

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

Formulario para 2024

(Lista de medicamentos cubiertos)

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

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Este formulario se actualizó el 01/04/2024. Para obtener información más reciente u para otras preguntas, comuníquese con el servicio para miembros de CareFirst BlueCross BlueShield Advantage DualPrime al 1-844-786-6762 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los 7 días de la semana, o visite carefirstmddsnp.com

CareFirst BlueCross BlueShield Medicare Advantage es el nombre comercial de CareFirst Advantage DSNP Inc., licenciataria independiente de Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® y los símbolos de la Cruz y el Escudo son marcas de servicio registradas de Blue Cross and Blue Shield Association, una asociación de planes independientes de Blue Cross y Blue Shield.

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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", significa CareFirst BlueCross BlueShield Medicare Advantage. La referencia a "plan" o "nuestro plan" significa CareFirst BlueCross BlueShield Advantage DualPrime.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está vigente el 01/04/2024. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto aparece, junto con la fecha de la última actualización del formulario, en la portada y en la contraportada.

Por lo general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguro pueden cambiar el 1 de enero de 2024 y de vez en cuando durante el año.

¿Qué es el formulario de CareFirst BlueCross BlueShield Advantage DualPrime ?

Un formulario es una lista de medicamentos cubiertos seleccionados por CareFirst BlueCross BlueShield Advantage DualPrime en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. CareFirst BlueCross BlueShield Advantage DualPrime generalmente cubrirá los medicamentos enumerados en nuestro formulario siempre que el medicamento sea médicamente necesario, la receta se surta en cualquier farmacia de la red de CareFirst BlueCross BlueShield Advantage DualPrime y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de Cobertura.

Para obtener una lista completa de todos los medicamentos con receta cubiertos por CareFirst BlueCross BlueShield Advantage DualPrime, visite nuestro sitio web o llámenos. Nuestra información de contacto aparece, junto con la fecha de la última actualización del formulario, en la portada y en la contraportada.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero nosotros podemos agregar o eliminar medicamentos a la lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios.

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

- **Medicamentos genéricos nuevos.** Podremos remover de inmediato un medicamento de marca de su lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico, que aparecerá en el mismo nivel de costo compartido o en un nivel inferior y con las mismas o menos restricciones. O, al agregar el nuevo medicamento genérico, podrá decidir mantener el medicamento de marca en su lista de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no se le informe con anticipación antes de realizar ese cambio, pero luego se le proporcionará información sobre los cambios específicos realizados.
 - Si hacemos un cambio de este tipo, usted o su médico pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le brindamos también incluirá información sobre cómo solicitar una excepción, y puede

encontrar información en la sección a continuación titulada "¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Advantage DualPrime?".

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de su formulario no es seguro o el fabricante del medicamento lo retira del mercado, lo eliminaremos inmediatamente de su formulario y notificaremos a los afiliados que lo tomen.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los afiliados que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario, agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente, o ambos. O podemos hacer cambios basados en nuevas normas clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos una autorización previa, límites de cantidad o restricciones de terapia por etapa en un medicamento, debemos notificar el cambio a los afiliados afectados por lo menos 30 días antes de que el cambio entre en vigor, o en el momento en que el afiliado solicita una repetición de una receta del medicamento, momento en el que el afiliado recibirá un suministro de 30 días del medicamento.
 - Si realizamos estos otros cambios, usted o su médico pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le brindamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección siguiente titulada "¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Medicare Advantage DualPrime?".

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario de 2024 que estaba cubierto al comienzo del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para los afiliados que los tomen durante el resto del año de cobertura. Durante este año usted no recibirá notificación directa sobre cambios que no le afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios lo afectarían, y es importante que consulte la lista de medicamentos para el nuevo año de vigencia de los beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está vigente en la fecha 01/04/2024. Para obtener información actualizada sobre los medicamentos cubiertos por CareFirst BlueCross BlueShield Advantage DualPrime, comuníquese con nosotros. Nuestra información de contacto aparece detallada en la portada y contraportada. En caso de que se produzcan cambios en el formulario que no sean de mantenimiento a mitad de año, los formularios se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo utilizo el formulario?

Hay dos formas de encontrar su medicamento en el formulario:

Condición médica

El formulario comienza en la página 9. Los medicamentos de este formulario se agrupan en categorías según el tipo de condiciones médicas para las que se usan. Por ejemplo, los medicamentos que se usan para tratar una afección cardíaca se enumeran en la categoría CARDIOVASCULAR. Si sabe para qué se

usa su medicamento, busque el nombre de la categoría en la lista que comienza en 9. Luego, busque debajo del nombre de la categoría de su medicamento.

Listado por orden alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el índice que comienza en la página 79. El índice brinda una lista por orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque su medicamento en el índice. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

CareFirst BlueCross BlueShield Advantage DualPrime cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) por tener el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden contar con requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** CareFirst BlueCross BlueShield Advantage DualPrime requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de CareFirst BlueCross BlueShield Advantage DualPrime antes de surtir sus recetas. Si no obtiene la aprobación, es posible que CareFirst BlueCross BlueShield Advantage DualPrime no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, CareFirst BlueCross BlueShield Advantage DualPrime limita la cantidad del medicamento cubierto por CareFirst BlueCross BlueShield Advantage DualPrime. Por ejemplo, CareFirst BlueCross BlueShield Advantage DualPrime proporciona 30 tabletas para 30 días por receta de JANUVIA 100 mg. Esto puede ser adicional al suministro estándar para uno o tres meses.
- **Terapia por etapas:** En algunos casos, CareFirst BlueCross BlueShield Advantage DualPrime requiere que primero pruebe ciertos medicamentos para tratar su condición médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, CareFirst BlueCross BlueShield Advantage DualPrime puede no cubrir el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le funciona, CareFirst BlueCross BlueShield Advantage DualPrime cubrirá el medicamento B.

Puede averiguar si su medicamento cuenta con requisitos o límites adicionales consultando el formulario que comienza en la página 9. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de terapia por etapas. También puede solicitarnos que

le enviemos una copia. Nuestra información de contacto aparece, junto con la fecha de la última actualización del formulario, en la portada y en la contraportada.

Puede pedirle a CareFirst BlueCross BlueShield Advantage DualPrime que haga una excepción a estas restricciones o límites o que le brinde una lista de otros medicamentos similares que puede usar para tratar la afección médica. Consulte la sección, "¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Advantage DualPrime?" en la página 5 para obtener información sobre cómo solicitar una excepción.

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

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

Si se entera de que CareFirst BlueCross BlueShield Advantage DualPrime no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para el Afiliado una lista de medicamentos similares cubiertos por CareFirst BlueCross BlueShield Advantage DualPrime. Cuando reciba la lista, muéstresela a su médico y solicítele que le recete un medicamento similar cubierto por CareFirst BlueCross BlueShield Advantage DualPrime.
- Puede solicitarle a CareFirst BlueCross BlueShield Advantage DualPrime que haga una excepción y cubra su medicamento. Vea a continuación la información sobre cómo solicitar una excepción.

¿Cómo solicitar una excepción al formulario de CareFirst BlueCross BlueShield Advantage DualPrime?

Puede solicitarle a CareFirst BlueCross BlueShield Advantage DualPrime que haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitar.

- Puede solicitar que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba su solicitud, este medicamento estará cubierto a un nivel de costo compartido predeterminado y no podrá solicitar que le brindemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitar que eliminemos las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, CareFirst BlueCross BlueShield Advantage DualPrime limita la cantidad del medicamento cubierto. Si su medicamento tiene un límite de cantidad, puede solicitar que no apliquemos el límite y que se cubre una cantidad mayor.

Por lo general, CareFirst BlueCross BlueShield Advantage DualPrime sólo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de utilización adicional no resultarían ser tan eficaces en el tratamiento de su afección o causarían efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para un formulario o excepción de restricción de uso. **Cuando solicita un formulario o excepción de restricción de uso, debe enviar una declaración de su médico o prescriptor que respalde su solicitud.** Por lo general, 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 usted o su médico creen que su salud podría

verse gravemente dañada si tiene que esperar hasta 72 horas por una decisión. Si se concede su solicitud de excepción acelerada, debemos darles una decisión a más tardar 24 horas después de recibir una declaración de respaldo de su médico u otro prescriptor.

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

Como afiliado nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no se encuentran en nuestro formulario. O puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado cubierto por nosotros o solicitar un formulario de excepción para que cubramos el medicamento. Mientras habla con su médico para determinar el curso de acción correcto para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en que sea afiliado de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días. Si su receta es para menos días, permitiremos repeticiones de dicha receta para proporcionar un suministro máximo de medicamentos de 30 días. Después de su primer suministro de 30 días, no pagaremos estos medicamentos, incluso si ha sido afiliado del plan por menos de 90 días.

Si usted 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 ha pasado los primeros 90 días de afiliación en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras busca una excepción al formulario.

Si experimenta un cambio en su nivel de atención (como un traslado de un hospital a un hogar) y necesita un medicamento que no está en nuestro formulario o su capacidad para obtener sus medicamentos es limitada, es posible que cubramos un único suministro temporal. El suministro temporal único debe ser para un suministro de 30 días (o un suministro de 31 días si reside en un centro de atención a largo plazo), a menos que su receta sea para un suministro de menos días. Debe obtener los medicamentos en una farmacia de la red. Debe utilizar el proceso de excepción del plan si desea continuar con la cobertura del medicamento una vez finalizado el suministro temporal.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos con receta de CareFirst BlueCross BlueShield Advantage DualPrime, consulte su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre CareFirst BlueCross BlueShield Advantage DualPrime, comuníquese con nosotros. Nuestra información de contacto aparece, junto con la fecha de la última actualización del formulario, en la portada y en la contraportada.

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

Formulario CareFirst BlueCross BlueShield Advantage DualPrime

El formulario siguiente brinda información sobre la cobertura de los medicamentos cubiertos por CareFirst BlueCross BlueShield Advantage DualPrime. Si tiene problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página 79.

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

La información en la columna Requisitos/Límites le dice si CareFirst BlueCross BlueShield Advantage DualPrime tiene algún requisito especial para la cobertura de su medicamento.

PA – Autorización previa

Requerimos que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener nuestra aprobación antes de surtir sus recetas. Si no recibe esta aprobación, puede que no cubramos su medicamento.

QL – Límites de cantidad

Para algunos medicamentos, limitamos la cantidad de la que usted puede disponer estableciendo la cantidad máxima del medicamento que puede retirar cada vez que surta su receta.

ST – Terapia en etapas

En algunos casos, requerimos que primero pruebe algunos medicamentos para tratar su afección médica antes de que podamos cubrir el costo de otro medicamento para esa condición. Por ejemplo, si un medicamento A y un medicamento B tratan su afección médica, es posible que no cubramos el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le funciona, entonces le cubriremos el medicamento B.

NM – No disponible a través de pedido por correo

Este medicamento no está disponible a través de pedido por correo a la farmacia.

LA – Acceso limitado

Esta receta puede estar disponible únicamente en determinadas farmacias. Para obtener más información, consulte el Directorio de Farmacias o llame a Servicios para el Afiliado al 1-844-786-6762, las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deberán llamar al TTY 711 sin costo.

B/D: es posible que el medicamento esté cubierto por Medicare Parte B o D

Es posible que algunos medicamentos estén cubiertos por Medicare Parte B o Parte D, dependiendo de las circunstancias. Es posible que sea necesario enviar información que describa el uso y el lugar donde recibe y toma el medicamento a CareFirst BlueCross BlueShield Advantage DualPrime para que se pueda tomar una decisión al respecto.

Su copago de la Parte D para 2024 varía según su nivel de “ayuda adicional”; consulte la tabla siguiente.

Medicamentos genéricos (incluidos los medicamentos de marca tratados como genéricos):	
<p>Venta al por menor/pedido por correo: Hasta 90 días</p> <p>Cuidado a largo plazo (LTC): Hasta 31 días</p> <p>Fuera de la red (OON, por sus siglas en inglés): Hasta 10 días</p> <p><i>Los medicamentos de cuidado a largo plazo para 90 días y los de fuera de la red para más de 10 días no están cubiertos.</i></p>	<p>En función de su nivel de “ayuda adicional”, abonará un copago de:</p> <ul style="list-style-type: none">• \$0• \$1.55• \$4.50
Para todos los demás medicamentos:	
<p>Venta al por menor/pedido por correo: Hasta 90 días</p> <p>Cuidado a largo plazo (LTC): Hasta 31 días</p> <p>Fuera de la red (OON, por sus siglas en inglés): Hasta 10 días</p> <p><i>Los medicamentos de cuidado a largo plazo para 90 días y los de fuera de la red para más de 10 días no están cubiertos.</i></p>	<p>En función de su nivel de “ayuda adicional”, abonará un copago de:</p> <ul style="list-style-type: none">• \$0• \$4.60• \$11.20
<p>Una vez que alcance la etapa de Cobertura Catastrófica, el plan paga el costo total de sus medicamentos cubiertos de la Parte D. Usted no paga nada.</p>	

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

Nombre del Medicamento	Requisitos/Limites
ANALGESICS	
GOUT	
<i>allopurinol</i> TABS 100mg, 300mg	
<i>colchicine</i> TABS .6mg	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
MITIGARE CAPS .6mg	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	
NSAIDS	
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	
<i>diflunisal</i> TABS 500mg	
<i>ec-naproxen</i> TBEC 375mg	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	
<i>flurbiprofen</i> TABS 100mg	
<i>ibu</i> TABS 400mg, 600mg, 800mg	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	
<i>meloxicam</i> TABS 7.5mg, 15mg	
<i>nabumetone</i> TABS 500mg, 750mg	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	
<i>naproxen</i> TBEC 375mg	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	
<i>piroxicam</i> CAPS 10mg, 20mg	
<i>sulindac</i> TABS 150mg, 200mg	
OPIOID ANALGESICS, LONG-ACTING	
<i>fantanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	QL (90 mL / 30 days), PA

Nombre del Medicamento	Requisitos/Limites
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	
<i>endocet tab 2.5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	
<i>oxycodone hcl</i> CAPS 5mg	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

Nombre del Medicamento	Requisitos/Limites
<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	B/D

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	
<i>atovaquone SUSP 750mg/5ml</i>	
<i>aztreonam SOLR 1gm, 2gm</i>	
CAYSTON SOLR 75mg	NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	
<i>clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	
CLINDMYC/NAC INJ 300/50ML	
CLINDMYC/NAC INJ 600/50ML	
CLINDMYC/NAC INJ 900/50ML	
<i>colistimethate sodium SOLR 150mg</i>	
<i>dapsone TABS 25mg, 100mg</i>	
DAPTOMYCIN SOLR 350mg	
<i>daptomycin SOLR 350mg, 500mg</i>	
EMVERM CHEW 100mg	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	
<i>gentamicin in saline inj 0.8 mg/ml</i>	
<i>gentamicin in saline inj 1 mg/ml</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin in saline inj 1.6 mg/ml</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	
<i>ivermectin TABS 3mg</i>	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	
<i>linezolid SUSR 100mg/5ml</i>	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	
<i>meropenem SOLR 1gm, 500mg</i>	
<i>methenamine hippurate TABS 1gm</i>	

Nombre del Medicamento	Requisitos/Limites
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	
<i>neomycin sulfate</i> TABS 500mg	
<i>nitazoxanide</i> TABS 500mg	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	
<i>pentamidine isethionate inh</i> SOLR 300mg	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	
<i>praziquantel</i> TABS 600mg	
SIVEXTRO SOLR 200mg; TABS 200mg	
<i>streptomycin sulfate</i> SOLR 1gm	
<i>sulfadiazine</i> TABS 500mg	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	
<i>tinidazole</i> TABS 250mg, 500mg	
<i>tobramycin</i> NEBU 300mg/5ml	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	
<i>trimethoprim</i> TABS 100mg	
<i>vancomycin hcl</i> CAPS 125mg	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	
VANCOMYCIN INJ 1 GM	
VANCOMYCIN INJ 500MG	
VANCOMYCIN INJ 750MG	
ANTIFUNGALS	
ABELCET SUSP 5mg/ml	B/D
<i>amphotericin b</i> SOLR 50mg	B/D
<i>amphotericin b liposome</i> SUSR 50mg	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	
<i>flucytosine</i> CAPS 250mg, 500mg	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	
<i>itraconazole</i> CAPS 100mg	PA
<i>ketoconazole</i> TABS 200mg	PA

Nombre del Medicamento	Requisitos/Limites
<i>micafungin sodium</i> SOLR 50mg, 100mg	
<i>nystatin</i> TABS 500000unit	
<i>posaconazole</i> SUSP 40mg/ml	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	PA
<i>voriconazole</i> TABS 50mg	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	
COARTEM TAB 20-120MG	
<i>mefloquine hcl</i> TABS 250mg	
<i>primaquine phosphate</i> TABS 26.3mg	
PRIMAQUINE PHOSPHATE TABS 26.3mg	
<i>quinine sulfate</i> CAPS 324mg	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	NM
APTIVUS CAPS 250mg	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	NM
<i>darunavir</i> TABS 600mg	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	NM
<i>emtricitabine</i> CAPS 200mg	NM
EMTRIVA SOLN 10mg/ml	NM
<i>etravirine</i> TABS 100mg, 200mg	NM
<i>fosamprenavir calcium</i> TABS 700mg	NM
FUZEON SOLR 90mg	NM, LA
INTELENCE TABS 25mg	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	NM
ISENTRESS HD TABS 600mg	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	NM
LEXIVA SUSP 50mg/ml	NM
<i>maraviroc</i> TABS 150mg, 300mg	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	NM
NORVIR PACK 100mg	NM
PIFELTRO TABS 100mg	NM
PREZISTA SUSP 100mg/ml	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	QL (240 tabs / 30 days), NM

Nombre del Medicamento	Requisitos/Limites
REYATAZ PACK 50mg	NM
<i>ritonavir</i> TABS 100mg	NM
RUKOBIA TB12 600mg	NM
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	NM
SUNLENCA TBPK 300mg	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	NM
TIVICAY TABS 10mg, 25mg, 50mg	NM
TIVICAY PD TBSO 5mg	NM
TROGARZO SOLN 200mg/1.33ml	NM, LA
TYBOST TABS 150mg	NM
VIRACEPT TABS 250mg, 625mg	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	NM
BIKTARVY TAB 30-120-15 MG	NM
BIKTARVY TAB 50-200-25 MG	NM
CIMDUO TAB 300-300	NM
COMPLERA TAB	NM
DELSTRIGO TAB	NM
DESCOVY TAB 120-15MG	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	NM
GENVOYA TAB	NM
JULUCA TAB 50-25MG	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	NM

Nombre del Medicamento	Requisitos/Limites
<i>lopinavir-ritonavir tab 100-25 mg</i>	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	NM
ODEFSEY TAB	NM
PREZCOBIX TAB 800-150	NM
STRIBILD TAB	NM
SYMTUZA TAB	NM
TRIUMEQ PD TAB	NM
TRIUMEQ TAB	NM
TRIZIVIR TAB	NM

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	
<i>ethambutol hcl TABS 100mg, 400mg</i>	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	
PRIFTIN TABS 150mg	
<i>pyrazinamide TABS 500mg</i>	
<i>rifabutin CAPS 150mg</i>	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	
SIRTURO TABS 20mg, 100mg	NM, LA, PA
TRECTOR TABS 250mg	

ANTIVIRALS

<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	
<i>acyclovir sodium SOLN 50mg/ml</i>	B/D
<i>adefovir dipivoxil TABS 10mg</i>	NM
BARACLUDE SOLN .05mg/ml	NM
<i>entecavir TABS .5mg, 1mg</i>	NM
EPCLUSA PAK 150-37.5	NM, PA
EPCLUSA PAK 200-50MG	NM, PA
EPCLUSA TAB 200-50MG	NM, PA
EPCLUSA TAB 400-100	NM, PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	
<i>ganciclovir sodium SOLR 500mg</i>	B/D
HARVONI PAK 33.75-150MG	NM, PA
HARVONI PAK 45-200MG	NM, PA
HARVONI TAB 45-200MG	NM, PA
HARVONI TAB 90-400MG	NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	NM
MAVYRET PAK 50-20MG	NM, PA
MAVYRET TAB 100-40MG	NM, PA
<i>oseltamivir phosphate CAPS 30mg</i>	QL (168 caps / year)
<i>oseltamivir phosphate CAPS 45mg, 75mg</i>	QL (84 caps / year)
<i>oseltamivir phosphate SUSR 6mg/ml</i>	QL (1080 mL / year)
PAXLOVID TAB 150-100	QL (40 tabs / 30 days); \$0 Cost Share

Nombre del Medicamento	Requisitos/Limites
PAXLOVID TAB 300-100	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	NM, PA
PREVYMIS TABS 240mg, 480mg	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	NM
<i>rimantadine hydrochloride</i> TABS 100mg	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	
VEMLIDY TABS 25mg	NM
VOSEVI TAB	NM, PA
XOFLUZA TBPK 40mg, 80mg	QL (1 tab / 180 days)

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	
CEFACLOR ER TB12 500mg	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	
CEFAZOLIN SOLR 2gm, 3gm	
CEFAZOLIN INJ 1GM/50ML	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	
CEFAZOLIN SOLN 2GM/100ML-4%	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	
<i>cefepime hcl</i> SOLR 1gm, 2gm	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	
TEFLARO SOLR 400mg, 600mg	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	
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Nombre del Medicamento	Requisitos/Limites
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<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	
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DIFICID SUSR 40mg/ml; TABS 200mg	
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<i>e.e.s. 400</i> TABS 400mg	
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<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	
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ERYTHROCIN LACTOBIONATE SOLR 500mg	
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<i>erythrocin stearate</i> TABS 250mg	
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<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	
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<i>erythromycin ethylsuccinate</i> TABS 400mg	
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<i>erythromycin lactobionate</i> SOLR 500mg	
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FLUOROQUINOLONES

CIPRO SUSR 500mg/5ml	
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<i>ciprofloxacin 200 mg/100ml in d5w</i>	
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<i>ciprofloxacin 400 mg/200ml in d5w</i>	
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<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	
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<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	
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<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	
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<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	
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<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	
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<i>moxifloxacin hcl</i> TABS 400mg	
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<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	
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PENICILLINS

<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	
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<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
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<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
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<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
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<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
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<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
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<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
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<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
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<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
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<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
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<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	
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<i>ampicillin</i> CAPS 500mg	
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Nombre del Medicamento	Requisitos/Limites
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<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	
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<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	
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<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	
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<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	
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<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	
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<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	
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<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	
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<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	
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<i>nafcillin sodium SOLR 1gm, 2gm, 10gm</i>	
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<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	
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<i>PEN GK/DEXTR INJ 40000/ML</i>	
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<i>PEN GK/DEXTR INJ 60000/ML</i>	
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<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	
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<i>penicillin g sodium SOLR 5000000unit</i>	
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<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	
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<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	
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<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	
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<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	
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<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	
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<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	
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<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	
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TETRACYCLINES

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

Nombre del Medicamento	Requisitos/Limites
ALKYLATING AGENTS	
BENDEKA SOLN 100mg/4ml	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, B/D 2gm, 500mg	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml; TABS 25mg, 50mg	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	NM
LEUKERAN TABS 2mg	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	B/D
ANTIBIOTICS	
<i>doxorubicin hcl</i> SOLN 2mg/ml	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	B/D
ELLENCES SOLN 50mg/25ml, 200mg/100ml	B/D
ANTIMETABOLITES	
<i>azacitidine</i> SUSR 100mg	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	B/D
INQOVI TAB 35-100MG	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	B/D
ONUREG TABS 200mg, 300mg	QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	B/D
PURIXAN SUSP 2000mg/100ml	NM, LA
TABLOID TABS 40mg	
HORMONAL ANTINEOPLASTIC AGENTS	

Nombre del Medicamento	Requisitos/Limites
<i>abiraterone acetate</i> TABS 250mg	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	
<i>bicalutamide</i> TABS 50mg	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	NM, PA
EMCYT CAPS 140mg	
ERLEADA TABS 60mg	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	
<i>exemestane</i> TABS 25mg	
FIRMAGON SOLR 80mg, 120mg/vial	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	B/D
<i>letrozole</i> TABS 2.5mg	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	NM, PA
LYSODREN TABS 500mg	NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	
<i>nilutamide</i> TABS 150mg	
NUBEQA TABS 300mg	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	NM, LA, PA
ORSERDU TABS 86mg	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	
<i>toremifene citrate</i> TABS 60mg	
XTANDI CAPS 40mg	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	QL (60 tabs / 30 days), NM, LA, PA

IMMUNOMODULATORS

Nombre del Medicamento	Requisitos/Limites
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	QL (56 caps / 28 days), NM, LA, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	B/D
IWILFIN TABS 192mg	QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	
WELIREG TABS 40mg	QL (90 tabs / 30 days), NM, LA, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	B/D

Nombre del Medicamento	Requisitos/Limites
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	B/D
MOLECULAR TARGET AGENTS	
ALECENSA CAPS 150mg	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	NM, PA
<i>bortezomib</i> SOLR 3.5mg	NM, PA
BOSULIF CAPS 50mg	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	QL (60 tabs / 30 days), NM, LA, PA

Nombre del Medicamento	Requisitos/Limites
CAPRELSA TABS 300mg	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	NM, LA, PA
HERCEPTIN SOLR 150mg	NM, LA, PA

Nombre del Medicamento	Requisitos/Limites
HERZUMA SOLR 150mg, 420mg	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	QL (120 caps / 30 days), NM, LA, PA

Nombre del Medicamento	Requisitos/Limites
KRAZATI TABS 200mg	QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	NM, LA, PA

Nombre del Medicamento	Requisitos/Limites
NERLYNX TABS 40mg	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	NM, LA, PA
OGIVRI INJ 420MG	NM, LA, PA
OGSIVEO TABS 50mg	QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	QL (60 tabs / 30 days), NM, PA

Nombre del Medicamento	Requisitos/Limites
SCEMBLIX TABS 40mg	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	NM, LA, PA
TEPMETKO TABS 225mg	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	NM, PA
TRUQAP TABS 160mg, 200mg	QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	NM, PA
TUKYSA TABS 50mg, 150mg	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	QL (56 tabs / 28 days), NM, LA, PA

Nombre del Medicamento	Requisitos/Limites
VENCLEXTA TABS 10mg, 50mg	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	QL (120 tabs / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	QL (30 tabs / 30 days), NM, LA, PA

Nombre del Medicamento	Requisitos/Limites
ZELBORAF TABS 240mg	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	NM, LA, PA
ZOLINZA CAPS 100mg	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	
MESNEX TABS 400mg	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

ACE INHIBITORS

<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	
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Nombre del Medicamento	Requisitos/Limites
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i> TABS 25mg, 50mg	
KERENDIA TABS 10mg, 20mg	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	

ALPHA BLOCKERS

<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	

Nombre del Medicamento	Requisitos/Limites
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-QL 12.5 mg</i>	(30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-QL 12.5 mg</i>	(30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-QL 25 mg</i>	(30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil TABS 5mg</i>	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	QL (30 tabs / 30 days)
ANTIARRHYTHMICS	
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	

Nombre del Medicamento	Requisitos/Limites
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	
MULTAQ TABS 400mg	
NORPACE CR CP12 100mg, 150mg	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	
<i>quinidine sulfate</i> TABS 200mg, 300mg	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	

ANTILIPEMICS, FIBRATES

<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	
<i>gemfibrozil</i> TABS 600mg	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	
<i>ezetimibe</i> TABS 10mg	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	
REPATHA SOSY 140mg/ml	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	NM, PA

Nombre del Medicamento	Requisitos/Limites
REPATHA SURECLICK SOAJ 140mg/ml	NM, PA
VASCEPA CAPS .5gm, 1gm	

BETA-BLOCKER/DIURETIC COMBINATIONS

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

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	
<i>betaxolol hcl TABS 10mg, 20mg</i>	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	
<i>isradipine CAPS 2.5mg, 5mg</i>	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	

Nombre del Medicamento	Requisitos/Limites
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	
<i>nimodipine</i> CAPS 30mg	
NYMALIZE SOLN 6mg/ml	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	

DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl</i> TABS 5mg	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	
<i>chlorthalidone</i> TABS 25mg, 50mg	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	
<i>furosemide inj</i> SOLN 10mg/ml	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	
<i>indapamide</i> TABS 1.25mg, 2.5mg	
<i>methazolamide</i> TABS 25mg, 50mg	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	

MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	
CORLANOR SOLN 5mg/5ml	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	
<i>digoxin</i> TABS 125mcg, 250mcg	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	

Nombre del Medicamento	Requisitos/Limites
<i>guanfacine hcl</i> TABS 1mg, 2mg	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	
<i>metyrosine</i> CAPS 250mg	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	
<i>minoxidil</i> TABS 2.5mg, 10mg	
<i>ranolazine</i> TB12 500mg, 1000mg	
VERQUVO TABS 2.5mg, 5mg, 10mg	QL (30 tabs / 30 days)

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	
NITRO-BID OINT 2%	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	

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

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	
FETZIMA CP24 20mg, 40mg	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA

Nombre del Medicamento	Requisitos/Limites
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	
MARPLAN TABS 10mg	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	
<i>paroxetine hcl</i> SUSP 10mg/5ml	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	
<i>phenelzine sulfate</i> TABS 15mg	
<i>protriptyline hcl</i> TABS 5mg, 10mg	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	
<i>tranylcypromine sulfate</i> TABS 10mg	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	
<i>benztropine mesylate</i> SOLN 1mg/ml	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	
<i>carb/levo orally disintegrating tab 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	

Nombre del Medicamento	Requisitos/Limites
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone TABS 200mg</i>	
INBRIJA CAPS 42mg	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>clozapine TABS 25mg, 50mg</i>	
<i>clozapine TABS 100mg</i>	QL (270 tabs / 30 days)
<i>clozapine TABS 200mg</i>	QL (120 tabs / 30 days)
<i>clozapine TBDP 12.5mg, 25mg</i>	PA
<i>clozapine TBDP 100mg</i>	QL (270 tabs / 30 days), PA
<i>clozapine TBDP 150mg</i>	QL (180 tabs / 30 days), PA

Nombre del Medicamento	Requisitos/Limites
<i>clozapine</i> TBDP 200mg	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	QL (60 tabs / 30 days), PA
FANAPT PAK	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	
NUPLAZID CAPS 34mg	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	
PERSERIS PRSY 90mg, 120mg	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	
<i>quetiapine fumarate</i> TABS 25mg	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	QL (60 tabs / 30 days)

Nombre del Medicamento	Requisitos/Limites
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	
VERSACLOZ SUSP 50mg/ml	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	
<i>clobazam</i> SUSP 2.5mg/ml	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	QL (360 caps / 30 days), NM, LA, PA

Nombre del Medicamento	Requisitos/Limites
DIACOMIT CAPS 500mg	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	
<i>diazepam inj</i> SOLN 5mg/ml	
<i>diazepam intensol</i> CONC 5mg/ml	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	
DILANTIN INFATABS CHEW 50mg	
DILANTIN-125 SUSP 125mg/5ml	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	
EPIDIOLEX SOLN 100mg/ml	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	
EPRONTIA SOLN 25mg/ml	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	
FINTEPLA SOLN 2.2mg/ml	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	
<i>lacosamide</i> TABS 50mg	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	QL (60 tabs / 30 days)

Nombre del Medicamento	Requisitos/Limites
<i>lacosamide oral</i> SOLN 10mg/ml	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	
<i>methsuximide</i> CAPS 300mg	
NAYZILAM SOLN 5mg/0.1ml	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	
<i>phenobarbital</i> ELIX 20mg/5ml	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	
<i>phenytoin sodium</i> SOLN 50mg/ml	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	
<i>roweepra</i> TABS 500mg	
<i>rufinamide</i> SUSP 40mg/ml	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	
SYMPAZAN FILM 5mg, 10mg, 20mg	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs / 30 days), PA

Nombre del Medicamento	Requisitos/Limites
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>DAYVIGO TABS 5mg, 10mg</i>	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon CAPS 20mg</i>	QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam CAPS 15mg</i>	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon CAPS 5mg</i>	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon CAPS 10mg</i>	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate TABS 5mg, 10mg</i>	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG SOAJ 70mg/ml, 140mg/ml</i>	QL (1 pen / 30 days), NM, PA
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Nombre del Medicamento	Requisitos/Limites
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	QL (16 tabs / 30 days), PA
MISCELLANEOUS	
AUSTEDO TABS 6mg	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	QL (2 packs / year), NM, PA
LITHIUM SOLN 8meq/5ml	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	
NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	
<i>riluzole</i> TABS 50mg	
<i>tetrabenazine</i> TABS 12.5mg	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS	
BAFIERTAM CPDR 95mg	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	QL (60 tabs / 30 days), NM, PA

Nombre del Medicamento	Requisitos/Limites
<i>fingolimod hcl</i> CAPS .5mg	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	
<i>carisoprodol</i> TABS 350mg	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	
<i>methocarbamol</i> TABS 500mg	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	QL (90 films / 30 days)

Nombre del Medicamento	Requisitos/Limites
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	
<i>naltrexone hcl TABS 50mg</i>	
<i>NICOTROL INHALER INHA 10mg</i>	
<i>NICOTROL NS SOLN 10mg/ml</i>	
<i>varenicline tartrate TABS .5mg, 1mg</i>	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	QL (2 packs / year), PA
<i>VIVITROL SUSR 380mg</i>	NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	
<i>BYDUREON BCISE AUIJ 2mg/0.85ml</i>	QL (4 pens / 28 days), PA
<i>BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml</i>	QL (1 pen / 30 days), PA
<i>FARXIGA TABS 5mg, 10mg</i>	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	QL (60 tabs / 30 days)
<i>glipizide xl TB24 2.5mg, 5mg</i>	QL (90 tabs / 30 days)
<i>glipizide xl TB24 10mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)

Nombre del Medicamento	Requisitos/Limites
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	QL (60 tabs / 30 days)

Nombre del Medicamento	Requisitos/Limites
SYNJARDY XR TAB 10-1000	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	
ADMELOG SOLOSTAR SOPN 100unit/ml	
BASAGLAR KWIKPEN SOPN 100unit/ml	
BD ALCOHOL SWABS	
FIASP SOLN 100unit/ml	
FIASP FLEXTOUCH SOPN 100unit/ml	
FIASP PENFILL SOCT 100unit/ml	
FIASP PUMPCART SOCT 100unit/ml	B/D
GAUZE PADS 2" X 2"	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	
INSULIN PEN NEEDLES: BD/NOVO	
INSULIN SAFETY NEEDLES	
INSULIN SYRINGES: BD	
LANTUS SOLN 100unit/ml	
LANTUS SOLOSTAR SOPN 100unit/ml	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	QL (1 kit / year), PA

Nombre del Medicamento	Requisitos/Limites
OMNIPOD 5 G6 MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	
TOUJEO SOLOSTAR SOPN 300unit/ml	
TRESIBA SOLN 100unit/ml	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	
V-GO 20 KIT	QL (30 devices / 30 days), PA
V-GO 30 KIT	QL (30 devices / 30 days), PA
V-GO 40 KIT	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	B/D
<i>ibandronate sodium</i> TABS 150mg	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	B/D
PROLIA SOSY 60mg/ml	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	
TERIPARATIDE SOPN 620mcg/2.48ml	NM, PA
XGEVA SOLN 120mg/1.7ml	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	
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Nombre del Medicamento	Requisitos/Limites
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	NM, PA
<i>LOKELMA</i> PACK 5gm, 10gm	
<i>penicillamine</i> TABS 250mg	NM
<i>sodium polystyrene sulfonate powder</i> sps SUSP 15gm/60ml	
<i>trientine hcl</i> CAPS 250mg	NM, PA
<i>VELTASSA</i> PACK 8.4gm, 16.8gm, 25.2gm	

CONTRACEPTIVES

<i>afirmelle</i>
<i>altavera</i>
<i>alyacen 1/35</i>
<i>alyacen 7/7/7</i>
<i>amethia</i>
<i>apri</i>
<i>aranelle</i>
<i>ashlyna</i>
<i>aubra eq</i>
<i>aurovela 1/20</i>
<i>aurovela 24 fe</i>
<i>aurovela fe 1.5/30</i>
<i>aurovela fe 1/20</i>
<i>aviane</i>
<i>ayuna</i>
<i>azurette</i>
<i>balziva</i>
<i>blisovi 24 fe</i>
<i>blisovi fe 1.5/30</i>
<i>briellyn</i>
<i>camila</i> TABS .35mg
<i>camrese</i>
<i>camrese lo</i>
<i>chateal eq</i>
<i>cryselle-28</i>
<i>cyred eq</i>
<i>dasetta 1/35</i>
<i>dasetta 7/7/7</i>
<i>daysee</i>
<i>deblitane</i> TABS .35mg
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>

Nombre del Medicamento	Requisitos/Limites
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>enilloring</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	
<i>errin TABS .35mg</i>	
<i>estarylla</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	
<i>falmina</i>	
<i>finzala</i>	
<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>haloette</i>	
<i>heather TABS .35mg</i>	
<i>iclevia</i>	
<i>incassia TABS .35mg</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jasmiel</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	

Nombre del Medicamento	Requisitos/Limites
<i>layolis fe</i>	
<i>leena</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levora 0.15/30-28</i>	
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>lyleq TABS .35mg</i>	
<i>lyza TABS .35mg</i>	
<i>marlissa</i>	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	
<i>mibelas 24 fe</i>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin 24 fe</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mono-linyah</i>	
<i>necon 0.5/35-28</i>	
<i>nikki</i>	
<i>nora-be TABS .35mg</i>	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	

Nombre del Medicamento	Requisitos/Limites
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone (contraceptive) TABS .35mg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norlyroc TABS .35mg</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35 (21)</i>	
<i>nortrel 1/35 (28)</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>ocella</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivelsa</i>	
<i>setlakin</i>	
<i>sharobel TABS .35mg</i>	
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>syeda</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
<i>tilia fe</i>	

Nombre del Medicamento	Requisitos/Limites
<i>tri-estarylla</i>	
<i>tri-legest fe</i>	
<i>tri-linyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	
<i>tri-lo-sprintec</i>	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>trivora-28</i>	
<i>turqoz</i>	
<i>tydemy</i>	
<i>velivet</i>	
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>xulane</i>	
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	
ENDOMETRIOSIS	
<i>danazol CAPS 50mg, 100mg, 200mg</i>	
<i>SYNAREL SOLN 2mg/ml</i>	PA
ESTROGENS	
<i>amabelz tab 0.5-0.1mg</i>	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg</i>	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	

Nombre del Medicamento	Requisitos/Limites
<i>fyavolv tab 0.5mg-2.5mcg</i>	
<i>fyavolv tab 1mg-5mcg</i>	
<i>jinteli</i>	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
<i>mimvey</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
<i>yuvaferm TABS 10mcg</i>	
GLUCOCORTICOIDS	
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; B/D TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	
<i>fludrocortisone acetate TABS .1mg</i>	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	B/D
<i>methylprednisolone TBPK 4mg</i>	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, B/D 1000mg</i>	
<i>prednisolone SOLN 15mg/5ml</i>	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	B/D
<i>prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	B/D
<i>prednisone TBPK 5mg, 10mg</i>	
<i>PREDNISONO INTENSOL CONC 5mg/ml</i>	B/D
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	
GLUCOSE ELEVATING AGENTS	
<i>diazoxide SUSP 50mg/ml</i>	
<i>GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml</i>	
<i>GVOKE KIT SOLN 1mg/0.2ml</i>	
<i>GVOKE PFS SOSY 1mg/0.2ml</i>	
MISCELLANEOUS	
<i>ALDURAZYME SOLN 2.9mg/5ml</i>	NM, LA, PA
<i>betaine powder for oral solution</i>	NM, LA

Nombre del Medicamento	Requisitos/Limites
<i>cabergoline</i> TABS .5mg	
<i>carglumic acid</i> TBSO 200mg	NM, LA, PA
CERDELGA CAPS 84mg	NM, LA, PA
CEREZYME SOLR 400unit	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	
<i>desmopressin acetate spray</i> SOLN .01%	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	
FABRAZYME SOLR 5mg, 35mg	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	NM, PA
GENOTROPIN MINIQWICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	NM, PA
INCRELEX SOLN 40mg/4ml	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	NM, LA, PA
KORLYM TABS 300mg	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	B/D
LUMIZYME SOLR 50mg	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	NM, PA
<i>miglustat</i> CAPS 100mg	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	NM, PA
<i>raloxifene hcl</i> TABS 60mg	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	NM, PA

Nombre del Medicamento	Requisitos/Limites
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	NM, LA, PA
yargesa CAPS 100mg	QL (90 caps / 30 days), NM, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	QL (180 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	
<i>megestrol acetate</i> SUSP 40mg/ml	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	PA
<i>norethindrone acetate</i> TABS 5mg	
<i>progesterone</i> CAPS 100mg, 200mg	

THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	
<i>methimazole</i> TABS 5mg, 10mg	
<i>propylthiouracil</i> TABS 50mg	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	B/D

Nombre del Medicamento	Requisitos/Limites
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	B/D
RAYALDEE CPR 30mcg	

GASTROINTESTINAL ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	B/D
<i>compro</i> SUPP 25mg	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	
<i>granisetron hcl</i> TABS 1mg	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	
<i>ondansetron</i> TBDP 4mg, 8mg	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	B/D
<i>prochlorperazine</i> SUPP 25mg	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRPPA; PA if 70 years and older 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	
<i>scopolamine</i> PT72 1mg/3days	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

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

Nombre del Medicamento	Requisitos/Limites
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	
<i>mesalamine</i> TBEC 1.2gm	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	
<i>enulose</i> SOLN 10gm/15ml	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>generlac</i> SOLN 10gm/15ml	
<i>lactulose</i> SOLN 10gm/15ml	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	
PLENVU SOL	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	

MISCELLANEOUS

<i>alose tron hcl</i> TABS .5mg, 1mg	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	
GATTEX KIT 5mg	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	
<i>misoprostol</i> TABS 100mcg, 200mcg	
MOVANTIK TABS 12.5mg, 25mg	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	
XERMELO TABS 250mg	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	

Nombre del Medicamento	Requisitos/Limites
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

PROTON PUMP INHIBITORS

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

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

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

Nombre del Medicamento	Requisitos/Limites
HEMATOLOGIC	
ANTICOAGULANTS	
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	
HEP SOD/D5W INJ 20000UNT	
HEP SOD/D5W INJ 25000UNT	
HEP SOD/NAACL INJ 12500UNT	
HEP SOD/NAACL INJ 25000UNT	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	B/D
HEPARIN/NAACL INJ 25000UNT	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
PRADAXA CAPS 110mg	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
XARELTO SUSR 1mg/ml	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS	
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS	
<i>anagrelide hcl</i> CAPS .5mg, 1mg	
BERINERT KIT 500unit	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	
DOPTELET TABS 20mg	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	
ENDARI PACK 5gm	NM, LA, PA

Nombre del Medicamento	Requisitos/Limites
HAEGARDA SOLR 2000unit	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	
PROMACTA PACK 12.5mg	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	NM, PA
ENBREL SOLN 25mg/0.5ml	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	QL (6 syringes / 28 days), NM, PA

Nombre del Medicamento	Requisitos/Limites
HUMIRA PEDIA INJ CROHNS	QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	NM, LA, PA
RENFLEXIS SOLR 100mg	NM, LA, PA
RINVOQ TB24 15mg, 30mg	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	QL (6 pens / 365 days), NM, PA

Nombre del Medicamento	Requisitos/Limites
STELARA SOLN 45mg/0.5ml	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	
<i>leflunomide</i> TABS 10mg, 20mg	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	
XATMEP SOLN 2.5mg/ml	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	NM, PA
GAMASTAN INJ	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	NM, PA

IMMUNOMODULATORS

Nombre del Medicamento	Requisitos/Limites
ACTIMMUNE SOLN 2000000unit/0.5ml	NM, LA, PA
ARCALYST SOLR 220mg	NM, LA, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	B/D, NM
<i>azathioprine</i> TABS 50mg	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	B/D, NM
NULOJIX SOLR 250mg	B/D, NM
PROGRAF PACK .2mg, 1mg	B/D, NM
REZUROCK TABS 200mg	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	B/D, NM
VACCINES	
ABRYSVO SOLR 120mcg/0.5ml	
ACTHIB INJ	
ADACEL INJ	
AREXVY SUSR 120mcg/0.5ml	
BCG VACCINE SOLR 50mg	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAXIA SUS	
DIP/TET PED INJ 25-5LFU	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	B/D
GARDASIL 9 INJ	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	
HEPLISAV-B SOSY 20mcg/0.5ml	B/D
HIBERIX SOLR 10mcg	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	

Nombre del Medicamento	Requisitos/Limites
JYNNEOS SUSP .5ml	B/D
KINRIX INJ	
M-M-R II INJ	
MENACTRA INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
PEDIARIX INJ 0.5ML	
PEDVAX HIB SUSP 7.5mcg/0.5ml	
PENBRAYA INJ	
PENTACEL INJ	
PREHEVBRIO SUSP 10mcg/ml	B/D
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX SUSR 50mcg/0.5ml	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	B/D
TENIVAC INJ 5-2LF	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	
VARIVAX INJ 1350pfu/0.5ml	
YF-VAX INJ	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%
D5W/LYTES INJ #48
D10W/NAACL INJ 0.2%
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>
<i>dextrose 5% in lactated ringers</i>
<i>dextrose 5% w/ sodium chloride 0.2%</i>
<i>dextrose 5% w/ sodium chloride 0.3%</i>
<i>dextrose 5% w/ sodium chloride 0.9%</i>
<i>dextrose 5% w/ sodium chloride 0.45%</i>
<i>dextrose 5% w/ sodium chloride 0.225%</i>

Nombre del Medicamento	Requisitos/Limites
<i>dextrose 10% w/ sodium chloride 0.45%</i>	
ISOLYTE-P INJ /D5W	
ISOLYTE-S INJ	
ISOLYTE-S INJ PH 7.4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
KCL/D5W/NACL INJ 0.3/0.9%	
<i>lactated ringer's solution</i>	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	
MG SO4/D5W INJ 10MG/ML	
<i>multiple electrolytes ph 5.5</i>	
<i>multiple electrolytes ph 7.4</i>	
PLASMA-LYTE INJ -148	
PLASMA-LYTE INJ -A	
POT CHL 20MEQ/L IN NACL 0.9% INJ	
POT CHL 20MEQ/L IN NACL 0.45% INJ	
POT CHL 40MEQ/L IN NACL 0.9% INJ	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	
POTASSIUM CHLORIDE SOLN 10meq/50ml	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	

Nombre del Medicamento	Requisitos/Limites
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<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	
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TPN ELECTROL INJ	
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	B/D
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ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i> PACK 20meq	
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<i>klor-con 8</i> TBCR 8meq	
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<i>klor-con 10</i> TBCR 10meq	
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<i>klor-con m10</i> TBCR 10meq	
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<i>klor-con m15</i> TBCR 15meq	
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<i>klor-con m20</i> TBCR 20meq	
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M-NATAL PLUS TAB	
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<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	
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<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	
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PRENATAL TAB 27-1MG	
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PRENATAL TAB PLUS	
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<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	
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IV NUTRITION

CLINIMIX INJ 4.25/D5W	B/D
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CLINIMIX INJ 4.25/D10	B/D
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CLINIMIX INJ 5%/D15W	B/D
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CLINIMIX INJ 5%/D20W	B/D
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CLINIMIX INJ 6/5	B/D
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CLINIMIX INJ 8/10	B/D
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CLINIMIX INJ 8/14	B/D
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<i>clinisol sf</i> 15%	B/D
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CLINOLIPID EMU 20%	B/D
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<i>dextrose</i> SOLN 5%, 10%	
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<i>dextrose</i> SOLN 50%, 70%	B/D
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INTRALIPID EMUL 20gm/100ml, 30gm/100ml	B/D
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NUTRILIPID EMUL 20gm/100ml	B/D
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<i>plenamine</i>	B/D
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PREMASOL SOL 10%	B/D
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PROSOL INJ 20%	B/D
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TRAVASOL INJ 10%	B/D
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TROPHAMINE INJ 10%	B/D
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OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1%	
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<i>neo-polycin hc ophth oint</i> 1%	
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<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1%	
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Nombre del Medicamento	Requisitos/Limites
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<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1%	
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<i>neomycin-polymyxin-hc ophth susp</i>	
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<i>sulfacetamide sodium-prednisolone ophth soln</i> 10- 0.23(0.25)%	
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TOBRADEX OIN 0.3-0.1%	
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TOBRADEX ST SUS 0.3-0.05	
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<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	
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ZYLET SUS 0.5-0.3%	
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ANTI-INFECTIVES

<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	
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<i>bacitracin-polymyxin b ophth oint</i>	
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BESIVANCE SUSP .6%	
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CILOXAN OINT .3%	
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<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	
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<i>erythromycin (ophth)</i> OINT 5mg/gm	
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<i>gatifloxacin (ophth)</i> SOLN .5%	
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<i>gentamicin sulfate (ophth)</i> SOLN .3%	
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<i>moxifloxacin hcl (ophth)</i> SOLN .5%	
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NATACYN SUSP 5%	
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<i>neo-polycin</i> 5(3.5)mg-400unt-10000unt <i>op oin</i>	
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<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt- 10000unt <i>op oin</i>	
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<i>neomycin-polymy-gramicid op sol</i> 1.75-10000- 0.025mg-unt-mg/ml	
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<i>ofloxacin (ophth)</i> SOLN .3%	
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<i>polycin ophth oint</i>	
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<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	
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<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	
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<i>tobramycin (ophth)</i> SOLN .3%	
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<i>trifluridine</i> SOLN 1%	
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ZIRGAN GEL .15%	
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ANTI-INFLAMMATORIES

ALREX SUSP .2%	
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<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	
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BROMSITE SOLN .075%	
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<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	
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<i>diclofenac sodium (ophth)</i> SOLN .1%	
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<i>difluprednate</i> EMUL .05%	
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EYSUVIS SUSP .25%	
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FLAREX SUSP .1%	
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Nombre del Medicamento	Requisitos/Limites
<i>fluorometholone (ophth) SUSP .1%</i>	
<i>flurbiprofen sodium SOLN .03%</i>	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	
LOTEMAX OINT .5%	
<i>prednisolone acetate (ophth) SUSP 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
PROLENSA SOLN .07%	
ANTIALLERGICS	
<i>azelastine hcl (ophth) SOLN .05%</i>	
<i>cromolyn sodium (ophth) SOLN 4%</i>	
ZERVIAE SOLN .24%	
ANTI GLAUCOMA	
<i>betaxolol hcl (ophth) SOLN .5%</i>	
BETOPTIC-S SUSP .25%	
<i>brimonidine tartrate SOLN .15%, .2%</i>	
<i>brinzolamide SUSP 1%</i>	
<i>carteolol hcl (ophth) SOLN 1%</i>	
COMBIGAN SOL 0.2/0.5%	
<i>dorzolamide hcl SOLN 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost SOLN .005%</i>	
<i>levobunolol hcl SOLN .5%</i>	
LUMIGAN SOLN .01%	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	
RHOPRESSA SOLN .02%	
ROCKLATAN DRO	
SIMBRINZA SUS 1-0.2%	
<i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i>	
VYZULTA SOLN .024%	
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	
CYSTADROPS SOLN .37%	NM, LA, PA
CYSTARAN SOLN .44%	NM, LA, PA
<i>proparacaine hcl SOLN .5%</i>	
RESTASIS EMUL .05%	
RESTASIS MULTIDOSE EMUL .05%	
TYRVAYA SOLN .03mg/act	
XIIDRA SOLN 5%	
OTIC	
OTIC AGENTS	
<i>acetic acid (otic) SOLN 2%</i>	

Nombre del Medicamento	Requisitos/Limites
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>flac OIL .01%</i>	
<i>fluocinolone acetonide (otic) OIL .01%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
<i>ofloxacin (otic) SOLN .3%</i>	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3mlB/D</i>	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%</i>	
<i>cetirizine hcl SOLN 1mg/ml</i>	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	QL (30 tabs / 30 days)

BETA AGONISTS

<i>albuterol sulfate AERS 108mcg/act</i>	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i>	

Nombre del Medicamento	Requisitos/Limites
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	
VENTOLIN HFA AERS 108mcg/act	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	
<i>zafirlukast</i> TABS 10mg, 20mg	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	B/D
ARALAST NP SOLR 500mg, 1000mg	NM, LA, PA
BRONCHITOL CAPS 40mg	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	QL (270 caps / 30 days), NM, PA

Nombre del Medicamento	Requisitos/Limites
<i>pirfenidone</i> TABS 267mg	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	NM, PA
<i>roflumilast</i> TABS 250mcg	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	
TRIKAFTA PAK 59.5MG	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	QL (32 mL / 30 days), PA

STEROID INHALANTS

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

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)

Nombre del Medicamento	Requisitos/Limites
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	
<i>ssd</i> CREA 1%	
SULFAMYLON CREA 85mg/gm	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	QL (60 gm / 30 days)

Nombre del Medicamento	Requisitos/Limites
<i>nyamyc</i> POWD 100000unit/gm	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	QL (60 gm / 30 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> SHAM 2%	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%, 2.5%	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	QL (60 gm / 30 days)
ENSTILAR AER	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	QL (50 gm / 30 days)

Nombre del Medicamento	Requisitos/Limites
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

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

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

REGANEX GEL .01%	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	
<i>water for irrigation, sterile irrigation soln</i>	

Nombre del Medicamento	Requisitos/Limites
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl</i> CAPS 30mg	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	
<i>clotrimazole</i> TROC 10mg	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	
<i>periogard</i> SOLN .12%	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	

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<i>methyltestosterone</i>	47	MORPHINE SULFATE/SODIUM C.	10
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<i>metolazone</i>	34	MOVANTIK	60
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<i>metoprolol & hydrochlorothiazide</i>		<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>tab 100-50 mg</i>	33	<i>sodium chloride 0.8% inj</i>	17
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<i>5(3.5)mg-400unt-10000unt op</i>		<i>chew tab 0.4 mg-35 mcg</i>	54
<i>oin</i>	70	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>neomycin-polymy-gramicid op sol</i>		<i>chew tab 0.8 mg-25 mcg</i>	54
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<i>inj 3.375 gm (3-0.375 gm)</i>	18	<i>prednisolone</i>	56
<i>piperacillin sod-tazobactam sod for</i>		<i>prednisolone acetate (ophth)</i>	71
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<i>inj 4.5 gm (4-0.5 gm)</i>	18	<i>pregabalin</i>	42
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<i>sirolimus</i>	66	<i>ophth soln 10-0.23(0.25)%</i>	70
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<i>sodium chloride</i>	69	<i>400-80 mg</i>	12
<i>sodium chloride (gu irrigant)</i>	77	<i>sulfamethoxazole-trimethoprim tab</i>	
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