2405 (TTY: 711); del 1 de octubre al 31 de marzo, el horario es de 7 a.m. a 8 p.m., los siete días de la semana (excluyendo los días feriados principales); y del 1 de abril al 30 de septiembre, el horario es de 7 a.m. a 8 p.m., de lunes a viernes (excluyendo los días festivos importantes), o visite BSWHealthPlan.com/Medicare.

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

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

Nota para miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro”, esto significa Baylor Scott & White Health Plan. Cuando se refiere a “plan” o “nuestro plan”, significa BSW SeniorCare Advantage HMO-POS/PPO o Covenant Health Advantage HMO.

Este documento incluye una Lista de medicamentos (formulario) para nuestro plan, que está vigente a partir de 09/01/2025. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez la Lista de medicamentos (formulario), aparece en la portada y la contraportada.

Por lo general, debe utilizar farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de enero de 2025 y ocasionalmente durante el año.

¿Qué es el formulario de Baylor Scott & White Health Plan?

En este documento, utilizamos los términos Lista de medicamentos y formulario para significar lo mismo. Un formulario es una lista de medicamentos cubiertos que Baylor Scott & White Health Plan selecciona en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran necesarias en un programa de tratamiento de calidad. Baylor Scott & White Health Plan generalmente cubrirá los medicamentos que aparecen en nuestro formulario, siempre que el medicamento sea médicaamente necesario, la receta se surta en una farmacia de la red de Baylor Scott & White Health Plan y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar el Formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero podemos agregar o eliminar medicamentos del formulario durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí.: BSWHealthPlan.com/Medicare.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos con una

- nueva versión determinada de ese medicamento que aparecerá en el mismo nivel de costo compartido o en uno inferior y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero trasladarlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones.

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

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

Si realizamos dicho cambio, usted o su médico pueden solicitarnos que hagamos una excepción y continuar cubriendo el medicamento que se está cambiando. Para obtener más información, consulte la sección siguiente titulada "¿Cómo solicito una excepción al formulario del plan de salud de Baylor Scott & White?"

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección siguiente titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA) determina que se retira por razones de seguridad o efectividad, podemos eliminar inmediatamente el medicamento de nuestro formulario y luego notificar a los miembros que toman el medicamento.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario cuando agregamos un equivalente genérico o eliminar un producto biológico original cuando agregamos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original o trasladarlo a un nivel de costo compartido diferente, o ambos. Es posible que realicemos cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento, o trasladamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de la fecha límite. el cambio se hace efectivo. Alternativamente, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

Si realizamos estos otros cambios, usted o su médico pueden solicitarnos que hagamos una excepción para usted y continuar cubriendo el medicamento que ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección siguiente titulada "¿Cómo solicito una excepción al formulario del plan de salud de Baylor Scott & White?"

Cambios que no lo afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento de nuestro formulario 2025 que estaba cubierto al comienzo del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, a excepción de lo que se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los toman por el resto del año de cobertura. No recibirás una notificación directa este año sobre cambios que no te afecten. Sin embargo, el 1 de enero del próximo año, tales cambios le afectarían, y es importante revisar la Lista de Medicamentos para el nuevo año de beneficios para cualquier cambio en las drogas.

El formulario adjunto está actualizado al 09/01/2025. Para obtener información actualizada sobre los medicamentos cubiertos por Baylor Scott & White Health Plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada. En caso de que se produzca algún cambio en el formulario que no sea de mantenimiento y aprobado por los CMS a mitad de año, los formularios se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo uso el Formulario?

Hay dos formas de encontrar su medicamento en el formulario:

Afección médica

El formulario comienza en la página 1. Los medicamentos en este formulario se agrupan en categorías según el tipo de afecciones médicas para las cuales se usan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se encuentran en la lista en la categoría "Agentes cardiovasculares." Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página número 1. Luego busque bajo el nombre de la categoría de su medicamento.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 83. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos aparecen en el Índice. Busque en el índice y encuentre su medicamento. Al lado de su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Baylor Scott & White Health Plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Hay sustitutos de medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente se pueden sustituir por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

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

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos típicos. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, cuentan con alternativas que se denominan biosimilares. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de cobertura, Capítulo 5, Sección 3.1, "La 'Lista de medicamentos' indica qué medicamentos de la Parte D están cubiertos."

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Baylor Scott & White Health Plan requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Baylor Scott & White Health Plan antes de surtir sus recetas. Si no obtiene la aprobación, Baylor Scott & White Health Plan pueden no cubrir el medicamento.

- **Límites de cantidad:** Para ciertos medicamentos, Baylor Scott & White Health Plan limita la cantidad del medicamento que Baylor Scott & White Health Plan cubrirá. Por ejemplo, Baylor Scott & White Health Plan ofrece 30 cápsulas por receta para de Caplyta 42mg cápsulas. Esto puede ser adicional a un suministro estándar de uno o tres meses.
- **Terapia escalonada:** En algunos casos, Baylor Scott & White Health Plan requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, Baylor Scott & White Health Plan puede no cubrir el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no funciona para usted, Baylor Scott & White Health Plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos visitando nuestra página web. Hemospublicado documentos en línea que explican nuestras restricciones de previa autorización y terapia escalonada. También nos puede pedir que le envíemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las páginas de portada y contraportada.

Puede pedirle a Baylor Scott & White Health Plan que haga una excepción a estas restricciones o límites, o una lista de otros medicamentos similares que puedan tratar su afección médica.

Consulte la sección “¿Cómo solicito una excepción al formulario de Baylor Scott & White Health Plan?” en la página vii para obtener información sobre cómo solicitar una excepción.

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

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

Para obtener más información, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en la portada y la contraportada.

Si Baylor Scott & White Health Plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicio al Cliente una lista de medicamentos similares que están cubiertos por Baylor Scott & White Health Plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar cubierto por Baylor Scott & White Health Plan.

- Puede solicitarle a Baylor Scott & White Health Plan que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Baylor Scott & White Health Plan?

Puede solicitar a Baylor Scott & White Health Plan que hagamos una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitar que hagamos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y no podrá solicitarnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que renunciemos a una restricción de cobertura que incluye autorización previa, terapia escalonada o un límite de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, Baylor Scott & White Health Plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que lo eliminemos y cubramos una cantidad mayor.
- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.

Generalmente, Baylor Scott & White Health Plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con costo compartido más bajo o la aplicación de la restricción no serían tan efectivos para usted y/o causarían que usted tener efectos adversos.

Usted o su médico deben comunicarse con nosotros para solicitarnos una excepción de nivel o de formulario, incluida una excepción a una restricción de cobertura. **Usted o su médico deben comunicarse con nosotros para solicitarnos una excepción de nivel o de formulario, incluida una excepción a una restricción de cobertura.**

Generalmente, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida) si cree, y nosotros estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si su médico solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de respaldo de su médico.

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

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, es posible que esté tomando un medicamento que está en nuestro formulario pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con su médico sobre cómo solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días como miembro de nuestro plan.

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

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya pasó los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de

31 días de ese medicamento mientras usted busca una excepción al formulario.

Baylor Scott & White Health Plan proporciona surtidos de transición para miembros que tienen un cambio en el nivel de atención de un ámbito de tratamiento a otro. Visite nuestro sitio web para más detalles.

Para más información

Para obtener información más detallada sobre su cobertura de medicamentos con receta de Baylor Scott & White Health Plan, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre Baylor Scott & White Health Plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las páginas de portada y contraportada.

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

Formulario de Baylor Scott & White Health Plan

El formulario a continuación proporciona información de cobertura sobre los medicamentos cubiertos por Baylor Scott & White Health Plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 83.

La primera columna del cuadro muestra el nombre del medicamento. Los medicamentos de marca aparecen en mayúscula (por ejemplo, CAPLYTA) y los medicamentos genéricos aparecen en minúscula y cursiva (por ejemplo, *metformin*).

La información en la columna Requisitos/Límites le indica si Baylor Scott & White Health Plan tiene algún requisito especial para la cobertura de su medicamento.

Abreviaturas de columnas:

| | |
|-----------|---|
| BD | Medicamentos que pueden estar cubiertos por la Parte B o la Parte D de Medicare según las circunstancias. Estos medicamentos requieren autorización previa para determinar la cobertura bajo la Parte B o la Parte D. Es posible que sea necesario proporcionar información que describa el uso o el lugar donde se recibe el medicamento para determinar la cobertura. |
| PA | Previa autorización. Esto requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará obtener aprobación antes de surtir su receta. Si no obtiene la aprobación, es posible que no cubramos el medicamento. |
| QL | Límite de cantidad. Para ciertos medicamentos, limitamos la cantidad del medicamento que cubriremos. |
| ST | Terapia escalonada. En algunos casos, le exigimos que pruebe primero ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. |
| # | Medicamentos de alto riesgo (HRM). Medicamentos que pueden ser peligrosos en pacientes mayores de 65 años. Nuestro formulario incluye cobertura para algunos de estos medicamentos, pero se pueden encontrar alternativas en niveles de copago más bajos. Hable con su médico si existen alternativas a estos medicamentos que serían apropiadas para su uso. |

Continuación de las abreviaturas de las columnas:

| | |
|---|---|
| * | Medicamento de distribución limitada. Esta receta puede estar disponible sólo en determinadas farmacias. Para obtener más información, consulte su Directorio de farmacias o los miembros de BSW SeniorCare Advantage pueden comunicarse con el Servicio al cliente de Baylor Scott & White Health Plan al 1-866-334-3141 (TTY: 711); Los miembros de Covenant Health Advantage pueden comunicarse con el servicio de atención al cliente de Baylor Scott & White Health Plan al 1-833-442-2405 (TTY: 711); Del 1 de octubre al 31 de marzo, de 7 a. m. a 8 p. m., los siete días de la semana (excepto los feriados importantes); y del 1 de abril al 30 de septiembre de 7 a. m. a 8 p. m., de lunes a viernes (excepto feriados importantes); o visitar BSWHealthPlan.com/Medicare . |
| > | Suministro de día no extendido. Este medicamento recetado está limitado a un suministro de 1 mes por receta. |

Para obtener más información sobre etapas de pago de medicamentos y montos de copago o coseguro para cada nivel, revise su Evidencia de cobertura.

| Nivel de medicamentos | Descripción |
|---|---|
| Nivel 1: Medicamentos genéricos preferidos | Costo más bajo, medicamentos genéricos de uso común. La mayoría de los medicamentos están disponibles en un suministro para 90 días como máximo. |
| Nivel 2: Medicamentos genéricos | Muchos medicamentos genéricos. La mayoría de los medicamentos están disponibles en un suministro para 90 días como máximo. |
| Nivel 3: Medicamentos de marca preferidos | Medicamentos de marca de uso común llamados medicamentos de marca preferidos y algunos medicamentos genéricos de mayor costo. La mayoría de los medicamentos están disponibles en un suministro para 90 días como máximo. |
| Nivel 4: Medicamentos no preferidos | Medicamentos genéricos no preferidos y medicamentos de marca no preferidos. La mayoría de los medicamentos están disponibles en un suministro para 90 días como máximo. |
| Nivel 5: Medicamentos de especialidad | Medicamentos de marca y genéricos únicos o de muy alto costo. Los medicamentos en el Nivel 5 están limitados a un suministro de 30 días. |

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-----------------------------|
| Medicamentos analgésicos | | |
| acetaminophen w/ codeine soln 120-12 mg/5ml> | 3 | QL (2700 mls/30 days) |
| acetaminophen w/ codeine tab 300-15 mg, 300-30 mg> | 3 | QL (360 tablets/30 days) |
| acetaminophen w/ codeine tab 300-60 mg> | 3 | QL (180 tablets/30 days) |
| bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#> | 3 | QL (180 tablets/30 days) |
| BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)> | 3 | PA, QL (60 films/30 days) |
| buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr> | 4 | PA, QL (4 patches/28 days) |
| butalbital-acetaminophen-caffeine tab 50-325-40 mg#> | 3 | QL (180 tablets/30 days) |
| butalbital-aspirin-caffeine cap 50-325-40 mg#> | 3 | QL (180 capsules/30 days) |
| butorphanol tartrate nasal soln 10 mg/ml> | 4 | QL (48 mls/30 days) |
| celecoxib cap 50 mg, 100 mg, 200 mg | 2 | QL (60 capsules/30 days) |
| celecoxib cap 400 mg | 2 | QL (30 capsules/30 days) |
| CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg> | 4 | QL (180 tablets/30 days) |
| codeine sulfate tab 30 mg> | 4 | QL (180 tablets/30 days) |
| diclofenac potassium tab 50 mg | 2 | QL (120 tablets/30 days) |
| diclofenac sodium soln 1.5% | 3 | PA |
| diclofenac sodium tab delayed release 25 mg | 2 | QL (240 tablets/30 days) |
| diclofenac sodium tab delayed release 50 mg | 2 | QL (120 tablets/30 days) |
| diclofenac sodium tab delayed release 75 mg | 2 | QL (60 tablets/30 days) |
| diclofenac sodium tab er 24hr 100 mg | 2 | QL (60 tablets/30 days) |
| diclofenac w/ misoprostol tab delayed release 50-0.2 mg | 4 | QL (120 tablets/30 days) |
| diclofenac w/ misoprostol tab delayed release 75-0.2 mg | 4 | QL (90 tablets/30 days) |
| ec-naproxen - naproxen tab ec 375 mg | 2 | QL (120 tablets/30 days) |
| ec-naproxen - naproxen tab ec 500 mg | 2 | QL (90 tablets/30 days) |
| endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg> | 3 | QL (360 tablets/30 days) |
| endocet - oxycodone w/ acetaminophen tab 7.5-325 mg> | 3 | QL (240 tablets/30 days) |
| endocet - oxycodone w/ acetaminophen tab 10-325 mg> | 3 | QL (180 tablets/30 days) |
| etodolac cap 200 mg | 2 | QL (150 capsules/30 days) |
| etodolac cap 300 mg | 2 | QL (90 capsules/30 days) |
| etodolac tab er 24hr 400 mg, 500 mg | 4 | QL (60 tablets/30 days) |
| etodolac tab er 24hr 600 mg | 4 | QL (30 tablets/30 days) |
| etodolac tab 400 mg, 500 mg | 2 | QL (60 tablets/30 days) |
| fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr> | 4 | PA, QL (15 patches/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-----------------------------|
| flurbiprofen tab 100 mg | 2 | QL (90 tablets/30 days) |
| hydrocodone-acetaminophen soln 7.5-325 mg/15ml> | 4 | QL (2700 mls/30 days) |
| hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg> | 3 | QL (180 tablets/30 days) |
| hydrocodone-acetaminophen tab 5-300 mg> | 4 | QL (240 tablets/30 days) |
| hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg> | 4 | QL (180 tablets/30 days) |
| hydrocodone-acetaminophen tab 5-325 mg> | 3 | QL (240 tablets/30 days) |
| hydrocodone-ibuprofen tab 10-200 mg> | 4 | QL (150 tablets/30 days) |
| hydrocodone-ibuprofen tab 7.5-200 mg> | 3 | QL (150 tablets/30 days) |
| HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg> | 4 | QL (150 tablets/30 days) |
| hydromorphone hcl liqd 1 mg/ml> | 4 | QL (1440 mls/30 days) |
| hydromorphone hcl preservative free (pf) inj 10 mg/ml> | 4 | BD |
| hydromorphone hcl tab 2 mg, 4 mg, 8 mg> | 3 | QL (180 tablets/30 days) |
| ibu - ibuprofen tab 400 mg | 1 | QL (240 tablets/30 days) |
| ibu - ibuprofen tab 600 mg | 1 | QL (150 tablets/30 days) |
| ibu - ibuprofen tab 800 mg | 1 | QL (120 tablets/30 days) |
| ibuprofen susp 100 mg/5ml | 2 | |
| ibuprofen tab 400 mg | 1 | QL (240 tablets/30 days) |
| ibuprofen tab 600 mg | 1 | QL (150 tablets/30 days) |
| ibuprofen tab 800 mg | 1 | QL (120 tablets/30 days) |
| indomethacin cap 25 mg# | 2 | QL (240 capsules/30 days) |
| indomethacin cap 50 mg# | 2 | QL (120 capsules/30 days) |
| levorphanol tartrate tab 2 mg, 3 mg> | 5 | QL (120 tablets/30 days) |
| meloxicam tab 7.5 mg | 1 | QL (60 tablets/30 days) |
| meloxicam tab 15 mg | 1 | QL (30 tablets/30 days) |
| methadone hcl tab 5 mg> | 3 | QL (180 tablets/30 days) |
| methadone hcl tab 10 mg> | 3 | QL (360 tablets/30 days) |
| morphine sulfate oral soln 10 mg/5ml> | 3 | QL (2700 mls/30 days) |
| morphine sulfate oral soln 20 mg/5ml> | 3 | QL (1350 mls/30 days) |
| morphine sulfate oral soln 100 mg/5ml (20 mg/ml)> | 3 | QL (270 mls/30 days) |
| morphine sulfate tab er 15 mg, 30 mg, 60 mg> | 3 | PA, QL (90 tablets/30 days) |
| morphine sulfate tab er 100 mg, 200 mg> | 4 | PA, QL (90 tablets/30 days) |
| morphine sulfate tab 15 mg> | 3 | QL (360 tablets/30 days) |
| morphine sulfate tab 30 mg> | 3 | QL (180 tablets/30 days) |
| nabumetone tab 500 mg | 2 | QL (120 tablets/30 days) |
| nabumetone tab 750 mg | 2 | QL (60 tablets/30 days) |
| naproxen sodium tab 275 mg | 2 | QL (150 tablets/30 days) |
| naproxen sodium tab 550 mg | 2 | QL (90 tablets/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|------------------------------|
| naproxen susp 125 mg/5ml | 4 | QL (1800 mls/30 days) |
| naproxen tab ec 375 mg | 2 | QL (120 tablets/30 days) |
| naproxen tab ec 500 mg | 2 | QL (90 tablets/30 days) |
| naproxen tab 250 mg | 1 | QL (180 tablets/30 days) |
| naproxen tab 375 mg | 1 | QL (120 tablets/30 days) |
| naproxen tab 500 mg | 1 | QL (90 tablets/30 days) |
| oxycodone hcl tab 5 mg> | 3 | QL (360 tablets/30 days) |
| oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg> | 3 | QL (180 tablets/30 days) |
| oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg> | 3 | QL (360 tablets/30 days) |
| oxycodone w/ acetaminophen tab 7.5-325 mg> | 3 | QL (240 tablets/30 days) |
| oxycodone w/ acetaminophen tab 10-325 mg> | 3 | QL (180 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg> | 3 | PA, QL (60 tablets/30 days) |
| OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg, 80 mg> | 3 | PA, QL (120 tablets/30 days) |
| piroxicam cap 10 mg | 3 | QL (60 capsules/30 days) |
| piroxicam cap 20 mg | 3 | QL (30 capsules/30 days) |
| sulindac tab 150 mg, 200 mg | 2 | QL (60 tablets/30 days) |
| tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg> | 3 | PA, QL (30 tablets/30 days) |
| tramadol hcl tab 50 mg> | 2 | QL (240 tablets/30 days) |
| tramadol-acetaminophen tab 37.5-325 mg> | 2 | QL (240 tablets/30 days) |
| Medicamentos anestésicos | | |
| lidocaine hcl laryngotracheal soln 4% | 4 | |
| lidocaine hcl soln 4% | 4 | PA, QL (150 mls/30 days) |
| lidocaine hcl viscous soln 2% | 2 | |
| lidocaine oint 5% | 3 | PA, QL (100 grams/30 days) |
| lidocaine patch 5% | 4 | PA, QL (90 patches/30 days) |
| lidocaine-prilocaine cream 2.5-2.5% | 3 | PA, QL (60 grams/30 days) |
| lidocan - lidocaine patch 5% | 4 | PA, QL (90 patches/30 days) |
| tridacaine ii - lidocaine patch 5% | 4 | PA, QL (90 patches/30 days) |
| tridacaine iii - lidocaine patch 5% | 4 | PA, QL (90 patches/30 days) |
| ZTLIDO - lidocaine patch 1.8% (36 mg) | 4 | PA, QL (90 patches/30 days) |
| Agentes contra las adicciones y para tratar el abuso de sustancias | | |
| acamprosate calcium tab delayed release 333 mg | 4 | |
| buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv) | 2 | QL (90 tablets/30 days) |
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) | 2 | QL (120 films/30 days) |
| buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) | 2 | QL (60 films/30 days) |
| buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) | 2 | QL (120 tablets/30 days) |
| buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) | 2 | QL (90 tablets/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------|
| bupropion hcl (smoking deterrent) tab er 12hr 150 mg | 2 | |
| disulfiram tab 250 mg, 500 mg | 3 | |
| KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml | 4 | |
| naloxone hcl inj 0.4 mg/ml, 4 mg/10ml | 2 | |
| naloxone hcl nasal spray 4 mg/0.1ml | 3 | |
| naloxone hcl soln cartridge 0.4 mg/ml | 2 | |
| naloxone hcl soln prefilled syringe 2 mg/2ml | 2 | |
| naltrexone hcl tab 50 mg | 2 | |
| NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered) | 4 | |
| NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray) | 4 | |
| OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv) | 4 | |
| SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml, 300 mg/1.5ml> | 5 | |
| varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv) | 3 | |
| varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack | 3 | |
| VIVITROL - naltrexone for im extended release susp 380 mg> | 5 | |
| Medicamentos antibacteriales | | |
| amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml) | 4 | |
| amoxicillin (trihydrate) cap 250 mg, 500 mg | 1 | |
| amoxicillin (trihydrate) chew tab 125 mg | 1 | |
| amoxicillin (trihydrate) chew tab 250 mg | 1 | |
| amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml | 1 | |
| amoxicillin (trihydrate) tab 500 mg, 875 mg | 1 | |
| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml | 2 | |
| amoxicillin & k clavulanate for susp 250-62.5 mg/5ml | 3 | |
| amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg | 2 | |
| AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg | 4 | |
| ampicillin & sulbactam sodium for inj 3 (2-1) gm | 4 | |
| ampicillin & sulbactam sodium for iv soln 3 (2-1) gm | 4 | |
| ampicillin cap 500 mg | 2 | |
| ampicillin sodium for inj 1 gm | 4 | |
| ampicillin sodium for iv soln 1 gm | 4 | |
| ampicillin sodium for iv soln 10 gm | 4 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|---------------------------|
| ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)> | 5 | PA, QL (28 vials/28 days) |
| <i>avidoxy - doxycycline monohydrate tab 100 mg</i> | 2 | |
| <i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i> | 2 | |
| <i>azithromycin iv for soln 500 mg</i> | 4 | |
| <i>azithromycin tab 250 mg, 500 mg, 600 mg</i> | 2 | |
| <i>aztreonam for inj 1 gm</i> | 4 | |
| <i>aztreonam for inj 2 gm></i> | 5 | |
| BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml | 4 | |
| <i>cefaclor cap 250 mg</i> | 3 | |
| <i>cefaclor cap 500 mg</i> | 3 | |
| <i>cefadroxil cap 500 mg</i> | 2 | |
| <i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i> | 2 | |
| <i>cefadroxil tab 1 gm</i> | 4 | |
| <i>cefazolin sodium (bulk) for inj 100 gm</i> | 4 | |
| <i>cefazolin sodium (bulk) for inj 300 gm</i> | 4 | |
| <i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i> | 4 | |
| <i>cefazolin sodium for iv soln 1 gm</i> | 4 | |
| <i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i> | 4 | |
| <i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i> | 4 | |
| <i>cefdinir cap 300 mg</i> | 2 | |
| <i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>cefepime hcl for inj 1 gm</i> | 4 | |
| <i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i> | 4 | |
| <i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i> | 4 | |
| <i>cefepime hcl for iv soln 2 gm</i> | 4 | |
| <i>cefepime hcl iv soln 1 gm/50ml</i> | 4 | |
| <i>cefepime hcl iv soln 2 gm/100ml</i> | 4 | |
| <i>cefixime cap 400 mg</i> | 4 | |
| <i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i> | 4 | |
| <i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i> | 4 | |
| <i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i> | 4 | |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> | 4 | |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i> | 4 | |
| <i>cefpodoxime proxetil tab 100 mg, 200 mg</i> | 4 | |
| <i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>cefprozil tab 250 mg, 500 mg</i> | 2 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------|
| ceftazidime for inj 6 gm | 4 | |
| ceftazidime for inj 1 gm | 4 | |
| ceftazidime for iv soln 2 gm | 4 | |
| ceftriaxone sodium (bulk) for inj 100 gm | 4 | |
| ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm | 4 | |
| ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml | 4 | |
| ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml | 4 | |
| ceftriaxone sodium for iv soln 1 gm, 2 gm | 4 | |
| ceftriaxone sodium in dextrose inj 20 mg/ml | 4 | |
| ceftriaxone sodium in dextrose inj 40 mg/ml | 4 | |
| cefuroxime axetil tab 250 mg, 500 mg | 2 | |
| cefuroxime sodium for inj 750 mg | 4 | |
| cefuroxime sodium for iv soln 1.5 gm | 4 | |
| cephalexin cap 250 mg, 500 mg | 2 | |
| cephalexin cap 750 mg | 4 | |
| cephalexin for susp 125 mg/5ml, 250 mg/5ml | 2 | |
| ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) | 1 | |
| ciprofloxacin hcl tab 750 mg (base equiv) | 2 | |
| ciprofloxacin 200 mg/100ml in d5w | 4 | |
| ciprofloxacin 400 mg/200ml in d5w | 4 | |
| CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml | 4 | |
| clarithromycin tab er 24hr 500 mg | 4 | |
| clarithromycin tab 250 mg, 500 mg | 3 | |
| clindacin etz pledges - clindamycin phosphate swab 1% | 4 | |
| clindacin-p - clindamycin phosphate swab 1% | 4 | |
| clindamycin hcl cap 75 mg, 150 mg, 300 mg | 2 | |
| clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) | 4 | |
| clindamycin phosphate gel 1% (once-daily), 1% (twice-daily) | 2 | |
| clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml | 4 | |
| clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml | 4 | |
| clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml | 4 | |
| clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml | 4 | |
| clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml | 4 | |
| clindamycin phosphate lotion 1% | 2 | |
| clindamycin phosphate soln 1% | 2 | |
| clindamycin phosphate swab 1% | 4 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------|
| <i>clindamycin phosphate vaginal cream 2%</i> | 3 | |
| <i>colistimethate sod for inj 150 mg (colistin base activity)</i> | 4 | |
| DALVANCE - dalbavancin hcl for iv soln 500 mg (base equivalent)> | 5 | |
| <i>daptomycin for iv soln 500 mg</i> | 4 | |
| <i>demeclocycline hcl tab 150 mg, 300 mg</i> | 4 | |
| <i>dicloxacillin sodium cap 250 mg, 500 mg</i> | 2 | |
| DIFICID - fidaxomicin for susp 40 mg/ml> | 5 | QL (1 bottle/10 days) |
| DIFICID - fidaxomicin tab 200 mg> | 5 | QL (20 tablets/10 days) |
| <i>doxycycline hyclate cap 50 mg, 100 mg</i> | 2 | |
| <i>doxycycline hyclate for inj 100 mg</i> | 4 | |
| <i>doxycycline hyclate tab 20 mg, 100 mg</i> | 2 | |
| <i>doxycycline monohydrate cap 50 mg, 100 mg</i> | 2 | |
| <i>doxycycline monohydrate cap 150 mg</i> | 4 | |
| <i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i> | 2 | |
| <i>doxycycline monohydrate tab 150 mg</i> | 4 | |
| <i>doxy 100 - doxycycline hyclate for inj 100 mg</i> | 4 | |
| <i>ertapenem sodium for inj 1 gm (base equivalent)</i> | 4 | |
| ERY - erythromycin pads 2% | 4 | |
| <i>erythrocin lactobionate - erythromycin lactobionate for inj 500 mg</i> | 4 | |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml</i> | 4 | |
| <i>erythromycin lactobionate for inj 500 mg</i> | 4 | |
| <i>erythromycin soln 2%</i> | 2 | |
| <i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i> | 4 | |
| <i>erythromycin tab 250 mg, 500 mg</i> | 4 | |
| <i>erythromycin w/ delayed release particles cap 250 mg</i> | 4 | |
| EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit, 2400000 unit | 4 | |
| <i>fidaxomicin tab 200 mg></i> | 5 | QL (20 tablets/10 days) |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 4 | |
| <i>gentamicin sulfate inj 40 mg/ml</i> | 4 | |
| GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml | 4 | |
| HUMATIN - paromomycin sulfate cap 250 mg> | 5 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 4 | |
| IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg | 3 | |
| IMPAVIDO - miltefosine cap 50 mg> | 5 | |
| ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml | 4 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------|
| LETOCILIN - penicillin g benzathine for intramuscular susp 1200000 unit | 4 | |
| levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml | 4 | |
| levofloxacin oral soln 25 mg/ml | 4 | |
| levofloxacin tab 250 mg, 500 mg, 750 mg | 2 | |
| linezolid for susp 100 mg/5ml> | 5 | PA |
| linezolid in sodium chloride iv soln 600 mg/300ml-0.9% | 4 | |
| linezolid iv soln 600 mg/300ml (2 mg/ml) | 4 | |
| linezolid tab 600 mg | 4 | PA |
| meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml | 3 | |
| meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml | 3 | |
| meropenem iv for soln 500 mg, 1 gm | 3 | |
| methenamine hippurate tab 1 gm | 3 | |
| metronidazole cap 375 mg | 4 | |
| metronidazole iv soln 500 mg/100ml | 4 | |
| metronidazole tab 250 mg, 500 mg | 2 | |
| metronidazole vaginal gel 0.75% | 3 | |
| minocycline hcl cap 50 mg, 75 mg, 100 mg | 2 | |
| minocycline hcl tab 50 mg, 75 mg, 100 mg | 4 | |
| monodoxine nl - doxycycline monohydrate cap 100 mg | 2 | |
| moxifloxacin hcl iv solution 400 mg/250ml (base equiv) | 4 | |
| moxifloxacin hcl tab 400 mg (base equiv) | 3 | |
| moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj | 4 | |
| nafcillin sodium for inj 1 gm, 2 gm | 4 | |
| nafcillin sodium for iv soln 10 gm | 4 | |
| nafcillin sodium in dextrose inj 2 gm/100ml | 4 | |
| neomycin sulfate tab 500 mg | 2 | |
| nitrofurantoin macrocrystalline cap 50 mg, 100 mg# | 2 | |
| nitrofurantoin monohydrate macrocrystalline cap 100 mg# | 2 | |
| NUZYRA - omadacycline tosylate iv for soln 100 mg (base equivalent)> | 5 | |
| NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)> | 5 | |
| ofloxacin tab 400 mg | 3 | |
| penicillin g potassium for inj 5000000 unit, 20000000 unit | 4 | |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose, 60000 unit/ml in dextrose | 4 | |
| PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit | 4 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|---------------------------|
| penicillin v potassium for soln 125 mg/5ml | 2 | |
| penicillin v potassium for soln 250 mg/5ml | 2 | |
| penicillin v potassium tab 250 mg, 500 mg | 1 | |
| pfizerpen - penicillin g potassium for inj 5000000 unit, 20000000 unit | 4 | |
| piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) | 4 | |
| piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm) | 4 | |
| SIVEXTRO - tedizolid phosphate for iv soln 200 mg> | 5 | |
| SIVEXTRO - tedizolid phosphate tab 200 mg> | 5 | PA |
| STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm | 4 | |
| sulfadiazine tab 500 mg> | 5 | |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml | 2 | |
| sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg | 1 | |
| tazicef - ceftazidime for inj 1 gm | 4 | |
| tazicef - ceftazidime for iv soln 1 gm | 4 | |
| tazicef - ceftazidime for iv soln 6 gm | 4 | |
| tazicef - ceftazidime for iv soln 2 gm | 4 | |
| TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg> | 5 | |
| tetracycline hcl cap 250 mg, 500 mg | 4 | |
| tigecycline for iv soln 50 mg | 4 | |
| tinidazole tab 250 mg, 500 mg | 3 | |
| TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent) | 4 | |
| tobramycin sulfate for inj 1.2 gm | 4 | |
| tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv) | 4 | |
| tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv) | 4 | |
| trimethoprim tab 100 mg | 2 | |
| vancomycin hcl cap 125 mg (base equivalent) | 4 | QL (120 capsules/30 days) |
| vancomycin hcl cap 250 mg (base equivalent) | 4 | QL (240 capsules/30 days) |
| vancomycin hcl for iv soln 100 gm (base equivalent) | 4 | |
| vancomycin hcl for iv soln 5 gm (base equivalent) | 4 | |
| vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 10 gm (base equivalent) | 4 | |
| VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.75 gm (base equivalent), 2 gm (base equivalent) | 4 | |
| ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml | 4 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--|
| Medicamentos anticonvulsantes | | |
| BRIVIACT - brivaracetam iv soln 50 mg/5ml | 4 | |
| BRIVIACT - brivaracetam oral soln 10 mg/ml> | 5 | QL (2 bottles/30 days) |
| BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg> | 5 | QL (60 tablets/30 days) |
| carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg | 3 | |
| carbamazepine chew tab 100 mg | 3 | |
| carbamazepine susp 100 mg/5ml | 4 | |
| carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg | 3 | |
| carbamazepine tab 200 mg | 3 | |
| clobazam suspension 2.5 mg/ml | 4 | PA (>=65 yr), QL (480 mls/30 days) |
| clobazam tab 10 mg, 20 mg | 4 | PA (>=65 yr), QL (60 tablets/30 days) |
| DIACOMIT - stiripentol cap 250 mg, 500 mg*> | 5 | |
| DIACOMIT - stiripentol packet 250 mg, 500 mg*> | 5 | |
| DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg | 4 | QL (5 twin pack(s)/30 days) |
| diazepam rectal gel delivery system 10 mg, 20 mg | 4 | QL (5 twin pack(s)/30 days) |
| DILANTIN - phenytoin sodium extended cap 30 mg | 4 | |
| divalproex sodium cap delayed release sprinkle 125 mg | 2 | |
| divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg | 2 | |
| divalproex sodium tab er 24 hr 250 mg, 500 mg | 2 | |
| EPIDIOLEX - cannabidiol soln 100 mg/ml*> | 5 | PA |
| epitol - carbamazepine tab 200 mg | 3 | |
| EPRONTIA - topiramate oral soln 25 mg/ml | 4 | |
| eslicarbazepine acetate tab 200 mg, 400 mg> | 5 | QL (30 tablets/30 days) |
| eslicarbazepine acetate tab 600 mg, 800 mg> | 5 | QL (60 tablets/30 days) |
| ethosuximide cap 250 mg | 3 | |
| ethosuximide soln 250 mg/5ml | 4 | |
| felbamate susp 600 mg/5ml | 4 | |
| felbamate tab 400 mg, 600 mg | 4 | |
| FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml> | 5 | PA, QL (360 mls/30 days) |
| FYCOMPA - perampanel susp 0.5 mg/ml> | 5 | QL (2 bottles/28 days) |
| FYCOMPA - perampanel tab 2 mg | 4 | QL (30 tablets/30 days) |
| FYCOMPA - perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg> | 5 | QL (30 tablets/30 days) |
| gabapentin cap 100 mg | 2 | QL (1080 capsules/30 days) |
| gabapentin cap 300 mg | 2 | QL (360 capsules/30 days) |
| gabapentin cap 400 mg | 2 | QL (270 capsules/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------------|
| <i>gabapentin oral soln 250 mg/5ml</i> | 3 | QL (2160 mls/30 days) |
| <i>gabapentin tab 600 mg</i> | 2 | QL (180 tablets/30 days) |
| <i>gabapentin tab 800 mg</i> | 2 | QL (135 tablets/30 days) |
| <i>lacosamide oral solution 10 mg/ml</i> | 4 | |
| <i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i> | 4 | |
| <i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i> | 3 | |
| <i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i> | 4 | |
| <i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i> | 2 | |
| <i>levetiracetam oral soln 100 mg/ml</i> | 2 | |
| <i>levetiracetam tab er 24hr 500 mg, 750 mg</i> | 3 | |
| <i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i> | 2 | |
| <i>methsuximide cap 300 mg</i> | 4 | |
| <i>NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml</i> | 4 | QL (10 bottles/30 days) |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> | 4 | |
| <i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i> | 3 | |
| <i>perampanel tab 2 mg</i> | 4 | QL (30 tablets/30 days) |
| <i>perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg></i> | 5 | QL (30 tablets/30 days) |
| <i>phenobarbital elixir 20 mg/5ml#</i> | 4 | |
| <i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i> | 2 | |
| <i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i> | 2 | |
| <i>phenytoin chew tab 50 mg</i> | 2 | |
| <i>phenytoin infatabs - phenytoin chew tab 50 mg</i> | 2 | |
| <i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i> | 2 | |
| <i>phenytoin susp 125 mg/5ml</i> | 2 | |
| <i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i> | 3 | QL (90 capsules/30 days) |
| <i>pregabalin cap 225 mg, 300 mg</i> | 3 | QL (60 capsules/30 days) |
| <i>pregabalin soln 20 mg/ml</i> | 3 | QL (900 mls/30 days) |
| <i>PRIMIDONE - primidone tab 125 mg</i> | 4 | |
| <i>primidone tab 50 mg, 250 mg</i> | 2 | |
| <i>roweepra - levetiracetam tab 500 mg</i> | 2 | |
| <i>rufinamide susp 40 mg/ml></i> | 5 | |
| <i>rufinamide tab 200 mg</i> | 4 | |
| <i>rufinamide tab 400 mg></i> | 5 | |
| <i>SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg</i> | 4 | |
| <i>subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i> | 2 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------------------------|
| SYMPAZAN - clobazam oral film 5 mg | 4 | PA (>=65 yr), QL (240 films/30 days) |
| SYMPAZAN - clobazam oral film 10 mg, 20 mg> | 5 | PA (>=65 yr), QL (60 films/30 days) |
| <i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i> | 4 | |
| <i>topiramate oral soln 25 mg/ml</i> | 4 | |
| <i>topiramate sprinkle cap 15 mg, 25 mg</i> | 3 | |
| <i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i> | 2 | |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | 2 | |
| <i>valproic acid cap 250 mg</i> | 2 | |
| VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml | 4 | QL (5 twin pack(s)/30 days) |
| VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose) | 4 | QL (5 twin pack(s)/30 days) |
| VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)> | 5 | QL (5 twin pack(s)/30 days) |
| VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml | 4 | QL (5 twin pack(s)/30 days) |
| <i>vigabatrin powd pack 500 mg*></i> | 5 | QL (180 packets/30 days) |
| <i>vigabatrin tab 500 mg*></i> | 5 | QL (180 tablets/30 days) |
| <i>vigadron - vigabatrin powd pack 500 mg*></i> | 5 | QL (180 packets/30 days) |
| <i>vigadron - vigabatrin tab 500 mg*></i> | 5 | QL (180 tablets/30 days) |
| VIGAFYDE - vigabatrin oral soln 100 mg/ml> | 5 | QL (5 bottles/30 days) |
| <i>vigpoder - vigabatrin powd pack 500 mg*></i> | 5 | QL (180 packets/30 days) |
| XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)> | 5 | |
| XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)> | 5 | |
| XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg | 4 | |
| XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg> | 5 | |
| XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg> | 5 | |
| ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml) | 4 | |
| <i>zonisamide cap 25 mg, 50 mg, 100 mg</i> | 2 | |
| ZTALMY - ganaxolone susp 50 mg/ml*> | 5 | PA, QL (10 bottles/30 days) |
| Agentes contra la demencia | | |
| ADLARITY - donepezil hydrochloride td patch weekly 5 mg/day, 10 mg/day | 4 | |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i> | 2 | |
| <i>donepezil hydrochloride tab 5 mg, 10 mg</i> | 1 | |
| <i>donepezil hydrochloride tab 23 mg</i> | 3 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------------|
| GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml | 4 | |
| galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg | 4 | |
| galantamine hydrobromide tab 4 mg, 8 mg, 12 mg | 4 | |
| memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg | 3 | PA (<=29 yr) |
| memantine hcl oral solution 2 mg/ml | 4 | PA (<=29 yr) |
| memantine hcl tab 5 mg, 10 mg | 2 | PA (<=29 yr) |
| memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack | 3 | PA (<=29 yr) |
| rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent) | 3 | |
| rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr | 4 | |
| Medicamentos antidepresivos | | |
| amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg# | 2 | |
| amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg# | 3 | |
| AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg> | 5 | QL (60 tablets/30 days) |
| bupropion hcl tab er 12hr 100 mg | 2 | QL (90 tablets/30 days) |
| bupropion hcl tab er 12hr 150 mg, 200 mg | 2 | QL (60 tablets/30 days) |
| bupropion hcl tab er 24hr 150 mg | 2 | QL (90 tablets/30 days) |
| bupropion hcl tab er 24hr 300 mg | 2 | QL (30 tablets/30 days) |
| bupropion hcl tab 75 mg | 2 | QL (60 tablets/30 days) |
| bupropion hcl tab 100 mg | 2 | QL (120 tablets/30 days) |
| citalopram hydrobromide oral soln 10 mg/5ml | 3 | QL (600 mls/30 days) |
| citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv) | 1 | QL (45 tablets/30 days) |
| citalopram hydrobromide tab 40 mg (base equiv) | 1 | QL (30 tablets/30 days) |
| clomipramine hcl cap 25 mg, 50 mg, 75 mg# | 4 | |
| desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg# | 3 | |
| desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) | 3 | QL (30 tablets/30 days) |
| doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg# | 2 | |
| doxepin hcl conc 10 mg/ml# | 3 | |
| DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq), 40 mg (base eq), 60 mg (base eq) | 4 | QL (60 capsules/30 days) |
| DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq) | 4 | QL (90 capsules/30 days) |
| duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq) | 2 | QL (60 capsules/30 days) |
| duloxetine hcl enteric coated pellets cap 30 mg (base eq) | 2 | QL (90 capsules/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-----------------------------|
| EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr> | 5 | PA, QL (30 patches/30 days) |
| escitalopram oxalate soln 5 mg/5ml (base equiv) | 4 | QL (600 mls/30 days) |
| escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv) | 1 | QL (45 tablets/30 days) |
| escitalopram oxalate tab 20 mg (base equiv) | 1 | QL (30 tablets/30 days) |
| FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent) | 4 | QL (30 capsules/30 days) |
| FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack | 4 | QL (28 capsules/28 days) |
| FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg | 4 | QL (4 capsules/28 days) |
| fluoxetine hcl cap 10 mg | 1 | QL (90 capsules/30 days) |
| fluoxetine hcl cap 20 mg | 1 | QL (120 capsules/30 days) |
| fluoxetine hcl cap 40 mg | 1 | QL (60 capsules/30 days) |
| fluoxetine hcl solution 20 mg/5ml | 3 | QL (600 mls/30 days) |
| fluvoxamine maleate tab 25 mg, 50 mg | 2 | QL (30 tablets/30 days) |
| fluvoxamine maleate tab 100 mg | 2 | QL (90 tablets/30 days) |
| imipramine hcl tab 10 mg, 25 mg, 50 mg# | 2 | |
| MARPLAN - isocarboxazid tab 10 mg | 4 | |
| mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg | 2 | QL (30 tablets/30 days) |
| mirtazapine tab 7.5 mg, 30 mg, 45 mg | 2 | QL (30 tablets/30 days) |
| mirtazapine tab 15 mg | 2 | QL (45 tablets/30 days) |
| NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg | 4 | |
| nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg# | 2 | |
| nortriptyline hcl soln 10 mg/5ml# | 4 | |
| paroxetine hcl oral susp 10 mg/5ml (base equiv)# | 4 | QL (900 mls/30 days) |
| paroxetine hcl tab er 24hr 12.5 mg# | 4 | QL (30 tablets/30 days) |
| paroxetine hcl tab er 24hr 25 mg, 37.5 mg# | 4 | QL (60 tablets/30 days) |
| paroxetine hcl tab 10 mg, 40 mg# | 2 | QL (45 tablets/30 days) |
| paroxetine hcl tab 20 mg# | 2 | QL (30 tablets/30 days) |
| paroxetine hcl tab 30 mg# | 2 | QL (60 tablets/30 days) |
| phenelzine sulfate tab 15 mg | 3 | |
| protriptyline hcl tab 5 mg, 10 mg# | 4 | |
| RALDESY - trazodone hcl oral soln 50 mg/5ml | 4 | QL (1200 mls/30 days) |
| sertraline hcl oral concentrate for solution 20 mg/ml | 4 | QL (300 mls/30 days) |
| sertraline hcl tab 25 mg, 50 mg | 1 | QL (45 tablets/30 days) |
| sertraline hcl tab 100 mg | 1 | QL (60 tablets/30 days) |
| tranylcypromine sulfate tab 10 mg | 4 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|---------------------------|
| <i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i> | 1 | |
| <i>trazodone hcl tab 300 mg</i> | 2 | |
| <i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i> | 4 | |
| <i>TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)</i> | 4 | QL (30 tablets/30 days) |
| <i>VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg</i> | 4 | QL (60 tablets/30 days) |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | 2 | QL (60 capsules/30 days) |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> | 2 | QL (90 capsules/30 days) |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> | 2 | QL (30 capsules/30 days) |
| <i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</i> | 2 | QL (90 tablets/30 days) |
| <i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i> | 4 | QL (30 tablets/30 days) |
| <i>ZURZUVAE - zuranolone cap 20 mg, 25 mg></i> | 5 | QL (28 capsules/365 days) |
| <i>ZURZUVAE - zuranolone cap 30 mg></i> | 5 | QL (14 capsules/365 days) |
| Medicamentos antieméticos | | |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 4 | BD |
| <i>aprepitant capsule 40 mg, 80 mg, 125 mg</i> | 4 | BD |
| <i>chlorpromazine hcl conc 100 mg/ml</i> | 4 | PA (>=65 yr) |
| <i>chlorpromazine hcl conc 30 mg/ml</i> | 4 | PA (>=65 yr) |
| <i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i> | 4 | PA (>=65 yr) |
| <i>compro - prochlorperazine suppos 25 mg</i> | 4 | |
| <i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i> | 4 | BD |
| <i>granisetron hcl tab 1 mg</i> | 3 | BD |
| <i>meclizine hcl tab 12.5 mg, 25 mg#</i> | 2 | |
| <i>ondansetron hcl oral soln 4 mg/5ml</i> | 4 | |
| <i>ondansetron hcl tab 4 mg, 8 mg</i> | 2 | |
| <i>ondansetron orally disintegrating tab 4 mg, 8 mg</i> | 2 | |
| <i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i> | 4 | PA (>=65 yr) |
| <i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</i> | 2 | |
| <i>prochlorperazine suppos 25 mg</i> | 4 | |
| <i>promethazine hcl suppos 12.5 mg, 25 mg#</i> | 4 | PA (>=65 yr) |
| <i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i> | 3 | PA (>=65 yr) |
| <i>promethegan - promethazine hcl suppos 12.5 mg, 25 mg#</i> | 4 | PA (>=65 yr) |
| <i>scopolamine td patch 72hr 1 mg/3days#</i> | 4 | PA (>=65 yr) |
| Medicamentos antimicóticos | | |
| <i>AMPHOTERICIN B - amphotericin b for iv soln 50 mg</i> | 4 | BD |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|---------------------------|
| <i>amphotericin b liposome iv for susp 50 mg></i> | 5 | BD |
| <i>caspofungin acetate for iv soln 50 mg, 70 mg</i> | 4 | |
| <i>ciclodan - ciclopirox solution 8%</i> | 2 | QL (6.6 mls/30 days) |
| <i>ciclopirox gel 0.77%</i> | 3 | |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i> | 2 | |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i> | 3 | |
| <i>ciclopirox shampoo 1%</i> | 3 | |
| <i>ciclopirox solution 8%</i> | 2 | QL (6.6 mls/30 days) |
| <i>clotrimazole cream 1%</i> | 2 | |
| <i>clotrimazole soln 1%</i> | 2 | |
| <i>clotrimazole troche 10 mg</i> | 2 | |
| <i>CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg></i> | 5 | PA |
| <i>CRESEMBA - isavuconazonium sulfate for iv soln 372 mg></i> | 5 | PA |
| <i>econazole nitrate cream 1%</i> | 4 | |
| <i>fluconazole for susp 10 mg/ml, 40 mg/ml</i> | 2 | |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i> | 4 | |
| <i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i> | 2 | |
| <i>flucytosine cap 250 mg, 500 mg></i> | 5 | PA |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | 4 | |
| <i>griseofulvin microsize tab 500 mg</i> | 4 | |
| <i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i> | 4 | |
| <i>itraconazole cap 100 mg</i> | 4 | QL (120 capsules/30 days) |
| <i>ketoconazole cream 2%</i> | 2 | |
| <i>ketoconazole shampoo 2%</i> | 2 | |
| <i>ketoconazole tab 200 mg</i> | 2 | |
| <i>klayesta - nystatin topical powder 100000 unit/gm</i> | 2 | |
| <i>micafungin sodium for iv soln 50 mg, 100 mg</i> | 4 | |
| <i>MICAFUNGIN SODIUM/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 150 mg/150ml</i> | 4 | |
| <i>MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 50 mg/50ml, 100 mg/100ml</i> | 4 | |
| <i>NOXAFIL - posaconazole for delayed release susp packet 300 mg></i> | 5 | PA |
| <i>nyamyc - nystatin topical powder 100000 unit/gm</i> | 2 | |
| <i>nystatin cream 100000 unit/gm</i> | 2 | |
| <i>nystatin oint 100000 unit/gm</i> | 2 | |
| <i>nystatin susp 100000 unit/ml</i> | 2 | |
| <i>nystatin tab 500000 unit</i> | 2 | |
| <i>nystatin topical powder 100000 unit/gm</i> | 2 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|------------------------------------|
| nystop - nystatin topical powder 100000 unit/gm | 2 | |
| posaconazole iv soln 300 mg/16.7ml (18 mg/ml) | 4 | PA |
| posaconazole susp 40 mg/ml> | 5 | PA |
| posaconazole tab delayed release 100 mg> | 5 | PA |
| terbinafine hcl tab 250 mg | 1 | QL (30 tablets/30 days) |
| terconazole vaginal cream 0.4%, 0.8% | 2 | |
| terconazole vaginal suppos 80 mg | 3 | |
| voriconazole for inj 200 mg | 4 | PA |
| voriconazole for susp 40 mg/ml> | 5 | PA |
| voriconazole tab 50 mg, 200 mg | 4 | PA |
| Agentes contra la gota | | |
| allopurinol tab 100 mg, 300 mg | 1 | |
| colchicine tab 0.6 mg | 3 | |
| colchicine w/ probenecid tab 0.5-500 mg | 3 | |
| probenecid tab 500 mg | 3 | |
| Agentes contra las migrañas | | |
| AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml | 3 | PA, QL (2 pens/30 days) |
| AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml | 3 | PA, QL (1 pen/30 days) |
| dihydroergotamine mesylate nasal spray 4 mg/ml> | 5 | PA, QL (8 mls/28 days) |
| EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml | 3 | PA, QL (2 pens/30 days) |
| EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml | 3 | PA, QL (3 syringes/30 days) |
| EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml | 3 | PA, QL (2 syringes/30 days) |
| ergotamine w/ caffeine tab 1-100 mg | 3 | |
| naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) | 2 | QL (18 tablets/30 days) |
| NURTEC - rimegepant sulfate tab disint 75 mg | 3 | PA, QL (16 tablets/30 days) |
| rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq) | 3 | QL (18 tablets/30 days) |
| rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent) | 2 | QL (18 tablets/30 days) |
| sumatriptan nasal spray 5 mg/act, 20 mg/act | 4 | QL (12 units (2 packages)/30 days) |
| sumatriptan succinate inj 6 mg/0.5ml | 4 | QL (10 doses/30 days) |
| sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 4 | QL (12 doses/30 days) |
| sumatriptan succinate solution cartridge 4 mg/0.5ml | 4 | QL (12 doses/30 days) |
| sumatriptan succinate solution cartridge 6 mg/0.5ml | 4 | QL (12 doses/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| <i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i> | 2 | QL (18 tablets/30 days) |
| UBRELVY - ubrogepant tab 50 mg, 100 mg | 3 | PA, QL (16 tablets/30 days) |
| Agentes antimastiáicos | | |
| <i>pyridostigmine bromide tab er 180 mg</i> | 4 | |
| <i>pyridostigmine bromide tab 60 mg</i> | 3 | |
| Medicamentos antimicobacteriales | | |
| <i>cycloserine cap 250 mg></i> | 5 | |
| <i>dapsone tab 25 mg, 100 mg</i> | 3 | |
| <i>ethambutol hcl tab 100 mg, 400 mg</i> | 3 | |
| <i>isoniazid syrup 50 mg/5ml</i> | 4 | |
| <i>isoniazid tab 100 mg, 300 mg</i> | 1 | |
| PRETOMANID - pretomanid tab 200 mg | 4 | |
| PRIFTIN - rifapentine tab 150 mg | 4 | |
| <i>pyrazinamide tab 500 mg</i> | 4 | |
| <i>rifabutin cap 150 mg</i> | 4 | |
| <i>rifampin cap 150 mg, 300 mg</i> | 3 | |
| <i>rifampin for inj 600 mg</i> | 4 | |
| SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*> | 5 | |
| TRECATOR - ethionamide tab 250 mg | 4 | |
| Medicamentos antineoplásicos | | |
| <i>abiraterone acetate tab 250 mg></i> | 5 | PA, QL (120 tablets/30 days) |
| <i>abirtega - abiraterone acetate tab 250 mg</i> | 4 | PA, QL (120 tablets/30 days) |
| AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg> | 5 | PA, QL (60 tablets/30 days) |
| ALECENSA - alectinib hcl cap 150 mg (base equivalent)*> | 5 | PA, QL (240 capsules/30 days) |
| ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*> | 5 | PA, QL (30 tablets/30 days) |
| ALUNBRIG - brigatinib tab 30 mg*> | 5 | PA, QL (120 tablets/30 days) |
| ALUNBRIG - brigatinib tab 90 mg, 180 mg*> | 5 | PA, QL (30 tablets/30 days) |
| <i>anastrozole tab 1 mg</i> | 1 | |
| AUGTYRO - repotrectinib cap 40 mg> | 5 | PA, QL (240 capsules/30 days) |
| AUGTYRO - repotrectinib cap 160 mg> | 5 | PA, QL (60 capsules/30 days) |
| AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack> | 5 | PA, QL (66 tablets/28 days) |
| AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg> | 5 | PA, QL (30 tablets/30 days) |
| BALVERSA - erdafitinib tab 3 mg> | 5 | PA, QL (90 tablets/30 days) |
| BALVERSA - erdafitinib tab 4 mg> | 5 | PA, QL (60 tablets/30 days) |
| BALVERSA - erdafitinib tab 5 mg> | 5 | PA, QL (30 tablets/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-------------------------------|
| <i>bexarotene cap 75 mg></i> | 5 | PA |
| <i>bexarotene gel 1%></i> | 5 | PA |
| <i>bicalutamide tab 50 mg</i> | 2 | |
| <i>BOSULIF - bosutinib cap 50 mg></i> | 5 | PA, QL (330 capsules/30 days) |
| <i>BOSULIF - bosutinib cap 100 mg></i> | 5 | PA, QL (180 capsules/30 days) |
| <i>BOSULIF - bosutinib tab 100 mg></i> | 5 | PA, QL (180 tablets/30 days) |
| <i>BOSULIF - bosutinib tab 400 mg, 500 mg></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>BRAFTOVI - encorafenib cap 75 mg*></i> | 5 | PA, QL (180 capsules/30 days) |
| <i>BRUKINSA - zanubrutinib cap 80 mg></i> | 5 | PA, QL (120 capsules/30 days) |
| <i>CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>CALQUENCE - acalabrutinib cap 100 mg*></i> | 5 | PA, QL (60 capsules/30 days) |
| <i>CALQUENCE - acalabrutinib maleate tab 100 mg*></i> | 5 | PA, QL (60 tablets/30 days) |
| <i>CAPRELSA - vandetanib tab 100 mg*></i> | 5 | PA, QL (60 tablets/30 days) |
| <i>CAPRELSA - vandetanib tab 300 mg*></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*></i> | 5 | PA, QL (56 capsules/28 days) |
| <i>COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*></i> | 5 | PA, QL (112 capsules/28 days) |
| <i>COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*></i> | 5 | PA, QL (84 capsules/28 days) |
| <i>COPIKTRA - duvelisib cap 15 mg, 25 mg*></i> | 5 | PA, QL (56 capsules/28 days) |
| <i>COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*></i> | 5 | PA, QL (63 tablets/28 days) |
| <i>CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg</i> | 3 | BD |
| <i>cyclophosphamide cap 25 mg, 50 mg</i> | 4 | BD |
| <i>DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)></i> | 5 | PA, QL (112 tablets/28 days) |
| <i>dasatinib tab 20 mg></i> | 5 | PA, QL (90 tablets/30 days) |
| <i>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>DAURISMO - glasdegib maleate tab 25 mg (base equivalent)></i> | 5 | PA, QL (60 tablets/30 days) |
| <i>DAURISMO - glasdegib maleate tab 100 mg (base equivalent)></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>ERIVEDGE - vismodegib cap 150 mg*></i> | 5 | PA, QL (30 capsules/30 days) |
| <i>ERLEADA - apalutamide tab 60 mg*></i> | 5 | PA, QL (120 tablets/30 days) |
| <i>ERLEADA - apalutamide tab 240 mg*></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>erlotinib hcl tab 25 mg (base equivalent)></i> | 5 | PA, QL (60 tablets/30 days) |
| <i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>EULEXIN - flutamide cap 125 mg></i> | 5 | |
| <i>everolimus tab for oral susp 2 mg, 5 mg></i> | 5 | PA, QL (60 tablets/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-------------------------------|
| <i>everolimus tab for oral susp 3 mg></i> | 5 | PA, QL (90 tablets/30 days) |
| <i>everolimus tab 2.5 mg, 7.5 mg, 10 mg></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>everolimus tab 5 mg></i> | 5 | PA, QL (60 tablets/30 days) |
| <i>exemestane tab 25 mg</i> | 4 | |
| FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*> | 5 | PA, QL (21 capsules/28 days) |
| FRUZAQLA - fruquintinib cap 1 mg> | 5 | PA, QL (84 capsules/28 days) |
| FRUZAQLA - fruquintinib cap 5 mg> | 5 | PA, QL (21 capsules/28 days) |
| GAVRETO - pralsetinib cap 100 mg> | 5 | PA, QL (120 capsules/30 days) |
| <i>gefitinib tab 250 mg></i> | 5 | PA, QL (30 tablets/30 days) |
| GILOTrif - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)*> | 5 | PA, QL (30 tablets/30 days) |
| GLEOSTINE - lomustine cap 10 mg, 40 mg | 4 | |
| GLEOSTINE - lomustine cap 100 mg> | 5 | |
| GOMEKLI - mirdametinib cap 1 mg> | 5 | PA, QL (168 capsules/28 days) |
| GOMEKLI - mirdametinib cap 2 mg> | 5 | PA, QL (84 capsules/28 days) |
| GOMEKLI - mirdametinib tab for oral susp 1 mg> | 5 | PA, QL (168 tablets/28 days) |
| <i>hydroxyurea cap 500 mg</i> | 2 | |
| IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*> | 5 | PA, QL (21 capsules/28 days) |
| IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*> | 5 | PA, QL (21 tablets/28 days) |
| IBTROZI - taletrectinib adipate cap 200 mg> | 5 | PA, QL (90 capsules/30 days) |
| ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*> | 5 | PA, QL (30 tablets/30 days) |
| IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*> | 5 | PA, QL (30 tablets/30 days) |
| <i>imatinib mesylate tab 100 mg (base equivalent)></i> | 5 | PA, QL (90 tablets/30 days) |
| <i>imatinib mesylate tab 400 mg (base equivalent)></i> | 5 | PA, QL (60 tablets/30 days) |
| IMBRUVICA - ibrutinib cap 70 mg*> | 5 | PA, QL (30 capsules/30 days) |
| IMBRUVICA - ibrutinib cap 140 mg*> | 5 | PA, QL (120 capsules/30 days) |
| IMBRUVICA - ibrutinib oral susp 70 mg/ml*> | 5 | PA, QL (3 bottles/30 days) |
| IMBRUVICA - ibrutinib tab 420 mg*> | 5 | PA, QL (30 tablets/30 days) |
| IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)> | 5 | PA, QL (2 bottles/28 days) |
| INLYTA - axitinib tab 1 mg*> | 5 | PA, QL (180 tablets/30 days) |
| INLYTA - axitinib tab 5 mg*> | 5 | PA, QL (120 tablets/30 days) |
| INQOVI - decitabine-cedazuridine tab 35-100 mg> | 5 | PA, QL (5 tablets/28 days) |
| INREBIC - fedratinib hcl cap 100 mg> | 5 | PA, QL (120 capsules/30 days) |
| ITOVEBI - inavolisib tab 3 mg> | 5 | PA, QL (60 tablets/30 days) |
| ITOVEBI - inavolisib tab 9 mg> | 5 | PA, QL (30 tablets/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-------------------------------|
| IWILFIN - eflornithine hcl tab 192 mg> | 5 | PA, QL (240 tablets/30 days) |
| JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*> | 5 | PA, QL (60 tablets/30 days) |
| JAYPIRCA - pirtobrutinib tab 50 mg> | 5 | PA, QL (30 tablets/30 days) |
| JAYPIRCA - pirtobrutinib tab 100 mg> | 5 | PA, QL (60 tablets/30 days) |
| KANJINTI - trastuzumab-anns for iv soln 150 mg, 420 mg> | 5 | PA |
| KISQALI - ribociclib succinate tab pack 200 mg daily dose> | 5 | PA, QL (21 tablets/28 days) |
| KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)> | 5 | PA, QL (42 tablets/28 days) |
| KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)> | 5 | PA, QL (63 tablets/28 days) |
| KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk> | 5 | PA, QL (70 tablets/28 days) |
| KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk> | 5 | PA, QL (91 tablets/28 days) |
| KOSELUGO - selumetinib sulfate cap 10 mg> | 5 | PA, QL (240 capsules/30 days) |
| KOSELUGO - selumetinib sulfate cap 25 mg> | 5 | PA, QL (120 capsules/30 days) |
| KRAZATI - adagrasib tab 200 mg*> | 5 | PA, QL (180 tablets/30 days) |
| lapatinib ditosylate tab 250 mg (base equiv)> | 5 | PA, QL (180 tablets/30 days) |
| LAZCLUZE - lazertinib mesylate tab 80 mg> | 5 | PA, QL (60 tablets/30 days) |
| LAZCLUZE - lazertinib mesylate tab 240 mg> | 5 | PA, QL (30 tablets/30 days) |
| lenalidomide caps 2.5 mg> | 5 | PA, QL (30 capsules/30 days) |
| lenalidomide cap 5 mg, 10 mg> | 5 | PA, QL (30 capsules/30 days) |
| lenalidomide cap 15 mg, 20 mg, 25 mg> | 5 | PA, QL (21 capsules/28 days) |
| LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*> | 5 | PA, QL (30 capsules/30 days) |
| LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*> | 5 | PA, QL (90 capsules/30 days) |
| LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*> | 5 | PA, QL (60 capsules/30 days) |
| LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*> | 5 | PA, QL (90 capsules/30 days) |
| LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*> | 5 | PA, QL (60 capsules/30 days) |
| LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*> | 5 | PA, QL (90 capsules/30 days) |
| LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*> | 5 | PA, QL (30 capsules/30 days) |
| LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*> | 5 | PA, QL (60 capsules/30 days) |
| letrozole tab 2.5 mg | 2 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|------------------------------|
| <i>leucovorin calcium tab 5 mg</i> | 2 | |
| <i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i> | 3 | |
| LEUKERAN - chlorambucil tab 2 mg> | 5 | |
| LONSURF - trifluridine-tipiracil tab 15-6.14 mg> | 5 | PA, QL (100 tablets/28 days) |
| LONSURF - trifluridine-tipiracil tab 20-8.19 mg> | 5 | PA, QL (80 tablets/28 days) |
| LORBRENA - lorlatinib tab 25 mg> | 5 | PA, QL (90 tablets/30 days) |
| LORBRENA - lorlatinib tab 100 mg> | 5 | PA, QL (30 tablets/30 days) |
| LUMAKRAS - sotorasib tab 120 mg*> | 5 | PA, QL (240 tablets/30 days) |
| LUMAKRAS - sotorasib tab 240 mg*> | 5 | PA, QL (120 tablets/30 days) |
| LUMAKRAS - sotorasib tab 320 mg*> | 5 | PA, QL (90 tablets/30 days) |
| LYNPARZA - olaparib tab 100 mg, 150 mg*> | 5 | PA, QL (120 tablets/30 days) |
| LYSODREN - mitotane tab 500 mg> | 5 | |
| LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*> | 5 | PA, QL (84 tablets/28 days) |
| LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*> | 5 | PA, QL (112 tablets/28 days) |
| LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*> | 5 | PA, QL (140 tablets/28 days) |
| MATULANE - procarbazine hcl cap 50 mg*> | 5 | PA |
| MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)> | 5 | PA, QL (13 bottles/28 days) |
| MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*> | 5 | PA, QL (90 tablets/30 days) |
| MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*> | 5 | PA, QL (30 tablets/30 days) |
| MEKTOVI - binimetinib tab 15 mg*> | 5 | PA, QL (180 tablets/30 days) |
| <i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)></i> | 5 | |
| <i>mercaptopurine tab 50 mg</i> | 3 | |
| <i>mesna tab 400 mg></i> | 5 | |
| MESNEX - mesna tab 400 mg> | 5 | |
| MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)*> | 5 | PA |
| NERLYNX - neratinib maleate tab 40 mg (base equivalent)*> | 5 | PA, QL (180 tablets/30 days) |
| <i>nilutamide tab 150 mg></i> | 5 | |
| NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)*> | 5 | PA, QL (3 capsules/28 days) |
| NIPENT - pentostatin for inj 10 mg> | 5 | |
| NUBEQA - darolutamide tab 300 mg> | 5 | PA, QL (120 tablets/30 days) |
| ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*> | 5 | PA, QL (30 capsules/30 days) |
| OGSIVEO - nirogacestat hydrobromide tab 50 mg> | 5 | PA, QL (180 tablets/30 days) |
| OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg> | 5 | PA, QL (56 tablets/28 days) |
| OJEMDA - tovafenib for oral susp 25 mg/ml> | 5 | PA, QL (8 bottles/28 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| OJEMDA - tovorafenib tab 100 mg> | 5 | PA, QL (24 tablets/28 days) |
| OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg> | 5 | PA, QL (30 tablets/30 days) |
| ONTRUZANT - trastuzumab-dttb for iv soln 150 mg, 420 mg> | 5 | PA |
| ONUREG - azacitidine tab 200 mg, 300 mg> | 5 | PA, QL (14 tablets/28 days) |
| ORGOVYX - relugolix tab 120 mg*> | 5 | PA, QL (90 tablets/30 days) |
| ORSERDU - elacestrant hydrochloride tab 86 mg> | 5 | PA, QL (90 tablets/30 days) |
| ORSERDU - elacestrant hydrochloride tab 345 mg> | 5 | PA, QL (30 tablets/30 days) |
| PANRETIN - alitretinoin gel 0.1%> | 5 | PA |
| pazopanib hcl tab 200 mg (base equiv)> | 5 | PA, QL (120 tablets/30 days) |
| PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg> | 5 | PA, QL (14 tablets/21 days) |
| PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose> | 5 | PA, QL (30 tablets/30 days) |
| PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)> | 5 | PA, QL (60 tablets/30 days) |
| PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)> | 5 | PA, QL (60 tablets/30 days) |
| POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*> | 5 | PA, QL (21 capsules/28 days) |
| PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*> | 5 | |
| QINLOCK - ripretinib tab 50 mg> | 5 | PA, QL (90 tablets/30 days) |
| RETEVMO - selpercatinib tab 40 mg> | 5 | PA, QL (90 tablets/30 days) |
| RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg> | 5 | PA, QL (60 tablets/30 days) |
| REVUFORJ - revumenib citrate tab 25 mg> | 5 | PA, QL (240 tablets/30 days) |
| REVUFORJ - revumenib citrate tab 110 mg> | 5 | PA, QL (120 tablets/30 days) |
| REVUFORJ - revumenib citrate tab 160 mg> | 5 | PA, QL (60 tablets/30 days) |
| REZLIDHIA - olutasidenib cap 150 mg*> | 5 | PA, QL (60 capsules/30 days) |
| RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)> | 5 | PA |
| ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg> | 5 | PA, QL (8 capsules/28 days) |
| ROZLYTREK - entrectinib cap 100 mg> | 5 | PA, QL (150 capsules/30 days) |
| ROZLYTREK - entrectinib cap 200 mg> | 5 | PA, QL (90 capsules/30 days) |
| ROZLYTREK - entrectinib pellet pack 50 mg> | 5 | PA, QL (336 packets/28 days) |
| RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*> | 5 | PA, QL (120 tablets/30 days) |
| RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)> | 5 | PA |
| RYDAPT - midostaurin cap 25 mg> | 5 | PA, QL (240 capsules/30 days) |
| SCEMBLIX - asciminib hcl tab 20 mg> | 5 | PA, QL (60 tablets/30 days) |
| SCEMBLIX - asciminib hcl tab 40 mg> | 5 | PA, QL (300 tablets/30 days) |
| SCEMBLIX - asciminib hcl tab 100 mg> | 5 | PA, QL (120 tablets/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)> | 5 | |
| <i>sorafenib tosylate tab 200 mg (base equivalent)></i> | 5 | PA, QL (120 tablets/30 days) |
| STIVARGA - regorafenib tab 40 mg*> | 5 | PA, QL (84 tablets/28 days) |
| <i>sunitinib malate cap 12.5 mg (base equivalent)></i> | 5 | PA, QL (90 capsules/30 days) |
| <i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)></i> | 5 | PA, QL (30 capsules/30 days) |
| TABLOID - thioguanine tab 40 mg> | 5 | |
| TABRECTA - capmatinib hcl tab 150 mg, 200 mg> | 5 | PA, QL (120 tablets/30 days) |
| TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*> | 5 | PA, QL (120 capsules/30 days) |
| TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)> | 5 | PA, QL (4 bottles/28 days) |
| TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*> | 5 | PA, QL (30 tablets/30 days) |
| TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent)> | 5 | PA, QL (30 capsules/30 days) |
| TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)*> | 5 | PA, QL (30 capsules/30 days) |
| <i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i> | 2 | |
| TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)> | 5 | PA, QL (120 capsules/30 days) |
| TAZVERIK - tazemetostat hbr tab 200 mg> | 5 | PA, QL (240 tablets/30 days) |
| TEPMETKO - tepotinib hcl tab 225 mg*> | 5 | PA, QL (60 tablets/30 days) |
| THALOMID - thalidomide cap 50 mg, 100 mg> | 5 | PA, QL (30 capsules/30 days) |
| TIBSOVO - ivosidenib tab 250 mg*> | 5 | PA, QL (60 tablets/30 days) |
| <i>toremifene citrate tab 60 mg (base equivalent)></i> | 5 | |
| <i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>torpenz - everolimus tab 5 mg></i> | 5 | PA, QL (60 tablets/30 days) |
| TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg, 420 mg> | 5 | PA |
| <i>tretinoin cap 10 mg></i> | 5 | PA |
| TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg> | 5 | PA, QL (4 boxes/28 days) |
| TRUQAP - capivasertib tab 160 mg, 200 mg> | 5 | PA, QL (64 tablets/28 days) |
| TUKYSA - tucatinib tab 50 mg> | 5 | PA, QL (300 tablets/30 days) |
| TUKYSA - tucatinib tab 150 mg> | 5 | PA, QL (120 tablets/30 days) |
| TURALIO - pexidartinib hcl cap 125 mg (base equivalent)> | 5 | PA, QL (120 capsules/30 days) |
| VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*> | 5 | PA, QL (1 tube/30 days) |
| VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*> | 5 | PA, QL (60 tablets/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------------------------|
| VENCLEXTA - venetoclax tab 10 mg* | 3 | PA, QL (60 tablets/30 days) |
| VENCLEXTA - venetoclax tab 50 mg*> | 5 | PA, QL (30 tablets/30 days) |
| VENCLEXTA - venetoclax tab 100 mg*> | 5 | PA, QL (180 tablets/30 days) |
| VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*> | 5 | PA, QL (1 pack (42 tablets)/28 days) |
| VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*> | 5 | PA, QL (60 tablets/30 days) |
| VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*> | 5 | PA, QL (180 capsules/30 days) |
| VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*> | 5 | PA, QL (60 capsules/30 days) |
| VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*> | 5 | PA, QL (300 mls/30 days) |
| VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*> | 5 | PA, QL (30 tablets/30 days) |
| VONJO - pacritinib citrate cap 100 mg*> | 5 | PA, QL (120 capsules/30 days) |
| VORANIGO - vorasidenib tab 10 mg> | 5 | PA, QL (60 tablets/30 days) |
| VORANIGO - vorasidenib tab 40 mg> | 5 | PA, QL (30 tablets/30 days) |
| XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*> | 5 | PA, QL (120 capsules/30 days) |
| XALKORI - crizotinib cap sprinkle 150 mg*> | 5 | PA, QL (180 capsules/30 days) |
| XALKORI - crizotinib cap 200 mg, 250 mg*> | 5 | PA, QL (120 capsules/30 days) |
| XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)*> | 5 | PA, QL (90 tablets/30 days) |
| XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)> | 5 | PA, QL (1 box/28 days) |
| XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*> | 5 | PA, QL (1 box/28 days) |
| XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*> | 5 | PA, QL (1 box/28 days) |
| XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*> | 5 | PA, QL (1 box/28 days) |
| XTANDI - enzalutamide cap 40 mg*> | 5 | PA, QL (120 capsules/30 days) |
| XTANDI - enzalutamide tab 40 mg*> | 5 | PA, QL (120 tablets/30 days) |
| XTANDI - enzalutamide tab 80 mg*> | 5 | PA, QL (60 tablets/30 days) |
| YONSA - abiraterone acetate micronized tab 125 mg*> | 5 | PA, QL (120 tablets/30 days) |
| ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*> | 5 | PA, QL (30 tablets/30 days) |
| ZELBORAFAF - vemurafenib tab 240 mg*> | 5 | PA, QL (240 tablets/30 days) |
| ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)> | 5 | PA |
| ZOLINZA - vorinostat cap 100 mg> | 5 | PA, QL (120 capsules/30 days) |
| ZYDELIG - idelalisib tab 100 mg, 150 mg*> | 5 | PA, QL (60 tablets/30 days) |
| ZYKADIA - ceritinib tab 150 mg*> | 5 | PA, QL (90 tablets/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| Medicamentos antiparasitarios | | |
| <i>albendazole tab 200 mg</i> | 4 | |
| <i>atovaquone susp 750 mg/5ml</i> | 4 | PA, QL (600 mls/30 days) |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i> | 3 | |
| <i>chloroquine phosphate tab 250 mg</i> | 4 | |
| <i>chloroquine phosphate tab 500 mg</i> | 2 | |
| <i>COARTEM - artemether-lumefantrine tab 20-120 mg</i> | 4 | |
| <i>hydroxychloroquine sulfate tab 200 mg</i> | 2 | |
| <i>ivermectin tab 3 mg</i> | 3 | PA |
| <i>LAMPIT - nifurtimox tab 30 mg, 120 mg</i> | 4 | |
| <i>mefloquine hcl tab 250 mg</i> | 2 | |
| <i>nitazoxanide tab 500 mg></i> | 5 | QL (20 tablets/30 days) |
| <i>pentamidine isethionate for inj soln 300 mg</i> | 4 | |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | 4 | BD |
| <i>praziquantel tab 600 mg</i> | 4 | |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i> | 4 | |
| <i>pyrimethamine tab 25 mg></i> | 5 | PA |
| <i>quinine sulfate cap 324 mg</i> | 4 | PA |
| Agentes contra la enfermedad de Parkinson | | |
| <i>amantadine hcl cap 100 mg</i> | 3 | |
| <i>amantadine hcl soln 50 mg/5ml</i> | 2 | |
| <i>APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*></i> | 5 | PA, QL (60 mls/30 days) |
| <i>apomorphine hcl soln cartridge 30 mg/3ml></i> | 5 | PA, QL (60 mls/30 days) |
| <i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i> | 2 | PA (>=65 yr) |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i> | 4 | |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> | 4 | |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 4 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 4 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 4 | |
| <i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i> | 2 | |
| <i>carbidopa tab 25 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 4 | |
| <i>entacapone tab 200 mg</i> | 4 | |
| <i>INBRIJA - levodopa inhal powder cap 42 mg></i> | 5 | PA, QL (300 capsules/30 days) |
| <i>NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr</i> | 4 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--|
| <i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 2 | |
| <i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)</i> | 4 | |
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)</i> | 4 | |
| <i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 2 | |
| <i>RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i> | 3 | |
| <i>selegiline hcl cap 5 mg</i> | 3 | |
| <i>selegiline hcl tab 5 mg</i> | 3 | |
| <i>trihexyphenidyl hcl tab 2 mg, 5 mg#</i> | 2 | PA (>=65 yr) |
| Medicamentos antipsicóticos | | |
| <i>ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml></i> | 5 | QL (1 syringe/56 days) |
| <i>ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg></i> | 5 | QL (1 syringe/28 days) |
| <i>ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg></i> | 5 | QL (1 vial/28 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 4 | PA (>=65 yr), QL (750 mls/30 days) |
| <i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i> | 4 | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>aripiprazole tab 2 mg, 5 mg</i> | 2 | PA (>=65 yr), QL (45 tablets/30 days) |
| <i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i> | 2 | PA (>=65 yr), QL (30 tablets/30 days) |
| <i>ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml></i> | 5 | QL (1 syringe/28 days) |
| <i>ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml></i> | 5 | QL (1 syringe/56 days) |
| <i>ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml></i> | 5 | QL (1 syringe/42 days) |
| <i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i> | 4 | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg></i> | 5 | QL (30 capsules/30 days) |
| <i>CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg</i> | 4 | PA (>=65 yr), QL (90 tablets/30 days) |
| <i>clozapine orally disintegrating tab 25 mg, 100 mg</i> | 4 | PA (>=65 yr), QL (270 tablets/30 days) |
| <i>clozapine orally disintegrating tab 150 mg</i> | 4 | PA (>=65 yr), QL (180 tablets/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|---|
| <i>clozapine orally disintegrating tab 200 mg</i> | 4 | PA (>=65 yr), QL (120 tablets/30 days) |
| <i>clozapine tab 25 mg, 50 mg</i> | 2 | PA (>=65 yr), QL (90 tablets/30 days) |
| <i>clozapine tab 100 mg</i> | 2 | PA (>=65 yr), QL (270 tablets/30 days) |
| <i>clozapine tab 200 mg</i> | 3 | PA (>=65 yr), QL (120 tablets/30 days) |
| COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg, 100-20 mg, 125-30 mg> | 5 | PA, QL (60 capsules/30 days) |
| COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg> | 5 | PA, QL (1 pack/28 days) |
| FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg> | 5 | PA (>=65 yr), QL (60 tablets/30 days) |
| FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak | 4 | PA (>=65 yr), QL (7 packs (56 tablets)/28 days) |
| FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak | 4 | PA (>=65 yr), QL (1 pack/28 days) |
| <i>fluphenazine decanoate inj 25 mg/ml</i> | 4 | PA (>=65 yr) |
| FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml | 4 | PA (>=65 yr) |
| <i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i> | 4 | PA (>=65 yr) |
| FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml | 4 | PA (>=65 yr) |
| FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml | 4 | PA (>=65 yr) |
| <i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i> | 4 | PA (>=65 yr) |
| <i>haloperidol lactate inj 5 mg/ml</i> | 4 | PA (>=65 yr) |
| <i>haloperidol lactate oral conc 2 mg/ml</i> | 2 | PA (>=65 yr) |
| <i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i> | 2 | PA (>=65 yr) |
| INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml> | 5 | QL (1 kit/180 days) |
| INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml | 4 | QL (1 kit/28 days) |
| INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml> | 5 | QL (1 kit/28 days) |
| INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml> | 5 | QL (1 kit/84 days) |
| <i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> | 2 | PA (>=65 yr) |
| <i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i> | 4 | PA (>=65 yr), QL (30 tablets/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--|
| <i>lurasidone hcl tab 80 mg</i> | 4 | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg</i> | 5 | PA (>=65 yr), QL (30 tablets/30 days) |
| <i>MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg</i> | 4 | PA (>=65 yr) |
| <i>NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*></i> | 5 | PA, QL (30 capsules/30 days) |
| <i>NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*></i> | 5 | PA, QL (30 tablets/30 days) |
| <i>olanzapine for im inj 10 mg</i> | 4 | PA (>=65 yr), QL (90 vials/30 days) |
| <i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i> | 4 | PA (>=65 yr), QL (30 tablets/30 days) |
| <i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i> | 2 | PA (>=65 yr), QL (45 tablets/30 days) |
| <i>olanzapine tab 15 mg, 20 mg</i> | 2 | PA (>=65 yr), QL (30 tablets/30 days) |
| <i>OPIPZA - aripiprazole oral film 2 mg></i> | 5 | PA (>=65 yr), QL (30 films/30 days) |
| <i>OPIPZA - aripiprazole oral film 5 mg, 10 mg></i> | 5 | PA (>=65 yr), QL (90 films/30 days) |
| <i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i> | 4 | PA (>=65 yr), QL (30 tablets/30 days) |
| <i>paliperidone tab er 24hr 6 mg</i> | 4 | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg></i> | 5 | QL (1 syringe/28 days) |
| <i>PIMOZIDE - pimozide tab 1 mg, 2 mg</i> | 4 | PA (>=65 yr) |
| <i>QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg</i> | 3 | PA (>=65 yr), QL (150 tablets/30 days) |
| <i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i> | 3 | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i> | 3 | PA (>=65 yr), QL (30 tablets/30 days) |
| <i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i> | 2 | PA (>=65 yr), QL (120 tablets/30 days) |
| <i>quetiapine fumarate tab 300 mg, 400 mg</i> | 2 | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg></i> | 5 | PA (>=65 yr), QL (30 tablets/30 days) |
| <i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i> | 4 | QL (2 vials/28 days) |
| <i>risperidone microspheres for im extended rel susp 50 mg></i> | 5 | QL (2 vials/28 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--|
| RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg | 4 | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i> | 4 | PA (>=65 yr), QL (60 tablets/30 days) |
| <i>risperidone orally disintegrating tab 4 mg</i> | 4 | PA (>=65 yr), QL (120 tablets/30 days) |
| <i>risperidone soln 1 mg/ml</i> | 3 | PA (>=65 yr), QL (480 mls/30 days) |
| <i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> | 2 | QL (60 tablets/30 days) |
| <i>risperidone tab 4 mg</i> | 2 | QL (120 tablets/30 days) |
| SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr> | 5 | PA (>=65 yr), QL (30 patches/30 days) |
| <i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i> | 3 | PA (>=65 yr) |
| <i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i> | 4 | PA (>=65 yr) |
| <i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i> | 3 | PA (>=65 yr) |
| UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml> | 5 | QL (1 syringe/28 days) |
| UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml> | 5 | QL (1 syringe/56 days) |
| VERSACLOZ - clozapine susp 50 mg/ml | 4 | PA (>=65 yr), QL (540 mls/30 days) |
| VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)> | 5 | QL (30 capsules/30 days) |
| <i>ziprasidone hcl cap 20 mg, 40 mg</i> | 3 | QL (90 capsules/30 days) |
| <i>ziprasidone hcl cap 60 mg, 80 mg</i> | 3 | QL (60 capsules/30 days) |
| <i>ziprasidone mesylate for inj 20 mg (base equivalent)</i> | 4 | PA (>=65 yr), QL (60 vials/30 days) |
| Agentes antiespasmódicos | | |
| <i>baclofen tab 5 mg, 10 mg, 20 mg</i> | 2 | |
| <i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i> | 4 | |
| <i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)</i> | 1 | |
| Medicamentos antivirales | | |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | 4 | QL (960 mls/30 days) |
| <i>abacavir sulfate tab 300 mg (base equiv)</i> | 4 | QL (60 tablets/30 days) |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 4 | QL (30 tablets/30 days) |
| <i>acyclovir cap 200 mg</i> | 2 | |
| <i>acyclovir oint 5%</i> | 4 | PA |
| <i>acyclovir sodium iv soln 50 mg/ml</i> | 4 | BD |
| <i>acyclovir susp 200 mg/5ml</i> | 4 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|---------------------------|
| acyclovir tab 400 mg, 800 mg | 2 | |
| adefovir dipivoxil tab 10 mg | 4 | |
| APTVUS - tipranavir cap 250 mg> | 5 | QL (120 capsules/30 days) |
| atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) | 4 | QL (30 capsules/30 days) |
| atazanavir sulfate cap 200 mg (base equiv) | 4 | QL (60 capsules/30 days) |
| BARACLUDE - entecavir oral soln 0.05 mg/ml | 4 | |
| BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg> | 5 | QL (30 tablets/30 days) |
| CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg> | 5 | QL (30 tablets/30 days) |
| COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg> | 5 | QL (30 tablets/30 days) |
| darunavir tab 600 mg> | 5 | QL (60 tablets/30 days) |
| darunavir tab 800 mg> | 5 | QL (30 tablets/30 days) |
| DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg> | 5 | QL (30 tablets/30 days) |
| DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg> | 5 | QL (30 tablets/30 days) |
| DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)> | 5 | QL (30 tablets/30 days) |
| EDURANT - rilpivirine hcl tab 25 mg (base equivalent)> | 5 | QL (30 tablets/30 days) |
| EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)> | 5 | QL (180 tablets/30 days) |
| efavirenz tab 600 mg | 4 | QL (30 tablets/30 days) |
| efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg> | 5 | QL (30 tablets/30 days) |
| efavirenz-lamivudine-tenofovir df tab 400-300-300 mg> | 5 | QL (30 tablets/30 days) |
| efavirenz-lamivudine-tenofovir df tab 600-300-300 mg> | 5 | QL (30 tablets/30 days) |
| emtricitabine caps 200 mg | 4 | QL (30 capsules/30 days) |
| emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg> | 5 | QL (30 tablets/30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg> | 5 | QL (30 tablets/30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg | 4 | QL (30 tablets/30 days) |
| EMTRIVA - emtricitabine soln 10 mg/ml | 4 | QL (850 mls/30 days) |
| entecavir tab 0.5 mg, 1 mg | 4 | |
| etravirine tab 100 mg, 200 mg> | 5 | QL (60 tablets/30 days) |
| EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)> | 5 | QL (30 tablets/30 days) |
| famciclovir tab 125 mg, 250 mg, 500 mg | 3 | |
| fosamprenavir calcium tab 700 mg (base equiv)> | 5 | QL (120 tablets/30 days) |
| FUZEON - enfuvirtide for inj 90 mg> | 5 | QL (60 vials/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|----------------------------|
| GENVOYA - elvitegrav-cobic-emtricitab-tenofof af tab 150-150-200-10 mg> | 5 | QL (30 tablets/30 days) |
| INTELENCE - etravirine tab 25 mg | 4 | QL (120 tablets/30 days) |
| ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv) | 3 | QL (180 tablets/30 days) |
| ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv) | 4 | QL (60 packets/30 days) |
| ISENTRESS - raltegravir potassium tab 400 mg (base equiv)> | 5 | QL (60 tablets/30 days) |
| ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)> | 5 | QL (60 tablets/30 days) |
| JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)> | 5 | QL (30 tablets/30 days) |
| KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)> | 5 | QL (480 mls/30 days) |
| <i>lamivudine oral soln 10 mg/ml</i> | 3 | QL (960 mls/30 days) |
| <i>lamivudine tab 100 mg (hbv)</i> | 3 | |
| <i>lamivudine tab 150 mg</i> | 3 | QL (60 tablets/30 days) |
| <i>lamivudine tab 300 mg</i> | 3 | QL (30 tablets/30 days) |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 4 | QL (60 tablets/30 days) |
| LIVTENCITY - maribavir tab 200 mg*> | 5 | QL (120 tablets/30 days) |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 4 | QL (300 tablets/30 days) |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 4 | QL (120 tablets/30 days) |
| <i>maraviroc tab 150 mg></i> | 5 | QL (60 tablets/30 days) |
| <i>maraviroc tab 300 mg></i> | 5 | QL (120 tablets/30 days) |
| MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg> | 5 | PA |
| MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg> | 5 | PA |
| <i>nevirapine susp 50 mg/5ml</i> | 4 | QL (1200 mls/30 days) |
| <i>nevirapine tab er 24hr 400 mg</i> | 4 | QL (30 tablets/30 days) |
| <i>nevirapine tab 200 mg</i> | 2 | QL (60 tablets/30 days) |
| NORVIR - ritonavir powder packet 100 mg | 4 | QL (360 packets/30 days) |
| ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg> | 5 | QL (30 tablets/30 days) |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i> | 3 | QL (168 capsules/365 days) |
| <i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i> | 3 | QL (84 capsules/365 days) |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 3 | QL (1080 mls/365 days) |
| PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak | 2 | QL (11 tablets/30 days) |
| PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak | 2 | QL (20 tablets/30 days) |
| PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak | 2 | QL (30 tablets/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------------|
| PIFELTRO - doravirine tab 100 mg> | 5 | QL (30 tablets/30 days) |
| PREVYMIS - letermovir tab 240 mg, 480 mg> | 5 | QL (30 tablets/30 days) |
| PREZCOBIX - darunavir-cobicistat tab 800-150 mg> | 5 | QL (30 tablets/30 days) |
| PREZISTA - darunavir oral susp 100 mg/ml> | 5 | QL (400 mls/30 days) |
| PREZISTA - darunavir tab 75 mg | 4 | QL (300 tablets/30 days) |
| PREZISTA - darunavir tab 150 mg> | 5 | QL (180 tablets/30 days) |
| RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act | 4 | QL (6 boxes/365 days) |
| REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)> | 5 | QL (240 packets/30 days) |
| <i>ribavirin cap 200 mg</i> | 3 | |
| <i>ribavirin tab 200 mg</i> | 3 | |
| <i>ritonavir tab 100 mg</i> | 3 | QL (360 tablets/30 days) |
| RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg> | 5 | QL (60 tablets/30 days) |
| SELZENTRY - maraviroc oral soln 20 mg/ml> | 5 | QL (1840 mls/30 days) |
| STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg> | 5 | QL (30 tablets/30 days) |
| SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg> | 5 | QL (4 tablets/28 days) |
| SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg> | 5 | QL (5 tablets/28 days) |
| SUNLENCA - lenacapavir sodium tab 300 mg> | 5 | QL (4 tablets/28 days) |
| SYMTUZA - darunavir-cobic-emtricitab-tenofof af tab 800-150-200-10 mg> | 5 | QL (30 tablets/30 days) |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | 3 | QL (30 tablets/30 days) |
| TIVICAY - dolutegravir sodium tab 50 mg (base equiv)> | 5 | QL (60 tablets/30 days) |
| TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)> | 5 | QL (360 tablets/30 days) |
| TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg> | 5 | QL (30 tablets/30 days) |
| TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg> | 5 | QL (180 tablets/30 days) |
| TYBOST - cobicistat tab 150 mg | 3 | QL (30 tablets/30 days) |
| <i>valacyclovir hcl tab 500 mg, 1 gm</i> | 2 | |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)></i> | 5 | |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> | 3 | |
| VIRACEPT - nelfinavir mesylate tab 250 mg> | 5 | QL (270 tablets/30 days) |
| VIRACEPT - nelfinavir mesylate tab 625 mg> | 5 | QL (120 tablets/30 days) |
| VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm> | 5 | QL (240 grams/30 days) |
| VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg> | 5 | QL (30 tablets/30 days) |
| XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose) | 4 | QL (4 tablets/365 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--|
| XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose) | 4 | QL (2 tablets/365 days) |
| ZEPATIER - elbasvir-grazoprevir tab 50-100 mg> | 5 | PA |
| <i>zidovudine cap 100 mg</i> | 2 | QL (180 capsules/30 days) |
| <i>zidovudine syrup 10 mg/ml</i> | 4 | QL (1920 mls/30 days) |
| <i>zidovudine tab 300 mg</i> | 2 | QL (60 tablets/30 days) |
| Medicamentos ansiolíticos | | |
| <i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i> | 2 | QL (120 tablets/30 days) |
| <i>alprazolam tab 2 mg</i> | 2 | QL (150 tablets/30 days) |
| <i>buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i> | 2 | |
| <i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 4 | QL (90 tablets/30 days) |
| <i>clonazepam orally disintegrating tab 2 mg</i> | 4 | QL (300 tablets/30 days) |
| <i>clonazepam tab 0.5 mg, 1 mg</i> | 2 | QL (120 tablets/30 days) |
| <i>clonazepam tab 2 mg</i> | 2 | QL (300 tablets/30 days) |
| <i>clorazepate dipotassium tab 3.75 mg</i> | 3 | PA (>=65 yr), QL (120 tablets/30 days) |
| <i>clorazepate dipotassium tab 7.5 mg</i> | 3 | PA (>=65 yr), QL (360 tablets/30 days) |
| <i>clorazepate dipotassium tab 15 mg</i> | 3 | PA (>=65 yr), QL (180 tablets/30 days) |
| <i>diazepam conc 5 mg/ml</i> | 2 | PA (>=65 yr), QL (240 mls/30 days) |
| <i>diazepam intensol - diazepam conc 5 mg/ml</i> | 2 | PA (>=65 yr), QL (240 mls/30 days) |
| <i>diazepam oral soln 1 mg/ml</i> | 2 | PA (>=65 yr), QL (1200 mls/30 days) |
| <i>diazepam tab 2 mg, 5 mg, 10 mg</i> | 2 | PA (>=65 yr), QL (120 tablets/30 days) |
| <i>hydroxyzine hcl syrup 10 mg/5ml#</i> | 3 | PA (>=65 yr) |
| <i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#</i> | 2 | PA (>=65 yr) |
| <i>hydroxyzine pamoate cap 25 mg, 50 mg#</i> | 3 | PA (>=65 yr) |
| <i>lorazepam conc 2 mg/ml</i> | 2 | PA (>=65 yr), QL (150 mls/30 days) |
| <i>lorazepam intensol - lorazepam conc 2 mg/ml</i> | 2 | PA (>=65 yr), QL (150 mls/30 days) |
| <i>lorazepam tab 0.5 mg, 1 mg</i> | 2 | PA (>=65 yr), QL (120 tablets/30 days) |
| <i>lorazepam tab 2 mg</i> | 2 | PA (>=65 yr), QL (150 tablets/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|---|
| <i>oxazepam cap 10 mg, 15 mg, 30 mg</i> | 4 | PA (>=65 yr), QL (120 capsules/30 days) |
| Agentes bipolares | | |
| <i>lithium carbonate cap 150 mg, 300 mg</i> | 1 | |
| <i>lithium carbonate cap 600 mg</i> | 1 | |
| <i>lithium carbonate tab er 300 mg, 450 mg</i> | 2 | |
| <i>lithium carbonate tab 300 mg</i> | 1 | |
| <i>lithium oral solution 8 meq/5ml</i> | 4 | |
| Reguladores de la glucosa en sangre | | |
| <i>acarbose tab 25 mg</i> | 2 | QL (360 tablets/30 days) |
| <i>acarbose tab 50 mg</i> | 2 | QL (180 tablets/30 days) |
| <i>acarbose tab 100 mg</i> | 2 | QL (90 tablets/30 days) |
| <i>ALCOHOL SWABS</i> | 3 | PA |
| <i>BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose</i> | 4 | QL (4 devices/30 days) |
| <i>BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose</i> | 4 | QL (4 devices/30 days) |
| <i>CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)</i> | 4 | QL (180 tablets/30 days) |
| <i>diazoxide susp 50 mg/ml</i> | 4 | |
| <i>FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)</i> | 3 | QL (60 tablets/30 days) |
| <i>FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)</i> | 3 | QL (30 tablets/30 days) |
| <i>GAUZE PADS 2" X 2"</i> | 3 | PA |
| <i>glimepiride tab 1 mg#</i> | 1 | QL (240 tablets/30 days) |
| <i>glimepiride tab 2 mg#</i> | 1 | QL (120 tablets/30 days) |
| <i>glimepiride tab 4 mg#</i> | 1 | QL (60 tablets/30 days) |
| <i>glipizide tab er 24hr 2.5 mg</i> | 1 | QL (240 tablets/30 days) |
| <i>glipizide tab er 24hr 5 mg</i> | 1 | QL (120 tablets/30 days) |
| <i>glipizide tab er 24hr 10 mg</i> | 1 | QL (60 tablets/30 days) |
| <i>glipizide tab 5 mg</i> | 1 | QL (240 tablets/30 days) |
| <i>glipizide tab 10 mg</i> | 1 | QL (120 tablets/30 days) |
| <i>glipizide xl - glipizide tab er 24hr 2.5 mg</i> | 1 | QL (240 tablets/30 days) |
| <i>glipizide xl - glipizide tab er 24hr 5 mg</i> | 1 | QL (120 tablets/30 days) |
| <i>glipizide xl - glipizide tab er 24hr 10 mg</i> | 1 | QL (60 tablets/30 days) |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 1 | QL (240 tablets/30 days) |
| <i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i> | 1 | QL (120 tablets/30 days) |
| <i>glucagon (rdna) for inj kit 1 mg</i> | 4 | QL (4 kits/30 days) |
| <i>glucagon hcl for inj 1 mg</i> | 4 | QL (4 kits/30 days) |
| <i>glyburide micronized tab 1.5 mg#</i> | 2 | QL (240 tablets/30 days) |
| <i>glyburide micronized tab 3 mg#</i> | 2 | QL (120 tablets/30 days) |
| <i>glyburide micronized tab 6 mg#</i> | 2 | QL (60 tablets/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|----------------------------|
| glyburide tab 1.25 mg# | 2 | QL (480 tablets/30 days) |
| glyburide tab 2.5 mg# | 2 | QL (240 tablets/30 days) |
| glyburide tab 5 mg# | 2 | QL (120 tablets/30 days) |
| glyburide-metformin tab 1.25-250 mg# | 2 | QL (240 tablets/30 days) |
| glyburide-metformin tab 2.5-500 mg, 5-500 mg# | 2 | QL (120 tablets/30 days) |
| GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg | 4 | QL (30 tablets/30 days) |
| GVOKE HYPOOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml | 3 | QL (4 syringes/30 days) |
| GVOKE HYPOOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml | 3 | QL (4 syringes/30 days) |
| GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml | 3 | QL (4 vials/30 days) |
| GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml | 3 | QL (4 syringes/30 days) |
| HUMALOG - insulin lispro inj soln 100 unit/ml | 3 | QL (60 mls/30 days) |
| HUMALOG - insulin lispro soln cartridge 100 unit/ml | 3 | QL (20 cartridges/30 days) |
| HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial) | 3 | QL (20 pens/30 days) |
| HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml | 3 | QL (20 pens/30 days) |
| HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50) | 3 | QL (20 pens/30 days) |
| HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25) | 3 | QL (6 vials/30 days) |
| HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | 3 | QL (20 pens/30 days) |
| HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml | 3 | QL (20 pens/30 days) |
| HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml | 3 | QL (60 mls/30 days) |
| HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml | 3 | QL (20 pens/30 days) |
| HUMULIN R - insulin regular (human) inj 100 unit/ml | 3 | QL (60 mls/30 days) |
| HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml | 3 | BD |
| HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml | 3 | QL (20 pens/30 days) |
| HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30) | 3 | QL (60 mls/30 days) |
| HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30) | 3 | QL (20 pens/30 days) |
| INSULIN INJECTION DEVICE | 3 | |
| INSULIN SYRINGE/NEEDLE | 3 | PA |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------------|
| JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg | 3 | QL (60 tablets/30 days) |
| JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg | 3 | QL (30 tablets/30 days) |
| JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg | 3 | QL (60 tablets/30 days) |
| JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) | 3 | QL (30 tablets/30 days) |
| JARDIANCE - empagliflozin tab 10 mg, 25 mg | 3 | QL (30 tablets/30 days) |
| JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg | 3 | QL (60 tablets/30 days) |
| JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg | 3 | QL (60 tablets/30 days) |
| JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg | 3 | QL (30 tablets/30 days) |
| LANTUS - insulin glargine inj 100 unit/ml | 3 | QL (6 vials/30 days) |
| LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml | 3 | QL (20 pens/30 days) |
| LYUMJEV - insulin lispro-aabc inj 100 unit/ml | 3 | QL (6 vials/30 days) |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml | 3 | QL (20 pens/30 days) |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial) | 3 | QL (20 pens/30 days) |
| LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml | 3 | QL (20 pens/30 days) |
| <i>metformin hcl tab er 24hr 500 mg</i> | 1 | QL (120 tablets/30 days) |
| <i>metformin hcl tab er 24hr 750 mg</i> | 1 | QL (60 tablets/30 days) |
| <i>metformin hcl tab 500 mg</i> | 1 | QL (150 tablets/30 days) |
| <i>metformin hcl tab 850 mg</i> | 1 | QL (90 tablets/30 days) |
| <i>metformin hcl tab 1000 mg</i> | 1 | QL (75 tablets/30 days) |
| MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml | 3 | PA, QL (4 pens/28 days) |
| <i>nateglinide tab 60 mg</i> | 2 | QL (180 tablets/30 days) |
| <i>nateglinide tab 120 mg</i> | 2 | QL (90 tablets/30 days) |
| NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml | 3 | QL (60 mls/30 days) |
| NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml | 3 | QL (20 pens/30 days) |
| NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml | 3 | QL (20 pens/30 days) |
| NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml | 3 | QL (60 mls/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|----------------------------|
| NOVOLIN R - insulin regular (human) inj 100 unit/ml | 3 | QL (60 mls/30 days) |
| NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml | 3 | QL (20 pens/30 days) |
| NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml | 3 | QL (20 pens/30 days) |
| NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml | 3 | QL (60 mls/30 days) |
| NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30) | 3 | QL (60 mls/30 days) |
| NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30) | 3 | QL (20 pens/30 days) |
| NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30) | 3 | QL (20 pens/30 days) |
| NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30) | 3 | QL (60 mls/30 days) |
| NOVOLOG - insulin aspart inj soln 100 unit/ml | 3 | QL (6 vials/30 days) |
| NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml | 3 | QL (20 pens/30 days) |
| NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml | 3 | QL (20 pens/30 days) |
| NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | 3 | QL (6 vials/30 days) |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | 3 | QL (20 pens/30 days) |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | 3 | QL (20 pens/30 days) |
| NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | 3 | QL (6 vials/30 days) |
| NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml | 3 | QL (20 cartridges/30 days) |
| NOVOLOG RELION - insulin aspart inj soln 100 unit/ml | 3 | QL (6 vials/30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit | 3 | PA, QL (1 kit/720 days) |
| OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit | 3 | PA, QL (1 kit/720 days) |
| OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir | 3 | PA, QL (15 pods/30 days) |
| OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit | 3 | PA, QL (1 kit/720 days) |
| OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) - insulin infusion disposable pump reservoir | 3 | PA, QL (15 pods/30 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 - insulin infusion disposable pump kit | 3 | PA, QL (1 kit/720 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS - insulin infusion disposable pump reservoir | 3 | PA, QL (15 pods/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-----------------------------|
| OZEMPIK - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml) | 3 | PA, QL (1 pen/28 days) |
| pioglitazone hcl tab 15 mg (base equiv) | 1 | QL (90 tablets/30 days) |
| pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv) | 1 | QL (30 tablets/30 days) |
| pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg# | 3 | QL (30 tablets/30 days) |
| pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg | 2 | QL (90 tablets/30 days) |
| repaglinide tab 0.5 mg | 1 | QL (960 tablets/30 days) |
| repaglinide tab 1 mg | 1 | QL (480 tablets/30 days) |
| repaglinide tab 2 mg | 1 | QL (240 tablets/30 days) |
| RYBELSUS - semaglutide tab 1.5 mg, 3 mg, 4 mg, 7 mg, 9 mg, 14 mg | 3 | PA, QL (30 tablets/30 days) |
| SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml | 3 | QL (6 pens/30 days) |
| SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)> | 5 | |
| SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)> | 5 | |
| SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg | 3 | QL (120 tablets/30 days) |
| SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg | 3 | QL (60 tablets/30 days) |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg | 3 | QL (60 tablets/30 days) |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg | 3 | QL (30 tablets/30 days) |
| TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial) | 3 | QL (60 mls/30 days) |
| TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ ml (1 unit dial) | 3 | QL (60 mls/30 days) |
| TRADJENTA - linagliptin tab 5 mg | 3 | QL (30 tablets/30 days) |
| TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml | 3 | PA, QL (4 pens/28 days) |
| XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg | 3 | QL (60 tablets/30 days) |
| XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg | 3 | QL (30 tablets/30 days) |
| Hemoderivados y modificadores | | |
| anagrelide hcl cap 0.5 mg, 1 mg | 3 | |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml | 4 | PA |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ ml, 200 mcg/ml> | 5 | PA |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|---------------------------|
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml | 4 | PA |
| ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml> | 5 | PA |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 4 | |
| CABLIVI - caplacizumab-yhdp for inj kit 11 mg> | 5 | |
| <i>cilostazol tab 50 mg, 100 mg</i> | 2 | |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | 1 | |
| <i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)</i> | 4 | QL (60 capsules/30 days) |
| <i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i> | 4 | QL (120 capsules/30 days) |
| <i>dipyridamole tab 25 mg, 50 mg, 75 mg#</i> | 4 | |
| ELIQUIS - apixaban tab 2.5 mg | 3 | QL (60 tablets/30 days) |
| ELIQUIS - apixaban tab 5 mg | 3 | QL (74 tablets/30 days) |
| ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg | 3 | QL (74 tablets/30 days) |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i> | 4 | QL (30 syringes/90 days) |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | 4 | QL (30 syringes/90 days) |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml></i> | 5 | QL (30 syringes/90 days) |
| FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml> | 5 | PA |
| GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml> | 5 | PA |
| GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)> | 5 | PA |
| <i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i> | 3 | |
| <i>heparin sodium (porcine) pf inj 5000 unit/ml</i> | 3 | |
| <i>heparin sodium (porcine) pf inj 1000 unit/ml</i> | 3 | |
| <i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i> | 1 | |
| LEUKINE - sargramostim lyophilized for inj 250 mcg> | 5 | PA |
| NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)> | 5 | PA |
| NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml | 3 | PA |
| NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml> | 5 | PA |
| <i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</i> | 3 | |
| PROCRT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml | 4 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------|
| PROCRIT - epoetin alfa inj 20000 unit/ml, 40000 unit/ml> | 5 | PA |
| PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)*> | 5 | PA |
| PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)*> | 5 | PA |
| RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml | 4 | PA |
| rivaroxaban for susp 1 mg/ml | 3 | QL (4 bottles/30 days) |
| rivaroxaban tab 2.5 mg | 3 | QL (60 tablets/30 days) |
| ticagrelor tab 60 mg, 90 mg | 3 | |
| tranexamic acid tab 650 mg | 3 | |
| UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml> | 5 | PA |
| UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml> | 5 | PA |
| UDENYCA ONBODY - pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml> | 5 | PA |
| warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg | 1 | |
| XARELTO - rivaroxaban for susp 1 mg/ml | 3 | QL (4 bottles/30 days) |
| XARELTO - rivaroxaban tab 2.5 mg, 15 mg | 3 | QL (60 tablets/30 days) |
| XARELTO - rivaroxaban tab 10 mg, 20 mg | 3 | QL (30 tablets/30 days) |
| XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg | 3 | QL (51 tablets/30 days) |
| ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml> | 5 | PA |
| Agentes cardiovasculares | | |
| acebutolol hcl cap 200 mg, 400 mg | 2 | |
| acetazolamide cap er 12hr 500 mg | 4 | |
| acetazolamide tab 125 mg, 250 mg | 2 | |
| aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) | 4 | QL (30 tablets/30 days) |
| amiloride & hydrochlorothiazide tab 5-50 mg | 2 | |
| amiloride hcl tab 5 mg | 2 | |
| amiodarone hcl tab 100 mg, 400 mg | 4 | |
| amiodarone hcl tab 200 mg | 2 | |
| amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) | 1 | |
| amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg | 4 | |
| amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg | 1 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------------|
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i> | 1 | QL (30 tablets/30 days) |
| <i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i> | 1 | QL (30 tablets/30 days) |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i> | 2 | QL (30 tablets/30 days) |
| <i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i> | 1 | |
| <i>atenolol tab 25 mg, 50 mg, 100 mg</i> | 1 | |
| <i>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)</i> | 1 | QL (45 tablets/30 days) |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i> | 1 | QL (30 tablets/30 days) |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 1 | |
| <i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>betaxolol hcl tab 10 mg, 20 mg</i> | 3 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i> | 2 | |
| <i>bisoprolol fumarate tab 5 mg, 10 mg</i> | 2 | |
| <i>bumetanide inj 0.25 mg/ml</i> | 4 | |
| <i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i> | 1 | QL (60 tablets/30 days) |
| <i>candesartan cilexetil tab 32 mg</i> | 1 | QL (30 tablets/30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | 2 | QL (30 tablets/30 days) |
| <i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i> | 1 | |
| <i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2 | |
| <i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i> | 1 | |
| <i>chlorthalidone tab 25 mg, 50 mg</i> | 2 | |
| <i>cholestyramine light powder packets 4 gm</i> | 3 | |
| <i>cholestyramine light powder 4 gm/dose</i> | 3 | |
| <i>cholestyramine powder packets 4 gm</i> | 3 | |
| <i>cholestyramine powder 4 gm/dose</i> | 3 | |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> | 3 | QL (60 capsules/30 days) |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | 3 | QL (30 capsules/30 days) |
| <i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | |
| <i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> | 4 | |
| <i>colestipol hcl granule packets 5 gm</i> | 4 | |
| <i>colestipol hcl granules 5 gm</i> | 4 | |
| <i>colestipol hcl tab 1 gm</i> | 3 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|---------------------------|
| CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv) | 3 | PA, QL (600 mls/30 days) |
| <i>digoxin oral soln 0.05 mg/ml#</i> | 4 | QL (150 mls/30 days) |
| <i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i> | 2 | QL (30 tablets/30 days) |
| <i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> | 2 | |
| <i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i> | 3 | |
| <i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> | 2 | |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 2 | |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | |
| <i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | |
| <i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i> | 2 | |
| <i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i> | 4 | |
| <i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i> | 2 | QL (60 tablets/30 days) |
| <i>droxidopa cap 100 mg, 200 mg, 300 mg></i> | 5 | PA |
| <i>EDARBI - azilsartan medoxomil tab 40 mg, 80 mg</i> | 4 | QL (30 tablets/30 days) |
| <i>EDARBYCLO - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg</i> | 4 | QL (30 tablets/30 days) |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i> | 1 | |
| <i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i> | 1 | |
| <i>ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg</i> | 3 | QL (240 capsules/30 days) |
| <i>ENTRESTO - sacubitril-valsartan tab 24-26 mg</i> | 3 | QL (180 tablets/30 days) |
| <i>ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg</i> | 3 | QL (60 tablets/30 days) |
| <i>eplerenone tab 25 mg, 50 mg</i> | 3 | |
| <i>ezetimibe tab 10 mg</i> | 2 | QL (30 tablets/30 days) |
| <i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | 1 | QL (30 tablets/30 days) |
| <i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i> | 2 | |
| <i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i> | 2 | QL (30 capsules/30 days) |
| <i>fenofibrate tab 48 mg, 54 mg</i> | 2 | QL (60 tablets/30 days) |
| <i>fenofibrate tab 145 mg, 160 mg</i> | 2 | QL (30 tablets/30 days) |
| <i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i> | 2 | |
| <i>fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)</i> | 4 | QL (60 capsules/30 days) |
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> | 4 | QL (30 tablets/30 days) |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i> | 1 | |
| <i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i> | 1 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-----------------------------|
| furosemide inj 10 mg/ml | 4 | |
| furosemide oral soln 8 mg/ml | 2 | |
| furosemide oral soln 10 mg/ml | 2 | |
| furosemide tab 20 mg, 40 mg, 80 mg | 1 | |
| gemfibrozil tab 600 mg | 1 | QL (60 tablets/30 days) |
| guanfacine hcl tab 1 mg, 2 mg# | 3 | |
| hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg | 1 | |
| hydrochlorothiazide cap 12.5 mg | 1 | |
| hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg | 1 | |
| icosapent ethyl cap 0.5 gm | 4 | QL (240 capsules/30 days) |
| icosapent ethyl cap 1 gm | 4 | QL (120 capsules/30 days) |
| indapamide tab 1.25 mg, 2.5 mg | 1 | |
| irbesartan tab 75 mg, 150 mg, 300 mg | 1 | QL (30 tablets/30 days) |
| irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg | 1 | QL (30 tablets/30 days) |
| isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg | 2 | |
| isosorbide mononitrate tab er 24hr 30 mg, 60 mg | 1 | |
| isosorbide mononitrate tab er 24hr 120 mg | 2 | |
| isosorbide mononitrate tab 10 mg | 2 | |
| isosorbide mononitrate tab 20 mg | 1 | |
| isradipine cap 2.5 mg, 5 mg | 4 | |
| ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) | 3 | PA, QL (60 tablets/30 days) |
| KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg | 3 | PA, QL (30 tablets/30 days) |
| labetalol hcl tab 100 mg, 200 mg, 300 mg | 2 | |
| lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg | 1 | |
| lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg | 1 | |
| losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg | 1 | QL (30 tablets/30 days) |
| losartan potassium tab 25 mg, 50 mg | 1 | QL (60 tablets/30 days) |
| losartan potassium tab 100 mg | 1 | QL (30 tablets/30 days) |
| lovastatin tab 10 mg, 20 mg, 40 mg | 1 | QL (60 tablets/30 days) |
| matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 2 | |
| methazolamide tab 25 mg | 3 | |
| methazolamide tab 50 mg | 4 | |
| metolazone tab 2.5 mg, 5 mg, 10 mg | 2 | |
| metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg | 2 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-------------------------|
| metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) | 1 | |
| metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg | 1 | |
| metyrosine cap 250 mg> | 5 | |
| mexiletine hcl cap 150 mg, 200 mg, 250 mg | 4 | |
| midodrine hcl tab 2.5 mg, 5 mg, 10 mg | 3 | |
| minoxidil tab 2.5 mg, 10 mg | 2 | |
| moexipril hcl tab 7.5 mg, 15 mg | 1 | |
| MULTAQ - dronedarone hcl tab 400 mg (base equivalent) | 4 | |
| nadolol tab 20 mg, 40 mg, 80 mg | 3 | |
| nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) | 3 | |
| niacin tab er 500 mg (antihyperlipidemic) | 3 | QL (30 tablets/30 days) |
| niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) | 3 | QL (60 tablets/30 days) |
| nicardipine hcl cap 20 mg, 30 mg | 4 | |
| nifedipine tab er 24hr 30 mg, 60 mg, 90 mg | 2 | |
| nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg | 2 | |
| nimodipine cap 30 mg | 4 | |
| NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg | 4 | |
| nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg | 4 | |
| NITRO-BID - nitroglycerin oint 2% | 4 | |
| nitroglycerin oint 0.4% | 4 | |
| nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg | 2 | |
| nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr | 2 | |
| nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) | 4 | |
| olmesartan medoxomil tab 5 mg | 1 | QL (60 tablets/30 days) |
| olmesartan medoxomil tab 20 mg, 40 mg | 1 | QL (30 tablets/30 days) |
| olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg | 1 | QL (30 tablets/30 days) |
| olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg | 2 | QL (30 tablets/30 days) |
| omega-3-acid ethyl esters cap 1 gm | 4 | |
| pacerone - amiodarone hcl tab 200 mg | 2 | |
| pacerone - amiodarone hcl tab 100 mg, 400 mg | 4 | |
| pentoxifylline tab er 400 mg | 2 | |
| perindopril erbumine tab 2 mg | 1 | |
| perindopril erbumine tab 4 mg | 1 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-----------------------------|
| perindopril erbumine tab 8 mg | 1 | |
| phenoxybenzamine hcl cap 10 mg> | 5 | |
| pindolol tab 5 mg, 10 mg | 3 | |
| pravastatin sodium tab 10 mg, 20 mg, 40 mg | 1 | QL (45 tablets/30 days) |
| pravastatin sodium tab 80 mg | 1 | QL (30 tablets/30 days) |
| prazosin hcl cap 1 mg, 2 mg, 5 mg | 2 | |
| prevalite - cholestyramine light powder packets 4 gm | 3 | |
| prevalite - cholestyramine light powder 4 gm/dose | 3 | |
| propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg | 4 | |
| propafenone hcl tab 150 mg, 225 mg, 300 mg | 2 | |
| propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg | 2 | |
| propranolol hcl oral soln 20 mg/5ml | 2 | |
| propranolol hcl oral soln 40 mg/5ml | 2 | |
| propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | 2 | |
| quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg | 1 | |
| quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg | 1 | |
| quinapril-hydrochlorothiazide tab 20-25 mg | 1 | |
| quinidine gluconate tab er 324 mg | 4 | |
| quinidine sulfate tab 200 mg | 2 | |
| quinidine sulfate tab 300 mg | 2 | |
| ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg | 1 | |
| ranolazine tab er 12hr 500 mg, 1000 mg | 3 | QL (60 tablets/30 days) |
| REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml | 3 | PA, QL (2 syringes/28 days) |
| REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml | 3 | PA, QL (2 systems/28 days) |
| REPATHA SURECLICK - evolocumab subcutaneous soln auto- injector 140 mg/ml | 3 | PA, QL (2 pens/28 days) |
| rosuvastatin calcium tab 5 mg, 10 mg, 20 mg | 1 | QL (45 tablets/30 days) |
| rosuvastatin calcium tab 40 mg | 1 | QL (30 tablets/30 days) |
| simvastatin tab 5 mg, 10 mg, 40 mg | 1 | QL (45 tablets/30 days) |
| simvastatin tab 20 mg | 1 | QL (60 tablets/30 days) |
| simvastatin tab 80 mg | 1 | QL (30 tablets/30 days) |
| sorine - sotalol hcl tab 120 mg, 160 mg | 2 | |
| sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg | 2 | |
| sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg | 2 | |
| spironolactone & hydrochlorothiazide tab 25-25 mg | 2 | |
| spironolactone tab 25 mg, 50 mg, 100 mg | 1 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------------|
| taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg | 2 | |
| taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg | 2 | |
| taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg | 2 | |
| taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg | 2 | |
| taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg | 2 | |
| telmisartan tab 20 mg, 40 mg, 80 mg | 1 | QL (30 tablets/30 days) |
| telmisartan-amlodipine tab 40-10 mg | 2 | QL (30 tablets/30 days) |
| telmisartan-amlodipine tab 40-5 mg | 2 | QL (30 tablets/30 days) |
| telmisartan-amlodipine tab 80-10 mg | 2 | QL (30 tablets/30 days) |
| telmisartan-amlodipine tab 80-5 mg | 2 | QL (30 tablets/30 days) |
| telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg | 1 | QL (30 tablets/30 days) |
| telmisartan-hydrochlorothiazide tab 80-12.5 mg | 1 | QL (60 tablets/30 days) |
| terazosin hcl cap 1 mg (base equivalent) | 1 | QL (90 capsules/30 days) |
| terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) | 1 | QL (60 capsules/30 days) |
| tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg | 2 | |
| tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg | 2 | |
| tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg | 2 | |
| tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg | 2 | |
| tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg | 2 | |
| tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg | 2 | |
| timolol maleate tab 5 mg, 10 mg, 20 mg | 4 | |
| torsemide tab 5 mg, 10 mg, 20 mg, 100 mg | 2 | |
| trandolapril tab 1 mg, 2 mg, 4 mg | 1 | |
| trandolapril-verapamil hcl tab er 1-240 mg | 1 | |
| trandolapril-verapamil hcl tab er 2-180 mg | 1 | |
| trandolapril-verapamil hcl tab er 2-240 mg | 1 | |
| trandolapril-verapamil hcl tab er 4-240 mg | 1 | |
| triamterene & hydrochlorothiazide cap 37.5-25 mg | 1 | |
| triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg | 1 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|------------------------------------|
| valsartan tab 40 mg, 80 mg, 160 mg | 1 | QL (60 tablets/30 days) |
| valsartan tab 320 mg | 1 | QL (30 tablets/30 days) |
| valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg | 1 | QL (30 tablets/30 days) |
| VASCEPA - icosapent ethyl cap 0.5 gm | 3 | QL (240 capsules/30 days) |
| VASCEPA - icosapent ethyl cap 1 gm | 3 | QL (120 capsules/30 days) |
| verapamil hcl cap er 24hr 100 mg | 4 | |
| verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg | 2 | |
| verapamil hcl cap er 24hr 200 mg | 4 | |
| verapamil hcl cap er 24hr 300 mg | 4 | |
| verapamil hcl cap er 24hr 360 mg | 4 | |
| verapamil hcl tab er 120 mg, 180 mg, 240 mg | 2 | |
| verapamil hcl tab 40 mg, 80 mg, 120 mg | 1 | |
| VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg | 3 | QL (30 tablets/30 days) |
| Agentes del sistema nervioso central | | |
| amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg | 3 | QL (30 capsules/30 days) |
| amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg | 3 | QL (60 tablets/30 days) |
| amphetamine-dextroamphetamine tab 20 mg | 3 | QL (90 tablets/30 days) |
| atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) | 4 | QL (60 capsules/30 days) |
| atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) | 4 | QL (30 capsules/30 days) |
| AUSTEDO - deutetabenazine tab 6 mg*> | 5 | PA, QL (60 tablets/30 days) |
| AUSTEDO - deutetabenazine tab 9 mg, 12 mg*> | 5 | PA, QL (120 tablets/30 days) |
| AUSTEDO XR - deutetabenazine tab er 24hr 6 mg*> | 5 | PA, QL (90 tablets/30 days) |
| AUSTEDO XR - deutetabenazine tab er 24hr 12 mg*> | 5 | PA, QL (30 tablets/30 days) |
| AUSTEDO XR - deutetabenazine tab er 24hr 18 mg, 30 mg, 36 mg, 42 mg, 48 mg> | 5 | PA, QL (30 tablets/30 days) |
| AUSTEDO XR - deutetabenazine tab er 24hr 24 mg*> | 5 | PA, QL (60 tablets/30 days) |
| AUSTEDO XR PATIENT TITRATION KIT - deutetabenazine tab er titration pack 12 & 18 & 24 & 30 mg> | 5 | PA, QL (1 kit/28 days) |
| AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml> | 5 | PA, QL (1 kit/28 days) |
| AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml> | 5 | PA, QL (1 kit/28 days) |
| BETASERON - interferon beta-1b for inj kit 0.3 mg> | 5 | PA, QL (15 vials/syringes/30 days) |
| clonidine hcl tab er 12hr 0.1 mg | 3 | QL (120 tablets/30 days) |
| COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml> | 5 | PA, QL (30 syringes/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|------------------------------|
| COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml> | 5 | PA, QL (12 syringes/28 days) |
| dalfampridine tab er 12hr 10 mg | 3 | PA |
| dexamethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg | 3 | PA, QL (60 tablets/30 days) |
| dextroamphetamine sulfate cap er 24hr 5 mg | 4 | QL (90 capsules/30 days) |
| dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg | 4 | QL (120 capsules/30 days) |
| dextroamphetamine sulfate tab 5 mg | 4 | QL (90 tablets/30 days) |
| dextroamphetamine sulfate tab 10 mg | 4 | QL (180 tablets/30 days) |
| dimethyl fumarate capsule delayed release 120 mg, 240 mg | 4 | PA, QL (60 capsules/30 days) |
| dimethyl fumarate capsule dr starter pack 120 mg & 240 mg | 4 | PA, QL (60 capsules/30 days) |
| fingolimod hcl cap 0.5 mg (base equiv)> | 5 | PA, QL (30 capsules/30 days) |
| glatiramer acetate soln prefilled syringe 20 mg/ml> | 5 | PA, QL (30 syringes/30 days) |
| glatiramer acetate soln prefilled syringe 40 mg/ml> | 5 | PA, QL (12 syringes/28 days) |
| glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml> | 5 | PA, QL (30 syringes/30 days) |
| glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml> | 5 | PA, QL (12 syringes/28 days) |
| guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)# | 3 | QL (30 tablets/30 days) |
| INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)> | 5 | PA, QL (1 pack/28 days) |
| INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv)> | 5 | PA, QL (60 capsules/30 days) |
| INGREZZA - valbenazine tosylate capsule sprinkle 60 mg (base equiv), 80 mg (base equiv)> | 5 | PA, QL (30 capsules/30 days) |
| INGREZZA - valbenazine tosylate cap 40 mg (base equiv)> | 5 | PA, QL (60 capsules/30 days) |
| INGREZZA - valbenazine tosylate cap 60 mg (base equiv), 80 mg (base equiv)> | 5 | PA, QL (30 capsules/30 days) |
| KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml> | 5 | PA, QL (4 pens/28 days) |
| lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg | 3 | QL (30 capsules/30 days) |
| methylphenidate hcl soln 5 mg/5ml | 4 | PA, QL (450 mls/30 days) |
| methylphenidate hcl soln 10 mg/5ml | 4 | PA, QL (900 mls/30 days) |
| methylphenidate hcl tab er 20 mg | 4 | PA, QL (90 tablets/30 days) |
| methylphenidate hcl tab 5 mg, 10 mg, 20 mg | 3 | PA, QL (90 tablets/30 days) |
| NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg> | 5 | PA, QL (60 capsules/30 days) |
| PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml> | 5 | PA, QL (2 pens/28 days) |
| PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml> | 5 | PA, QL (2 syringes/28 days) |
| PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml> | 5 | PA, QL (2 syringes/28 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack> | 5 | PA, QL (2 pens/28 days) |
| PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack> | 5 | PA, QL (2 syringes/28 days) |
| <i>riluzole tab 50 mg</i> | 4 | |
| <i>tetrabenazine tab 12.5 mg</i> | 4 | PA, QL (240 tablets/30 days) |
| <i>tetrabenazine tab 25 mg></i> | 5 | PA, QL (120 tablets/30 days) |
| VEOZAH - fezolinetant tab 45 mg | 4 | PA, QL (30 tablets/30 days) |
| VUMERTY - diroximel fumarate capsule delayed release 231 mg> | 5 | PA, QL (120 capsules/30 days) |
| <i>zenzedi - dextroamphetamine sulfate tab 5 mg</i> | 4 | QL (90 tablets/30 days) |
| <i>zenzedi - dextroamphetamine sulfate tab 10 mg</i> | 4 | QL (180 tablets/30 days) |
| Agentes dentales y orales | | |
| <i>cevimeline hcl cap 30 mg</i> | 4 | |
| <i>chlorhexidine gluconate soln 0.12%</i> | 1 | |
| <i>kourzeq - triamcinolone acetonide dental paste 0.1%</i> | 3 | |
| <i>oralone dental paste - triamcinolone acetonide dental paste 0.1%</i> | 3 | |
| <i>periogard - chlorhexidine gluconate soln 0.12%</i> | 1 | |
| <i>pilocarpine hcl tab 5 mg, 7.5 mg</i> | 4 | |
| <i>triamcinolone acetonide dental paste 0.1%</i> | 3 | |
| Agentes dermatológicos | | |
| <i>accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i> | 4 | |
| <i>acitretin cap 10 mg, 17.5 mg, 25 mg</i> | 4 | |
| <i>ala-cort - hydrocortisone cream 1%</i> | 2 | |
| <i>alclometasone dipropionate cream 0.05%</i> | 3 | QL (120 grams/30 days) |
| <i>alclometasone dipropionate oint 0.05%</i> | 2 | QL (120 grams/30 days) |
| <i>amnesteem - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i> | 4 | |
| <i>azelaic acid gel 15%</i> | 3 | |
| <i>AZELEX - azelaic acid cream 20%</i> | 4 | |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 4 | |
| <i>BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%</i> | 3 | QL (200 grams/28 days) |
| <i>betamethasone dipropionate augmented cream 0.05%</i> | 3 | QL (200 grams/28 days) |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | 3 | QL (210 mls/30 days) |
| <i>betamethasone dipropionate augmented oint 0.05%</i> | 3 | QL (200 grams/28 days) |
| <i>betamethasone dipropionate cream 0.05%</i> | 3 | QL (135 grams/30 days) |
| <i>betamethasone dipropionate lotion 0.05%</i> | 3 | QL (120 mls/30 days) |
| <i>betamethasone dipropionate oint 0.05%</i> | 4 | QL (135 grams/30 days) |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i> | 2 | QL (135 grams/30 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-------------------------|
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 3 | QL (120 mls/30 days) |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i> | 2 | QL (135 grams/30 days) |
| <i>calcipotriene cream 0.005%</i> | 4 | QL (120 grams/30 days) |
| <i>calcipotriene oint 0.005%</i> | 4 | QL (120 grams/30 days) |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | 3 | QL (120 mls/30 days) |
| <i>calcitrene - calcipotriene oint 0.005%</i> | 4 | QL (120 grams/30 days) |
| <i>claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i> | 4 | |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> | 4 | |
| <i>clobetasol propionate cream 0.05%</i> | 2 | QL (210 grams/28 days) |
| <i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i> | 4 | QL (210 grams/28 days) |
| <i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i> | 4 | QL (210 grams/28 days) |
| <i>clobetasol propionate emollient base cream 0.05%</i> | 4 | QL (210 grams/28 days) |
| <i>clobetasol propionate gel 0.05%</i> | 4 | QL (210 grams/28 days) |
| <i>clobetasol propionate oint 0.05%</i> | 4 | QL (210 grams/28 days) |
| <i>clobetasol propionate shampoo 0.05%</i> | 4 | QL (236 mls/30 days) |
| <i>clobetasol propionate soln 0.05%</i> | 2 | QL (200 mls/28 days) |
| <i>clodan - clobetasol propionate shampoo 0.05%</i> | 4 | QL (236 mls/30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 2 | |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> | 4 | |
| <i>desonide cream 0.05%</i> | 4 | QL (120 grams/30 days) |
| <i>desonide oint 0.05%</i> | 3 | QL (120 grams/30 days) |
| <i>desoximetasone cream 0.05%, 0.25%</i> | 4 | QL (120 grams/30 days) |
| <i>desoximetasone gel 0.05%</i> | 4 | QL (120 grams/30 days) |
| <i>desoximetasone oint 0.25%</i> | 4 | QL (120 grams/30 days) |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i> | 4 | PA |
| <i>doxycycline (rosacea) cap delayed release 40 mg</i> | 3 | |
| <i>FINACEA - azelaic acid foam 15%</i> | 3 | |
| <i>fluocinolone acetonide cream 0.01%</i> | 2 | QL (120 grams/30 days) |
| <i>fluocinolone acetonide cream 0.025%</i> | 4 | QL (120 grams/30 days) |
| <i>fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)</i> | 4 | QL (118.28 mls/30 days) |
| <i>fluocinolone acetonide oint 0.025%</i> | 3 | QL (120 grams/30 days) |
| <i>fluocinolone acetonide soln 0.01%</i> | 4 | QL (120 mls/30 days) |
| <i>fluocinonide cream 0.05%</i> | 2 | QL (120 grams/30 days) |
| <i>fluocinonide emulsified base cream 0.05%</i> | 2 | QL (120 grams/30 days) |
| <i>fluocinonide gel 0.05%</i> | 2 | QL (120 grams/30 days) |
| <i>fluocinonide oint 0.05%</i> | 2 | QL (120 grams/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|------------------------|
| <i>fluocinonide soln 0.05%</i> | 2 | QL (120 mls/30 days) |
| <i>FLUOROURACIL - fluorouracil soln 2%</i> | 3 | |
| <i>fluorouracil cream 5%</i> | 3 | |
| <i>fluorouracil soln 5%</i> | 3 | |
| <i>fluticasone propionate cream 0.05%</i> | 2 | QL (120 grams/30 days) |
| <i>fluticasone propionate oint 0.005%</i> | 2 | QL (120 grams/30 days) |
| <i>gentamicin sulfate cream 0.1%</i> | 2 | |
| <i>gentamicin sulfate oint 0.1%</i> | 2 | |
| <i>halobetasol propionate cream 0.05%</i> | 4 | QL (200 grams/28 days) |
| <i>halobetasol propionate oint 0.05%</i> | 4 | QL (200 grams/28 days) |
| <i>hydrocortisone butyrate cream 0.1%</i> | 2 | QL (135 grams/30 days) |
| <i>hydrocortisone butyrate oint 0.1%</i> | 4 | QL (135 grams/30 days) |
| <i>hydrocortisone butyrate soln 0.1%</i> | 4 | QL (120 mls/30 days) |
| <i>hydrocortisone cream 1%</i> | 2 | |
| <i>hydrocortisone cream 2.5%</i> | 2 | QL (454 grams/30 days) |
| <i>hydrocortisone lotion 2.5%</i> | 2 | QL (118 mls/30 days) |
| <i>hydrocortisone oint 1%</i> | 2 | |
| <i>hydrocortisone oint 2.5%</i> | 2 | QL (454 grams/30 days) |
| <i>hydrocortisone valerate cream 0.2%</i> | 4 | QL (120 grams/30 days) |
| <i>hydrocortisone valerate oint 0.2%</i> | 4 | QL (120 grams/30 days) |
| <i>imiquimod cream 5%</i> | 2 | PA |
| <i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i> | 4 | |
| <i>ivermectin cream 1%</i> | 4 | PA |
| <i>lactic acid (ammonium lactate) cream 12%</i> | 2 | |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | 2 | |
| <i>malathion lotion 0.5%</i> | 4 | |
| <i>METHOXSALEN - methoxsalen rapid cap 10 mg></i> | 5 | |
| <i>metronidazole cream 0.75%</i> | 3 | |
| <i>metronidazole gel 0.75%, 1%</i> | 3 | |
| <i>metronidazole lotion 0.75%</i> | 4 | |
| <i>mometasone furoate cream 0.1%</i> | 2 | QL (135 grams/30 days) |
| <i>mometasone furoate oint 0.1%</i> | 2 | QL (135 grams/30 days) |
| <i>mometasone furoate solution 0.1% (lotion)</i> | 2 | QL (120 mls/30 days) |
| <i>mupirocin oint 2%</i> | 2 | QL (30 grams/30 days) |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 4 | |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | 2 | |
| <i>OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg></i> | 5 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|---------------------------|
| OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*> | 5 | PA |
| OTEZLA - apremilast tab 20 mg> | 5 | PA |
| OTEZLA - apremilast tab 30 mg*> | 5 | PA |
| <i>permethrin cream 5%</i> | 3 | |
| <i>podoftilox soln 0.5%</i> | 3 | |
| REGRANEX - becaplermin gel 0.01%> | 5 | PA, QL (15 grams/30 days) |
| SANTYL - collagenase oint 250 unit/gm | 3 | QL (180 grams/30 days) |
| <i>selenium sulfide lotion 2.5%</i> | 2 | |
| <i>silver sulfadiazine cream 1%</i> | 2 | |
| <i>ssd - silver sulfadiazine cream 1%</i> | 2 | |
| <i>sulfacetamide sodium lotion 10% (acne)</i> | 4 | |
| <i>tacrolimus oint 0.03%, 0.1%</i> | 4 | PA |
| <i>tazarotene cream 0.05%, 0.1%</i> | 4 | PA |
| <i>tazarotene gel 0.05%, 0.1%</i> | 4 | PA |
| TAZORAC - tazarotene cream 0.05% | 4 | PA |
| <i>tretinoin cream 0.025%, 0.05%, 0.1%</i> | 3 | PA |
| <i>tretinoin gel 0.01%, 0.025%</i> | 4 | PA |
| <i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i> | 2 | QL (454 grams/30 days) |
| <i>triamcinolone acetonide lotion 0.025%, 0.1%</i> | 2 | QL (120 mls/30 days) |
| <i>triamcinolone acetonide oint 0.025%, 0.1%</i> | 2 | QL (454 grams/30 days) |
| <i>triamcinolone acetonide oint 0.5%</i> | 2 | QL (120 grams/30 days) |
| <i>triderm - triamcinolone acetonide cream 0.5%</i> | 2 | QL (454 grams/30 days) |
| <i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i> | 4 | |
| Electrolitos/Minerales/Metales/Vitaminas | | |
| <i>carglumic acid soluble tab 200 mg></i> | 5 | PA |
| <i>CHEMET - succimer cap 100 mg</i> | 4 | |
| <i>deferasirox granules packet 90 mg, 180 mg, 360 mg></i> | 5 | PA |
| <i>deferasirox tab for oral susp 125 mg</i> | 4 | PA |
| <i>deferasirox tab for oral susp 250 mg, 500 mg></i> | 5 | PA |
| <i>deferasirox tab 90 mg</i> | 3 | PA |
| <i>deferasirox tab 180 mg, 360 mg></i> | 5 | PA |
| <i>dextrose inj 5%, 10%</i> | 4 | |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 4 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 4 | |
| <i>dextrose 5% w/ sodium chloride 0.45%, 0.9%</i> | 4 | |
| <i>INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%</i> | 4 | BD |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | 4 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| kcl 20 meq/l (0.15%) in nacl 0.45% inj | 4 | |
| kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj | 4 | |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj | 4 | |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj | 4 | |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj | 4 | |
| kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj | 4 | |
| kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj | 4 | |
| kionex - sodium polystyrene sulfonate susp 15 gm/60ml | 3 | |
| klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq | 2 | |
| klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq | 2 | |
| klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq | 2 | |
| klor-con 8 - potassium chloride tab er 8 meq (600 mg) | 2 | |
| klor-con 10 - potassium chloride tab er 10 meq | 2 | |
| magnesium sulfate inj 50% | 4 | |
| NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20% | 4 | BD |
| potassium chloride cap er 8 meq, 10 meq | 2 | |
| potassium chloride inj 2 meq/ml | 4 | |
| potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq | 2 | |
| potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml) | 4 | |
| potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg) | 2 | |
| potassium chloride 20 meq/l (0.15%) in dextrose 5% inj | 4 | |
| POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers | 4 | |
| potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg) | 3 | |
| sodium chloride irrigation soln 0.9% | 2 | |
| sodium chloride iv soln 0.45%, 0.9% | 4 | |
| sodium chloride preservative free (pf) inj 0.9% | 4 | |
| sodium polystyrene sulfonate powder | 3 | |
| SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml | 3 | |
| sps - sodium polystyrene sulfonate susp 15 gm/60ml | 3 | |
| TRAVASOL - amino acid infusion 10% | 4 | BD |
| trientine hcl cap 250 mg> | 5 | PA, QL (240 capsules/30 days) |
| TROPHAMINE - amino acid infusion 10% | 4 | BD |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-----------------------------|
| VELTASSA - patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq) | 3 | |
| Agentes gastrointestinales | | |
| alosetron hcl tab 0.5 mg (base equiv) | 4 | PA, QL (60 tablets/30 days) |
| alosetron hcl tab 1 mg (base equiv)> | 5 | PA, QL (60 tablets/30 days) |
| CHENODAL - chenodiol tab 250 mg*> | 5 | PA |
| cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg | 3 | |
| constulose - lactulose solution 10 gm/15ml | 2 | |
| dicyclomine hcl cap 10 mg# | 2 | PA (>=65 yr) |
| dicyclomine hcl oral soln 10 mg/5ml# | 4 | PA (>=65 yr) |
| dicyclomine hcl tab 20 mg# | 2 | PA (>=65 yr) |
| diphenoxylate w/ atropine tab 2.5-0.025 mg# | 4 | PA (>=65 yr) |
| enulose - lactulose (encephalopathy) solution 10 gm/15ml | 2 | |
| esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) | 2 | QL (30 capsules/30 days) |
| famotidine for susp 40 mg/5ml | 4 | |
| famotidine tab 20 mg, 40 mg | 1 | |
| GATTEX - teduglutide (rdna) for inj kit 5 mg*> | 5 | PA |
| gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm | 2 | |
| gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm | 1 | |
| gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm | 1 | |
| generlac - lactulose (encephalopathy) solution 10 gm/15ml | 2 | |
| glycopyrrolate tab 1 mg, 2 mg | 2 | |
| lactulose (encephalopathy) solution 10 gm/15ml | 2 | |
| lactulose solution 10 gm/15ml | 2 | |
| lansoprazole cap delayed release 15 mg, 30 mg | 2 | QL (30 capsules/30 days) |
| LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg | 3 | QL (30 capsules/30 days) |
| loperamide hcl cap 2 mg | 2 | |
| lubiprostone cap 8 mcg | 4 | QL (120 capsules/30 days) |
| lubiprostone cap 24 mcg | 4 | QL (60 capsules/30 days) |
| methscopolamine bromide tab 2.5 mg, 5 mg# | 4 | |
| metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) | 2 | |
| metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) | 1 | |
| misoprostol tab 100 mcg, 200 mcg | 3 | |
| MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent) | 3 | QL (30 tablets/30 days) |
| MYALEPT - metreleptin for subcutaneous inj 11.3 mg*> | 5 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| nizatidine cap 150 mg | 4 | |
| nizatidine cap 300 mg | 2 | |
| OCALIVA - obeticholic acid tab 5 mg, 10 mg*> | 5 | PA, QL (30 tablets/30 days) |
| omeprazole cap delayed release 10 mg | 1 | QL (30 capsules/30 days) |
| omeprazole cap delayed release 20 mg, 40 mg | 1 | QL (60 capsules/30 days) |
| pantoprazole sodium ec tab 20 mg (base equiv) | 1 | QL (30 tablets/30 days) |
| pantoprazole sodium ec tab 40 mg (base equiv) | 1 | QL (60 tablets/30 days) |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm | 1 | |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm | 1 | |
| rabeprazole sodium ec tab 20 mg | 3 | QL (30 tablets/30 days) |
| sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml | 4 | |
| sucralfate susp 1 gm/10ml | 4 | |
| sucralfate tab 1 gm | 2 | |
| SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg | 4 | |
| ursodiol cap 300 mg | 3 | |
| ursodiol tab 250 mg, 500 mg | 4 | |
| VIBERZI - eluxadoline tab 75 mg, 100 mg> | 5 | PA, QL (60 tablets/30 days) |
| VOWST - fecal microbiota spores, live-brpk caps> | 5 | PA, QL (12 capsules/56 days) |
| XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)> | 5 | PA, QL (90 tablets/30 days) |
| XIFAXAN - rifaximin tab 550 mg> | 5 | PA, QL (90 tablets/30 days) |
| Trastorno genético o relacionado con las enzimas o las proteínas: Reemplazo, modificadores, tratamiento | | |
| betaine powder for oral solution> | 5 | |
| CEREZYME - imiglucerase for inj 400 unit*> | 5 | PA |
| CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit | 3 | |
| cromolyn sodium oral conc 100 mg/5ml | 4 | |
| CRYSVITA - burosumab-twza inj 10 mg/ml, 20 mg/ml, 30 mg/ml> | 5 | PA |
| CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg* | 4 | PA |
| ELELYSO - taliglucerase alfa for inj 200 unit*> | 5 | PA |
| glutamine (sickle cell) powd pack 5 gm> | 5 | PA |
| levocarnitine oral soln 1 gm/10ml (10%) | 4 | |
| levocarnitine tab 330 mg | 3 | |
| miglustat cap 100 mg*> | 5 | PA, QL (180 capsules/30 days) |
| nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg> | 5 | |
| ORFADIN - nitisinone susp 4 mg/ml*> | 5 | |
| PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml> | 5 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*> | 5 | PA |
| PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg*> | 5 | PA, QL (56 tablets/28 days) |
| PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*> | 5 | PA, QL (7 tablets/28 days) |
| PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg*> | 5 | PA, QL (14 tablets/28 days) |
| REVCORI - elapegademase-lvrl im soln 2.4 mg/1.5ml (1.6 mg/ml)*> | 5 | |
| sapropterin dihydrochloride powder packet 100 mg, 500 mg> | 5 | PA |
| sapropterin dihydrochloride tab 100 mg> | 5 | PA |
| sodium phenylbutyrate oral powder 3 gm/teaspoonful> | 5 | PA |
| sodium phenylbutyrate tab 500 mg> | 5 | PA |
| STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml*> | 5 | PA |
| VPRIV - velaglucerase alfa for inj 400 unit> | 5 | PA |
| VYNDAMAX - tafamidis cap 61 mg> | 5 | PA, QL (30 capsules/30 days) |
| VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg> | 5 | PA, QL (120 capsules/30 days) |
| WELIREG - belzutifan tab 40 mg*> | 5 | PA, QL (90 tablets/30 days) |
| yargesa - miglustat cap 100 mg*> | 5 | PA, QL (180 capsules/30 days) |
| ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit | 3 | |
| Agentes genitourinarios | | |
| alfuzosin hcl tab er 24hr 10 mg | 2 | QL (30 tablets/30 days) |
| bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg | 2 | |
| darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv) | 4 | QL (30 tablets/30 days) |
| dutasteride cap 0.5 mg | 2 | QL (30 capsules/30 days) |
| dutasteride-tamsulosin hcl cap 0.5-0.4 mg | 4 | QL (30 capsules/30 days) |
| finasteride tab 5 mg | 1 | QL (30 tablets/30 days) |
| GEMTESA - vibegron tab 75 mg | 4 | QL (30 tablets/30 days) |
| LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total) | 3 | |
| MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml | 3 | QL (3 bottles/28 days) |
| MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg | 3 | QL (30 tablets/30 days) |
| NEXPLANON - etonogestrel subdermal implant 68 mg | 3 | |
| oxybutynin chloride solution 5 mg/5ml | 2 | QL (600 mls/30 days) |
| oxybutynin chloride tab er 24hr 5 mg | 2 | QL (30 tablets/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-----------------------------|
| <i>oxybutynin chloride tab er 24hr 10 mg</i> | 2 | QL (90 tablets/30 days) |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> | 2 | QL (60 tablets/30 days) |
| <i>oxybutynin chloride tab 5 mg</i> | 2 | QL (120 tablets/30 days) |
| <i>penicillamine tab 250 mg></i> | 5 | |
| <i>silodosin cap 4 mg, 8 mg</i> | 3 | QL (30 capsules/30 days) |
| <i>SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)</i> | 4 | |
| <i>solifenacin succinate tab 5 mg, 10 mg</i> | 2 | QL (30 tablets/30 days) |
| <i>tadalafil tab 2.5 mg, 5 mg</i> | 4 | PA, QL (30 tablets/30 days) |
| <i>tamsulosin hcl cap 0.4 mg</i> | 1 | QL (60 capsules/30 days) |
| <i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i> | 4 | QL (30 capsules/30 days) |
| <i>tolterodine tartrate tab 1 mg, 2 mg</i> | 3 | QL (60 tablets/30 days) |
| <i>trospium chloride tab 20 mg</i> | 3 | QL (60 tablets/30 days) |
| Agentes hormonales, estimulantes/sustitutos/modificadores (suprarrenal) | | |
| <i>dexamethasone elixir 0.5 mg/5ml</i> | 3 | |
| <i>dexamethasone soln 0.5 mg/5ml</i> | 3 | |
| <i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i> | 2 | |
| <i>fludrocortisone acetate tab 0.1 mg</i> | 2 | |
| <i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i> | 2 | |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i> | 2 | |
| <i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i> | 2 | |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), 5 mg/5ml (base equiv)</i> | 2 | |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> | 2 | |
| <i>prednisolone soln 15 mg/5ml</i> | 2 | |
| <i>prednisone oral soln 5 mg/5ml</i> | 2 | |
| <i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i> | 2 | |
| <i>prednisone tab 1 mg, 2.5 mg, 20 mg, 50 mg</i> | 1 | |
| <i>prednisone tab 5 mg, 10 mg</i> | 2 | |
| Agentes hormonales, estimulantes/sustitutos/modificadores (pituitarios) | | |
| <i>CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit</i> | 4 | PA |
| <i>desmopressin acetate inj 4 mcg/ml</i> | 4 | |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i> | 4 | |
| <i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i> | 4 | |
| <i>desmopressin acetate tab 0.1 mg, 0.2 mg</i> | 3 | |
| <i>INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*></i> | 5 | |
| <i>OMNITROPE - somatropin for inj 5.8 mg></i> | 5 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------|
| OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml> | 5 | PA |
| PREGNYL - chorionic gonadotropin for im inj 10000 unit | 4 | PA |
| PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit | 4 | PA |
| Agentes hormonales, estimulantes/sustitutos/modificadores (hormonas/modificadores sexuales) | | |
| abigale - estradiol & norethindrone acetate tab 1-0.5 mg# | 4 | |
| abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg# | 4 | |
| afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 3 | |
| altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg# | 3 | |
| alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg | 3 | |
| amethia - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) | 3 | |
| amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg | 3 | |
| apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg | 3 | |
| ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) | 3 | |
| aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg | 3 | |
| aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg | 3 | |
| aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg | 3 | |
| aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg | 3 | |
| aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg | 3 | |
| aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24) | 3 | |
| aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 3 | |
| ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 3 | |
| balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg | 3 | |
| blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | 3 | |
| blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg | 3 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------|
| blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) | 3 | |
| briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg | 3 | |
| camila - norethindrone tab 0.35 mg | 3 | |
| camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) | 3 | |
| camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) | 3 | |
| chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/ day, 0.05-0.25 mg/day# | 4 | |
| cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg | 3 | |
| cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| danazol cap 50 mg, 100 mg, 200 mg | 4 | PA |
| dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg# | 3 | |
| dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg | 3 | |
| daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab0.01mg(7) | 3 | |
| deblitane - norethindrone tab 0.35 mg | 3 | |
| delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 3 | |
| DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml | 4 | |
| DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml | 3 | |
| depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml | 3 | PA |
| depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml | 3 | PA |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 3 | |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg | 3 | |
| dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr# | 3 | |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg | 3 | |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg# | 3 | |
| drospirenone-ethinyl estradiol tab 3-0.02 mg | 3 | |
| drospirenone-ethinyl estradiol tab 3-0.03 mg# | 3 | |
| DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg# | 4 | |
| elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg | 3 | |
| eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr | 3 | |
| emzahh - norethindrone tab 0.35 mg | 3 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------|
| enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr | 3 | |
| enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg | 3 | |
| enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| errin - norethindrone tab 0.35 mg | 3 | |
| estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg | 3 | |
| estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg# | 4 | |
| estradiol tab 0.5 mg, 1 mg, 2 mg# | 1 | |
| estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)# | 4 | |
| estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr# | 3 | |
| estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr# | 3 | |
| estradiol vaginal cream 0.1 mg/gm | 2 | |
| estradiol vaginal tab 10 mcg | 3 | |
| estradiol valerate im in oil 10 mg/ml, 20 mg/ml | 3 | |
| estradiol valerate im in oil 40 mg/ml | 4 | |
| ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs) | 4 | |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg | 3 | |
| etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr | 3 | |
| falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 3 | |
| feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | 3 | |
| feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg | 3 | |
| galbriela - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg# | 3 | |
| gallifrey - norethindrone acetate tab 5 mg | 2 | |
| gemmily - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) | 3 | |
| hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | 3 | |
| hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg | 3 | |
| hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg | 3 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------|
| hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24) | 3 | |
| haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr | 3 | |
| heather - norethindrone tab 0.35 mg | 3 | |
| iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg | 3 | |
| incassia - norethindrone tab 0.35 mg | 3 | |
| introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg | 3 | |
| isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| jaimiess - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) | 3 | |
| jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg | 3 | |
| jencycla - norethindrone tab 0.35 mg | 3 | |
| jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg | 3 | |
| juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | 3 | |
| junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) | 3 | |
| junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg | 3 | |
| junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg | 3 | |
| junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg | 3 | |
| kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg# | 3 | |
| kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 3 | |
| kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 3 | |
| kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg | 3 | |
| kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg | 3 | |
| kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg | 3 | |
| larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | 3 | |
| larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg | 3 | |
| larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg | 3 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------|
| <i>larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | 3 | |
| <i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> | 3 | |
| <i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> | 3 | |
| <i>lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 3 | |
| <i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 3 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 3 | |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 3 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 3 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i> | 3 | |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 3 | |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | 3 | |
| <i>levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 3 | |
| <i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 3 | |
| <i>loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i> | 3 | |
| <i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 3 | |
| <i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 3 | |
| <i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | 3 | |
| <i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 3 | |
| <i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 3 | |
| <i>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i> | 3 | |
| <i>lulera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 3 | |
| <i>lyeq - norethindrone tab 0.35 mg</i> | 3 | |
| <i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i> | 3 | |
| <i>lyza - norethindrone tab 0.35 mg</i> | 3 | |
| <i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 3 | |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> | 3 | |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i> | 3 | |
| <i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i> | 1 | |
| <i>megestrol acetate susp 40 mg/ml#</i> | 4 | |
| <i>megestrol acetate tab 20 mg, 40 mg#</i> | 3 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------|
| meleya - norethindrone tab 0.35 mg | 3 | |
| MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg# | 4 | |
| merzee - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20mcg (24) | 3 | |
| microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg | 3 | |
| microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg | 3 | |
| microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg | 3 | |
| microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg | 3 | |
| microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) | 3 | |
| mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg | 3 | |
| mimvey - estradiol & norethindrone acetate tab 1-0.5 mg# | 4 | |
| mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg | 3 | |
| necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg | 3 | |
| nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg | 3 | |
| nora-be - norethindrone tab 0.35 mg | 3 | |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr | 3 | |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg | 3 | |
| norethindrone & ethinyl estradiol tab 1 mg-35 mcg# | 3 | |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg | 3 | |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg | 3 | |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg | 3 | |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg | 3 | |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) | 3 | |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) | 3 | |
| norethindrone acetate tab 5 mg | 2 | |
| norethindrone tab 0.35 mg | 3 | |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg | 3 | |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg | 3 | |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg | 3 | |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg | 3 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------|
| <i>norlyroc - norethindrone tab 0.35 mg</i> | 3 | |
| <i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> | 3 | |
| <i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i> | 3 | |
| <i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> | 3 | |
| <i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i> | 3 | |
| <i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> | 3 | |
| <i>nymyo - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 3 | |
| <i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i> | 3 | |
| <i>orquidea - norethindrone tab 0.35 mg</i> | 3 | |
| <i>philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> | 3 | |
| <i>pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 3 | |
| <i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 3 | |
| <i>PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#</i> | 3 | |
| <i>PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm</i> | 3 | |
| <i>PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#</i> | 3 | |
| <i>PREMPRO - conjugated estrogen-medroxyprogester acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#</i> | 3 | |
| <i>progesterone cap 100 mg, 200 mg</i> | 2 | |
| <i>raloxifene hcl tab 60 mg</i> | 2 | |
| <i>reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 3 | |
| <i>setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 3 | |
| <i>sharobel - norethindrone tab 0.35 mg</i> | 3 | |
| <i>simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 3 | |
| <i>simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 3 | |
| <i>sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 3 | |
| <i>sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 3 | |
| <i>syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i> | 3 | |
| <i>tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | 3 | |
| <i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i> | 3 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|---------------------------------|
| taysofy - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) | 3 | |
| testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml | 3 | PA |
| TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml | 3 | PA |
| testosterone td gel 25 mg/2.5gm (1%) | 4 | PA, QL (90 packets/30 days) |
| testosterone td gel 50 mg/5gm (1%) | 4 | PA, QL (60 units/30 days) |
| testosterone td gel 12.5 mg/act (1%) | 4 | PA, QL (4 pump bottles/30 days) |
| testosterone td gel 20.25 mg/1.25gm (1.62%) | 4 | PA, QL (30 packets/30 days) |
| testosterone td gel 40.5 mg/2.5gm (1.62%) | 4 | PA, QL (60 packets/30 days) |
| testosterone td gel 20.25 mg/act (1.62%) | 4 | PA, QL (2 pump bottles/30 days) |
| tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg | 3 | |
| tri-estarrylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | 3 | |
| tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg | 3 | |
| tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | 3 | |
| tri-lo-estarrylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg | 3 | |
| tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg | 3 | |
| tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg | 3 | |
| tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg | 3 | |
| tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | 3 | |
| tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | 3 | |
| tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | 3 | |
| tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg | 3 | |
| tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg | 3 | |
| turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg | 3 | |
| vallya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg | 3 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------|
| velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg | 3 | |
| vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg | 3 | |
| vienna - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg | 3 | |
| viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 3 | |
| volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 3 | |
| vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg | 3 | |
| vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg | 3 | |
| wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg | 3 | |
| wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg | 3 | |
| xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg | 3 | |
| xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg | 3 | |
| xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr | 3 | |
| yuvafem - estradiol vaginal tab 10 mcg | 3 | |
| zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr | 3 | |
| zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg | 3 | |
| zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg# | 3 | |
| Agentes hormonales, estimulantes/sustitutos/modificadores (tiroides) | | |
| levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg | 3 | |
| levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg | 1 | |
| levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg | 3 | |
| liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg | 2 | |
| SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg | 3 | |
| unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg | 3 | |
| Agentes hormonales, supresores (suprarrenales o hipofisiarios) | | |
| cabergoline tab 0.5 mg | 3 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|------------------------------|
| ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg> | 5 | PA |
| ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg> | 5 | PA |
| ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg> | 5 | PA |
| ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg | 4 | PA |
| FIRMAGON - degarelix acetate for inj 80 mg (base equiv), 120 mg/vial (240 mg dose) | 4 | |
| LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg> | 5 | PA |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> | 4 | PA |
| LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg> | 5 | PA |
| LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg> | 5 | PA |
| LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg> | 5 | PA |
| LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg> | 5 | PA |
| LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg> | 5 | PA |
| <i>mifepristone tab 300 mg></i> | 5 | PA, QL (120 tablets/30 days) |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</i> | 4 | PA |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)></i> | 5 | PA |
| <i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i> | 4 | PA |
| <i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i> | 4 | PA |
| <i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i> | 4 | PA |
| SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*> | 5 | PA |
| SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv)*> | 5 | PA |
| SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml, 90 mg/0.3ml, 120 mg/0.5ml> | 5 | PA |
| SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*> | 5 | PA |
| SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)> | 5 | |
| TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg, 22.5 mg | 4 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|----------------------------------|
| Agentes hormonales, supresores (tiroides) | | |
| <i>methimazole tab 5 mg, 10 mg</i> | 1 | |
| <i>propylthiouracil tab 50 mg</i> | 2 | |
| Agentes inmunológicos | | |
| ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml | 1 | QL (1 vaccine/365 days) |
| ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml> | 5 | PA |
| ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml> | 5 | PA |
| ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj | 1 | |
| ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*> | 5 | PA |
| ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml | 1 | |
| ARCALYST - rilonacept for inj 220 mg*> | 5 | PA |
| AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml | 1 | QL (1 vaccine/lifetime; >=50 yr) |
| ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)> | 5 | BD |
| <i>azathioprine tab 50 mg</i> | 2 | BD |
| BCG VACCINE - bcg vaccine for inj soln 50 mg | 1 | |
| BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml> | 5 | PA |
| BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml> | 5 | PA |
| BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml> | 5 | PA, QL (2 syringes/28 days) |
| BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe | 1 | |
| BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml | 1 | |
| BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml | 1 | |
| CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*> | 5 | PA, QL (20 vials/30 days) |
| COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*> | 5 | PA |
| COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml> | 5 | PA |
| COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*> | 5 | PA |
| COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*> | 5 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|--------------------|
| COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*> | 5 | PA |
| COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*> | 5 | PA |
| cyclosporine cap 25 mg | 3 | BD |
| cyclosporine cap 100 mg | 4 | BD |
| cyclosporine modified cap 25 mg, 50 mg, 100 mg | 3 | BD |
| cyclosporine modified oral soln 100 mg/ml | 4 | BD |
| DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml | 1 | |
| DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp | 1 | |
| DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml> | 5 | PA |
| DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml> | 5 | PA |
| ENBREL - etanercept subcutaneous inj 25 mg/0.5ml> | 5 | PA |
| ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml> | 5 | PA |
| ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml> | 5 | PA |
| ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml> | 5 | PA |
| ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml | 1 | BD |
| ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml | 1 | BD |
| ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml> | 5 | PA |
| ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg | 4 | BD |
| ENVARSUS XR - tacrolimus tab er 24hr 4 mg> | 5 | BD |
| ERVEBO - ebola zaire virus vaccine live im susp | 1 | |
| everolimus tab 0.25 mg | 4 | BD |
| everolimus tab 0.5 mg, 0.75 mg, 1 mg> | 5 | BD |
| GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml> | 5 | BD, PA |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm, 10 gm> | 5 | BD, PA |
| GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml> | 5 | BD, PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-----------------------------|
| GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml> | 5 | BD, PA |
| GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp | 1 | |
| GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr | 1 | |
| gengraf - cyclosporine modified cap 25 mg, 100 mg | 3 | BD |
| gengraf - cyclosporine modified oral soln 100 mg/ml | 4 | BD |
| HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml> | 5 | PA |
| HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml> | 5 | PA |
| HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*> | 5 | PA, QL (27 vials/28 days) |
| HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*> | 5 | PA, QL (18 vials/28 days) |
| HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml | 1 | |
| HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml | 1 | |
| HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml | 1 | BD |
| HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg | 1 | |
| HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml> | 5 | PA |
| HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml> | 5 | PA |
| HUMIRA PEN-CD/UC/HS STARTER - adalimumab auto-injector kit 80 mg/0.8ml> | 5 | PA |
| HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml> | 5 | PA |
| icatibant acetate subcutaneous soln pref syr 30 mg/3ml> | 5 | PA, QL (6 syringes/30 days) |
| IMOVOX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp | 1 | BD |
| INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml | 1 | |
| IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection | 1 | |
| IXCHIQ - chikungunya virus vaccine live for im solution | 1 | |
| IXIARO - japanese encephalitis vaccine inactivated adsorbed inj | 1 | |
| JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml | 1 | BD |
| KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml | 1 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|----------------------------------|
| <i>leflunomide tab 10 mg, 20 mg</i> | 3 | |
| M-M-R II - measles-mumps-rubella virus vaccines for inj soln | 1 | |
| MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine | 1 | |
| MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj | 1 | |
| MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln | 1 | |
| <i>methotrexate sodium for inj 1 gm</i> | 2 | |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i> | 2 | |
| <i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> | 1 | |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> | 1 | |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | 2 | |
| MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml | 1 | QL (1 vaccine/lifetime; >=60 yr) |
| <i>mycophenolate mofetil cap 250 mg</i> | 2 | BD |
| <i>mycophenolate mofetil for oral susp 200 mg/ml></i> | 5 | BD |
| <i>mycophenolate mofetil tab 500 mg</i> | 2 | BD |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i> | 4 | BD |
| MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml> | 5 | BD |
| ORENCIA - abatacept for iv soln 250 mg> | 5 | PA |
| ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml> | 5 | PA |
| ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml> | 5 | PA |
| PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr | 1 | |
| PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml | 1 | |
| PEGASYS - peginterferon alfa-2a inj 180 mcg/ml> | 5 | PA |
| PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml> | 5 | PA |
| PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj | 1 | |
| PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj | 1 | |
| PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp | 1 | |
| PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp | 1 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-----------------------------------|
| PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg | 4 | BD |
| PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp | 1 | |
| QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj | 1 | |
| QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml | 1 | |
| RABAVERT - rabies vaccine, pcec for inj | 1 | BD |
| RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml | 1 | BD |
| RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml | 1 | BD |
| RENFLEXIS - infliximab-abda for iv inj 100 mg> | 5 | PA |
| REZUROCK - belumosudil mesylate tab 200 mg*> | 5 | PA, QL (30 tablets/30 days) |
| RIDAURA - auranofin cap 3 mg> | 5 | |
| RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg> | 5 | PA |
| RINVOQ LQ - upadacitinib oral soln 1 mg/ml> | 5 | PA |
| ROTARIX - rotavirus vaccine, live oral susp | 1 | |
| ROTATEQ - rotavirus vaccine, live oral pentavalent soln | 1 | |
| sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml> | 5 | PA, QL (6 syringes/30 days) |
| SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml | 1 | QL (2 vaccines/lifetime; >=18 yr) |
| SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml, 80 mg/0.8ml> | 5 | PA |
| SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml> | 5 | PA |
| SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml> | 5 | PA |
| sirolimus oral soln 1 mg/ml | 4 | BD |
| sirolimus tab 0.5 mg, 1 mg, 2 mg | 4 | BD |
| SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)> | 5 | PA |
| SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml> | 5 | PA |
| SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml> | 5 | PA |
| SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml> | 5 | PA |
| STAMARIL - yellow fever vaccine for inj suspension | 1 | |
| STELARA - ustekinumab inj 45 mg/0.5ml> | 5 | PA |
| STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)> | 5 | PA |
| STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml> | 5 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------|
| STEQEYMA - ustekinumab-stba iv soln 130 mg/26ml (5 mg/ml) (for iv inf)> | 5 | PA |
| STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml | 4 | PA |
| STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml> | 5 | PA |
| <i>tacrolimus cap 0.5 mg, 1 mg</i> | 2 | BD |
| <i>tacrolimus cap 5 mg</i> | 4 | BD |
| TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 Ifu | 1 | BD |
| THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)> | 5 | BD |
| TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml | 1 | |
| TREMFYA - guselkumab iv soln 200 mg/20ml (10 mg/ml)> | 5 | PA |
| TREMFYA - guselkumab soln auto-injector 200 mg/2ml, 100 mg/ ml> | 5 | PA |
| TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml, 100 mg/ml> | 5 | PA |
| TREMFYA INDUCTION PACK FOR CROHNS DISEASE - guselkumab soln auto-injector 200 mg/2ml> | 5 | PA |
| TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml> | 5 | PA |
| TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr | 1 | |
| TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml | 1 | |
| TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml> | 5 | PA |
| TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml> | 5 | PA |
| TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml | 1 | |
| TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml | 1 | |
| VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml | 1 | |
| VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml | 1 | |
| VAXCHORA - cholera vaccine live attenuated for oral susp | 1 | |
| VIMKUNYA - chikungunya virus vac rcmb vlp im susp pref syr 40 mcg/0.8ml | 1 | |
| VIVOTIF - typhoid vaccine cap delayed release | 1 | |
| XATMEP - methotrexate oral soln 2.5 mg/ml | 4 | BD |
| XOLAIR - omalizumab for inj 150 mg*> | 5 | PA |
| XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*> | 5 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|------------------------------|
| XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*> | 5 | PA |
| YF-VAX - yellow fever vaccine subcutaneous inj | 1 | |
| Agentes para tratar la enfermedad inflamatoria intestinal | | |
| balsalazide disodium cap 750 mg | 4 | |
| budesonide delayed release particles cap 3 mg | 4 | PA, QL (90 capsules/30 days) |
| budesonide tab er 24hr 9 mg> | 5 | PA, QL (30 tablets/30 days) |
| DIPENTUM - olsalazine sodium cap 250 mg> | 5 | |
| hydrocortisone enema 100 mg/60ml | 4 | |
| hydrocortisone perianal cream 1% | 2 | |
| hydrocortisone perianal cream 2.5% | 2 | QL (454 grams/30 days) |
| mesalamine cap dr 400 mg | 4 | QL (180 capsules/30 days) |
| mesalamine cap er 24hr 0.375 gm | 4 | QL (120 capsules/30 days) |
| mesalamine cap er 500 mg | 4 | QL (240 capsules/30 days) |
| mesalamine enema 4 gm | 4 | |
| mesalamine rectal enema 4 gm & cleanser wipe kit | 4 | |
| mesalamine suppos 1000 mg | 4 | |
| mesalamine tab delayed release 800 mg | 4 | QL (180 tablets/30 days) |
| mesalamine tab delayed release 1.2 gm | 4 | QL (120 tablets/30 days) |
| PENTASA - mesalamine cap er 250 mg | 4 | QL (480 capsules/30 days) |
| procto-med hc - hydrocortisone perianal cream 2.5% | 2 | QL (454 grams/30 days) |
| proctocort - hydrocortisone perianal cream 1% | 2 | |
| proctosol hc - hydrocortisone perianal cream 2.5% | 2 | QL (454 grams/30 days) |
| proctozone-hc - hydrocortisone perianal cream 2.5% | 2 | QL (454 grams/30 days) |
| sulfasalazine tab delayed release 500 mg | 2 | |
| sulfasalazine tab 500 mg | 2 | |
| Agentes para tratar la enfermedad ósea metabólica | | |
| alendronate sodium tab 10 mg | 1 | QL (120 tablets/30 days) |
| alendronate sodium tab 35 mg, 70 mg | 1 | QL (4 tablets/28 days) |
| calcitonin (salmon) nasal soln 200 unit/act | 2 | |
| calcitriol cap 0.25 mcg, 0.5 mcg | 2 | |
| calcitriol oral soln 1 mcg/ml | 4 | |
| cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv) | 4 | PA |
| cinacalcet hcl tab 90 mg (base equiv)> | 5 | PA |
| ibandronate sodium tab 150 mg (base equivalent) | 2 | QL (1 tablet/28 days) |
| paricalcitol cap 1 mcg, 2 mcg, 4 mcg | 4 | |
| PROLIA - denosumab inj soln prefilled syringe 60 mg/ml | 4 | PA |
| risedronate sodium tab delayed release 35 mg | 4 | QL (4 tablets/28 days) |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|-------------------------|
| risedronate sodium tab 5 mg, 30 mg | 3 | QL (30 tablets/30 days) |
| risedronate sodium tab 35 mg | 3 | QL (4 tablets/28 days) |
| risedronate sodium tab 150 mg | 3 | QL (1 tablet/28 days) |
| TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml (Alvogen)> | 5 | PA |
| TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml> | 5 | PA |
| XGEVA - denosumab inj 120 mg/1.7ml> | 5 | PA |

Agentes oftálmicos

| | | |
|--|---|---------------------|
| atropine sulfate ophth soln 1% | 3 | |
| azelastine hcl ophth soln 0.05% | 3 | |
| BACITRACIN - bacitracin ophth oint 500 unit/gm | 3 | |
| bacitracin-polymyxin b ophth oint | 2 | |
| bacitracin-polymyxin-neomycin-hc ophth oint 1% | 3 | |
| BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv) | 3 | |
| betaxolol hcl ophth soln 0.5% | 3 | |
| BETOPTIC-S - betaxolol hcl ophth susp 0.25% | 4 | |
| bimatoprost ophth soln 0.03% | 3 | QL (15 mls/75 days) |
| brimonidine tartrate ophth soln 0.1%, 0.15% | 3 | |
| brimonidine tartrate ophth soln 0.2% | 1 | |
| brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% | 3 | |
| brinzolamide ophth susp 1% | 4 | |
| bromfenac sodium ophth soln 0.07% (base equivalent) | 3 | |
| bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) | 4 | |
| carteolol hcl ophth soln 1% | 2 | |
| ciprofloxacin hcl ophth soln 0.3% (base equivalent) | 2 | |
| cromolyn sodium ophth soln 4% | 2 | |
| CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)*> | 5 | PA |
| CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*> | 5 | PA |
| dexamethasone sodium phosphate ophth soln 0.1% | 2 | |
| diclofenac sodium ophth soln 0.1% | 2 | |
| diluprednate ophth emulsion 0.05% | 4 | |
| dorzolamide hcl ophth soln 2% | 2 | |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5% | 1 | |
| epinastine hcl ophth soln 0.05% | 3 | |
| erythromycin ophth oint 5 mg/gm | 2 | |
| EYSUVIS - loteprednol etabonate ophth susp 0.25% | 3 | PA |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|----------------------------|
| <i>fluorometholone ophth susp 0.1%</i> | 3 | |
| <i>flurbiprofen sodium ophth soln 0.03%</i> | 2 | |
| <i>gatifloxacin ophth soln 0.5%</i> | 3 | |
| <i>gentamicin sulfate ophth soln 0.3%</i> | 2 | |
| <i>ILEVRO - nepafenac ophth susp 0.3%</i> | 4 | |
| <i>INVELTYS - loteprednol etabonate ophth susp 1%</i> | 3 | |
| <i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i> | 2 | |
| <i>latanoprost ophth soln 0.005%</i> | 1 | QL (15 mls/75 days) |
| <i>levobunolol hcl ophth soln 0.5%</i> | 2 | |
| <i>LUMIGAN - bimatoprost ophth soln 0.01%</i> | 3 | QL (15 mls/75 days) |
| <i>MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml</i> | 3 | PA, QL (4 bottles/30 days) |
| <i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i> | 4 | |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i> | 4 | |
| <i>NATACYN - natamycin ophth susp 5%</i> | 4 | |
| <i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i> | 3 | |
| <i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 3 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i> | 3 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 2 | |
| <i>NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 3 | |
| <i>ofloxacin ophth soln 0.3%</i> | 2 | |
| <i>pilocarpine hcl ophth soln 1%, 2%, 4%</i> | 2 | |
| <i>polycin - bacitracin-polymyxin b ophth oint</i> | 2 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| <i>prednisolone acetate ophth susp 1%</i> | 3 | |
| <i>prednisolone sodium phosphate ophth soln 1%</i> | 3 | |
| <i>PROLENSA - bromfenac sodium ophth soln 0.07% (base equivalent)</i> | 3 | |
| <i>RESTASIS - cyclosporine (ophth) emulsion 0.05%</i> | 3 | QL (60 vials/30 days) |
| <i>RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%</i> | 3 | QL (2 bottles/30 days) |
| <i>RHOPRESSA - netarsudil dimesylate ophth soln 0.02%</i> | 3 | QL (15 mls/75 days) |
| <i>ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%</i> | 3 | QL (15 mls/75 days) |
| <i>SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%</i> | 3 | |
| <i>sulfacetamide sodium ophth oint 10%</i> | 2 | |

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| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|--------------------------------|
| sulfacetamide sodium ophth soln 10% | 2 | |
| sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% | 2 | |
| timolol maleate ophth gel forming soln 0.25%, 0.5% | 4 | |
| timolol maleate ophth soln 0.25%, 0.5% | 1 | |
| timolol maleate ophth soln 0.5% (once-daily) | 4 | |
| TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1% | 4 | |
| tobramycin ophth soln 0.3% | 2 | |
| tobramycin-dexamethasone ophth susp 0.3-0.1% | 3 | |
| travoprost ophth soln 0.004% (benzalkonium free) (bak free) | 3 | QL (15 mls/75 days) |
| TRIFLURIDINE - trifluridine ophth soln 1% | 3 | |
| XDEMVY - lotilaner ophth soln 0.25%> | 5 | PA |
| XIIDRA - lifitegrast ophth soln 5% | 3 | PA, QL (60 containers/30 days) |
| Agentes óticos | | |
| acetic acid otic soln 2% | 2 | |
| flac - fluocinolone acetonide (otic) oil 0.01% | 2 | |
| fluocinolone acetonide (otic) oil 0.01% | 2 | |
| hydrocortisone w/ acetic acid otic soln 1-2% | 4 | |
| neomycin-polymyxin-hc otic soln 1% | 3 | |
| neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% | 3 | |
| ofloxacin otic soln 0.3% | 3 | |
| Agentes para el tracto respiratorio/pulmonar | | |
| acetylcysteine inhal soln 10%, 20% | 2 | BD |
| ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*> | 5 | PA, QL (90 tablets/30 days) |
| ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act | 3 | QL (1 inhaler/30 days) |
| albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA) | 3 | QL (2 inhalers/30 days) |
| albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) | 2 | BD |
| albuterol sulfate syrup 2 mg/5ml | 2 | |
| albuterol sulfate tab 2 mg, 4 mg | 4 | |
| ambrisentan tab 5 mg, 10 mg*> | 5 | PA, QL (30 tablets/30 days) |
| ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act | 3 | QL (1 package/30 days) |
| ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act | 3 | QL (30 blisters/30 days) |
| ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act | 3 | QL (1 inhaler/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-----------------------------|
| ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated) | 3 | QL (1 inhaler/30 days) |
| ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated) | 3 | QL (1 inhaler/30 days) |
| ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated) | 3 | QL (1 inhaler/30 days) |
| ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated) | 3 | QL (1 inhaler/30 days) |
| ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act | 4 | QL (2 inhalers/30 days) |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> | 2 | QL (2 bottles/30 days) |
| <i>bosentan tab 62.5 mg, 125 mg*</i> > | 5 | PA, QL (60 tablets/30 days) |
| BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act | 3 | QL (1 package/30 days) |
| <i>breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> | 3 | QL (3 inhalers/30 days) |
| <i>breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | 3 | QL (3 inhalers/30 days) |
| BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act | 3 | QL (1 inhaler/30 days) |
| <i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i> | 4 | BD |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i> | 3 | QL (3 inhalers/30 days) |
| CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*> | 5 | PA |
| <i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> | 2 | |
| COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act | 4 | QL (2 inhalers/30 days) |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | 3 | BD |
| <i>ciproheptadine hcl tab 4 mg#</i> | 4 | PA (>=65 yr) |
| DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act | 3 | QL (3 inhalers/30 days) |
| EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) | 3 | |
| EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) | 3 | |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> | 3 | |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i> | 3 | |
| FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml, 30 mg/ml> | 5 | PA |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|-------------------------------|
| FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml> | 5 | PA |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i> | 3 | QL (3 bottles/30 days) |
| FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act | 3 | QL (1 inhaler/30 days) |
| FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act | 3 | QL (1 inhaler/30 days) |
| FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act | 3 | QL (2 inhalers/30 days) |
| <i>fluticasone propionate nasal susp 50 mcg/act</i> | 2 | QL (1 bottle/30 days) |
| FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act | 3 | QL (1 inhaler/30 days) |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | 3 | QL (1 inhaler/30 days) |
| INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq) | 3 | QL (30 blisters/30 days) |
| <i>ipratropium bromide inhal soln 0.02%</i> | 2 | BD |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> | 2 | QL (2 bottles/30 days) |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> | 2 | QL (3 bottles/30 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 2 | BD |
| KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*> | 5 | PA, QL (60 packets/30 days) |
| KALYDECO - ivacaftor tab 150 mg*> | 5 | PA, QL (60 tablets/30 days) |
| <i>levocetirizine dihydrochloride tab 5 mg</i> | 1 | |
| <i>mometasone furoate nasal susp 50 mcg/act</i> | 4 | QL (2 bottles/30 days) |
| <i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)</i> | 2 | |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | 4 | |
| <i>montelukast sodium tab 10 mg (base equiv)</i> | 1 | |
| OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*> | 5 | PA, QL (60 capsules/30 days) |
| <i>olopatadine hcl nasal soln 0.6%</i> | 4 | QL (1 bottle/30 days) |
| OPSUMIT - macitentan tab 10 mg*> | 5 | PA, QL (30 tablets/30 days) |
| ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*> | 5 | PA, QL (60 packets/30 days) |
| ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*> | 5 | PA, QL (120 tablets/30 days) |
| <i>pirfenidone cap 267 mg></i> | 5 | PA, QL (270 capsules/30 days) |
| <i>pirfenidone tab 267 mg></i> | 5 | PA, QL (270 tablets/30 days) |
| <i>pirfenidone tab 801 mg></i> | 5 | PA, QL (90 tablets/30 days) |
| PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml> | 5 | BD |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|---|-----------------------|------------------------------|
| QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act | 3 | QL (1 inhaler/30 days) |
| QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act | 3 | QL (2 inhalers/30 days) |
| roflumilast tab 250 mcg, 500 mcg | 4 | PA, QL (30 tablets/30 days) |
| SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv) | 3 | QL (1 inhaler/30 days) |
| sildenafil citrate tab 20 mg | 3 | PA, QL (90 tablets/30 days) |
| SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act | 3 | QL (1 inhaler/30 days) |
| STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act | 3 | QL (1 canister/30 days) |
| tadalafil tab 20 mg (pah) | 4 | PA, QL (60 tablets/30 days) |
| terbutaline sulfate tab 2.5 mg, 5 mg | 4 | |
| theophylline tab er 12hr 300 mg, 450 mg | 4 | |
| theophylline tab er 24hr 400 mg, 600 mg | 2 | |
| tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) | 3 | QL (30 capsules/30 days) |
| tobramycin nebu soln 300 mg/5ml> | 5 | BD, PA |
| TRACLEER - bosentan tab for oral susp 32 mg*> | 5 | PA, QL (120 tablets/30 days) |
| TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act | 3 | QL (60 blisters/30 days) |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran> | 5 | PA, QL (60 packets/30 days) |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran> | 5 | PA, QL (60 packets/30 days) |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk> | 5 | PA, QL (90 tablets/30 days) |
| TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk> | 5 | PA, QL (90 tablets/30 days) |
| VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml> | 5 | BD, PA, QL (270 mls/30 days) |
| VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | 3 | QL (2 inhalers/30 days) |
| wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act | 3 | QL (1 inhaler/30 days) |
| wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act | 3 | QL (1 inhaler/30 days) |
| wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act | 3 | QL (1 inhaler/30 days) |
| XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act | 4 | QL (2 bottles/30 days) |
| XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) | 4 | QL (2 inhalers/30 days) |
| zafirlukast tab 10 mg, 20 mg | 4 | |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

| Nombre del medicamento | Nivel del medicamento | Requisitos/Límites |
|--|-----------------------|------------------------------|
| Relajantes de los músculos esqueléticos | | |
| cyclobenzaprine hcl tab 5 mg, 10 mg# | 2 | |
| methocarbamol tab 500 mg, 750 mg# | 2 | |
| Agentes para tratar los trastornos del sueño | | |
| armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg | 4 | PA, QL (30 tablets/30 days) |
| BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg | 3 | PA, QL (30 tablets/30 days) |
| DAYVIGO - lemborexant tab 5 mg, 10 mg | 3 | PA, QL (30 tablets/30 days) |
| LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm*> | 5 | PA, QL (30 packets/30 days) |
| LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak*> | 5 | PA, QL (28 packets/28 days) |
| modafinil tab 100 mg, 200 mg | 3 | PA, QL (30 tablets/30 days) |
| ramelteon tab 8 mg | 4 | QL (30 tablets/30 days) |
| SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml> | 5 | PA, QL (540 mls/30 days) |
| tasimelteon capsule 20 mg> | 5 | PA, QL (30 capsules/30 days) |
| temazepam cap 15 mg, 30 mg | 2 | QL (30 capsules/30 days) |
| zaleplon cap 5 mg# | 3 | QL (30 capsules/30 days) |
| zaleplon cap 10 mg# | 3 | QL (60 capsules/30 days) |
| zolpidem tartrate tab 5 mg, 10 mg# | 2 | QL (30 tablets/30 days) |

Usted puede encontrar información acerca del significado de los símbolos y abreviaturas que aparecen en esta tabla al inicio de este documento.

ÍNDICE**A**

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|--|----|
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 30 |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | 30 |
| <i>abacavir sulfate tab 300 mg (base equiv)</i> | 30 |
| <i>abigale - estradiol & norethindrone acetate tab 1-0.5 mg</i> | 59 |
| <i>abigale lo - estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 59 |
| <i>ABILITY ASIMTUFII</i> | 27 |
| <i>ABILITY MAINTENA</i> | 27 |
| <i>abiraterone acetate tab 250 mg</i> | 18 |
| <i>abirtega - abiraterone acetate tab 250 mg</i> | 18 |
| <i>ABRYYSVO</i> | 69 |
| <i>acamprosate calcium tab delayed release 333 mg</i> | 3 |
| <i>acarbose tab 100 mg</i> | 35 |
| <i>acarbose tab 25 mg</i> | 35 |
| <i>acarbose tab 50 mg</i> | 35 |
| <i>accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i> | 50 |
| <i>acebutolol hcl cap 200 mg, 400 mg</i> | 41 |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 1 |
| <i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i> | 1 |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 1 |
| <i>acetazolamide cap er 12hr 500 mg</i> | 41 |
| <i>acetazolamide tab 125 mg, 250 mg</i> | 41 |
| <i>acetic acid otic soln 2%</i> | 78 |
| <i>acytelycysteine inhal soln 10%, 20%</i> | 78 |
| <i>acitretin cap 10 mg, 17.5 mg, 25 mg</i> | 50 |
| <i>ACTEMRA</i> | 69 |
| <i>ACTEMRA ACTPEN</i> | 69 |
| <i>ACTHIB</i> | 69 |
| <i>ACTIMMUNE</i> | 69 |
| <i>acyclovir cap 200 mg</i> | 30 |
| <i>acyclovir oint 5%</i> | 30 |
| <i>acyclovir sodium iv soln 50 mg/ml</i> | 30 |
| <i>acyclovir susp 200 mg/5ml</i> | 30 |
| <i>acyclovir tab 400 mg, 800 mg</i> | 31 |
| <i>ADACEL</i> | 69 |
| <i>adefovir dipivoxil tab 10 mg</i> | 31 |
| <i>ADEMPAS</i> | 78 |
| <i>ADLARITY</i> | 12 |
| <i>ADVAIR HFA</i> | 78 |

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|--|----|
| <i>afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 59 |
| <i>AIMOVIG</i> | 17 |
| <i>AKEEGA</i> | 18 |
| <i>ala-cort - hydrocortisone cream 1%</i> | 50 |
| <i>albendazole tab 200 mg</i> | 26 |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)</i> | 78 |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i> | 78 |
| <i>albuterol sulfate syrup 2 mg/5ml</i> | 78 |
| <i>albuterol sulfate tab 2 mg, 4 mg</i> | 78 |
| <i>alclometasone dipropionate cream 0.05%</i> | 50 |
| <i>alclometasone dipropionate oint 0.05%</i> | 50 |
| <i>ALCOHOL SWABS</i> | 35 |
| <i>ALECENSA</i> | 18 |
| <i>alendronate sodium tab 10 mg</i> | 75 |
| <i>alendronate sodium tab 35 mg, 70 mg</i> | 75 |
| <i>alfuzosin hcl tab er 24hr 10 mg</i> | 57 |
| <i>aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)</i> | 41 |
| <i>allopurinol tab 100 mg, 300 mg</i> | 17 |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i> | 55 |
| <i>alosetron hcl tab 1 mg (base equiv)</i> | 55 |
| <i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i> | 34 |
| <i>alprazolam tab 2 mg</i> | 34 |
| <i>altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 59 |
| <i>ALUNBRIG</i> | 18 |
| <i>alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> | 59 |
| <i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> | 59 |
| <i>amantadine hcl cap 100 mg</i> | 26 |
| <i>amantadine hcl soln 50 mg/5ml</i> | 26 |
| <i>ambrisentan tab 5 mg, 10 mg</i> | 78 |
| <i>amethia - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 59 |
| <i>amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | 59 |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i> | 4 |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 41 |
| <i>amiloride hcl tab 5 mg</i> | 41 |
| <i>amiodarone hcl tab 100 mg, 400 mg</i> | 41 |
| <i>amiodarone hcl tab 200 mg</i> | 41 |

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|--|----|
| amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg..... | 13 |
| amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg..... | 41 |
| amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg..... | 41 |
| amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg..... | 42 |
| amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)..... | 41 |
| amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg..... | 42 |
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg..... | 42 |
| amnesteem - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg..... | 50 |
| amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg..... | 13 |
| AMOXICILLIN/CLAVULANATE POTASSIUM ER..... | 4 |
| amoxicillin (trihydrate) cap 250 mg, 500 mg..... | 4 |
| amoxicillin (trihydrate) chew tab 125 mg..... | 4 |
| amoxicillin (trihydrate) chew tab 250 mg..... | 4 |
| amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml..... | 4 |
| amoxicillin (trihydrate) tab 500 mg, 875 mg..... | 4 |
| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml..... | 4 |
| amoxicillin & k clavulanate for susp 250-62.5 mg/5ml..... | 4 |
| amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg..... | 4 |
| amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg..... | 48 |
| amphetamine-dextroamphetamine tab 20 mg..... | 48 |
| amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg..... | 48 |
| AMPHOTERICIN B..... | 15 |
| amphotericin b liposome iv for susp 50 mg..... | 16 |
| ampicillin & sulbactam sodium for inj 3 (2-1) gm..... | 4 |

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|---|----|
| ampicillin & sulbactam sodium for iv soln 3 (2-1) gm..... | 4 |
| ampicillin cap 500 mg..... | 4 |
| ampicillin sodium for inj 1 gm..... | 4 |
| ampicillin sodium for iv soln 10 gm..... | 4 |
| ampicillin sodium for iv soln 1 gm..... | 4 |
| anagrelide hcl cap 0.5 mg, 1 mg..... | 39 |
| anastrozole tab 1 mg..... | 18 |
| ANORO ELLIPTA..... | 78 |
| APOKYN..... | 26 |
| apomorphine hcl soln cartridge 30 mg/3ml..... | 26 |
| aprepitant capsule 40 mg, 80 mg, 125 mg..... | 15 |
| aprepitant capsule therapy pack 80 & 125 mg..... | 15 |
| api - desogestrel & ethynodiol dihydrogenetic acid tab 0.15 mg-30 mcg..... | 59 |
| APTIVUS..... | 31 |
| aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg..... | 59 |
| ARANESP ALBUMIN FREE..... | 39 |
| ARCALYST..... | 69 |
| AREXVY..... | 69 |
| ARIKAYCE..... | 5 |
| ariPIPRAZOLE orally disintegrating tab 10 mg, 15 mg..... | 27 |
| ariPIPRAZOLE oral solution 1 mg/ml..... | 27 |
| ariPIPRAZOLE tab 10 mg, 15 mg, 20 mg, 30 mg..... | 27 |
| ariPIPRAZOLE tab 2 mg, 5 mg..... | 27 |
| ARISTADA..... | 27 |
| ARISTADA INITIO..... | 27 |
| armodafnil tab 50 mg, 150 mg, 200 mg, 250 mg..... | 82 |
| ARNUITY ELLIPTA..... | 78 |
| asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)..... | 27 |
| ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)..... | 59 |
| ASMANEX HFA..... | 78 |
| ASMANEX TWISTHALER 120 METERED DOSES..... | 79 |
| ASMANEX TWISTHALER 14 METERED DOSES..... | 79 |
| ASMANEX TWISTHALER 30 METERED DOSES..... | 79 |
| ASMANEX TWISTHALER 60 METERED DOSES..... | 79 |
| aspirin-dipyridamole cap er 12hr 25-200 mg..... | 40 |

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|---|----|
| atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)..... | 31 |
| atazanavir sulfate cap 200 mg (base equiv)..... | 31 |
| atenolol & chlorthalidone tab 50-25 mg, 100-25 mg..... | 42 |
| atenolol tab 25 mg, 50 mg, 100 mg..... | 42 |
| ATGAM..... | 69 |
| atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)..... | 48 |
| atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)..... | 48 |
| atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)..... | 42 |
| atorvastatin calcium tab 80 mg (base equivalent)..... | 42 |
| atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg..... | 26 |
| atovaquone susp 750 mg/5ml..... | 26 |
| atropine sulfate ophth soln 1%..... | 76 |
| ATROVENT HFA..... | 79 |
| aura eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg..... | 59 |
| AUGTYRO..... | 18 |
| aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg..... | 59 |
| aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg..... | 59 |
| aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)..... | 59 |
| aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg..... | 59 |
| aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg..... | 59 |
| AUSTEDO..... | 48 |
| AUSTEDO XR..... | 48 |
| AUSTEDO XR PATIENT TITRATION KIT..... | 48 |
| AUVELITY..... | 13 |
| aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg..... | 59 |
| avidoxy - doxycycline monohydrate tab 100 mg..... | 5 |
| AVMAPKI FAKZYNJA CO-PACK..... | 18 |
| AVONEX..... | 48 |
| AVONEX PEN..... | 48 |
| ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... | 59 |
| AYVAKIT..... | 18 |
| azathioprine tab 50 mg..... | 69 |
| azelaic acid gel 15%..... | 50 |
| azelastine hcl nasal spray 0.1% (137 mcg/spray)..... | 79 |
| azelastine hcl ophth soln 0.05%..... | 76 |
| AZELEX..... | 50 |
| azithromycin for susp 100 mg/5ml, 200 mg/5ml..... | 5 |
| azithromycin iv for soln 500 mg..... | 5 |
| azithromycin tab 250 mg, 500 mg, 600 mg..... | 5 |
| aztreonam for inj 1 gm..... | 5 |
| aztreonam for inj 2 gm..... | 5 |
| azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... | 59 |
| B | |
| bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg..... | 1 |
| BACITRACIN..... | 76 |
| bacitracin-polymyxin b ophth oint..... | 76 |
| bacitracin-polymyxin-neomycin-hc ophth oint 1%..... | 76 |
| baclofen tab 5 mg, 10 mg, 20 mg..... | 30 |
| balsalazide disodium cap 750 mg..... | 75 |
| BALVERSA..... | 18 |
| balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg..... | 59 |
| BAQSIMI ONE PACK..... | 35 |
| BAQSIMI TWO PACK..... | 35 |
| BARACLUDE..... | 31 |
| BCG VACCINE..... | 69 |
| BELBUCA..... | 1 |
| BELSOMRA..... | 82 |
| benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg..... | 42 |
| benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg..... | 42 |
| BENLYSTA..... | 69 |
| benzoyl peroxide-erythromycin gel 5-3%..... | 50 |
| benztropine mesylate tab 0.5 mg, 1 mg, 2 mg..... | 26 |
| BESIVANCE..... | 76 |
| BESREMI..... | 69 |
| betaine powder for oral solution..... | 56 |
| BETAMETHASONE DIPROPIONATE AUGMENTED..... | 50 |
| betamethasone dipropionate augmented cream 0.05%..... | 50 |
| betamethasone dipropionate augmented lotion 0.05%..... | 50 |

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| <i>betamethasone dipropionate augmented oint 0.05%</i> | 50 |
| <i>betamethasone dipropionate cream 0.05%</i> | 50 |
| <i>betamethasone dipropionate lotion 0.05%</i> | 50 |
| <i>betamethasone dipropionate oint 0.05%</i> | 50 |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i> | 50 |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 51 |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i> | 51 |
| BETASERON..... | 48 |
| <i>betaxolol hcl ophth soln 0.5%</i> | 76 |
| <i>betaxolol hcl tab 10 mg, 20 mg</i> | 42 |
| <i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i> | 57 |
| BETOPTIC-S..... | 76 |
| <i>bexarotene cap 75 mg</i> | 19 |
| <i>bexarotene gel 1%</i> | 19 |
| BEXSERO..... | 69 |
| <i>bicalutamide tab 50 mg</i> | 19 |
| BICILLIN L-A..... | 5 |
| BIKTARVY..... | 31 |
| <i>bimatoprost ophth soln 0.03%</i> | 76 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i> | 42 |
| <i>bisoprolol fumarate tab 5 mg, 10 mg</i> | 42 |
| <i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> | 60 |
| <i>blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | 59 |
| <i>blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 59 |
| BOOSTRIX..... | 69 |
| <i>bosentan tab 62.5 mg, 125 mg</i> | 79 |
| BOSULIF..... | 19 |
| BRAFTOVI..... | 19 |
| BREO ELLIPTA..... | 79 |
| <i>breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | 79 |
| <i>breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> | 79 |
| BREZTRI AEROSPHERE..... | 79 |
| <i>briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> | 60 |
| <i>brimonidine tartrate ophth soln 0.1%, 0.15%</i> | 76 |
| <i>brimonidine tartrate ophth soln 0.2%</i> | 76 |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> | 76 |
| <i>brinzolamide ophth susp 1%</i> | 76 |
| BRIVIACT..... | 10 |
| <i>bromfenac sodium ophth soln 0.07% (base equivalent)</i> | 76 |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 76 |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i> | 26 |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> | 26 |
| BRUKINSA..... | 19 |
| <i>budesonide delayed release particles cap 3 mg</i> | 75 |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i> | 79 |
| <i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i> | 79 |
| <i>budesonide tab er 24hr 9 mg</i> | 75 |
| <i>bumetanide inj 0.25 mg/ml</i> | 42 |
| <i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i> | 42 |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 3 |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)</i> | 3 |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 3 |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 3 |
| <i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</i> | 3 |
| <i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i> | 1 |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 4 |
| <i>bupropion hcl tab 100 mg</i> | 13 |
| <i>bupropion hcl tab 75 mg</i> | 13 |
| <i>bupropion hcl tab er 12hr 100 mg</i> | 13 |
| <i>bupropion hcl tab er 12hr 150 mg, 200 mg</i> | 13 |
| <i>bupropion hcl tab er 24hr 150 mg</i> | 13 |
| <i>bupropion hcl tab er 24hr 300 mg</i> | 13 |
| <i>buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i> | 34 |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1 |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> | 1 |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i> | 1 |

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| <i>cabergoline tab 0.5 mg</i> | 67 |
| <i>CABLIVI</i> | 40 |
| <i>CABOMETYX</i> | 19 |
| <i>calcipotriene cream 0.005%</i> | 51 |
| <i>calcipotriene oint 0.005%</i> | 51 |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | 51 |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | 75 |
| <i>calcitrene - calcipotriene oint 0.005%</i> | 51 |
| <i>calcitriol cap 0.25 mcg, 0.5 mcg</i> | 75 |
| <i>calcitriol oral soln 1 mcg/ml</i> | 75 |
| <i>CALQUENCE</i> | 19 |
| <i>camila - norethindrone tab 0.35 mg</i> | 60 |
| <i>camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 60 |
| <i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 60 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | 42 |
| <i>candesartan cilexetil tab 32 mg</i> | 42 |
| <i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i> | 42 |
| <i>CAPLYTA</i> | 27 |
| <i>CAPRELSA</i> | 19 |
| <i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i> | 42 |
| <i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i> | 10 |
| <i>carbamazepine chew tab 100 mg</i> | 10 |
| <i>carbamazepine susp 100 mg/5ml</i> | 10 |
| <i>carbamazepine tab 200 mg</i> | 10 |
| <i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i> | 10 |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 26 |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 26 |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 26 |
| <i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i> | 26 |
| <i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i> | 26 |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 26 |
| <i>carbidopa tab 25 mg</i> | 26 |
| <i>carglumic acid soluble tab 200 mg</i> | 53 |
| <i>carteolol hcl ophth soln 1%</i> | 76 |

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| <i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 42 |
| <i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i> | 42 |
| <i>caspofungin acetate for iv soln 50 mg, 70 mg</i> | 16 |
| <i>CAYSTON</i> | 79 |
| <i>cefaclor cap 250 mg</i> | 5 |
| <i>cefaclor cap 500 mg</i> | 5 |
| <i>cefadroxil cap 500 mg</i> | 5 |
| <i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i> | 5 |
| <i>cefadroxil tab 1 gm</i> | 5 |
| <i>cefazolin sodium (bulk) for inj 100 gm</i> | 5 |
| <i>cefazolin sodium (bulk) for inj 300 gm</i> | 5 |
| <i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i> | 5 |
| <i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i> | 5 |
| <i>cefazolin sodium for iv soln 1 gm</i> | 5 |
| <i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i> | 5 |
| <i>cefdinir cap 300 mg</i> | 5 |
| <i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i> | 5 |
| <i>cefepime hcl for inj 1 gm</i> | 5 |
| <i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i> | 5 |
| <i>cefepime hcl for iv soln 2 gm</i> | 5 |
| <i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i> | 5 |
| <i>cefepime hcl iv soln 1 gm/50ml</i> | 5 |
| <i>cefepime hcl iv soln 2 gm/100ml</i> | 5 |
| <i>cefixime cap 400 mg</i> | 5 |
| <i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i> | 5 |
| <i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i> | 5 |
| <i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i> | 5 |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> | 5 |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i> | 5 |
| <i>cefpodoxime proxetil tab 100 mg, 200 mg</i> | 5 |
| <i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i> | 5 |
| <i>cefprozil tab 250 mg, 500 mg</i> | 5 |
| <i>ceftazidime for inj 1 gm</i> | 6 |
| <i>ceftazidime for inj 6 gm</i> | 6 |
| <i>ceftazidime for iv soln 2 gm</i> | 6 |

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| ceftriaxone sodium (bulk) for inj 100 gm..... | 6 |
| ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm..... | 6 |
| ceftriaxone sodium for iv soln 1 gm, 2 gm..... | 6 |
| ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml..... | 6 |
| ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml..... | 6 |
| ceftriaxone sodium in dextrose inj 20 mg/ml..... | 6 |
| ceftriaxone sodium in dextrose inj 40 mg/ml..... | 6 |
| cefuroxime axetil tab 250 mg, 500 mg..... | 6 |
| cefuroxime sodium for inj 750 mg..... | 6 |
| cefuroxime sodium for iv soln 1.5 gm..... | 6 |
| celecoxib cap 400 mg..... | 1 |
| celecoxib cap 50 mg, 100 mg, 200 mg..... | 1 |
| cephalexin cap 250 mg, 500 mg..... | 6 |
| cephalexin cap 750 mg..... | 6 |
| cephalexin for susp 125 mg/5ml, 250 mg/5ml..... | 6 |
| CEREZYME..... | 56 |
| cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)..... | 79 |
| cevimeline hcl cap 30 mg..... | 50 |
| chateal eq - levonorgestrel & ethynodiol dihydrogesterone tab 0.15 mg-30 mcg..... | 60 |
| CHEMET..... | 53 |
| CHENODAL..... | 55 |
| chlorhexidine gluconate soln 0.12%..... | 50 |
| chloroquine phosphate tab 250 mg..... | 26 |
| chloroquine phosphate tab 500 mg..... | 26 |
| chlorpromazine hcl conc 100 mg/ml..... | 15 |
| chlorpromazine hcl conc 30 mg/ml..... | 15 |
| chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg..... | 15 |
| chlorthalidone tab 25 mg, 50 mg..... | 42 |
| cholestyramine light powder 4 gm/dose..... | 42 |
| cholestyramine light powder packets 4 gm..... | 42 |
| cholestyramine powder 4 gm/dose..... | 42 |
| cholestyramine powder packets 4 gm..... | 42 |
| choline fenofibrate cap dr 135 mg (fenofibric acid equiv)..... | 42 |
| choline fenofibrate cap dr 45 mg (fenofibric acid equiv)..... | 42 |
| CHORIONIC GONADOTROPIN..... | 58 |
| ciclodan - ciclopirox solution 8%..... | 16 |
| ciclopirox gel 0.77%..... | 16 |
| ciclopirox olamine cream 0.77% (base equiv)..... | 16 |
| ciclopirox olamine susp 0.77% (base equiv)..... | 16 |
| ciclopirox shampoo 1%..... | 16 |
| ciclopirox solution 8%..... | 16 |
| cilstazol tab 50 mg, 100 mg..... | 40 |
| CIMDUO..... | 31 |
| cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg..... | 55 |
| cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv)..... | 75 |
| cinacalcet hcl tab 90 mg (base equiv)..... | 75 |
| CINRYZE..... | 69 |
| ciprofloxacin 200 mg/100ml in d5w..... | 6 |
| ciprofloxacin 400 mg/200ml in d5w..... | 6 |
| ciprofloxacin hcl ophth soln 0.3% (base equivalent)..... | 76 |
| ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)..... | 6 |
| ciprofloxacin hcl tab 750 mg (base equiv)..... | 6 |
| citalopram hydrobromide oral soln 10 mg/5ml..... | 13 |
| citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)..... | 13 |
| citalopram hydrobromide tab 40 mg (base equiv)..... | 13 |
| claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg..... | 51 |
| CLARITHROMYCIN..... | 6 |
| clarithromycin tab 250 mg, 500 mg..... | 6 |
| clarithromycin tab er 24hr 500 mg..... | 6 |
| clindacin etz pledges - clindamycin phosphate swab 1%..... | 6 |
| clindacin-p - clindamycin phosphate swab 1%..... | 6 |
| clindamycin hcl cap 75 mg, 150 mg, 300 mg..... | 6 |
| clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)..... | 6 |
| clindamycin phosphate-benzoyl peroxide gel 1-5%..... | 51 |
| clindamycin phosphate gel 1% (once-daily), 1% (twice-daily)..... | 6 |
| clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml..... | 6 |
| clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml..... | 6 |
| clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml..... | 6 |

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| <i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml.....</i> | 6 |
| <i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml.....</i> | 6 |
| <i>clindamycin phosphate lotion 1%.....</i> | 6 |
| <i>clindamycin phosphate soln 1%.....</i> | 6 |
| <i>clindamycin phosphate swab 1%.....</i> | 6 |
| <i>clindamycin phosphate vaginal cream 2%.....</i> | 7 |
| <i>clobazam suspension 2.5 mg/ml.....</i> | 10 |
| <i>clobazam tab 10 mg, 20 mg.....</i> | 10 |
| <i>clobetasol propionate cream 0.05%.....</i> | 51 |
| <i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%.....</i> | 51 |
| <i>clobetasol propionate emollient base cream 0.05%.....</i> | 51 |
| <i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%.....</i> | 51 |
| <i>clobetasol propionate gel 0.05%.....</i> | 51 |
| <i>clobetasol propionate oint 0.05%.....</i> | 51 |
| <i>clobetasol propionate shampoo 0.05%.....</i> | 51 |
| <i>clobetasol propionate soln 0.05%.....</i> | 51 |
| <i>clodan - clobetasol propionate shampoo 0.05%.....</i> | 51 |
| <i>clomipramine hcl cap 25 mg, 50 mg, 75 mg.....</i> | 13 |
| <i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg.....</i> | 34 |
| <i>clonazepam orally disintegrating tab 2 mg.....</i> | 34 |
| <i>clonazepam tab 0.5 mg, 1 mg.....</i> | 34 |
| <i>clonazepam tab 2 mg.....</i> | 34 |
| <i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....</i> | 42 |
| <i>clonidine hcl tab er 12hr 0.1 mg.....</i> | 48 |
| <i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr.....</i> | 42 |
| <i>clopidogrel bisulfate tab 75 mg (base equiv).....</i> | 40 |
| <i>clorazepate dipotassium tab 15 mg.....</i> | 34 |
| <i>clorazepate dipotassium tab 3.75 mg.....</i> | 34 |
| <i>clorazepate dipotassium tab 7.5 mg.....</i> | 34 |
| <i>clotrimazole cream 1%.....</i> | 16 |
| <i>clotrimazole soln 1%.....</i> | 16 |
| <i>clotrimazole troche 10 mg.....</i> | 16 |
| <i>clotrimazole w/ betamethasone cream 1-0.05%.....</i> | 51 |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%.....</i> | 51 |
| <i>CLOZAPINE ODT.....</i> | 27 |
| <i>clozapine orally disintegrating tab 150 mg.....</i> | 27 |
| <i>clozapine orally disintegrating tab 200 mg.....</i> | 28 |
| <i>clozapine orally disintegrating tab 25 mg, 100 mg.....</i> | 27 |
| <i>clozapine tab 100 mg.....</i> | 28 |
| <i>clozapine tab 200 mg.....</i> | 28 |
| <i>clozapine tab 25 mg, 50 mg.....</i> | 28 |
| <i>COARTEM.....</i> | 26 |
| <i>COBENFY.....</i> | 28 |
| <i>COBENFY STARTER PACK.....</i> | 28 |
| <i>CODEINE SULFATE.....</i> | 1 |
| <i>codeine sulfate tab 30 mg.....</i> | 1 |
| <i>colchicine tab 0.6 mg.....</i> | 17 |
| <i>colchicine w/ probenecid tab 0.5-500 mg.....</i> | 17 |
| <i>colestipol hcl granule packets 5 gm.....</i> | 42 |
| <i>colestipol hcl granules 5 gm.....</i> | 42 |
| <i>colestipol hcl tab 1 gm.....</i> | 42 |
| <i>colistimethate sod for inj 150 mg (colistin base activity).....</i> | 7 |
| <i>COMBIPATCH.....</i> | 60 |
| <i>COMBIVENT RESPIMAT.....</i> | 79 |
| <i>COMETRIQ.....</i> | 19 |
| <i>COMPLERA.....</i> | 31 |
| <i>compro - prochlorperazine suppos 25 mg.....</i> | 15 |
| <i>constulose - lactulose solution 10 gm/15ml.....</i> | 55 |
| <i>COPAXONE.....</i> | 48 |
| <i>COPIKTRA.....</i> | 19 |
| <i>CORLANOR.....</i> | 43 |
| <i>COSENTYX.....</i> | 69 |
| <i>COSENTYX SENSOREADY PEN.....</i> | 69 |
| <i>COSENTYX UNOREADY.....</i> | 70 |
| <i>COTELLIC.....</i> | 19 |
| <i>CREON.....</i> | 56 |
| <i>CRESEMDA.....</i> | 16 |
| <i>cromolyn sodium ophth soln 4%.....</i> | 76 |
| <i>cromolyn sodium oral conc 100 mg/5ml.....</i> | 56 |
| <i>cromolyn sodium soln nebu 20 mg/2ml.....</i> | 79 |
| <i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....</i> | 60 |
| <i>CRYSVITA.....</i> | 56 |
| <i>cyclobenzaprine hcl tab 5 mg, 10 mg.....</i> | 82 |
| <i>CYCLOPHOSPHAMIDE.....</i> | 19 |
| <i>cyclophosphamide cap 25 mg, 50 mg.....</i> | 19 |
| <i>cycloserine cap 250 mg.....</i> | 18 |
| <i>CYCLOSET.....</i> | 35 |
| <i>cyclosporine cap 100 mg.....</i> | 70 |

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| cyclosporine cap 25 mg..... | 70 |
| cyclosporine modified cap 25 mg, 50 mg, 100 mg..... | 70 |
| cyclosporine modified oral soln 100 mg/ml..... | 70 |
| cyproheptadine hcl tab 4 mg..... | 79 |
| cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... | 60 |
| CYSTADROPS..... | 76 |
| CYSTAGON..... | 56 |
| CYSTARAN..... | 76 |
| D | |
| dabigatran etexilate mesylate cap 110 mg (etexilate base eq)..... | 40 |
| dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)..... | 40 |
| dalfampridine tab er 12hr 10 mg..... | 49 |
| DALVANCE..... | 7 |
| danazol cap 50 mg, 100 mg, 200 mg..... | 60 |
| dantrolene sodium cap 25 mg, 50 mg, 100 mg..... | 30 |
| DANZITEN..... | 19 |
| dapsone tab 25 mg, 100 mg..... | 18 |
| DAPTACEL..... | 70 |
| daptomycin for iv soln 500 mg..... | 7 |
| darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)..... | 57 |
| darunavir tab 600 mg..... | 31 |
| darunavir tab 800 mg..... | 31 |
| dasatinib tab 20 mg..... | 19 |
| dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg..... | 19 |
| dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg..... | 60 |
| dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg..... | 60 |
| DAURISMO..... | 19 |
| daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)..... | 60 |
| DAYVIGO..... | 82 |
| deblitane - norethindrone tab 0.35 mg..... | 60 |
| deferasirox granules packet 90 mg, 180 mg, 360 mg..... | 53 |
| deferasirox tab 180 mg, 360 mg..... | 53 |
| deferasirox tab 90 mg..... | 53 |
| deferasirox tab for oral susp 125 mg..... | 53 |
| deferasirox tab for oral susp 250 mg, 500 mg..... | 53 |
| DELSTRIGO..... | 31 |
| delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg..... | 60 |

| | |
|---|----|
| demeocycline hcl tab 150 mg, 300 mg..... | 7 |
| DENGVAXIA..... | 70 |
| DEPO-ESTRADIOL..... | 60 |
| DEPO-SUBQ PROVERA 104..... | 60 |
| depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml..... | 60 |
| depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml..... | 60 |
| DESCOZY..... | 31 |
| desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg..... | 13 |
| desmopressin acetate inj 4 mcg/ml..... | 58 |
| desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%..... | 58 |
| desmopressin acetate preservative free (pf) inj 4 mcg/ml..... | 58 |
| desmopressin acetate tab 0.1 mg, 0.2 mg..... | 58 |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... | 60 |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... | 60 |
| desonide cream 0.05%..... | 51 |
| desonide oint 0.05%..... | 51 |
| desoximetasone cream 0.05%, 0.25%..... | 51 |
| desoximetasone gel 0.05%..... | 51 |
| desoximetasone oint 0.25%..... | 51 |
| desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)..... | 13 |
| dexamethasone elixir 0.5 mg/5ml..... | 58 |
| dexamethasone sodium phosphate ophth soln 0.1%..... | 76 |
| dexamethasone soln 0.5 mg/5ml..... | 58 |
| dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg..... | 58 |
| dexamethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg..... | 49 |
| dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg..... | 49 |
| dextroamphetamine sulfate cap er 24hr 5 mg..... | 49 |
| dextroamphetamine sulfate tab 10 mg..... | 49 |
| dextroamphetamine sulfate tab 5 mg..... | 49 |
| dextrose 2.5% w/ sodium chloride 0.45%..... | 53 |
| dextrose 5% w/ sodium chloride 0.2%..... | 53 |
| dextrose 5% w/ sodium chloride 0.45%, 0.9%..... | 53 |
| dextrose inj 5%, 10%..... | 53 |
| DIACOMIT..... | 10 |
| diazepam conc 5 mg/ml..... | 34 |

| | |
|--|----|
| diazepam intensol - diazepam conc 5 mg/ml..... | 34 |
| diazepam oral soln 1 mg/ml..... | 34 |
| DIAZEPAM RECTAL GEL..... | 10 |
| diazepam rectal gel delivery system 10 mg, 20 mg..... | 10 |
| diazepam tab 2 mg, 5 mg, 10 mg..... | 34 |
| diazoxide susp 50 mg/ml..... | 35 |
| diclofenac potassium tab 50 mg..... | 1 |
| diclofenac sodium (actinic keratoses) gel 3%..... | 51 |
| diclofenac sodium ophth soln 0.1%..... | 76 |
| diclofenac sodium soln 1.5%..... | 1 |
| diclofenac sodium tab delayed release 25 mg..... | 1 |
| diclofenac sodium tab delayed release 50 mg..... | 1 |
| diclofenac sodium tab delayed release 75 mg..... | 1 |
| diclofenac sodium tab er 24hr 100 mg..... | 1 |
| diclofenac w/ misoprostol tab delayed release 50-0.2 mg..... | 1 |
| diclofenac w/ misoprostol tab delayed release 75-0.2 mg..... | 1 |
| dicloxacillin sodium cap 250 mg, 500 mg..... | 7 |
| dicyclomine hcl cap 10 mg..... | 55 |
| dicyclomine hcl oral soln 10 mg/5ml..... | 55 |
| dicyclomine hcl tab 20 mg..... | 55 |
| DIFICID..... | 7 |
| dilfluprednate ophth emulsion 0.05%..... | 76 |
| digoxin oral soln 0.05 mg/ml..... | 43 |
| digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)..... | 43 |
| dihydroergotamine mesylate nasal spray 4 mg/ml..... | 17 |
| DILANTIN..... | 10 |
| diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg..... | 43 |
| diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg..... | 43 |
| diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg..... | 43 |
| diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg..... | 43 |
| diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg..... | 43 |
| diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg..... | 43 |
| dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg..... | 43 |
| dimethyl fumarate capsule delayed release 120 mg, 240 mg..... | 49 |
| dimethyl fumarate capsule dr starter pack 120 mg & 240 mg..... | 49 |
| DIPENTUM..... | 75 |
| diphenoxylate w/ atropine tab 2.5-0.025 mg..... | 55 |
| dipyridamole tab 25 mg, 50 mg, 75 mg..... | 40 |
| disulfiram tab 250 mg, 500 mg..... | 4 |
| divalproex sodium cap delayed release sprinkle 125 mg..... | 10 |
| divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg..... | 10 |
| divalproex sodium tab er 24 hr 250 mg, 500 mg..... | 10 |
| dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)..... | 43 |
| dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg..... | 60 |
| donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg..... | 12 |
| donepezil hydrochloride tab 23 mg..... | 12 |
| donepezil hydrochloride tab 5 mg, 10 mg..... | 12 |
| dorzolamide hcl ophth soln 2%..... | 76 |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5%..... | 76 |
| dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr..... | 60 |
| DOVATO..... | 31 |
| doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg..... | 43 |
| doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg..... | 13 |
| doxepin hcl conc 10 mg/ml..... | 13 |
| doxy 100 - doxycycline hyclate for inj 100 mg..... | 7 |
| doxycycline (rosacea) cap delayed release 40 mg..... | 51 |
| doxycycline hyclate cap 50 mg, 100 mg..... | 7 |
| doxycycline hyclate for inj 100 mg..... | 7 |
| doxycycline hyclate tab 20 mg, 100 mg..... | 7 |
| doxycycline monohydrate cap 150 mg..... | 7 |
| doxycycline monohydrate cap 50 mg, 100 mg..... | 7 |
| doxycycline monohydrate tab 150 mg..... | 7 |
| doxycycline monohydrate tab 50 mg, 75 mg, 100 mg..... | 7 |
| DRIZALMA SPRINKLE..... | 13 |
| dronabinol cap 2.5 mg, 5 mg, 10 mg..... | 15 |

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| <i>dospirenone-ethinyl estradiol tab 3-0.02</i> | |
| <i>mg</i> | 60 |
| <i>dospirenone-ethinyl estradiol tab 3-0.03</i> | |
| <i>mg</i> | 60 |
| <i>dospirenone-ethinyl estrad-levomefolate tab</i> | |
| <i>3-0.02-0.451 mg</i> | 60 |
| <i>dospirenone-ethinyl estrad-levomefolate tab</i> | |
| <i>3-0.03-0.451 mg</i> | 60 |
| <i>droxidopa cap 100 mg, 200 mg, 300</i> | |
| <i>mg</i> | 43 |
| <i>DUAVEE</i> | 60 |
| <i>DULERA</i> | 79 |
| <i>duloxetine hcl enteric coated pellets cap 20 mg</i> | |
| <i>(base eq), 60 mg (base eq)</i> | 13 |
| <i>duloxetine hcl enteric coated pellets cap 30 mg</i> | |
| <i>(base eq)</i> | 13 |
| <i>DUPIXENT</i> | 70 |
| <i>dutasteride cap 0.5 mg</i> | 57 |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> | |
| <i>mg</i> | 57 |

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| <i>ec-naproxen - naproxen tab ec 375 mg</i> | 1 |
| <i>ec-naproxen - naproxen tab ec 500 mg</i> | 1 |
| <i>econazole nitrate cream 1%</i> | 16 |
| <i>EDARBI</i> | 43 |
| <i>EDARBYCLOR</i> | 43 |
| <i>EDURANT</i> | 31 |
| <i>EDURANT PED</i> | 31 |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300</i> | |
| <i>mg</i> | 31 |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300</i> | |
| <i>mg</i> | 31 |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300</i> | |
| <i>mg</i> | 31 |
| <i>efavirenz tab 600 mg</i> | 31 |
| <i>ELELYSO</i> | 56 |
| <i>ELIGARD</i> | 68 |
| <i>elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30</i> | |
| <i>mcg</i> | 60 |
| <i>ELIQUIS</i> | 40 |
| <i>ELIQUIS STARTER PACK</i> | 40 |
| <i>eluryng - etonogestrel-ethinyl estradiol va ring</i> | |
| <i>0.12-0.015mg/24hr</i> | 60 |
| <i>EMGALITY</i> | 17 |
| <i>EMSAM</i> | 14 |
| <i>emtricitabine caps 200 mg</i> | 31 |
| <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300</i> | |
| <i>mg</i> | 31 |
| <i>emtricitabine-tenofovir disoproxil fumarate tab</i> | |
| <i>100-150 mg, 133-200 mg, 167-250</i> | |
| <i>mg</i> | 31 |

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| <i>emtricitabine-tenofovir disoproxil fumarate tab</i> | |
| <i>200-300 mg</i> | 31 |
| <i>EMTRIVA</i> | 31 |
| <i>emzahh - norethindrone tab 0.35 mg</i> | 60 |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5</i> | |
| <i>mg, 10-25 mg</i> | 43 |
| <i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20</i> | |
| <i>mg</i> | 43 |
| <i>ENBREL</i> | 70 |
| <i>ENBREL MINI</i> | 70 |
| <i>ENBREL SURECLICK</i> | 70 |
| <i>endocet - oxycodone w/ acetaminophen tab 10-325</i> | |
| <i>mg</i> | 1 |
| <i>endocet - oxycodone w/ acetaminophen tab 2.5-325</i> | |
| <i>mg, 5-325 mg</i> | 1 |
| <i>endocet - oxycodone w/ acetaminophen tab 7.5-325</i> | |
| <i>mg</i> | 1 |
| <i>ENGERIX-B</i> | 70 |
| <i>enilloring - etonogestrel-ethinyl estradiol va ring</i> | |
| <i>0.12-0.015 mg/24hr</i> | 61 |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40</i> | |
| <i>mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml,</i> | |
| <i>120 mg/0.8ml, 150 mg/ml</i> | 40 |
| <i>enpresse-28 - levonorgestrel-eth estra tab</i> | |
| <i>0.05-30/0.075-40/0.125-30mg-mcg</i> | 61 |
| <i>enskyce - desogestrel & ethinyl estradiol tab 0.15</i> | |
| <i>mg-30 mcg</i> | 61 |
| <i>entacapone tab 200 mg</i> | 26 |
| <i>entecavir tab 0.5 mg, 1 mg</i> | 31 |
| <i>ENTRESTO</i> | 43 |
| <i>ENTYVIO PEN</i> | 70 |
| <i>enulose - lactulose (encephalopathy) solution 10</i> | |
| <i>gm/15ml</i> | 55 |
| <i>ENVARSUS XR</i> | 70 |
| <i>EPIDIOLEX</i> | 10 |
| <i>epinastine hcl ophth soln 0.05%</i> | 76 |
| <i>EPINEPHRINE (authorized generic for Adrenaclick</i> | |
| <i>0.3 mg/0.3 mL)</i> | 79 |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml</i> | |
| <i>(1:2000)</i> | 79 |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml</i> | |
| <i>(1:1000) (generic for EpiPen 2-Pak)</i> | 79 |
| <i>epitol - carbamazepine tab 200 mg</i> | 10 |
| <i>eplerenone tab 25 mg, 50 mg</i> | 43 |
| <i>EPRONTIA</i> | 10 |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 17 |
| <i>ERIVEDGE</i> | 19 |
| <i>ERLEADA</i> | 19 |
| <i>erlotinib hcl tab 100 mg (base equivalent), 150 mg</i> | |
| <i>(base equivalent)</i> | 19 |
| <i>erlotinib hcl tab 25 mg (base</i> | |
| <i>equivalent)</i> | 19 |

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| errin - norethindrone tab 0.35 mg..... | 61 |
| ertapenem sodium for inj 1 gm (base equivalent)..... | 7 |
| ERVEBO..... | 70 |
| ERY..... | 7 |
| erythrocin lactobionate - erythromycin lactobionate for inj 500 mg..... | 7 |
| erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml..... | 7 |
| erythromycin lactobionate for inj 500 mg..... | 7 |
| erythromycin ophth oint 5 mg/gm..... | 76 |
| erythromycin soln 2%..... | 7 |
| erythromycin tab 250 mg, 500 mg..... | 7 |
| erythromycin tab delayed release 250 mg, 333 mg, 500 mg..... | 7 |
| erythromycin w/ delayed release particles cap 250 mg..... | 7 |
| escitalopram oxalate soln 5 mg/5ml (base equiv)..... | 14 |
| escitalopram oxalate tab 20 mg (base equiv)..... | 14 |
| escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)..... | 14 |
| eslicarbazepine acetate tab 200 mg, 400 mg..... | 10 |
| eslicarbazepine acetate tab 600 mg, 800 mg..... | 10 |
| esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)..... | 55 |
| estarrylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg..... | 61 |
| estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg..... | 61 |
| estradiol tab 0.5 mg, 1 mg, 2 mg..... | 61 |
| estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)..... | 61 |
| estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr..... | 61 |
| estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr..... | 61 |
| estradiol vaginal cream 0.1 mg/gm..... | 61 |
| estradiol vaginal tab 10 mcg..... | 61 |
| estradiol valerate im in oil 10 mg/ml, 20 mg/ml..... | 61 |
| estradiol valerate im in oil 40 mg/ml..... | 61 |
| ESTRING..... | 61 |
| ethambutol hcl tab 100 mg, 400 mg..... | 18 |
| ethosuximide cap 250 mg..... | 10 |
| ethosuximide soln 250 mg/5ml..... | 10 |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg..... | 61 |
| etodolac cap 200 mg..... | 1 |
| etodolac cap 300 mg..... | 1 |
| etodolac tab 400 mg, 500 mg..... | 1 |
| etodolac tab er 24hr 400 mg, 500 mg..... | 1 |
| etodolac tab er 24hr 600 mg..... | 1 |
| etongestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr..... | 61 |
| etravirine tab 100 mg, 200 mg..... | 31 |
| EULEXIN..... | 19 |
| everolimus tab 0.25 mg..... | 70 |
| everolimus tab 0.5 mg, 0.75 mg, 1 mg..... | 70 |
| everolimus tab 2.5 mg, 7.5 mg, 10 mg..... | 20 |
| everolimus tab 5 mg..... | 20 |
| everolimus tab for oral susp 2 mg, 5 mg..... | 19 |
| everolimus tab for oral susp 3 mg..... | 20 |
| EVOTAZ..... | 31 |
| exemestane tab 25 mg..... | 20 |
| EXTENCILLINE..... | 7 |
| EYSUVIS..... | 76 |
| ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg..... | 43 |
| ezetimibe tab 10 mg..... | 43 |
| F | |
| falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg..... | 61 |
| famciclovir tab 125 mg, 250 mg, 500 mg..... | 31 |
| famotidine for susp 40 mg/5ml..... | 55 |
| famotidine tab 20 mg, 40 mg..... | 55 |
| FANAPT..... | 28 |
| FANAPT TITRATION PACK A..... | 28 |
| FANAPT TITRATION PACK C..... | 28 |
| FARXIGA..... | 35 |
| FASENRA..... | 79 |
| FASENRA PEN..... | 80 |
| feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg..... | 61 |
| feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg..... | 61 |
| felbamate susp 600 mg/5ml..... | 10 |
| felbamate tab 400 mg, 600 mg..... | 10 |
| felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg..... | 43 |
| fenofibrate micronized cap 67 mg, 134 mg, 200 mg..... | 43 |
| fenofibrate tab 145 mg, 160 mg..... | 43 |
| fenofibrate tab 48 mg, 54 mg..... | 43 |

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| fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr..... | 1 |
| FETZIMA..... | 14 |
| FETZIMA TITRATION PACK..... | 14 |
| fidaxomicin tab 200 mg..... | 7 |
| FINACEA..... | 51 |
| finasteride tab 5 mg..... | 57 |
| fingolimod hcl cap 0.5 mg (base equiv)..... | 49 |
| FINTEPLA..... | 10 |
| FIRMAGON..... | 68 |
| flac - fluocinolone acetonide (otic) oil 0.01%..... | 78 |
| flecainide acetate tab 50 mg, 100 mg, 150 mg..... | 43 |
| fluconazole for susp 10 mg/ml, 40 mg/ml..... | 16 |
| fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml..... | 16 |
| fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg..... | 16 |
| flucytosine cap 250 mg, 500 mg..... | 16 |
| fludrocortisone acetate tab 0.1 mg..... | 58 |
| flunisolide nasal soln 25 mcg/act (0.025%)..... | 80 |
| fluocinolone acetonide (otic) oil 0.01%..... | 78 |
| fluocinolone acetonide cream 0.01%..... | 51 |
| fluocinolone acetonide cream 0.025%..... | 51 |
| fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)..... | 51 |
| fluocinolone acetonide oint 0.025%..... | 51 |
| fluocinolone acetonide soln 0.01%..... | 51 |
| fluocinonide cream 0.05%..... | 51 |
| fluocinonide emulsified base cream 0.05%..... | 51 |
| fluocinonide gel 0.05%..... | 51 |
| fluocinonide oint 0.05%..... | 51 |
| fluocinonide soln 0.05%..... | 52 |
| fluorometholone ophth susp 0.1%..... | 77 |
| FLUOROURACIL..... | 52 |
| fluorouracil cream 5%..... | 52 |
| fluorouracil soln 5%..... | 52 |
| FLUOXETINE DR..... | 14 |
| fluoxetine hcl cap 10 mg..... | 14 |
| fluoxetine hcl cap 20 mg..... | 14 |
| fluoxetine hcl cap 40 mg..... | 14 |
| fluoxetine hcl solution 20 mg/5ml..... | 14 |
| fluphenazine decanoate inj 25 mg/ml..... | 28 |
| FLUPHENAZINE HCL..... | 28 |
| fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg..... | 28 |
| FLUPHENAZINE HYDROCHLORIDE..... | 28 |

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| flurbiprofen sodium ophth soln 0.03%..... | 77 |
| flurbiprofen tab 100 mg..... | 2 |
| FLUTICASONE PROPIONATE/ SALMETEROL..... | 80 |
| fluticasone propionate cream 0.05%..... | 52 |
| FLUTICASONE PROPIONATE HFA..... | 80 |
| fluticasone propionate nasal susp 50 mcg/act..... | 80 |
| fluticasone propionate oint 0.005%..... | 52 |
| fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act..... | 80 |
| fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)..... | 43 |
| fluvastatin sodium tab er 24 hr 80 mg (base equivalent)..... | 43 |
| fluvoxamine maleate tab 100 mg..... | 14 |
| fluvoxamine maleate tab 25 mg, 50 mg..... | 14 |
| fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml..... | 40 |
| fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml..... | 40 |
| fosamprenavir calcium tab 700 mg (base equiv)..... | 31 |
| fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg..... | 43 |
| fosinopril sodium tab 10 mg, 20 mg, 40 mg..... | 43 |
| FOTIVDA..... | 20 |
| FRUZAQLA..... | 20 |
| FULPHILA..... | 40 |
| furosemide inj 10 mg/ml..... | 44 |
| furosemide oral soln 10 mg/ml..... | 44 |
| furosemide oral soln 8 mg/ml..... | 44 |
| furosemide tab 20 mg, 40 mg, 80 mg..... | 44 |
| FUZEON..... | 31 |
| FYCOMPA..... | 10 |
| G | |
| gabapentin cap 100 mg..... | 10 |
| gabapentin cap 300 mg..... | 10 |
| gabapentin cap 400 mg..... | 10 |
| gabapentin oral soln 250 mg/5ml..... | 11 |
| gabapentin tab 600 mg..... | 11 |
| gabapentin tab 800 mg..... | 11 |
| GALANTAMINE HYDROBROMIDE..... | 13 |
| galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg..... | 13 |
| galantamine hydrobromide tab 4 mg, 8 mg, 12 mg..... | 13 |
| galbriela - norethindrone & ethynodiol-Fe chew tab 0.8 mg-25 mcg..... | 61 |

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| <i>gallifrey - norethindrone acetate tab 5 mg</i> | 61 |
| GAMMAGARD LIQUID..... | 70 |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML..... | 70 |
| GAMMAPLEX..... | 70 |
| GAMUNEX-C..... | 71 |
| GARDASIL 9..... | 71 |
| <i>gatifloxacin ophth soln 0.5%</i> | 77 |
| GATTEX..... | 55 |
| GAUZE PADS 2" X 2"..... | 35 |
| <i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> | 55 |
| <i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 55 |
| <i>gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 55 |
| GAVRETO..... | 20 |
| gefitinib tab 250 mg..... | 20 |
| gemfibrozil tab 600 mg..... | 44 |
| <i>gemma - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> | 61 |
| GEMTESA..... | 57 |
| <i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i> | 55 |
| <i>gengraf - cyclosporine modified cap 25 mg, 100 mg</i> | 71 |
| <i>gengraf - cyclosporine modified oral soln 100 mg/ml</i> | 71 |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 7 |
| GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE..... | 7 |
| <i>gentamicin sulfate cream 0.1%</i> | 52 |
| <i>gentamicin sulfate inj 40 mg/ml</i> | 7 |
| <i>gentamicin sulfate oint 0.1%</i> | 52 |
| <i>gentamicin sulfate ophth soln 0.3%</i> | 77 |
| GENVOYA..... | 32 |
| GIOTRIF..... | 20 |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | 49 |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> | 49 |
| <i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i> | 49 |
| <i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i> | 49 |
| GLEOSTINE..... | 20 |
| <i>glimepiride tab 1 mg</i> | 35 |
| <i>glimepiride tab 2 mg</i> | 35 |
| <i>glimepiride tab 4 mg</i> | 35 |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 35 |

| | |
|--|----|
| <i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i> | 35 |
| <i>glipizide tab 10 mg</i> | 35 |
| <i>glipizide tab 5 mg</i> | 35 |
| <i>glipizide tab er 24hr 10 mg</i> | 35 |
| <i>glipizide tab er 24hr 2.5 mg</i> | 35 |
| <i>glipizide tab er 24hr 5 mg</i> | 35 |
| <i>glipizide xl - glipizide tab er 24hr 10 mg</i> | 35 |
| <i>glipizide xl - glipizide tab er 24hr 2.5 mg</i> | 35 |
| <i>glipizide xl - glipizide tab er 24hr 5 mg</i> | 35 |
| <i>glucagon (rdna) for inj kit 1 mg</i> | 35 |
| <i>glucagon hcl for inj 1 mg</i> | 35 |
| <i>glutamine (sickle cell) powd pack 5 gm</i> | 56 |
| <i>glyburide-metformin tab 1.25-250 mg</i> | 36 |
| <i>glyburide-metformin tab 2.5-500 mg, 5-500 mg</i> | 36 |
| <i>glyburide micronized tab 1.5 mg</i> | 35 |
| <i>glyburide micronized tab 3 mg</i> | 35 |
| <i>glyburide micronized tab 6 mg</i> | 35 |
| <i>glyburide tab 1.25 mg</i> | 36 |
| <i>glyburide tab 2.5 mg</i> | 36 |
| <i>glyburide tab 5 mg</i> | 36 |
| <i>glycopyrrolate tab 1 mg, 2 mg</i> | 55 |
| GLYXAMBI..... | 36 |
| GOMEKLI..... | 20 |
| <i>granisetron hcl tab 1 mg</i> | 15 |
| GRANIX..... | 40 |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | 16 |
| <i>griseofulvin microsize tab 500 mg</i> | 16 |
| <i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i> | 16 |
| <i>guanfacine hcl tab 1 mg, 2 mg</i> | 44 |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)</i> | 49 |
| GVOKE HYPOOPEN 1-PACK..... | 36 |
| GVOKE HYPOOPEN 2-PACK..... | 36 |
| GVOKE KIT..... | 36 |
| GVOKE PFS..... | 36 |
| H | |
| HADLIMA..... | 71 |
| HADLIMA PUSH TOUCH..... | 71 |
| HAEGARDA..... | 71 |
| <i>hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | 61 |
| <i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i> | 62 |

| | | | |
|---|----|---|----|
| <i>hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....</i> | 61 | <i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg.....</i> | 2 |
| <i>hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg.....</i> | 61 | <i>hydrocodone-acetaminophen tab 5-300 mg.....</i> | 2 |
| <i>halobetasol propionate cream 0.05%.....</i> | 52 | <i>hydrocodone-acetaminophen tab 5-325 mg.....</i> | 2 |
| <i>halobetasol propionate oint 0.05%.....</i> | 52 | <i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg.....</i> | 2 |
| <i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....</i> | 62 | <i>hydrocodone-ibuprofen tab 10-200 mg.....</i> | 2 |
| <i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml.....</i> | 28 | <i>hydrocodone-ibuprofen tab 7.5-200 mg.....</i> | 2 |
| <i>haloperidol lactate inj 5 mg/ml.....</i> | 28 | <i>hydrocortisone butyrate cream 0.1%.....</i> | 52 |
| <i>haloperidol lactate oral conc 2 mg/ml.....</i> | 28 | <i>hydrocortisone butyrate oint 0.1%.....</i> | 52 |
| <i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....</i> | 28 | <i>hydrocortisone butyrate soln 0.1%.....</i> | 52 |
| <i>HAVRIX.....</i> | 71 | <i>hydrocortisone cream 1%.....</i> | 52 |
| <i>heather - norethindrone tab 0.35 mg.....</i> | 62 | <i>hydrocortisone cream 2.5%.....</i> | 52 |
| <i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml.....</i> | 40 | <i>hydrocortisone enema 100 mg/60ml.....</i> | 75 |
| <i>heparin sodium (porcine) pf inj 1000 unit/ml.....</i> | 40 | <i>hydrocortisone lotion 2.5%.....</i> | 52 |
| <i>HEPLISAV-B.....</i> | 71 | <i>hydrocortisone oint 1%.....</i> | 52 |
| <i>HIBERIX.....</i> | 71 | <i>hydrocortisone oint 2.5%.....</i> | 52 |
| <i>HUMALOG.....</i> | 36 | <i>hydrocortisone perianal cream 1%.....</i> | 75 |
| <i>HUMALOG JUNIOR KWIKPEN.....</i> | 36 | <i>hydrocortisone perianal cream 2.5%.....</i> | 75 |
| <i>HUMALOG KWIKPEN.....</i> | 36 | <i>hydrocortisone tab 5 mg, 10 mg, 20 mg.....</i> | 58 |
| <i>HUMALOG MIX 50/50 KWIKPEN.....</i> | 36 | <i>hydrocortisone valerate cream 0.2%.....</i> | 52 |
| <i>HUMALOG MIX 75/25.....</i> | 36 | <i>hydrocortisone valerate oint 0.2%.....</i> | 52 |
| <i>HUMALOG MIX 75/25 KWIKPEN.....</i> | 36 | <i>hydrocortisone w/ acetic acid otic soln 1-2%.....</i> | 78 |
| <i>HUMALOG TEMPO PEN.....</i> | 36 | <i>hydromorphone hcl liqd 1 mg/ml.....</i> | 2 |
| <i>HUMATIN.....</i> | 7 | <i>hydromorphone hcl preservative free (pf) inj 10 mg/ml.....</i> | 2 |
| <i>HUMIRA.....</i> | 71 | <i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg.....</i> | 2 |
| <i>HUMIRA PEN.....</i> | 71 | <i>hydroxychloroquine sulfate tab 200 mg.....</i> | 26 |
| <i>HUMIRA PEN-CD/UC/HS STARTER.....</i> | 71 | <i>hydroxyurea cap 500 mg.....</i> | 20 |
| <i>HUMIRA PEN-PS/UV STARTER.....</i> | 71 | <i>hydroxyzine hcl syrup 10 mg/5ml.....</i> | 34 |
| <i>HUMULIN 70/30.....</i> | 36 | <i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....</i> | 34 |
| <i>HUMULIN 70/30 KWIKPEN.....</i> | 36 | <i>hydroxyzine pamoate cap 25 mg, 50 mg.....</i> | 34 |
| <i>HUMULIN N.....</i> | 36 | I | |
| <i>HUMULIN N KWIKPEN.....</i> | 36 | <i>ibandronate sodium tab 150 mg (base equivalent).....</i> | 75 |
| <i>HUMULIN R.....</i> | 36 | <i>IBRANCE.....</i> | 20 |
| <i>HUMULIN R U-500 (CONCENTRATED).....</i> | 36 | <i>IBTROZI.....</i> | 20 |
| <i>HUMULIN R U-500 KWIKPEN.....</i> | 36 | <i>ibu - ibuprofen tab 400 mg.....</i> | 2 |
| <i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....</i> | 44 | <i>ibu - ibuprofen tab 600 mg.....</i> | 2 |
| <i>hydrochlorothiazide cap 12.5 mg.....</i> | 44 | <i>ibu - ibuprofen tab 800 mg.....</i> | 2 |
| <i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....</i> | 44 | <i>ibuprofen susp 100 mg/5ml.....</i> | 2 |
| <i>HYDROCODONE/IBUPROFEN.....</i> | 2 | <i>ibuprofen tab 400 mg.....</i> | 2 |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....</i> | 2 | <i>ibuprofen tab 600 mg.....</i> | 2 |
| | | <i>ibuprofen tab 800 mg.....</i> | 2 |

| | |
|--|----|
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....</i> | 71 |
| <i>iclevia - levonorgestrel & ethinyl estradiol (91-day tab 0.15-0.03 mg.....</i> | 62 |
| ICLUSIG..... | 20 |
| <i>icosapent ethyl cap 0.5 gm.....</i> | 44 |
| <i>icosapent ethyl cap 1 gm.....</i> | 44 |
| IDHIFA..... | 20 |
| ILEVRO..... | 77 |
| <i>imatinib mesylate tab 100 mg (base equivalent).....</i> | 20 |
| <i>imatinib mesylate tab 400 mg (base equivalent).....</i> | 20 |
| IMBRUVICA..... | 20 |
| IMIPENEM/CILASTATIN..... | 7 |
| <i>imipenem-cilastatin intravenous for soln 500 mg.....</i> | 7 |
| <i>imipramine hcl tab 10 mg, 25 mg, 50 mg.....</i> | 14 |
| <i>imiquimod cream 5%.....</i> | 52 |
| IMKELDI..... | 20 |
| IMOVAZ RABIES (H.D.C.V.)..... | 71 |
| IMPAVIDO..... | 7 |
| INBRIJA..... | 26 |
| <i>incassia - norethindrone tab 0.35 mg.....</i> | 62 |
| INCRELEX..... | 58 |
| INCRUSE ELLIPTA..... | 80 |
| <i>indapamide tab 1.25 mg, 2.5 mg.....</i> | 44 |
| <i>indomethacin cap 25 mg.....</i> | 2 |
| <i>indomethacin cap 50 mg.....</i> | 2 |
| INFANRIX..... | 71 |
| INGREZZA..... | 49 |
| INLYTA..... | 20 |
| INQOVI..... | 20 |
| INREBIC..... | 20 |
| INSULIN INJECTION DEVICE..... | 36 |
| INSULIN SYRINGE/NEEDLE..... | 36 |
| INTELENCE..... | 32 |
| INTRALIPID..... | 53 |
| <i>introvale - levonorgestrel & ethinyl estradiol (91-day tab 0.15-0.03 mg.....</i> | 62 |
| INVEGA HAFYERA..... | 28 |
| INVEGA SUSTENNA..... | 28 |
| INVEGA TRINZA..... | 28 |
| INVELTYS..... | 77 |
| IPOL INACTIVATED IPV..... | 71 |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3 mg/3ml.....</i> | 80 |
| <i>ipratropium bromide inhal soln 0.02%.....</i> | 80 |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg spray).....</i> | 80 |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray).....</i> | 80 |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg.....</i> | 44 |
| <i>irbesartan tab 75 mg, 150 mg, 300 mg.....</i> | 44 |
| ISENTRESS..... | 32 |
| ISENTRESS HD..... | 32 |
| <i>isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....</i> | 62 |
| <i>isoniazid syrup 50 mg/5ml.....</i> | 18 |
| <i>isoniazid tab 100 mg, 300 mg.....</i> | 18 |
| <i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg.....</i> | 44 |
| <i>isosorbide mononitrate tab 10 mg.....</i> | 44 |
| <i>isosorbide mononitrate tab 20 mg.....</i> | 44 |
| <i>isosorbide mononitrate tab er 24hr 120 mg.....</i> | 44 |
| <i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg.....</i> | 44 |
| ISOTONIC GENTAMICIN..... | 7 |
| <i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg.....</i> | 52 |
| <i>isradipine cap 2.5 mg, 5 mg.....</i> | 44 |
| ITOVEBI..... | 20 |
| <i>itraconazole cap 100 mg.....</i> | 16 |
| <i>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv).....</i> | 44 |
| <i>ivermectin cream 1%.....</i> | 52 |
| <i>ivermectin tab 3 mg.....</i> | 26 |
| IWILFIN..... | 21 |
| IXCHIQ..... | 71 |
| IXIARO..... | 71 |
| J | |
| <i>jaimiess - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....</i> | 62 |
| JAKAFI..... | 21 |
| <i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg.....</i> | 40 |
| JANUMET..... | 37 |
| JANUMET XR..... | 37 |
| JANUVIA..... | 37 |
| JARDIANCE..... | 37 |
| <i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg.....</i> | 62 |
| JAYPIRCA..... | 21 |
| <i>jencycla - norethindrone tab 0.35 mg.....</i> | 62 |
| JENTADUETO..... | 37 |
| JENTADUETO XR..... | 37 |
| <i>jolessa - levonorgestrel & ethinyl estradiol (91-day tab 0.15-0.03 mg.....</i> | 62 |

| | |
|---|----|
| juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... | 62 |
| JULUCA..... | 32 |
| junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg..... | 62 |
| junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg..... | 62 |
| junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg..... | 62 |
| junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg..... | 62 |
| junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)..... | 62 |
| JYNNEOS..... | 71 |
| K | |
| kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg..... | 62 |
| KALETRA..... | 32 |
| kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... | 62 |
| KALYDECO..... | 80 |
| KANJINTI..... | 21 |
| kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... | 62 |
| kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj..... | 54 |
| kcl 20 meq/l (0.149%) in nacl 0.45% inj..... | 53 |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj..... | 54 |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj..... | 54 |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj..... | 54 |
| kcl 20 meq/l (0.15%) in nacl 0.45% inj..... | 54 |
| kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj..... | 54 |
| kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj..... | 54 |
| kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg..... | 62 |
| kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg..... | 62 |
| KERENDIA..... | 44 |
| KESIMPTA..... | 49 |
| ketoconazole cream 2%..... | 16 |
| ketoconazole shampoo 2%..... | 16 |
| ketoconazole tab 200 mg..... | 16 |
| ketorolac tromethamine ophth soln 0.4%, 0.5%..... | 77 |
| KINRIX..... | 71 |

| | |
|--|----|
| kionex - sodium polystyrene sulfonate susp 15 gm/60ml..... | 54 |
| KISQALI..... | 21 |
| KISQALI FEMARA 400 DOSE..... | 21 |
| KISQALI FEMARA 600 DOSE..... | 21 |
| klayesta - nystatin topical powder 100000 unit/gm..... | 16 |
| klor-con 10 - potassium chloride tab er 10 meq..... | 54 |
| klor-con 8 - potassium chloride tab er 8 meq (600 mg)..... | 54 |
| klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq..... | 54 |
| klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq..... | 54 |
| klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq..... | 54 |
| KLOXXADO..... | 4 |
| KOSELUGO..... | 21 |
| kourzeq - triamcinolone acetonide dental paste 0.1%..... | 50 |
| KRAZATI..... | 21 |
| kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg..... | 62 |
| L | |
| labetalol hcl tab 100 mg, 200 mg, 300 mg..... | 44 |
| lacosamide oral solution 10 mg/ml..... | 11 |
| lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg..... | 11 |
| lactic acid (ammonium lactate) cream 12%..... | 52 |
| lactic acid (ammonium lactate) lotion 12%..... | 52 |
| lactulose (encephalopathy) solution 10 gm/15ml..... | 55 |
| lactulose solution 10 gm/15ml..... | 55 |
| lamivudine oral soln 10 mg/ml..... | 32 |
| lamivudine tab 100 mg (hbv)..... | 32 |
| lamivudine tab 150 mg..... | 32 |
| lamivudine tab 300 mg..... | 32 |
| lamivudine-zidovudine tab 150-300 mg..... | 32 |
| lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg..... | 11 |
| lamotrigine tab chewable dispersible 5 mg, 25 mg..... | 11 |
| lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg..... | 11 |

| | | | |
|--|----|--|----|
| LAMPIT..... | 26 | levocarnitine oral soln 1 gm/10ml (10%)..... | 56 |
| <i>lansoprazole cap delayed release 15 mg, 30 mg.....</i> | 55 | levocarnitine tab 330 mg..... | 56 |
| LANTUS..... | 37 | levocetirizine dihydrochloride tab 5 mg..... | 80 |
| LANTUS SOLOSTAR..... | 37 | levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml..... | 8 |
| <i>lapatinib ditosylate tab 250 mg (base equiv).....</i> | 21 | levofloxacin oral soln 25 mg/ml..... | 8 |
| <i>larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....</i> | 62 | levofloxacin tab 250 mg, 500 mg, 750 mg..... | 8 |
| <i>larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....</i> | 63 | levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg..... | 63 |
| <i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....</i> | 63 | levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... | 63 |
| <i>larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....</i> | 62 | levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg..... | 63 |
| <i>larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....</i> | 62 | levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg..... | 63 |
| <i>latanoprost ophth soln 0.005%.....</i> | 77 | levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg..... | 63 |
| LAZCLUZE..... | 21 | levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)..... | 63 |
| <i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....</i> | 63 | levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)..... | 63 |
| <i>leflunomide tab 10 mg, 20 mg.....</i> | 72 | levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... | 63 |
| <i>lenalidomide cap 15 mg, 20 mg, 25 mg.....</i> | 21 | levorphanol tartrate tab 2 mg, 3 mg..... | 2 |
| <i>lenalidomide cap 5 mg, 10 mg.....</i> | 21 | levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg..... | 67 |
| <i>lenalidomide caps 2.5 mg.....</i> | 21 | <i>levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg.....</i> | 67 |
| LENTOCILIN..... | 8 | <i>levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg.....</i> | 67 |
| LENVIMA 10 MG DAILY DOSE..... | 21 | lidocaine hcl laryngotracheal soln 4%..... | 3 |
| LENVIMA 12MG DAILY DOSE..... | 21 | lidocaine hcl soln 4%..... | 3 |
| LENVIMA 14 MG DAILY DOSE..... | 21 | lidocaine hcl viscous soln 2%..... | 3 |
| LENVIMA 18 MG DAILY DOSE..... | 21 | lidocaine oint 5%..... | 3 |
| LENVIMA 20 MG DAILY DOSE..... | 21 | lidocaine patch 5%..... | 3 |
| LENVIMA 24 MG DAILY DOSE..... | 21 | lidocaine-prilocaine cream 2.5-2.5%..... | 3 |
| LENVIMA 4 MG DAILY DOSE..... | 21 | lidocan - lidocaine patch 5%..... | 3 |
| LENVIMA 8 MG DAILY DOSE..... | 21 | LILETTA..... | 57 |
| <i>lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....</i> | 63 | <i>linezolid for susp 100 mg/5ml.....</i> | 8 |
| <i>letrozole tab 2.5 mg.....</i> | 21 | <i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%.....</i> | 8 |
| <i>leucovorin calcium tab 10 mg, 15 mg, 25 mg.....</i> | 22 | <i>linezolid iv soln 600 mg/300ml (2 mg/ml).....</i> | 8 |
| <i>leucovorin calcium tab 5 mg.....</i> | 22 | <i>linezolid tab 600 mg.....</i> | 8 |
| LEUKERAN..... | 22 | LINZESS..... | 55 |
| LEUKINE..... | 40 | | |
| LEUPROLIDE ACETATE..... | 68 | | |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....</i> | 68 | | |
| <i>levetiracetam oral soln 100 mg/ml.....</i> | 11 | | |
| <i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....</i> | 11 | | |
| <i>levetiracetam tab er 24hr 500 mg, 750 mg.....</i> | 11 | | |
| <i>levobunolol hcl ophth soln 0.5%.....</i> | 77 | | |

| | |
|--|----|
| <i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i> | 67 |
| <i>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> | 49 |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 44 |
| <i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i> | 44 |
| <i>lithium carbonate cap 150 mg, 300 mg</i> | 35 |
| <i>lithium carbonate cap 600 mg</i> | 35 |
| <i>lithium carbonate tab 300 mg</i> | 35 |
| <i>lithium carbonate tab er 300 mg, 450 mg</i> | 35 |
| <i>lithium oral solution 8 meq/5ml</i> | 35 |
| <i>LIVTENCITY</i> | 32 |
| <i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 63 |
| <i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | 63 |
| <i>loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i> | 63 |
| <i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 63 |
| <i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 63 |
| <i>LONSURF</i> | 22 |
| <i>loperamide hcl cap 2 mg</i> | 55 |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 32 |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 32 |
| <i>lorazepam conc 2 mg/ml</i> | 34 |
| <i>lorazepam intensol - lorazepam conc 2 mg/ml</i> | 34 |
| <i>lorazepam tab 0.5 mg, 1 mg</i> | 34 |
| <i>lorazepam tab 2 mg</i> | 34 |
| <i>LORBRENA</i> | 22 |
| <i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 63 |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i> | 44 |
| <i>losartan potassium tab 100 mg</i> | 44 |
| <i>losartan potassium tab 25 mg, 50 mg</i> | 44 |
| <i>lovastatin tab 10 mg, 20 mg, 40 mg</i> | 44 |
| <i>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i> | 63 |
| <i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> | 28 |
| <i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 63 |
| <i>lubiprostone cap 24 mcg</i> | 55 |
| <i>lubiprostone cap 8 mcg</i> | 55 |
| <i>LUMAKRAS</i> | 22 |

| | |
|--|----|
| <i>LUMIGAN</i> | 77 |
| <i>LUMRYZ</i> | 82 |
| <i>LUMRYZ STARTER PACK</i> | 82 |
| <i>LUPRON DEPOT (1-MONTH)</i> | 68 |
| <i>LUPRON DEPOT (4-MONTH)</i> | 68 |
| <i>LUPRON DEPOT-PED (1-MONTH)</i> | 68 |
| <i>LUPRON DEPOT-PED (3-MONTH)</i> | 68 |
| <i>LUPRON DEPOT-PED (6-MONTH)</i> | 68 |
| <i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i> | 28 |
| <i>lurasidone hcl tab 80 mg</i> | 29 |
| <i>lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 63 |
| <i>LYBALVI</i> | 29 |
| <i>lyleq - norethindrone tab 0.35 mg</i> | 63 |
| <i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | 63 |
| <i>LYNPARZA</i> | 22 |
| <i>LYSODREN</i> | 22 |
| <i>LYTGOBI</i> | 22 |
| <i>LYUMJEV</i> | 37 |
| <i>LYUMJEV KWIKPEN</i> | 37 |
| <i>LYUMJEV TEMPO PEN</i> | 37 |
| <i>lyza - norethindrone tab 0.35 mg</i> | 63 |
| M | |
| <i>magnesium sulfate inj 50%</i> | 54 |
| <i>malathion lotion 0.5%</i> | 52 |
| <i>maraviroc tab 150 mg</i> | 32 |
| <i>maraviroc tab 300 mg</i> | 32 |
| <i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 63 |
| <i>MARPLAN</i> | 14 |
| <i>MATULANE</i> | 22 |
| <i>matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 44 |
| <i>MAVYRET</i> | 32 |
| <i>meclizine hcl tab 12.5 mg, 25 mg</i> | 15 |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i> | 63 |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> | 63 |
| <i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i> | 63 |
| <i>mefloquine hcl tab 250 mg</i> | 26 |
| <i>megestrol acetate susp 40 mg/ml</i> | 63 |
| <i>megestrol acetate tab 20 mg, 40 mg</i> | 63 |
| <i>MEKINIST</i> | 22 |
| <i>MEKTOVI</i> | 22 |
| <i>meleya - norethindrone tab 0.35 mg</i> | 64 |
| <i>meloxicam tab 15 mg</i> | 2 |

| | |
|--|----|
| <i>meloxicam tab 7.5 mg</i> | 2 |
| <i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i> | 13 |
| <i>memantine hcl oral solution 2 mg/ml</i> | 13 |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 13 |
| <i>memantine hcl tab 5 mg, 10 mg</i> | 13 |
| MENEST..... | 64 |
| MENQUADFI..... | 72 |
| MENVEO..... | 72 |
| <i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i> | 22 |
| <i>mercaptopurine tab 50 mg</i> | 22 |
| <i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i> | 8 |
| <i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i> | 8 |
| <i>meropenem iv for soln 500 mg, 1 gm</i> | 8 |
| <i>merzee - norethindrone ace-ethynodiol-fe cap 1 mg-20mcg (24)</i> | 64 |
| <i>mesalamine cap dr 400 mg</i> | 75 |
| <i>mesalamine cap er 24hr 0.375 gm</i> | 75 |
| <i>mesalamine cap er 500 mg</i> | 75 |
| <i>mesalamine enema 4 gm</i> | 75 |
| <i>mesalamine rectal enema 4 gm & cleanser wipe kit</i> | 75 |
| <i>mesalamine suppos 1000 mg</i> | 75 |
| <i>mesalamine tab delayed release 1.2 gm</i> | 75 |
| <i>mesalamine tab delayed release 800 mg</i> | 75 |
| <i>mesna tab 400 mg</i> | 22 |
| MESNEX..... | 22 |
| <i>metformin hcl tab 1000 mg</i> | 37 |
| <i>metformin hcl tab 500 mg</i> | 37 |
| <i>metformin hcl tab 850 mg</i> | 37 |
| <i>metformin hcl tab er 24hr 500 mg</i> | 37 |
| <i>metformin hcl tab er 24hr 750 mg</i> | 37 |
| <i>methadone hcl tab 10 mg</i> | 2 |
| <i>methadone hcl tab 5 mg</i> | 2 |
| <i>methazolamide tab 25 mg</i> | 44 |
| <i>methazolamide tab 50 mg</i> | 44 |
| <i>methenamine hippurate tab 1 gm</i> | 8 |
| <i>methimazole tab 5 mg, 10 mg</i> | 69 |
| <i>methocarbamol tab 500 mg, 750 mg</i> | 82 |
| <i>methotrexate sodium for inj 1 gm</i> | 72 |
| <i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> | 72 |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> | 72 |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i> | 72 |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | 72 |
| METHOXSALEN..... | 52 |
| <i>methscopolamine bromide tab 2.5 mg, 5 mg</i> | 55 |
| <i>methsuximide cap 300 mg</i> | 11 |
| <i>methylphenidate hcl soln 10 mg/5ml</i> | 49 |
| <i>methylphenidate hcl soln 5 mg/5ml</i> | 49 |
| <i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i> | 49 |
| <i>methylphenidate hcl tab er 20 mg</i> | 49 |
| <i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i> | 58 |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i> | 58 |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 55 |
| <i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</i> | 55 |
| <i>metolazone tab 2.5 mg, 5 mg, 10 mg</i> | 44 |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i> | 44 |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i> | 45 |
| <i>metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i> | 45 |
| <i>metronidazole cap 375 mg</i> | 8 |
| <i>metronidazole cream 0.75%</i> | 52 |
| <i>metronidazole gel 0.75%, 1%</i> | 52 |
| <i>metronidazole iv soln 500 mg/100ml</i> | 8 |
| <i>metronidazole lotion 0.75%</i> | 52 |
| <i>metronidazole tab 250 mg, 500 mg</i> | 8 |
| <i>metronidazole vaginal gel 0.75%</i> | 8 |
| <i>metyrosine cap 250 mg</i> | 45 |
| <i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i> | 45 |
| MICAFUNGIN/SODIUM CHLORIDE..... | 16 |
| MICAFUNGIN SODIUM/SODIUM CHLORIDE..... | 16 |
| <i>micafungin sodium for iv soln 50 mg, 100 mg</i> | 16 |
| <i>microgestin 1/20 - norethindrone ace & ethynodiol tab 1 mg-20 mcg</i> | 64 |
| <i>microgestin 1.5/30 - norethindrone ace & ethynodiol tab 1.5 mg-30 mcg</i> | 64 |
| <i>microgestin 24 fe - norethindrone ace-ethynodiol-fe tab 1 mg-20 mcg (24)</i> | 64 |

| | |
|---|----|
| microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg..... | 64 |
| microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg..... | 64 |
| midodrine hcl tab 2.5 mg, 5 mg, 10 mg..... | 45 |
| MIEBO..... | 77 |
| mifepristone tab 300 mg..... | 68 |
| miglustat cap 100 mg..... | 56 |
| milli - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg..... | 64 |
| mimvey - estradiol & norethindrone acetate tab 1-0.5 mg..... | 64 |
| minocycline hcl cap 50 mg, 75 mg, 100 mg..... | 8 |
| minocycline hcl tab 50 mg, 75 mg, 100 mg..... | 8 |
| minoxidil tab 2.5 mg, 10 mg..... | 45 |
| mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg..... | 14 |
| mirtazapine tab 15 mg..... | 14 |
| mirtazapine tab 7.5 mg, 30 mg, 45 mg..... | 14 |
| misoprostol tab 100 mcg, 200 mcg..... | 55 |
| M-M-R II..... | 72 |
| modafinil tab 100 mg, 200 mg..... | 82 |
| moexipril hcl tab 7.5 mg, 15 mg..... | 45 |
| MOLINDONE HYDROCHLORIDE..... | 29 |
| mometasone furoate cream 0.1%..... | 52 |
| mometasone furoate nasal susp 50 mcg/act..... | 80 |
| mometasone furoate oint 0.1%..... | 52 |
| mometasone furoate solution 0.1% (lotion)..... | 52 |
| monodoxyne nl - doxycycline monohydrate cap 100 mg..... | 8 |
| mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg..... | 64 |
| montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)..... | 80 |
| montelukast sodium oral granules packet 4 mg (base equiv)..... | 80 |
| montelukast sodium tab 10 mg (base equiv)..... | 80 |
| morphine sulfate oral soln 100 mg/5ml (20 mg/ml)..... | 2 |
| morphine sulfate oral soln 10 mg/5ml..... | 2 |
| morphine sulfate oral soln 20 mg/5ml..... | 2 |
| morphine sulfate tab 15 mg..... | 2 |
| morphine sulfate tab 30 mg..... | 2 |
| morphine sulfate tab er 100 mg, 200 mg..... | 2 |
| morphine sulfate tab er 15 mg, 30 mg, 60 mg..... | 2 |
| MOUNJARO..... | 37 |

| | |
|---|----|
| MOVANTIK..... | 55 |
| moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj..... | 8 |
| moxifloxacin hcl iv solution 400 mg/250ml (base equiv)..... | 8 |
| moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)..... | 77 |
| moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)..... | 77 |
| moxifloxacin hcl tab 400 mg (base equiv)..... | 8 |
| MRESVIA..... | 72 |
| MULTAQ..... | 45 |
| mupirocin oint 2%..... | 52 |
| MVASI..... | 22 |
| MYALEPT..... | 55 |
| mycophenolate mofetil cap 250 mg..... | 72 |
| mycophenolate mofetil for oral susp 200 mg/ml..... | 72 |
| mycophenolate mofetil tab 500 mg..... | 72 |
| mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)..... | 72 |
| MYHIBBIN..... | 72 |
| MYRBETRIQ..... | 57 |
| N | |
| nabumetone tab 500 mg..... | 2 |
| nabumetone tab 750 mg..... | 2 |
| nadolol tab 20 mg, 40 mg, 80 mg..... | 45 |
| nafcillin sodium for inj 1 gm, 2 gm..... | 8 |
| nafcillin sodium for iv soln 10 gm..... | 8 |
| nafcillin sodium in dextrose inj 2 gm/100ml..... | 8 |
| naloxone hcl inj 0.4 mg/ml, 4 mg/10ml..... | 4 |
| naloxone hcl nasal spray 4 mg/0.1ml..... | 4 |
| naloxone hcl soln cartridge 0.4 mg/ml..... | 4 |
| naloxone hcl soln prefilled syringe 2 mg/2ml..... | 4 |
| naltrexone hcl tab 50 mg..... | 4 |
| naproxen sodium tab 275 mg..... | 2 |
| naproxen sodium tab 550 mg..... | 2 |
| naproxen susp 125 mg/5ml..... | 3 |
| naproxen tab 250 mg..... | 3 |
| naproxen tab 375 mg..... | 3 |
| naproxen tab 500 mg..... | 3 |
| naproxen tab ec 375 mg..... | 3 |
| naproxen tab ec 500 mg..... | 3 |
| naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)..... | 17 |
| NATACYN..... | 77 |
| nateglinide tab 120 mg..... | 37 |

| | |
|---|----|
| <i>nateglinide tab 60 mg</i> | 37 |
| NAYZILAM..... | 11 |
| <i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)</i> | 45 |
| <i>necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg</i> | 64 |
| NEFAZODONE HYDROCHLORIDE..... | 14 |
| NEOMYCIN/POLYMYXIN/ GRAMICIDIN..... | 77 |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 77 |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 77 |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 77 |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 78 |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 78 |
| neomycin sulfate tab 500 mg..... | 8 |
| neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%..... | 77 |
| <i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 77 |
| NERLYNX..... | 22 |
| NEUPRO..... | 26 |
| <i>nevirapine susp 50 mg/5ml</i> | 32 |
| <i>nevirapine tab 200 mg</i> | 32 |
| <i>nevirapine tab er 24hr 400 mg</i> | 32 |
| NEXPLANON..... | 57 |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> | 45 |
| <i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</i> | 45 |
| nicardipine hcl cap 20 mg, 30 mg..... | 45 |
| NICOTROL INHALER..... | 4 |
| NICOTROL NS..... | 4 |
| <i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i> | 45 |
| <i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i> | 45 |
| <i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 64 |
| nilutamide tab 150 mg..... | 22 |
| <i>nimodipine cap 30 mg</i> | 45 |
| NINLARO..... | 22 |
| NIPENT..... | 22 |
| NISOLDIPIINE ER..... | 45 |
| <i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i> | 45 |
| <i>nitazoxanide tab 500 mg</i> | 26 |
| <i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i> | 56 |
| NITRO-BID..... | 45 |
| <i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg</i> | 8 |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> | 8 |
| <i>nitroglycerin oint 0.4%</i> | 45 |
| <i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i> | 45 |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 45 |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | 45 |
| NIVESTYM..... | 40 |
| <i>nizatidine cap 150 mg</i> | 56 |
| <i>nizatidine cap 300 mg</i> | 56 |
| <i>nora-be - norethindrone tab 0.35 mg</i> | 64 |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | 64 |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 64 |
| <i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i> | 64 |
| <i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> | 64 |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i> | 64 |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 64 |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> | 64 |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> | 64 |
| <i>norethindrone acetate tab 5 mg</i> | 64 |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 64 |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i> | 64 |
| <i>norethindrone tab 0.35 mg</i> | 64 |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 64 |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 64 |
| <i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | 64 |
| <i>norlyroc - norethindrone tab 0.35 mg</i> | 65 |
| <i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> | 65 |
| <i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> | 65 |

| | |
|---|----|
| <i>noretrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....</i> | 65 |
| <i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg.....</i> | 14 |
| <i>nortriptyline hcl soln 10 mg/5ml.....</i> | 14 |
| NORVIR..... | 32 |
| NOVOLIN 70/30..... | 38 |
| NOVOLIN 70/30 FLEXPEN..... | 38 |
| NOVOLIN 70/30 FLEXPEN RELION..... | 38 |
| NOVOLIN 70/30 RELION..... | 38 |
| NOVOLIN N..... | 37 |
| NOVOLIN N FLEXPEN..... | 37 |
| NOVOLIN N FLEXPEN RELION..... | 37 |
| NOVOLIN N RELION..... | 37 |
| NOVOLIN R..... | 38 |
| NOVOLIN R FLEXPEN..... | 38 |
| NOVOLIN R FLEXPEN RELION..... | 38 |
| NOVOLIN R RELION..... | 38 |
| NOVOLOG..... | 38 |
| NOVOLOG FLEXPEN..... | 38 |
| NOVOLOG FLEXPEN RELION..... | 38 |
| NOVOLOG MIX 70/30..... | 38 |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN..... | 38 |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION..... | 38 |
| NOVOLOG MIX 70/30 RELION..... | 38 |
| NOVOLOG PENFILL..... | 38 |
| NOVOLOG RELION..... | 38 |
| NOXAFL..... | 16 |
| NUBEQA..... | 22 |
| NUEDEXTA..... | 49 |
| NUPLAZID..... | 29 |
| NURTEC..... | 17 |
| NUTRILIPID..... | 54 |
| NUZYRA..... | 8 |
| <i>nyamyc - nystatin topical powder 100000 unit/gm.....</i> | 16 |
| <i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....</i> | 65 |
| <i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....</i> | 65 |
| <i>nymyo - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....</i> | 65 |
| <i>nystatin cream 100000 unit/gm.....</i> | 16 |
| <i>nystatin oint 100000 unit/gm.....</i> | 16 |
| <i>nystatin susp 100000 unit/ml.....</i> | 16 |
| <i>nystatin tab 500000 unit.....</i> | 16 |
| <i>nystatin topical powder 100000 unit/gm.....</i> | 16 |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....</i> | 52 |

| | |
|--|----|
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....</i> | 52 |
| <i>nystop - nystatin topical powder 100000 unit/gm.....</i> | 17 |
| O | |
| OCALIVA..... | 56 |
| <i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg.....</i> | 65 |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....</i> | 68 |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml).....</i> | 68 |
| <i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml.....</i> | 68 |
| <i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml.....</i> | 68 |
| <i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml.....</i> | 68 |
| ODEFSEY..... | 32 |
| ODOMZO..... | 22 |
| OFEV..... | 80 |
| <i>ofloxacin ophth soln 0.3%.....</i> | 77 |
| <i>ofloxacin otic soln 0.3%.....</i> | 78 |
| <i>ofloxacin tab 400 mg.....</i> | 8 |
| OGSIVEO..... | 22 |
| OJEMDA..... | 22 |
| OJJAARA..... | 23 |
| <i>olanzapine for im inj 10 mg.....</i> | 29 |
| <i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg.....</i> | 29 |
| <i>olanzapine tab 15 mg, 20 mg.....</i> | 29 |
| <i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....</i> | 29 |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg.....</i> | 45 |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg.....</i> | 45 |
| <i>olmesartan medoxomil tab 20 mg, 40 mg.....</i> | 45 |
| <i>olmesartan medoxomil tab 5 mg.....</i> | 45 |
| <i>olopatadine hcl nasal soln 0.6%.....</i> | 80 |
| <i>omega-3-acid ethyl esters cap 1 gm.....</i> | 45 |
| <i>omeprazole cap delayed release 10 mg.....</i> | 56 |
| <i>omeprazole cap delayed release 20 mg, 40 mg.....</i> | 56 |
| OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)..... | 38 |

| | |
|---|----|
| OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)..... | 38 |
| OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5..... | 38 |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS..... | 38 |
| OMNIPOD DASH INTRO KIT (GEN 4)..... | 38 |
| OMNIPOD DASH PDM KIT (GEN 4)..... | 38 |
| OMNIPOD DASH PODS (GEN 4)..... | 38 |
| OMNITROPE..... | 58 |
| ondansetron hcl oral soln 4 mg/5ml..... | 15 |
| ondansetron hcl tab 4 mg, 8 mg..... | 15 |
| ondansetron orally disintegrating tab 4 mg, 8 mg..... | 15 |
| ONTRUZANT..... | 23 |
| ONUREG..... | 23 |
| OPIPZA..... | 29 |
| OPSUMIT..... | 80 |
| OPVEE..... | 4 |
| oralone dental paste - triamcinolone acetonide dental paste 0.1%..... | 50 |
| ORENCIA..... | 72 |
| ORENCIA CLICKJECT..... | 72 |
| ORFADIN..... | 56 |
| ORGOVYX..... | 23 |
| ORKAMBI..... | 80 |
| orquidea - norethindrone tab 0.35 mg..... | 65 |
| ORSERDU..... | 23 |
| oseltamivir phosphate cap 30 mg (base equiv)..... | 32 |
| oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)..... | 32 |
| oseltamivir phosphate for susp 6 mg/ml (base equiv)..... | 32 |
| OTEZLA..... | 52 |
| oxazepam cap 10 mg, 15 mg, 30 mg..... | 35 |
| oxcarbazepine susp 300 mg/5ml (60 mg/ml)..... | 11 |
| oxcarbazepine tab 150 mg, 300 mg, 600 mg..... | 11 |
| oxybutynin chloride solution 5 mg/5ml..... | 57 |
| oxybutynin chloride tab 5 mg..... | 58 |
| oxybutynin chloride tab er 24hr 10 mg..... | 58 |
| oxybutynin chloride tab er 24hr 15 mg..... | 58 |
| oxybutynin chloride tab er 24hr 5 mg..... | 57 |
| oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg..... | 3 |
| oxycodone hcl tab 5 mg..... | 3 |
| oxycodone w/ acetaminophen tab 10-325 mg..... | 3 |
| oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg..... | 3 |

| | |
|---|----|
| oxycodone w/ acetaminophen tab 7.5-325 mg..... | 3 |
| OXYCONTIN..... | 3 |
| OZEMPIC..... | 39 |
| P | |
| pacerone - amiodarone hcl tab 100 mg, 400 mg..... | 45 |
| pacerone - amiodarone hcl tab 200 mg..... | 45 |
| paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg..... | 29 |
| paliperidone tab er 24hr 6 mg..... | 29 |
| PALYNZIQ..... | 56 |
| PANRETIN..... | 23 |
| pantoprazole sodium ec tab 20 mg (base equiv)..... | 56 |
| pantoprazole sodium ec tab 40 mg (base equiv)..... | 56 |
| paricalcitol cap 1 mcg, 2 mcg, 4 mcg..... | 75 |
| paroxetine hcl oral susp 10 mg/5ml (base equiv)..... | 14 |
| paroxetine hcl tab 10 mg, 40 mg..... | 14 |
| paroxetine hcl tab 20 mg..... | 14 |
| paroxetine hcl tab 30 mg..... | 14 |
| paroxetine hcl tab er 24hr 12.5 mg..... | 14 |
| paroxetine hcl tab er 24hr 25 mg, 37.5 mg..... | 14 |
| PAXLOVID..... | 32 |
| pazopanib hcl tab 200 mg (base equiv)..... | 23 |
| PEDIARIX..... | 72 |
| PEDVAX HIB..... | 72 |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm..... | 56 |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm..... | 56 |
| PEGASYS..... | 72 |
| PEMAZYRE..... | 23 |
| PENBRAYA..... | 72 |
| penicillamine tab 250 mg..... | 58 |
| penicillin g potassium for inj 5000000 unit, 20000000 unit..... | 8 |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE..... | 8 |
| PENICILLIN G SODIUM..... | 8 |
| penicillin v potassium for soln 125 mg/5ml..... | 9 |
| penicillin v potassium for soln 250 mg/5ml..... | 9 |
| penicillin v potassium tab 250 mg, 500 mg..... | 9 |
| PENMENVY..... | 72 |

| | |
|---|----|
| PENTACEL..... | 72 |
| pentamidine isethionate for inj soln 300 mg..... | 26 |
| pentamidine isethionate for nebulization soln 300 mg..... | 26 |
| PENTASA..... | 75 |
| pentoxifylline tab er 400 mg..... | 45 |
| perampanel tab 2 mg..... | 11 |
| perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg..... | 11 |
| perindopril erbumine tab 2 mg..... | 45 |
| perindopril erbumine tab 4 mg..... | 45 |
| perindopril erbumine tab 8 mg..... | 46 |
| periogard - chlorhexidine gluconate soln 0.12%..... | 50 |
| permethrin cream 5%..... | 53 |
| perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg..... | 15 |
| PERSERIS..... | 29 |
| pfizerpen - penicillin g potassium for inj 5000000 unit, 20000000 unit..... | 9 |
| phenelzine sulfate tab 15 mg..... | 14 |
| phenobarbital elixir 20 mg/5ml..... | 11 |
| phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg..... | 11 |
| phenoxybenzamine hcl cap 10 mg..... | 46 |
| phenytek - phenytoin sodium extended cap 200 mg, 300 mg..... | 11 |
| phenytoin chew tab 50 mg..... | 11 |
| phenytoin infatabs - phenytoin chew tab 50 mg..... | 11 |
| phenytoin sodium extended cap 100 mg, 200 mg, 300 mg..... | 11 |
| phenytoin susp 125 mg/5ml..... | 11 |
| philith - norethindrone & ethynodiol dihydrogenated tab 0.4 mg-35 mcg..... | 65 |
| PIFELTRO..... | 33 |
| pilocarpine hcl ophth soln 1%, 2%, 4%..... | 77 |
| pilocarpine hcl tab 5 mg, 7.5 mg..... | 50 |
| PIMOZIDE..... | 29 |
| pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... | 65 |
| pindolol tab 5 mg, 10 mg..... | 46 |
| pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg..... | 39 |
| pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg..... | 39 |
| pioglitazone hcl tab 15 mg (base equiv)..... | 39 |
| pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)..... | 39 |
| piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)..... | 9 |
| piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)..... | 9 |
| PIQRAY 200MG DAILY DOSE..... | 23 |
| PIQRAY 250MG DAILY DOSE..... | 23 |
| PIQRAY 300MG DAILY DOSE..... | 23 |
| pirfenidone cap 267 mg..... | 80 |
| pirfenidone tab 267 mg..... | 80 |
| pirfenidone tab 801 mg..... | 80 |
| piroxicam cap 10 mg..... | 3 |
| piroxicam cap 20 mg..... | 3 |
| PLEGRIDY..... | 49 |
| PLEGRIDY STARTER PACK..... | 50 |
| podofilox soln 0.5%..... | 53 |
| polycin - bacitracin-polymyxin b ophth oint..... | 77 |
| polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1%..... | 77 |
| POMALYST..... | 23 |
| portia-28 - levonorgestrel & ethynodiol dihydrogenated tab 0.15 mg-30 mcg..... | 65 |
| posaconazole iv soln 300 mg/16.7ml (18 mg/ ml)..... | 17 |
| posaconazole susp 40 mg/ml..... | 17 |
| posaconazole tab delayed release 100 mg..... | 17 |
| POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS..... | 54 |
| potassium chloride 20 meq/l (0.15%) in dextrose 5% inj..... | 54 |
| potassium chloride cap er 8 meq, 10 meq..... | 54 |
| potassium chloride inj 2 meq/ml..... | 54 |
| potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq..... | 54 |
| potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)..... | 54 |
| potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)..... | 54 |
| potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)..... | 54 |
| pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg..... | 27 |
| prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)..... | 40 |
| pravastatin sodium tab 10 mg, 20 mg, 40 mg..... | 46 |
| pravastatin sodium tab 80 mg..... | 46 |
| praziquantel tab 600 mg..... | 26 |
| prazosin hcl cap 1 mg, 2 mg, 5 mg..... | 46 |
| prednisolone acetate ophth susp 1%..... | 77 |

| | |
|--|----|
| <i>prednisolone sodium phosphate ophth soln</i> | |
| 1%..... | 77 |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml</i> | |
| (base eq)..... | 58 |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml</i> | |
| (base equiv), 5 mg/5ml (base equiv)..... | 58 |
| <i>prednisolone soln 15 mg/5ml.....</i> | 58 |
| <i>prednisone oral soln 5 mg/5ml.....</i> | 58 |
| <i>prednisone tab 1 mg, 2.5 mg, 20 mg, 50</i> | |
| mg..... | 58 |
| <i>prednisone tab 5 mg, 10 mg.....</i> | 58 |
| <i>prednisone tab therapy pack 5 mg (21), 5 mg (48),</i> | |
| 10 mg (21), 10 mg (48)..... | 58 |
| <i>pregabalin cap 225 mg, 300 mg.....</i> | 11 |
| <i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150</i> | |
| mg, 200 mg..... | 11 |
| <i>pregabalin soln 20 mg/ml.....</i> | 11 |
| PREGNYL..... | 59 |
| PREGNYL W/DILUENT BENZYL ALCOHOL/ | |
| NACL..... | 59 |
| PREMARIN..... | 65 |
| PREMPHASE..... | 65 |
| PREMPRO..... | 65 |
| PRETOMANID..... | 18 |
| <i>prevälite - cholestyramine light powder 4 gm/</i> | |
| dose..... | 46 |
| <i>prevälite - cholestyramine light powder packets 4</i> | |
| gm..... | 46 |
| PREVYMIS..... | 33 |
| PREZCOBIX..... | 33 |
| PREZISTA..... | 33 |
| PRIFTIN..... | 18 |
| <i>primaquine phosphate tab 26.3 mg (15 mg</i> | |
| base)..... | 26 |
| PRIMIDONE..... | 11 |
| <i>primidone tab 50 mg, 250 mg.....</i> | 11 |
| PRIORIX..... | 72 |
| <i>probenecid tab 500 mg.....</i> | 17 |
| <i>procchlorperazine maleate tab 5 mg (base</i> | |
| equivalent), 10 mg (base equivalent)..... | 15 |
| <i>procchlorperazine suppos 25 mg.....</i> | 15 |
| PROCRIT..... | 40 |
| <i>proctocort - hydrocortisone perianal cream</i> | |
| 1%..... | 75 |
| <i>procto-med hc - hydrocortisone perianal cream</i> | |
| 2.5%..... | 75 |
| <i>proctosol hc - hydrocortisone perianal cream</i> | |
| 2.5%..... | 75 |
| <i>protozozone-hc - hydrocortisone perianal cream</i> | |
| 2.5%..... | 75 |
| <i>progesterone cap 100 mg, 200 mg.....</i> | 65 |
| PROGRAF..... | 73 |

| | |
|---|----|
| PROLASTIN-C..... | 57 |
| PROLENSA..... | 77 |
| PROLIA..... | 75 |
| PROMACTA..... | 41 |
| <i>promethazine hcl suppos 12.5 mg, 25</i> | |
| mg..... | 15 |
| <i>promethazine hcl tab 12.5 mg, 25 mg, 50</i> | |
| mg..... | 15 |
| <i>promethegan - promethazine hcl suppos 12.5 mg, 25</i> | |
| mg..... | 15 |
| <i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425</i> | |
| mg..... | 46 |
| <i>propafenone hcl tab 150 mg, 225 mg, 300</i> | |
| mg..... | 46 |
| <i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg,</i> | |
| 160 mg..... | 46 |
| <i>propranolol hcl oral soln 20 mg/5ml.....</i> | 46 |
| <i>propranolol hcl oral soln 40 mg/5ml.....</i> | 46 |
| <i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80</i> | |
| mg..... | 46 |
| <i>propylthiouracil tab 50 mg.....</i> | 69 |
| PROQUAD..... | 73 |
| <i>protriptyline hcl tab 5 mg, 10 mg.....</i> | 14 |
| PULMOZYME..... | 80 |
| PURIXAN..... | 23 |
| <i>pyrazinamide tab 500 mg.....</i> | 18 |
| <i>pyridostigmine bromide tab 60 mg.....</i> | 18 |
| <i>pyridostigmine bromide tab er 180 mg.....</i> | 18 |
| <i>pyrimethamine tab 25 mg.....</i> | 26 |
| PYRUKYND..... | 57 |
| PYRUKYND TAPER PACK..... | 57 |
| Q | |
| QINLOCK..... | 23 |
| QUADRACEL..... | 73 |
| QUETIAPINE FUMARATE..... | 29 |
| <i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200</i> | |
| mg..... | 29 |
| <i>quetiapine fumarate tab 300 mg, 400</i> | |
| mg..... | 29 |
| <i>quetiapine fumarate tab er 24hr 150 mg, 200</i> | |
| mg..... | 29 |
| <i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400</i> | |
| mg..... | 29 |
| <i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40</i> | |
| mg..... | 46 |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg,</i> | |
| 20-12.5 mg..... | 46 |
| <i>quinapril-hydrochlorothiazide tab 20-25</i> | |
| mg..... | 46 |
| <i>quinidine gluconate tab er 324 mg.....</i> | 46 |
| <i>quinidine sulfate tab 200 mg.....</i> | 46 |

| | |
|---|----|
| quinidine sulfate tab 300 mg..... | 46 |
| quinine sulfate cap 324 mg..... | 26 |
| QVAR REDIHALER..... | 81 |
| R | |
| RABAVERT..... | 73 |
| rabeprazole sodium ec tab 20 mg..... | 56 |
| RALDESY..... | 14 |
| raloxifene hcl tab 60 mg..... | 65 |
| ramelteon tab 8 mg..... | 82 |
| ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg..... | 46 |
| ranolazine tab er 12hr 500 mg, 1000 mg..... | 46 |
| rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)..... | 27 |
| reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... | 65 |
| RECOMBIVAX HB..... | 73 |
| REGRANEX..... | 53 |
| RELENZA DISKHALER..... | 33 |
| RENFLEXIS..... | 73 |
| repaglinide tab 0.5 mg..... | 39 |
| repaglinide tab 1 mg..... | 39 |
| repaglinide tab 2 mg..... | 39 |
| REPATHA..... | 46 |
| REPATHA PUSHTRONEX SYSTEM..... | 46 |
| REPATHA SURECLICK..... | 46 |
| RESTASIS..... | 77 |
| RESTASIS MULTIDOSE..... | 77 |
| RETACRIT..... | 41 |
| RETEVMO..... | 23 |
| REVCovi..... | 57 |
| REVUFORJ..... | 23 |
| REXULTI..... | 29 |
| REYATAZ..... | 33 |
| REZLIDHIA..... | 23 |
| REZUROCK..... | 73 |
| RHOPRESSA..... | 77 |
| RIABNI..... | 23 |
| ribavirin cap 200 mg..... | 33 |
| ribavirin tab 200 mg..... | 33 |
| RIDAURA..... | 73 |
| rifabutin cap 150 mg..... | 18 |
| rifampin cap 150 mg, 300 mg..... | 18 |
| rifampin for inj 600 mg..... | 18 |
| riluzole tab 50 mg..... | 50 |
| RINVOQ..... | 73 |
| RINVOQ LQ..... | 73 |
| risedronate sodium tab 150 mg..... | 76 |
| risedronate sodium tab 35 mg..... | 76 |
| risedronate sodium tab 5 mg, 30 mg..... | 76 |
| risedronate sodium tab delayed release 35 mg..... | 75 |
| risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg..... | 29 |
| risperidone microspheres for im extended rel susp 50 mg..... | 29 |
| RISPERIDONE ODT..... | 30 |
| risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg..... | 30 |
| risperidone orally disintegrating tab 4 mg..... | 30 |
| risperidone soln 1 mg/ml..... | 30 |
| risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg..... | 30 |
| risperidone tab 4 mg..... | 30 |
| ritonavir tab 100 mg..... | 33 |
| rivaroxaban for susp 1 mg/ml..... | 41 |
| rivaroxaban tab 2.5 mg..... | 41 |
| rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)..... | 13 |
| rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr..... | 13 |
| rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)..... | 17 |
| rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)..... | 17 |
| ROCKLATAN..... | 77 |
| roflumilast tab 250 mcg, 500 mcg..... | 81 |
| ROMVIMZA..... | 23 |
| ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg..... | 27 |
| ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)..... | 27 |
| rosuvastatin calcium tab 40 mg..... | 46 |
| rosuvastatin calcium tab 5 mg, 10 mg, 20 mg..... | 46 |
| ROTARIX..... | 73 |
| ROTATEQ..... | 73 |
| roweepra - levetiracetam tab 500 mg..... | 11 |
| ROZLYTREK..... | 23 |
| RUBRACA..... | 23 |
| rufinamide susp 40 mg/ml..... | 11 |
| rufinamide tab 200 mg..... | 11 |
| rufinamide tab 400 mg..... | 11 |
| RUKOBIA..... | 33 |
| RUXIENCE..... | 23 |
| RYBELSUS..... | 39 |
| RYDAPT..... | 23 |
| RYTARY..... | 27 |

S

| | |
|--|----|
| sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml..... | 73 |
| SANTYL..... | 53 |
| sapropterin dihydrochloride powder packet 100 mg, 500 mg..... | 57 |
| sapropterin dihydrochloride tab 100 mg..... | 57 |
| SCEMBLIX..... | 23 |
| scopolamine td patch 72hr 1 mg/3days..... | 15 |
| SECUADO..... | 30 |
| selegiline hcl cap 5 mg..... | 27 |
| selegiline hcl tab 5 mg..... | 27 |
| selenium sulfide lotion 2.5%..... | 53 |
| SELZENTRY..... | 33 |
| SEREVENT DISKUS..... | 81 |
| sertraline hcl oral concentrate for solution 20 mg/ml..... | 14 |
| sertraline hcl tab 100 mg..... | 14 |
| sertraline hcl tab 25 mg, 50 mg..... | 14 |
| setlakin - levonorgestrel & ethynodiol dihydrogesterone (91-day) tab 0.15-0.03 mg..... | 65 |
| sharobel - norethindrone tab 0.35 mg..... | 65 |
| SHINGRIX..... | 73 |
| SIGNIFOR..... | 68 |
| SIGNIFOR LAR..... | 68 |
| sildenafil citrate tab 20 mg..... | 81 |
| silodosin cap 4 mg, 8 mg..... | 58 |
| silver sulfadiazine cream 1%..... | 53 |
| SIMBRINZA..... | 77 |
| SIMLANDI..... | 73 |
| SIMLANDI 1-PEN KIT..... | 73 |
| SIMLANDI 2-PEN KIT..... | 73 |
| simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... | 65 |
| simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)..... | 65 |
| simvastatin tab 20 mg..... | 46 |
| simvastatin tab 5 mg, 10 mg, 40 mg..... | 46 |
| simvastatin tab 80 mg..... | 46 |
| sirolimus oral soln 1 mg/ml..... | 73 |
| sirolimus tab 0.5 mg, 1 mg, 2 mg..... | 73 |
| SIRTURO..... | 18 |
| SIVEXTRO..... | 9 |
| SKYLA..... | 58 |
| SKYRIZI..... | 73 |
| SKYRIZI PEN..... | 73 |
| sodium chloride irrigation soln 0.9%..... | 54 |
| sodium chloride iv soln 0.45%, 0.9%..... | 54 |
| sodium chloride preservative free (pf) inj 0.9%..... | 54 |

| | |
|--|----|
| SODIUM OXYBATE..... | 82 |
| sodium phenylbutyrate oral powder 3 gm/teaspoonful..... | 57 |
| sodium phenylbutyrate tab 500 mg..... | 57 |
| sodium polystyrene sulfonate powder..... | 54 |
| sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml..... | 56 |
| solifenacin succinate tab 5 mg, 10 mg..... | 58 |
| SOLIQUA 100/33..... | 39 |
| SOLTAMOX..... | 24 |
| SOMATULINE DEPOT..... | 68 |
| SOMAVERT..... | 68 |
| sorafenib tosylate tab 200 mg (base equivalent)..... | 24 |
| sorine - sotalol hcl tab 120 mg, 160 mg..... | 46 |
| sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg..... | 46 |
| sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg..... | 46 |
| SPIRIVA RESPIMAT..... | 81 |
| spironolactone & hydrochlorothiazide tab 25-25 mg..... | 46 |
| spironolactone tab 25 mg, 50 mg, 100 mg..... | 46 |
| sprintec 28 - norgestimate & ethynodiol dihydrogesterone tab 0.25 mg-35 mcg..... | 65 |
| SPRITAM..... | 11 |
| SPS..... | 54 |
| sps - sodium polystyrene sulfonate susp 15 gm/60ml..... | 54 |
| sronyx - levonorgestrel & ethynodiol dihydrogesterone tab 0.1 mg-20 mcg..... | 65 |
| ssd - silver sulfadiazine cream 1%..... | 53 |
| STAMARIL..... | 73 |
| STELARA..... | 73 |
| STEQEYMA..... | 74 |
| STIOLTO RESPIMAT..... | 81 |
| STIVARGA..... | 24 |
| STRENSIQ..... | 57 |
| STREPTOMYCIN SULFATE..... | 9 |
| STRIBILD..... | 33 |
| SUBLOCADE..... | 4 |
| subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg..... | 11 |
| sucralfate susp 1 gm/10ml..... | 56 |
| sucralfate tab 1 gm..... | 56 |
| sulfacetamide sodium lotion 10% (acne)..... | 53 |
| sulfacetamide sodium ophth oint 10%..... | 77 |
| sulfacetamide sodium ophth soln 10%..... | 78 |

| | |
|---|----|
| <i>sulfacetamide sodium-prednisolone ophth soln</i> | |
| 10-0.23(0.25)%..... | 78 |
| <i>sulfadiazine tab 500 mg</i> | 9 |
| <i>sulfamethoxazole-trimethoprim susp 200-40</i> | |
| mg/5ml..... | 9 |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg,</i> | |
| 800-160 mg..... | 9 |
| <i>sulfasalazine tab 500 mg</i> | 75 |
| <i>sulfasalazine tab delayed release 500</i> | |
| mg..... | 75 |
| <i>sulindac tab 150 mg, 200 mg</i> | 3 |
| <i>sumatriptan nasal spray 5 mg/act, 20 mg/</i> | |
| act..... | 17 |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> | 17 |
| <i>sumatriptan succinate solution auto-injector 4</i> | |
| mg/0.5ml, 6 mg/0.5ml..... | 17 |
| <i>sumatriptan succinate solution cartridge 4</i> | |
| mg/0.5ml..... | 17 |
| <i>sumatriptan succinate solution cartridge 6</i> | |
| mg/0.5ml..... | 17 |
| <i>sumatriptan succinate tab 25 mg, 50 mg, 100</i> | |
| mg..... | 18 |
| <i>sunitinib malate cap 12.5 mg (base</i> | |
| <i>equivalent)</i> | 24 |
| <i>sunitinib malate cap 25 mg (base equivalent),</i> | |
| <i>37.5 mg (base equivalent), 50 mg (base</i> | |
| <i>equivalent)</i> | 24 |
| SUNLENCA..... | 33 |
| SUTAB..... | 56 |
| <i>syeda - drospirenone-ethinyl estradiol tab 3-0.03</i> | |
| mg..... | 65 |
| SYMLINPEN 120..... | 39 |
| SYMLINPEN 60..... | 39 |
| SYMPAZAN..... | 12 |
| SYMTUZA..... | 33 |
| SYNAREL..... | 68 |
| SYNJARDY..... | 39 |
| SYNJARDY XR..... | 39 |
| SYNTHROID..... | 67 |
| T | |
| TABLOID..... | 24 |
| TABRECTA..... | 24 |
| <i>tacrolimus cap 0.5 mg, 1 mg</i> | |
| <i>tacrolimus cap 5 mg</i> | |
| <i>tacrolimus oint 0.03%, 0.1%</i> | |
| <i>tadalafil tab 2.5 mg, 5 mg</i> | |
| <i>tadalafil tab 20 mg (pah)</i> | |
| <i>TAFINLAR</i> | |
| <i>TAGRISSO</i> | |
| <i>TALZENNA</i> | |
| <i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg</i> | |
| <i>(base equivalent)</i> | 24 |
| <i>tamsulosin hcl cap 0.4 mg</i> | |
| <i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe</i> | |
| <i>tab 1mg-20 mcg (24)</i> | |
| <i>tarina fe 1/20 eq - norethindrone ace & ethinyl</i> | |
| <i>estradiol-fe tab 1 mg-20 mcg</i> | |
| TASIGNA..... | 24 |
| <i>tasimelteon capsule 20 mg</i> | |
| <i>taysofy - norethindrone ace-ethinyl estradiol-fe cap 1</i> | |
| <i>mg-20 mcg (24)</i> | |
| <i>tazarotene cream 0.05%, 0.1%</i> | |
| <i>tazarotene gel 0.05%, 0.1%</i> | |
| <i>tazicef - ceftazidime for inj 1 gm</i> | |
| <i>tazicef - ceftazidime for iv soln 1 gm</i> | |
| <i>tazicef - ceftazidime for iv soln 2 gm</i> | |
| <i>tazicef - ceftazidime for iv soln 6 gm</i> | |
| TAZORAC..... | 53 |
| <i>taztia xt - diltiazem hcl extended release beads cap</i> | |
| <i>er 24hr 120 mg</i> | |
| <i>taztia xt - diltiazem hcl extended release beads cap</i> | |
| <i>er 24hr 180 mg</i> | |
| <i>taztia xt - diltiazem hcl extended release beads cap</i> | |
| <i>er 24hr 240 mg</i> | |
| <i>taztia xt - diltiazem hcl extended release beads cap</i> | |
| <i>er 24hr 300 mg</i> | |
| <i>taztia xt - diltiazem hcl extended release beads cap</i> | |
| <i>er 24hr 360 mg</i> | |
| TAZVERIK..... | 24 |
| TEFLARO..... | 9 |
| <i>telmisartanamlodipine tab 40-10 mg</i> | |
| <i>telmisartanamlodipine tab 40-5 mg</i> | |
| <i>telmisartanamlodipine tab 80-10 mg</i> | |
| <i>telmisartanamlodipine tab 80-5 mg</i> | |
| <i>telmisartanhydrochlorothiazide tab 40-12.5 mg,</i> | |
| <i>80-25 mg</i> | |
| <i>telmisartanhydrochlorothiazide tab 80-12.5</i> | |
| <i>mg</i> | |
| <i>telmisartan tab 20 mg, 40 mg, 80 mg</i> | |
| <i>temazepam cap 15 mg, 30 mg</i> | |
| TENIVAC..... | |
| <i>tenofovir disoproxil fumarate tab 300</i> | |
| <i>mg</i> | |
| TEPMETKO..... | |
| terazosin hcl cap 1 mg (base | |
| <i>equivalent)</i> | |
| <i>terazosin hcl cap 2 mg (base equivalent),</i> | |
| <i>5 mg (base equivalent), 10 mg (base</i> | |
| <i>equivalent)</i> | |
| terbinafine hcl tab 250 mg..... | 17 |
| terbutaline sulfate tab 2.5 mg, 5 mg..... | 81 |
| terconazole vaginal cream 0.4%, 0.8%..... | 17 |

| | |
|---|----|
| <i>terconazole vaginal suppos 80 mg.....</i> | 17 |
| TERIPARATIDE..... | 76 |
| <i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml.....</i> | 66 |
| TESTOSTERONE ENANTHATE..... | 66 |
| <i>testosterone td gel 12.5 mg/act (1%).....</i> | 66 |
| <i>testosterone td gel 20.25 mg/1.25gm (1.62%).....</i> | 66 |
| <i>testosterone td gel 20.25 mg/act (1.62%).....</i> | 66 |
| <i>testosterone td gel 25 mg/2.5gm (1%).....</i> | 66 |
| <i>testosterone td gel 40.5 mg/2.5gm (1.62%).....</i> | 66 |
| <i>testosterone td gel 50 mg/5gm (1%).....</i> | 66 |
| tetrabenazine tab 12.5 mg..... | 50 |
| tetrabenazine tab 25 mg..... | 50 |
| tetracycline hcl cap 250 mg, 500 mg..... | 9 |
| THALOMID..... | 24 |
| <i>theophylline tab er 12hr 300 mg, 450 mg.....</i> | 81 |
| <i>theophylline tab er 24hr 400 mg, 600 mg.....</i> | 81 |
| <i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....</i> | 30 |
| <i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....</i> | 30 |
| THYMOGLOBULIN..... | 74 |
| <i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg.....</i> | 47 |
| <i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg.....</i> | 47 |
| <i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg.....</i> | 47 |
| <i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg.....</i> | 47 |
| <i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg.....</i> | 47 |
| <i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg.....</i> | 47 |
| <i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....</i> | 12 |
| TIBSOVO..... | 24 |
| <i>ticagrelor tab 60 mg, 90 mg.....</i> | 41 |
| TICOVAC..... | 74 |
| <i>tigecycline for iv soln 50 mg.....</i> | 9 |
| <i>tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....</i> | 66 |
| <i>timolol maleate ophth gel forming soln 0.25%, 0.5%.....</i> | 78 |
| <i>timolol maleate ophth soln 0.25%, 0.5%.....</i> | 78 |
| <i>timolol maleate ophth soln 0.5% (once-daily).....</i> | 78 |
| <i>timolol maleate tab 5 mg, 10 mg, 20 mg.....</i> | 47 |
| <i>tinidazole tab 250 mg, 500 mg.....</i> | 9 |
| <i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....</i> | 81 |
| TIVICAY..... | 33 |
| TIVICAY PD..... | 33 |
| <i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent).....</i> | 30 |
| TOBRADEX..... | 78 |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%.....</i> | 78 |
| <i>tobramycin nebu soln 300 mg/5ml.....</i> | 81 |
| <i>tobramycin ophth soln 0.3%.....</i> | 78 |
| TOBRAMYCIN SULFATE..... | 9 |
| <i>tobramycin sulfate for inj 1.2 gm.....</i> | 9 |
| <i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv).....</i> | 9 |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv).....</i> | 9 |
| <i>tolterodine tartrate cap er 24hr 2 mg, 4 mg.....</i> | 58 |
| <i>tolterodine tartrate tab 1 mg, 2 mg.....</i> | 58 |
| <i>topiramate oral soln 25 mg/ml.....</i> | 12 |
| <i>topiramate sprinkle cap 15 mg, 25 mg.....</i> | 12 |
| <i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....</i> | 12 |
| <i>toremifene citrate tab 60 mg (base equivalent).....</i> | 24 |
| <i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg.....</i> | 24 |
| <i>torpenz - everolimus tab 5 mg.....</i> | 24 |
| <i>torsemide tab 5 mg, 10 mg, 20 mg, 100 mg.....</i> | 47 |
| TOUJEO MAX SOLOSTAR..... | 39 |
| TOUJEO SOLOSTAR..... | 39 |
| TRACLEER..... | 81 |
| TRADJENTA..... | 39 |
| <i>tramadol-acetaminophen tab 37.5-325 mg.....</i> | 3 |
| <i>tramadol hcl tab 50 mg.....</i> | 3 |
| <i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....</i> | 3 |
| <i>trandolapril tab 1 mg, 2 mg, 4 mg.....</i> | 47 |
| <i>trandolapril-verapamil hcl tab er 1-240 mg.....</i> | 47 |
| <i>trandolapril-verapamil hcl tab er 2-180 mg.....</i> | 47 |

| | |
|--|----|
| <i>trandolapril-verapamil hcl tab er 2-240</i> | |
| <i>mg</i> | 47 |
| <i>trandolapril-verapamil hcl tab er 4-240</i> | |
| <i>mg</i> | 47 |
| <i>tranexamic acid tab 650 mg</i> | 41 |
| <i>tranylcyprromine sulfate tab 10 mg</i> | 14 |
| <i>TRAVASOL</i> | 54 |
| <i>travoprost ophth soln 0.004% (benzalkonium free)</i> | |
| <i>(bak free)</i> | 78 |
| <i>TRAZIMERA</i> | 24 |
| <i>trazodone hcl tab 300 mg</i> | 15 |
| <i>trazodone hcl tab 50 mg, 100 mg, 150</i> | |
| <i>mg</i> | 15 |
| <i>TRECATOR</i> | 18 |
| <i>TRELEGY ELLIPTA</i> | 81 |
| <i>TRELSTAR MIXJECT</i> | 68 |
| <i>TREMFYA</i> | 74 |
| TREMFYA INDUCTION PACK FOR CROHNS DISEASE | 74 |
| <i>TREMFYA PEN</i> | 74 |
| <i>tretinoin cap 10 mg</i> | 24 |
| <i>tretinoin cream 0.025%, 0.05%, 0.1%</i> | 53 |
| <i>tretinoin gel 0.01%, 0.025%</i> | 53 |
| <i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i> | 53 |
| <i>triamcinolone acetonide dental paste 0.1%</i> | 50 |
| <i>triamcinolone acetonide lotion 0.025%, 0.1%</i> | 53 |
| <i>triamcinolone acetonide oint 0.025%, 0.1%</i> | 53 |
| <i>triamterene & hydrochlorothiazide cap 37.5-25</i> | |
| <i>mg</i> | 47 |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i> | 47 |
| <i>tridacaine iii - lidocaine patch 5%</i> | 3 |
| <i>tridacaine ii - lidocaine patch 5%</i> | 3 |
| <i>triderm - triamcinolone acetonide cream 0.5%</i> | 53 |
| <i>trientine hcl cap 250 mg</i> | 54 |
| <i>tri-estarrylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 66 |
| <i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i> | 30 |
| <i>TRIFLURIDINE</i> | 78 |
| <i>trihexyphenidyl hcl tab 2 mg, 5 mg</i> | 27 |
| <i>TRIKAFTA</i> | 81 |
| <i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 66 |
| <i>tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 66 |
| <i>tri-lo-estarrylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 66 |
| <i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 66 |
| <i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 66 |
| <i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 66 |
| <i>trimethoprim tab 100 mg</i> | 9 |
| <i>tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 66 |
| <i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i> | 15 |
| <i>TRINTELLIX</i> | 15 |
| <i>tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 66 |
| <i>tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 66 |
| <i>TRIUMEQ</i> | 33 |
| <i>TRIUMEQ PD</i> | 33 |
| <i>tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 66 |
| <i>tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 66 |
| <i>TROPHAMINE</i> | 54 |
| <i>trospium chloride tab 20 mg</i> | 58 |
| <i>TRULICITY</i> | 39 |
| <i>TRUMENBA</i> | 74 |
| <i>TRUQAP</i> | 24 |
| <i>TUKYSA</i> | 24 |
| <i>TURALIO</i> | 24 |
| <i>turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | 66 |
| U | |
| <i>UBRELVY</i> | 18 |
| <i>UDENYCA</i> | 41 |
| <i>UDENYCA ONBODY</i> | 41 |
| <i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i> | 67 |
| <i>ursodiol cap 300 mg</i> | 56 |
| <i>ursodiol tab 250 mg, 500 mg</i> | 56 |
| <i>UZEDY</i> | 30 |

V

| | |
|---|----|
| valacyclovir hcl tab 500 mg, 1 gm..... | 33 |
| VALCHLOR..... | 24 |
| valganciclovir hcl for soln 50 mg/ml (base equiv)..... | 33 |
| valganciclovir hcl tab 450 mg (base equivalent)..... | 33 |
| valproate sodium oral soln 250 mg/5ml (base equiv)..... | 12 |
| valproic acid cap 250 mg..... | 12 |
| valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg..... | 48 |
| valsartan tab 320 mg..... | 48 |
| valsartan tab 40 mg, 80 mg, 160 mg..... | 48 |
| VALTOCO 10 MG DOSE..... | 12 |
| VALTOCO 15 MG DOSE..... | 12 |
| VALTOCO 20 MG DOSE..... | 12 |
| VALTOCO 5 MG DOSE..... | 12 |
| valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg..... | 66 |
| vancomycin hcl cap 125 mg (base equivalent)..... | 9 |
| vancomycin hcl cap 250 mg (base equivalent)..... | 9 |
| vancomycin hcl for iv soln 100 gm (base equivalent)..... | 9 |
| vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 10 gm (base equivalent)..... | 9 |
| vancomycin hcl for iv soln 5 gm (base equivalent)..... | 9 |
| VANCOMYCIN HYDROCHLORIDE..... | 9 |
| VANFLYTA..... | 24 |
| VAQTA..... | 74 |
| varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)..... | 4 |
| varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack..... | 4 |
| VARIVAX..... | 74 |
| VASCEPA..... | 48 |
| VAXCHORA..... | 74 |
| velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15- 0.025mg-mg..... | 67 |
| VELTASSA..... | 55 |
| VENCLEXTA..... | 25 |
| VENCLEXTA STARTING PACK..... | 25 |
| VENLAFAXINE BESYLATE ER..... | 15 |
| venlafaxine hcl cap er 24hr 150 mg (base equivalent)..... | 15 |

| | |
|---|----|
| venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)..... | 15 |
| venlafaxine hcl cap er 24hr 75 mg (base equivalent)..... | 15 |
| venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)..... | 15 |
| VENTAVIS..... | 81 |
| VENTOLIN HFA..... | 81 |
| VEOZAH..... | 50 |
| verapamil hcl cap er 24hr 100 mg..... | 48 |
| verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg..... | 48 |
| verapamil hcl cap er 24hr 200 mg..... | 48 |
| verapamil hcl cap er 24hr 300 mg..... | 48 |
| verapamil hcl cap er 24hr 360 mg..... | 48 |
| verapamil hcl tab 40 mg, 80 mg, 120 mg..... | 48 |
| verapamil hcl tab er 120 mg, 180 mg, 240 mg..... | 48 |
| VERQUVO..... | 48 |
| VERSACLOZ..... | 30 |
| VERZENIO..... | 25 |
| vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg..... | 67 |
| VIBERZI..... | 56 |
| vienna - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg..... | 67 |
| vigabatrin powd pack 500 mg..... | 12 |
| vigabatrin tab 500 mg..... | 12 |
| vigadron - vigabatrin powd pack 500 mg..... | 12 |
| vilazodone hcl tab 10 mg, 20 mg, 40 mg..... | 15 |
| VIMKUNYA..... | 74 |
| viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... | 67 |
| VIRACEPT..... | 33 |
| VIREAD..... | 33 |
| VITRAKVI..... | 25 |
| VIVITROL..... | 4 |
| VIVOTIF..... | 74 |
| VIZIMPRO..... | 25 |
| volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)..... | 67 |
| VONJO..... | 25 |
| VORANIGO..... | 25 |

| | |
|---|----|
| voriconazole for inj 200 mg..... | 17 |
| voriconazole for susp 40 mg/ml..... | 17 |
| voriconazole tab 50 mg, 200 mg..... | 17 |
| VOWST..... | 56 |
| VPRIV..... | 57 |
| VRAYLAR..... | 30 |
| VUMERTY..... | 50 |
| vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg..... | 67 |
| vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg..... | 67 |
| VYNDAMAX..... | 57 |
| VYNDAQEL..... | 57 |
| W | |
| warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg..... | 41 |
| WELIREG..... | 57 |
| wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg..... | 67 |
| wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act..... | 81 |
| wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act..... | 81 |
| wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act..... | 81 |
| wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg..... | 67 |
| X | |
| XALKORI..... | 25 |
| xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg..... | 67 |
| XARELTO..... | 41 |
| XARELTO STARTER PACK..... | 41 |
| XATMEP..... | 74 |
| XCOPRI..... | 12 |
| XDEMVY..... | 78 |
| xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg..... | 67 |
| XERMELO..... | 56 |
| XGEVA..... | 76 |
| XHANCE..... | 81 |
| XIFAXAN..... | 56 |
| XIGDUO XR..... | 39 |
| XiIDRA..... | 78 |
| XOFLUZA..... | 33 |
| XOLAIR..... | 74 |
| XOPENEX HFA..... | 81 |
| XOSPATA..... | 25 |
| XPOVIO..... | 25 |
| XPOVIO 60 MG TWICE WEEKLY..... | 25 |
| XPOVIO 80 MG TWICE WEEKLY..... | 25 |

| | |
|--|----|
| XTANDI..... | 25 |
| xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr..... | 67 |
| Y | |
| yargesa - miglustat cap 100 mg..... | 57 |
| YF-VAX..... | 75 |
| YONSA..... | 25 |
| yuvaferm - estradiol vaginal tab 10 mcg..... | 67 |
| Z | |
| zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr..... | 67 |
| zafirlukast tab 10 mg, 20 mg..... | 81 |
| zaleplon cap 10 mg..... | 82 |
| zaleplon cap 5 mg..... | 82 |
| ZEJULA..... | 25 |
| ZELBORAF..... | 25 |
| zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg..... | 53 |
| ZENPEP..... | 57 |
| zenzedi - dextroamphetamine sulfate tab 10 mg..... | 50 |
| zenzedi - dextroamphetamine sulfate tab 5 mg..... | 50 |
| ZEPATIER..... | 34 |
| zidovudine cap 100 mg..... | 34 |
| zidovudine syrup 10 mg/ml..... | 34 |
| zidovudine tab 300 mg..... | 34 |
| ZIEXTENZO..... | 41 |
| ziprasidone hcl cap 20 mg, 40 mg..... | 30 |
| ziprasidone hcl cap 60 mg, 80 mg..... | 30 |
| ziprasidone mesylate for inj 20 mg (base equivalent)..... | 30 |
| ZIRABEV..... | 25 |
| ZOLINZA..... | 25 |
| zolpidem tartrate tab 5 mg, 10 mg..... | 82 |
| ZONISADE..... | 12 |
| zonisamide cap 25 mg, 50 mg, 100 mg..... | 12 |
| ZOSYN..... | 9 |
| zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg..... | 67 |
| ZTALMY..... | 12 |
| ZTLIDO..... | 3 |
| zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg..... | 67 |
| ZURZUVAE..... | 15 |
| ZYDELIG..... | 25 |
| ZYKADIA..... | 25 |

Este formulario se actualizó el 09/01/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio al Cliente al 1-866-334-3141 (TTY: 711). Los miembros de Covenant Health Advantage pueden comunicarse con el servicio al cliente de Baylor Scott & White Health Plan, al 1-833-442-2405 (TTY: 711); del 1 de octubre al 31 de marzo, el horario es de 7 a.m. a 8 p.m., los siete días de la semana (excluyendo los días feriados principales); y del 1 de abril al 30 de septiembre, el horario es de 7 a.m. a 8 p.m., de lunes a viernes (excluyendo los días festivos importantes), o visite BSWHealthPlan.com/Medicare.

Contrato: H2032, H8142, H4943



English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-334-3141. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-334-3141. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-334-3141。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-334-3141。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-334-3141. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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 1-866-334-3141. 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 1-866-334-3141 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 1-866-334-3141. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-334-3141 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 1-866-334-3141. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سؤال تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية . سيقوم شخص ما يتحدث العربية 1-866-334-3141 فوري، ليس عليك سوى الاتصال بنا على

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 1-866-334-3141 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-334-3141. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-866-334-3141. 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 1-866-334-3141. 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 1-866-334-3141. 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ございます。通訳をご用命になるには、1-866-334-3141 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。



Aviso de No Discriminación

Baylor Scott & White Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Baylor Scott & White Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Baylor Scott & White Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Información escrita en otros formatos (letra grande y formatos electrónicos accesibles)
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con el Oficial de Cumplimiento de Baylor Scott & White Health Plan al 1-214-820-8888 o envíe un correo electrónico a HPCompliance@BSWHealth.org.

Si cree que Baylor Scott & White Health Plan no ha brindado estos servicios o ha sido discriminado de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal con:

Baylor Scott & White Health Plan, Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Línea de ayuda de cumplimiento; 1-888-484-6977 o <https://app.mycompliancereport.com/report?cid=swhp>

Puede presentar una queja en persona o por correo, en línea o por correo electrónico. Si necesita ayuda para presentar un reclamo, el Oficial de Cumplimiento está disponible para ayudarlo.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.



Nuestra misión

Fundada como un ministerio cristiano de curación hace más de 100 años, Baylor Scott & White Health promueve el bienestar de todas las personas, familias y comunidades.