



# CENTRAL HEALTH MEDICARE PLAN

## List of Covered Drugs

Please read: this document contains information about the drugs we cover in this plan. HPMS approved formulary file submission ID, version number 0021042 v9. This formulary was updated on 1/25/2021. For more recent information or other questions, please contact Central Health Medicare Plan Member Services, at 1-866-314-2427 or, for TTY users, 711, 7 days a week, 8:00 A.M. to 8:00 P.M. (P.T.), or visit [www.centralhealthplan.com](http://www.centralhealthplan.com).

## Lista de Medicamentos Cubiertos

Favor de leer: éste documento contiene información acerca de los medicamentos cubiertos en éste plan. HPMS approved formulary file submission ID, version number 0021042 v9. Este formulario fue actualizado el 1/25/2021. Para información más reciente u otras preguntas, favor de ponerse en contacto con Departamento de Servicio al Miembro de Central Health Medicare Plan al 1-866-314-2427 o, para usuarios de TTY deben llamar al 711, los 7 días a la semana, de 8:00 AM a 8:00 PM (Tiempo Pacifico), o visite el sitio web [www.centralhealthplan.com](http://www.centralhealthplan.com).

## 承保藥物列表

請閱讀：本文件包含計劃承保的藥品資訊。該文檔的HPMS審核版號為：0021042 v9。以下藥品處方集最近修訂日期為 1/25/2021。有關更新修訂或其他資訊，請聯絡中心健保會員服部：1-866-314-2427，TTY人士請致電 711，每週七天，早上8:00至晚上8:00（PT）或瀏覽 [www.centralhealthplan.com](http://www.centralhealthplan.com)。

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# 2021

## Formulary • 藥品處方集

## Formulario • 약 처방집

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| Drug Name   | Drug Tier | Requirements/Limits                                  |
|---|-----------|--|
| <b>Analgesics</b>   |           |  |
| <b>Analgesics, Miscellaneous</b>  |           |  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>   | 1         | GC; QL (4500 per 30 days)                            |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>   | 2         | GC; QL (360 per 30 days)                             |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>  | 2         | GC; QL (180 per 30 days)                             |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i>   | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>   | 2         | GC   |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>  | 2         | GC   |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | 2         | GC; QL (4 per 28 days)                               |
| <i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>   | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>   | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>   | 2         | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>   | 2         | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>  | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>   | 2         | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>  | 4         | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>   | 2         | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>  | 2         | GC; QL (5 per 28 days)                               |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i>   | 2         | GC; QL (180 per 30 days)                             |
| <i>endocet oral tablet 10-325 mg</i>  | 2         | GC; QL (180 per 30 days)                             |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>   | 2         | GC; QL (360 per 30 days)                             |
| <i>endocet oral tablet 7.5-325 mg</i>   | 2         | GC; QL (240 per 30 days)                             |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>   | 5         | PA; NM; NDS; QL (120 per 30 days)                    |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>              | 2         | GC; QL (10 per 30 days)                              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                     | 4                | QL (2700 per 30 days)            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>                  | 4                | QL (180 per 30 days)             |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>                  | 2                | GC; QL (180 per 30 days)         |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>                   | 2                | GC; QL (240 per 30 days)         |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>                               | 4                | QL (240 per 30 days)             |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>                        | 4                | QL (150 per 30 days)             |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                                 | 2                | GC; QL (150 per 30 days)         |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>            | 2                | GC                               |
| <i>hydromorphone oral liquid 1 mg/ml</i>  | 2                | GC; QL (1200 per 30 days)        |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>                                   | 2                | GC; QL (180 per 30 days)         |
| <b>LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY</b> | 5                | PA; NM; NDS; QL (30 per 30 days) |
| <i>lorcet (hydrocodone) oral tablet 5-325 mg</i>                                    | 2                | GC; QL (240 per 30 days)         |
| <i>lorcet hd oral tablet 10-325 mg</i>  | 2                | GC; QL (180 per 30 days)         |
| <i>lorcet plus oral tablet 7.5-325 mg</i>   | 2                | GC; QL (180 per 30 days)         |
| <i>methadone injection solution 10 mg/ml</i>  | 2                | GC                               |
| <i>methadone oral solution 10 mg/5 ml</i>   | 2                | GC; QL (600 per 30 days)         |
| <i>methadone oral solution 5 mg/5 ml</i>  | 2                | GC; QL (1200 per 30 days)        |
| <i>methadone oral tablet 10 mg</i>  | 2                | GC; QL (120 per 30 days)         |
| <i>methadone oral tablet 5 mg</i>   | 2                | GC; QL (180 per 30 days)         |
| <i>methadose oral tablet, soluble 40 mg</i>   | 2                | GC; QL (30 per 30 days)          |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                    | 2                | GC; QL (180 per 30 days)         |
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>                     | 2                | GC                               |
| <i>morphine oral solution 10 mg/5 ml</i>  | 2                | GC; QL (700 per 30 days)         |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>                                  | 2                | GC; QL (300 per 30 days)         |
| <b>MORPHINE ORAL TABLET 15 MG</b>   | 2                | GC; QL (180 per 30 days)         |
| <b>MORPHINE ORAL TABLET 30 MG</b>   | 2                | GC; QL (120 per 30 days)         |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>                  | 2                | GC; QL (60 per 30 days)          |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i>                           | 2                | GC; QL (90 per 30 days)          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                           |
|---|------------------|--|
| <i>oxycodone oral capsule 5 mg</i>  | 4                | QL (180 per 30 days)                                 |
| <i>oxycodone oral concentrate 20 mg/ml</i>  | 4                | QL (120 per 30 days)                                 |
| <i>oxycodone oral solution 5 mg/5 ml</i>  | 4                | QL (1300 per 30 days)                                |
| <i>oxycodone oral tablet 10 mg, 5 mg</i>  | 2                | GC; QL (180 per 30 days)                             |
| <i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>  | 2                | GC; QL (120 per 30 days)                             |
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>  | 3                | QL (60 per 30 days)                                  |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>  | 2                | GC; QL (180 per 30 days)                             |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>                                       | 2                | GC; QL (360 per 30 days)                             |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>   | 2                | GC; QL (240 per 30 days)                             |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>  | 2                | GC; QL (360 per 30 days)                             |
| <b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>  | 3                | QL (60 per 30 days)                                  |
| <i>oxymorphone oral tablet 10 mg</i>  | 4                | QL (120 per 30 days)                                 |
| <i>oxymorphone oral tablet 5 mg</i>   | 4                | QL (180 per 30 days)                                 |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | 4                | QL (60 per 30 days)                                  |
| <i>tencon oral tablet 50-325 mg</i>   | 2                | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>tramadol oral tablet 50 mg</i>   | 1                | GC; QL (240 per 30 days)                             |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>   | 2                | GC; QL (300 per 30 days)                             |
| <i>vicodin hp oral tablet 10-300 mg</i>   | 4                | QL (180 per 30 days)                                 |
| <b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG</b>                            | 3                | QL (60 per 30 days)                                  |
| <b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG</b>   | 3                | QL (120 per 30 days)                                 |
| <b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG</b>   | 3                | QL (240 per 30 days)                                 |
| <i>zebutal oral capsule 50-325-40 mg</i>  | 4                | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name   | Drug Tier | Requirements/Limits                                  |
|---|-----------|--|
| <b>Nonsteroidal Anti-Inflammatory Agents</b>  |           |  |
| CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)   | 4         |  |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>   | 2         | GC; QL (60 per 30 days)                              |
| <i>celecoxib oral capsule 400 mg</i>  | 4         | QL (60 per 30 days)                                  |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>                                       | 4         | PA; QL (60 per 30 days)                              |
| <i>diclofenac potassium oral tablet 50 mg</i>   | 2         | GC; QL (120 per 30 days)                             |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                                | 2         | GC; QL (60 per 30 days)                              |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>                               | 2         | GC; QL (150 per 30 days)                             |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>                               | 2         | GC; QL (120 per 30 days)                             |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>                               | 2         | GC; QL (60 per 30 days)                              |
| <i>diclofenac sodium topical drops 1.5 %</i>  | 2         | GC; QL (300 per 30 days)                             |
| <i>diclofenac sodium topical gel 1 %</i>  | 2         | GC   |
| <i>diclofenac sodium topical gel 3 %</i>  | 4         | PA; QL (100 per 28 days)                             |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | 4         |  |
| <i>diflunisal oral tablet 500 mg</i>  | 2         | GC   |
| DUEXIS ORAL TABLET 800-26.6 MG  | 5         | PA; NM; NDS; QL (90 per 30 days)                     |
| <i>etodolac oral capsule 200 mg, 300 mg</i>   | 4         |  |
| <i>etodolac oral tablet 400 mg, 500 mg</i>  | 4         |  |
| <i>fenoprofen oral tablet 600 mg</i>  | 4         |  |
| <i>flurbiprofen oral tablet 100 mg</i>  | 2         | GC   |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>   | 1         | GC   |
| <i>ibuprofen oral suspension 100 mg/5 ml</i>  | 2         | GC   |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>   | 1         | GC   |
| <i>indomethacin oral capsule 25 mg</i>  | 2         | PA-HRM; GC; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule 50 mg</i>  | 2         | PA-HRM; GC; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule, extended release 75 mg</i>  | 4         | PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)      |
| <i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>  | 4         |  |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>                                     | 4         |  |
| <i>ketorolac injection cartridge 15 mg/ml</i>   | 2         | PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years)  |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|---|------------------|---|
| <i>ketorolac injection cartridge 30 mg/ml</i>   | 2                | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection solution 15 mg/ml</i>  | 2                | PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection solution 30 mg/ml (1 ml)</i>   | 2                | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection syringe 15 mg/ml</i>   | 2                | PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection syringe 30 mg/ml</i>   | 2                | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular cartridge 60 mg/2 ml</i>   | 2                | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>  | 2                | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>   | 2                | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac oral tablet 10 mg</i>  | 2                | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>mefenamic acid oral capsule 250 mg</i>   | 4                |   |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>  | 1                | GC  |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>  | 2                | GC  |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>  | 1                | GC  |
| <i>naproxen oral tablet, delayed release (dr/lec) 375 mg, 500 mg</i>  | 2                | GC  |
| <i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>                              | 5                | PA; NM; NDS; QL (60 per 30 days)                    |
| <b>PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2%)</b>                                       | 5                | PA; NM; NDS; QL (224 per 28 days)                   |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>  | 4                |   |
| <i>sulindac oral tablet 150 mg, 200 mg</i>  | 2                | GC  |
| <i>tolmetin oral capsule 400 mg</i>   | 4                |   |
| <i>tolmetin oral tablet 200 mg, 600 mg</i>  | 4                |   |
| <b>Anesthetics</b>  |                  |   |
| <b>Local Anesthetics</b>  |                  |   |
| <i>glydo mucous membrane jelly in applicator 2%</i>   | 2                | GC; QL (30 per 30 days)                             |
| <i>lidocaine (pf) injection solution 10 mg/ml (1%), 15 mg/ml (1.5%), 20 mg/ml (2%), 40 mg/ml (4%), 5 mg/ml (0.5%)</i> | 1                | GC  |
| <i>lidocaine (pf) intravenous solution 20 mg/ml (2%)</i>  | 1                | GC  |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>lidocaine hcl injection solution 10 mg/ml (1%), 20 mg/ml (2%), 5 mg/ml (0.5%)</i> | 1                | GC                            |
| <i>lidocaine hcl mucous membrane jelly 2%</i>  | 2                | GC; QL (30 per 30 days)       |
| <i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>                          | 2                | PA; GC                        |
| <i>lidocaine topical adhesive patch,medicated 5%</i>                                 | 2                | PA; GC; QL (90 per 30 days)   |
| <i>lidocaine topical ointment 5%</i>   | 4                | PA; QL (90 per 30 days)       |
| <i>lidocaine viscous mucous membrane solution 2%</i>                                 | 2                | GC                            |
| <i>lidocaine-prilocaine topical cream 2.5-2.5%</i>                                   | 4                | PA; QL (30 per 30 days)       |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8%   | 3                | PA; QL (90 per 30 days)       |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                               |                  |                               |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                               |                  |                               |
| <i>acamprosate oral tablet,delayed release (drlec) 333 mg</i>                        | 2                | GC                            |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                                | 2                | GC; QL (90 per 30 days)       |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>                        | 4                | QL (60 per 30 days)           |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>                       | 4                | QL (30 per 30 days)           |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                     | 2                | GC; QL (90 per 30 days)       |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>       | 2                | GC                            |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG  | 3                | QL (336 per 365 days)         |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG   | 3                | QL (336 per 365 days)         |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)              | 3                |                               |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>   | 2                | GC                            |
| LUCEMYRA ORAL TABLET 0.18 MG   | 5                | NM; NDS; QL (228 per 14 days) |
| <i>naloxone injection solution 0.4 mg/ml</i>   | 2                | GC                            |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>                                 | 2                | GC                            |
| <i>naltrexone oral tablet 50 mg</i>  | 2                | GC                            |
| NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION  | 3                | QL (4 per 30 days)            |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| NICOTROL INHALATION CARTRIDGE<br>10 MG  | 4                | QL (1008 per 90 days)         |
| SUBLOCADE SUBCUTANEOUS<br>SOLUTION, EXTENDED REL SYRINGE<br>100 MG/0.5 ML         | 5                | NM; NDS; QL (0.5 per 30 days) |
| SUBLOCADE SUBCUTANEOUS<br>SOLUTION, EXTENDED REL SYRINGE<br>300 MG/1.5 ML         | 5                | NM; NDS; QL (1.5 per 30 days) |
| <b>Antianxiety Agents</b>   |                  |                               |
| <b>Benzodiazepines</b>  |                  |                               |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>                               | 1                | GC; QL (120 per 30 days)      |
| <i>alprazolam oral tablet 2 mg</i>  | 1                | GC; QL (150 per 30 days)      |
| <i>alprazolam oral tablet extended release 24 hr<br/>0.5 mg, 1 mg, 2 mg</i>       | 2                | GC; QL (120 per 30 days)      |
| <i>alprazolam oral tablet extended release 24 hr 3<br/>mg</i>                     | 2                | GC; QL (90 per 30 days)       |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5<br/>mg, 7.5 mg</i>                 | 2                | GC                            |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg,<br/>5 mg</i>                   | 1                | GC; QL (120 per 30 days)      |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>  | 1                | GC; QL (90 per 30 days)       |
| <i>clonazepam oral tablet 2 mg</i>  | 1                | GC; QL (300 per 30 days)      |
| <i>clonazepam oral tablet, disintegrating 0.125 mg,<br/>0.25 mg, 0.5 mg, 1 mg</i> | 4                | QL (90 per 30 days)           |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                                | 4                | QL (300 per 30 days)          |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75<br/>mg, 7.5 mg</i>             | 2                | GC; QL (180 per 30 days)      |
| <i>diazepam 5 mg/ml oral conc 5 mg/ml</i>   | 4                | QL (1200 per 30 days)         |
| <i>diazepam injection solution 5 mg/ml</i>  | 2                | GC; QL (10 per 28 days)       |
| <i>diazepam injection syringe 5 mg/ml</i>   | 2                | GC; QL (10 per 28 days)       |
| <i>diazepam oral concentrate 5 mg/ml</i>  | 4                | QL (1200 per 30 days)         |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                 | 4                | QL (1200 per 30 days)         |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                     | 1                | GC; QL (120 per 30 days)      |
| <i>estazolam oral tablet 1 mg</i>   | 2                | GC; QL (60 per 30 days)       |
| <i>estazolam oral tablet 2 mg</i>   | 2                | GC; QL (30 per 30 days)       |
| <i>flurazepam oral capsule 15 mg</i>  | 2                | GC; QL (60 per 30 days)       |
| <i>flurazepam oral capsule 30 mg</i>  | 2                | GC; QL (30 per 30 days)       |
| <i>lorazepam 2 mg/ml oral concent 2 mg/ml</i>                                     | 2                | GC; QL (150 per 30 days)      |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>                              | 1                | GC; QL (2 per 30 days)        |
| <i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>                               | 2                | GC; QL (2 per 30 days)        |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>                                | 2                | GC; QL (150 per 30 days)      |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>  | 1                | GC; QL (90 per 30 days)       |
| <i>lorazepam oral tablet 2 mg</i>  | 1                | GC; QL (150 per 30 days)      |
| <i>midazolam oral syrup 2 mg/ml</i>  | 2                | GC; QL (10 per 30 days)       |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>   | 4                | QL (120 per 30 days)          |
| <i>temazepam oral capsule 15 mg, 30 mg</i>   | 1                | GC; QL (30 per 30 days)       |
| <i>triazolam oral tablet 0.125 mg</i>  | 2                | GC; QL (120 per 30 days)      |
| <i>triazolam oral tablet 0.25 mg</i>   | 2                | GC; QL (60 per 30 days)       |
| <b>Antibacterials</b>  |                  |                               |
| <b>Aminoglycosides</b>   |                  |                               |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML                                 | 5                | PA BvD; NM; NDS               |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>                                | 2                | GC                            |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>                       | 2                | GC                            |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i> | 2                | GC                            |
| <i>neomycin oral tablet 500 mg</i>   | 1                | GC                            |
| <i>streptomycin intramuscular recon soln 1 gram</i>                                      | 5                | NM; NDS                       |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                              | 5                | NM; NDS; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>       | 5                | PA BvD; NM; NDS               |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>                       | 5                | PA BvD; NM; NDS               |
| <i>tobramycin sulfate injection solution 40 mg/ml</i>                                    | 4                |                               |
| <b>Antibacterials, Miscellaneous</b>   |                  |                               |
| <i>bacitracin intramuscular recon soln 50,000 unit</i>                                   | 4                |                               |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>                       | 2                | GC                            |
| CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE,L/F 600 MG/50 ML                            | 2                | GC                            |
| CLINDAMYCIN 900 MG/50 ML-NS OUTER,SINGLE-USE,L/F 900 MG/50 ML                            | 2                | GC                            |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                                | 1                | GC                            |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>                    | 2                | GC                            |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML       | 2         | GC                               |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>                            | 4         |                                  |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>      | 2         | GC                               |
| <i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml</i>         | 2         | GC                               |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i>                    | 5         | PA BvD; NM; NDS                  |
| <i>daptomycin intravenous recon soln 500 mg</i>                                    | 5         | NM; NDS                          |
| FIRVANQ ORAL RECON SOLN 25 MG/ML   | 4         |                                  |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>                | 5         | NM; NDS                          |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>                    | 5         | NM; NDS                          |
| <i>linezolid oral tablet 600 mg</i>  | 2         | GC                               |
| <i>methenamine hippurate oral tablet 1 gram</i>                                    | 2         | GC                               |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>          | 2         | GC                               |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                    | 1         | GC                               |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                      | 2         | GC; QL (120 per 30 days)         |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                              | 4         | QL (120 per 30 days)             |
| <i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i>                          | 2         | GC; QL (60 per 30 days)          |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i>                       | 2         | GC                               |
| SYNERCID INTRAVENOUS RECON SOLN 500 MG   | 5         | NM; NDS                          |
| <i>trimethoprim oral tablet 100 mg</i>   | 1         | GC                               |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i> | 2         | GC                               |
| <i>vancomycin oral capsule 125 mg</i>  | 4         | QL (40 per 30 days)              |
| <i>vancomycin oral capsule 250 mg</i>  | 4         | QL (80 per 30 days)              |
| XIFAXAN ORAL TABLET 200 MG   | 5         | PA; NM; NDS; QL (9 per 30 days)  |
| XIFAXAN ORAL TABLET 550 MG   | 5         | PA; NM; NDS; QL (90 per 30 days) |
| <b>Cephalosporins</b>  |           |                                  |
| <i>cefactor oral capsule 250 mg, 500 mg</i>  | 2         | GC                               |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 4                |                            |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | 4                |                            |
| <i>cefadroxil oral capsule 500 mg</i>  | 2                | GC                         |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 2                | GC                         |
| <i>cefadroxil oral tablet 1 gram</i>   | 4                |                            |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                            | 2                | GC                         |
| <i>cefdinir oral capsule 300 mg</i>  | 2                | GC                         |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | 4                |                            |
| <i>cefepime injection recon soln 1 gram, 2 gram</i>                                      | 2                | GC                         |
| <i>cefixime oral capsule 400 mg</i>  | 4                |                            |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>              | 4                |                            |
| <i>cefotaxime injection recon soln 1 gram</i>  | 2                | GC                         |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>                          | 4                |                            |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>            | 4                |                            |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>  | 2                | GC                         |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | 2                | GC                         |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>  | 2                | GC                         |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>                           | 2                | GC                         |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>          | 2                | GC                         |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                      | 2                | GC                         |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                                     | 2                | GC                         |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>                       | 2                | GC                         |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>  | 1                | GC                         |
| <i>cephalexin oral capsule 750 mg</i>  | 4                |                            |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>            | 2                | GC                         |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>   | 2                | GC                         |
| <b>TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG</b>                                     | 5                | NM; NDS                    |

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| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <b>Macrolides</b>  |           |                               |
| <i>azithromycin intravenous recon soln 500 mg</i>  | 2         | GC                            |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>  | 4         |                               |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>   | 1         | GC                            |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>  | 4         |                               |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>   | 2         | GC                            |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>  | 4         |                               |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML  | 5         | NM; NDS; QL (100 per 10 days) |
| DIFICID ORAL TABLET 200 MG   | 5         | NM; NDS; QL (20 per 10 days)  |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>   | 4         |                               |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>   | 2         | GC                            |
| <b>Miscellaneous B-Lactam Antibiotics</b>  |           |                               |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i>   | 2         | GC                            |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML  | 5         | PA; NM; LA; NDS               |
| <i>ertapenem injection recon soln 1 gram</i>   | 4         |                               |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>   | 2         | GC                            |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i>   | 4         |                               |
| <b>Penicillins</b>   |           |                               |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>   | 1         | GC                            |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>                                   | 1         | GC                            |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>  | 1         | GC                            |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>  | 2         | GC                            |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | 4         |                               |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>  | 4         |                               |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>  | 1         | GC                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>                 | 4                |                                  |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                     | 4                |                                  |
| <i>ampicillin oral capsule 250 mg, 500 mg</i>   | 2                | GC                               |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>       | 2                | GC                               |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>                          | 2                | GC                               |
| <b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b> | 4                |                                  |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>  | 2                | GC                               |
| <i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>   | 2                | GC                               |
| <i>nafcillin injection recon soln 1 gram, 2 gram</i>  | 2                | GC                               |
| <i>nafcillin injection recon soln 10 gram</i>   | 5                | NM; NDS                          |
| <i>penicillin g potassium injection recon soln 20 million unit</i>                                  | 4                |                                  |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>           | 2                | GC                               |
| <i>penicillin gk 5 million unit plf, latex-free 5 million unit</i>                                  | 4                |                                  |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                              | 2                | GC                               |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>  | 1                | GC                               |
| <i>pfizerpen-g injection recon soln 20 million unit</i>   | 4                |                                  |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>               | 2                | GC                               |
| <i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>                                     | 4                |                                  |
| <b>Quinolones</b>   |                  |                                  |
| <b>BAXDELA ORAL TABLET 450 MG</b>   | 5                | PA; NM; NDS; QL (28 per 14 days) |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>   | 2                | GC                               |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>   | 1                | GC                               |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>             | 2                | GC                               |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>                   | 4                |                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>          | 2                | GC                         |
| <i>levofloxacin intravenous solution 25 mg/ml</i>  | 4                |                            |
| <i>levofloxacin oral solution 250 mg/10 ml</i>   | 4                |                            |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>   | 1                | GC                         |
| <i>moxifloxacin oral tablet 400 mg</i>   | 4                |                            |
| <b>Sulfonamides</b>  |                  |                            |
| <i>sulfadiazine oral tablet 500 mg</i>   | 2                | GC                         |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>                             | 4                |                            |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>                                  | 4                |                            |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                               | 1                | GC                         |
| <b>Tetracyclines</b>   |                  |                            |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>   | 4                |                            |
| <i>doxy-100 intravenous recon soln 100 mg</i>  | 2                | GC                         |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i>   | 2                | GC                         |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>  | 2                | GC                         |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>   | 2                | GC                         |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | 4                |                            |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>  | 2                | GC                         |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>  | 4                |                            |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>                         | 2                | GC                         |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>   | 2                | GC                         |
| <i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>   | 4                |                            |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>   | 2                | GC                         |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>  | 4                |                            |
| <i>mondoxylene nl oral capsule 100 mg</i>  | 2                | GC                         |
| <i>mondoxylene nl oral capsule 75 mg</i>   | 4                |                            |
| <i>okebo oral capsule 75 mg</i>  | 4                |                            |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>  | 2                | GC                         |
| <i>tigecycline intravenous recon soln 50 mg</i>  | 5                | NM; NDS                    |

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| Drug Name  | Drug Tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| <b>Anticancer Agents</b>   |           |                                       |
| <b>Anticancer Agents</b>   |           |                                       |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG                            | 5         | NM; NDS                               |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG  | 5         | PA NSO; NM; NDS                       |
| <i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 2         | PA BvD; GC                            |
| <i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>                     | 2         | PA BvD; GC                            |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG                         | 5         | PA NSO; NM; NDS; QL (112 per 28 days) |
| AFINITOR ORAL TABLET 10 MG   | 5         | PA NSO; NM; NDS; QL (56 per 28 days)  |
| AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG  | 5         | PA NSO; NM; NDS; QL (28 per 28 days)  |
| ALECENSA ORAL CAPSULE 150 MG   | 5         | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG   | 5         | NM; NDS                               |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG   | 5         | PA NSO; NM; NDS; QL (3 per 28 days)   |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG   | 5         | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG   | 5         | PA NSO; NM; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)                               | 5         | PA NSO; NM; NDS                       |
| <i>anastrozole oral tablet 1 mg</i>  | 1         | GC                                    |
| <i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>                        | 5         | NM; NDS                               |
| ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML  | 5         | PA NSO; NM; NDS                       |
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML  | 5         | PA NSO; NM; NDS                       |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG   | 5         | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>azacitidine injection recon soln 100 mg</i>                                       | 5         | NM; NDS                               |
| BALVERSA ORAL TABLET 3 MG  | 5         | PA NSO; NM; NDS; QL (84 per 28 days)  |

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| Drug Name  | Drug Tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| BALVERSA ORAL TABLET 4 MG                                    | 5         | PA NSO; NM; NDS; QL (56 per 28 days)  |
| BALVERSA ORAL TABLET 5 MG                                    | 5         | PA NSO; NM; NDS; QL (28 per 28 days)  |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML                       | 5         | PA NSO; NM; NDS                       |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG                       | 5         | PA NSO; NM; NDS                       |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML                        | 5         | PA NSO; NM; NDS                       |
| BESPONSIA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) | 5         | PA NSO; NM; NDS                       |
| <i>bexarotene oral capsule 75 mg</i>                         | 5         | PA NSO; NM; NDS; QL (420 per 30 days) |
| <i>bicalutamide oral tablet 50 mg</i>                        | 2         | GC                                    |
| BLENREP INTRAVENOUS RECON SOLN 100 MG                        | 5         | PA NSO; NM; NDS                       |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>       | 2         | GC                                    |
| BLINCYTO INTRAVENOUS KIT 35 MCG                              | 5         | PA NSO; NM; NDS                       |
| BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG                     | 5         | PA NSO; NM; NDS                       |
| BOSULIF ORAL TABLET 100 MG                                   | 5         | PA NSO; NM; NDS; QL (90 per 30 days)  |
| BOSULIF ORAL TABLET 400 MG, 500 MG                           | 5         | PA NSO; NM; NDS; QL (30 per 30 days)  |
| BRAFTOVI ORAL CAPSULE 75 MG                                  | 5         | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG                                  | 5         | PA NSO; NM; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG                           | 5         | PA NSO; NM; NDS; QL (30 per 30 days)  |
| CABOMETYX ORAL TABLET 40 MG                                  | 5         | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CALQUENCE ORAL CAPSULE 100 MG                                | 5         | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 100 MG                                  | 5         | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 300 MG                                  | 5         | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>carboplatin intravenous solution 10 mg/ml</i>             | 2         | GC                                    |
| <i>cladribine intravenous solution 10 mg/10 ml</i>           | 2         | PA BvD; GC                            |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| <i>clofarabine intravenous solution 20 mg/20 ml</i>  | 5                | NM; NDS                                  |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)                        | 5                | PA NSO; NM; NDS; QL (112 per 28 days)    |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG   | 5                | PA NSO; NM; NDS; QL (56 per 28 days)     |
| COTELLIC ORAL TABLET 20 MG   | 5                | PA NSO; NM; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>  | 5                | PA BvD; NM; NDS                          |
| <i>cyclophosphamide intravenous solution 200 mg/ml</i>   | 5                | PA BvD; NM; NDS                          |
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG   | 2                | PA BvD; ST; GC                           |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML  | 5                | PA NSO; NM; NDS                          |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML  | 5                | PA NSO; NM; NDS; QL (120 per 28 days)    |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML   | 5                | PA NSO; NM; NDS                          |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML   | 5                | PA NSO; NM; LA; NDS                      |
| DAURISMO ORAL TABLET 100 MG  | 5                | PA NSO; NM; NDS; QL (30 per 30 days)     |
| DAURISMO ORAL TABLET 25 MG   | 5                | PA NSO; NM; NDS; QL (60 per 30 days)     |
| <i>decitabine intravenous recon soln 50 mg</i>   | 5                | NM; NDS                                  |
| <i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml, 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | 5                | NM; NDS                                  |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>  | 2                | PA BvD; GC                               |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>   | 5                | PA BvD; NM; NDS                          |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG   | 4                |  |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG   | 4                |  |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG   | 4                |  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG  | 4                |                                       |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)   | 4                |                                       |
| EMCYT ORAL CAPSULE 140 MG   | 5                | NM; NDS                               |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG   | 5                | PA NSO; NM; NDS                       |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG   | 5                | PA NSO; NM; NDS                       |
| ERIVEDGE ORAL CAPSULE 150 MG  | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 60 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i>  | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| <i>erlotinib oral tablet 150 mg</i>   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG   | 4                |                                       |
| <i>etoposide intravenous solution 20 mg/ml</i>  | 2                | GC                                    |
| <i>exemestane oral tablet 25 mg</i>   | 4                |                                       |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG  | 5                | PA NSO; NM; NDS                       |
| <i>floxuridine injection recon soln 0.5 gram</i>  | 2                | PA BvD; GC                            |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>                                      | 2                | PA BvD; GC                            |
| <i>flutamide oral capsule 125 mg</i>  | 2                | GC                                    |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i>  | 5                | NM; NDS                               |
| GAVRETO ORAL CAPSULE 100 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML  | 5                | PA NSO; NM; NDS                       |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>  | 2                | GC                                    |
| <i>gemcitabine intravenous recon soln 2 gram</i>  | 5                | NM; NDS                               |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | 5                | NM; NDS                               |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG  | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|--|------------------|--|
| HERCEPTIN HYLECTA<br>SUBCUTANEOUS SOLUTION 600 MG-<br>10,000 UNIT/5 ML | 5                | PA NSO; NM; NDS; QL (5 per 21<br>days)   |
| HERCEPTIN INTRAVENOUS RECON<br>SOLN 150 MG                             | 5                | PA NSO; NM; NDS                          |
| HERZUMA INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG                       | 5                | PA NSO; NM; NDS                          |
| <i>hydroxyurea oral capsule 500 mg</i>                                 | 2                | GC                                       |
| IBRANCE ORAL CAPSULE 100 MG, 125<br>MG, 75 MG                          | 5                | PA NSO; NM; NDS; QL (21 per 28<br>days)  |
| IBRANCE ORAL TABLET 100 MG, 125<br>MG, 75 MG                           | 5                | PA NSO; NM; NDS; QL (21 per 28<br>days)  |
| ICLUSIG ORAL TABLET 15 MG  | 5                | PA NSO; NM; NDS; QL (60 per 30<br>days)  |
| ICLUSIG ORAL TABLET 45 MG  | 5                | PA NSO; NM; NDS; QL (30 per 30<br>days)  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                       | 5                | PA NSO; NM; NDS; QL (30 per 30<br>days)  |
| <i>ifosfamide intravenous recon soln 1 gram</i>                        | 2                | GC                                       |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3<br/>gram/60 ml</i>  | 2                | GC                                       |
| <i>imatinib oral tablet 100 mg</i>                                     | 2                | PA NSO; GC; QL (180 per 30 days)         |
| <i>imatinib oral tablet 400 mg</i>                                     | 2                | PA NSO; GC; QL (60 per 30 days)          |
| IMBRUVICA ORAL CAPSULE 140 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30<br>days) |
| IMBRUVICA ORAL CAPSULE 70 MG   | 5                | PA NSO; NM; NDS; QL (28 per 28<br>days)  |
| IMBRUVICA ORAL TABLET 140 MG, 280<br>MG, 420 MG, 560 MG                | 5                | PA NSO; NM; NDS; QL (28 per 28<br>days)  |
| IMFINZI INTRAVENOUS SOLUTION 50<br>MG/ML                               | 5                | PA NSO; NM; NDS                          |
| IMLYGIC INJECTION SUSPENSION<br>10EXP6 (1 MILLION) PFU/ML              | 5                | PA NSO; NM; NDS; QL (4 per 365<br>days)  |
| IMLYGIC INJECTION SUSPENSION<br>10EXP8 (100 MILLION) PFU/ML            | 5                | PA NSO; NM; NDS; QL (8 per 28<br>days)   |

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| Drug Name  | Drug Tier | Requirements/Limits                      |
|--|-----------|--|
| INFUGEM INTRAVENOUS PIGGYBACK<br>1,200 MG/120 ML (10 MG/ML), 1,300<br>MG/130 ML (10 MG/ML), 1,400 MG/140 ML<br>(10 MG/ML), 1,500 MG/150 ML (10<br>MG/ML), 1,600 MG/160 ML (10 MG/ML),<br>1,700 MG/170 ML (10 MG/ML), 1,800<br>MG/180 ML (10 MG/ML), 1,900 MG/190 ML<br>(10 MG/ML), 2,000 MG/200 ML (10<br>MG/ML), 2,200 MG/220 ML (10 MG/ML) | 5         | NM; NDS                                  |
| INLYTA ORAL TABLET 1 MG  | 5         | PA NSO; NM; NDS; QL (180 per 30<br>days) |
| INLYTA ORAL TABLET 5 MG  | 5         | PA NSO; NM; NDS; QL (120 per 30<br>days) |
| INQOVI ORAL TABLET 35-100 MG   | 5         | PA NSO; NM; NDS; QL (5 per 28<br>days)   |
| INREBIC ORAL CAPSULE 100 MG  | 5         | PA NSO; NM; NDS; QL (120 per 30<br>days) |
| IRESSA ORAL TABLET 250 MG  | 5         | PA NSO; NM; NDS; QL (60 per 30<br>days)  |
| <i>irinotecan intravenous solution 100 mg/5 ml, 300<br/>mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>   | 2         | GC                                       |
| IXEMPRA INTRAVENOUS RECON SOLN<br>15 MG, 45 MG   | 5         | NM; NDS                                  |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20<br>MG, 25 MG, 5 MG   | 5         | PA NSO; NM; NDS; QL (60 per 30<br>days)  |
| KANJINTI INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG  | 5         | PA NSO; NM; NDS                          |
| KEYTRUDA INTRAVENOUS SOLUTION<br>25 MG/ML  | 5         | PA NSO; NM; NDS; QL (8 per 21<br>days)   |
| KISQALI FEMARA CO-PACK ORAL<br>TABLET 200 MG/DAY(200 MG X 1)-2.5<br>MG   | 5         | PA NSO; NM; NDS; QL (49 per 28<br>days)  |
| KISQALI FEMARA CO-PACK ORAL<br>TABLET 400 MG/DAY(200 MG X 2)-2.5<br>MG   | 5         | PA NSO; NM; NDS; QL (70 per 28<br>days)  |
| KISQALI FEMARA CO-PACK ORAL<br>TABLET 600 MG/DAY(200 MG X 3)-2.5<br>MG   | 5         | PA NSO; NM; NDS; QL (91 per 28<br>days)  |
| KISQALI ORAL TABLET 200 MG/DAY<br>(200 MG X 1)   | 5         | PA NSO; NM; NDS; QL (21 per 28<br>days)  |
| KISQALI ORAL TABLET 400 MG/DAY<br>(200 MG X 2)   | 5         | PA NSO; NM; NDS; QL (42 per 28<br>days)  |

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| Drug Name  | Drug Tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)  | 5         | PA NSO; NM; NDS; QL (63 per 28 days)  |
| KOSELUGO ORAL CAPSULE 10 MG  | 5         | PA NSO; NM; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG  | 5         | PA NSO; NM; NDS; QL (120 per 30 days) |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG  | 5         | PA NSO; NM; NDS                       |
| <i>lapatinib oral tablet 250 mg</i>  | 5         | PA NSO; NM; NDS                       |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 5         | PA NSO; NM; NDS                       |
| <i>letrozole oral tablet 2.5 mg</i>  | 1         | GC                                    |
| LEUKERAN ORAL TABLET 2 MG  | 4         |                                       |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>   | 5         | NM; NDS                               |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML  | 5         | PA NSO; NM; NDS; QL (7 per 21 days)   |
| LONSURF ORAL TABLET 15-6.14 MG   | 5         | PA NSO; NM; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG   | 5         | PA NSO; NM; NDS; QL (80 per 28 days)  |
| LORBRENA ORAL TABLET 100 MG  | 5         | PA NSO; NM; NDS; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG   | 5         | PA NSO; NM; NDS; QL (90 per 30 days)  |
| LUMOXITI INTRAVENOUS RECON SOLN 1 MG   | 5         | PA NSO; NM; NDS                       |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG   | 5         | NM; NDS                               |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG   | 5         | NM; NDS                               |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG   | 5         | NM; NDS                               |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG   | 5         | NM; NDS                               |
| LYNPARZA ORAL TABLET 100 MG, 150 MG  | 5         | PA NSO; NM; NDS; QL (120 per 30 days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| LYSODREN ORAL TABLET 500 MG                                   | 5                | NM; NDS                               |
| MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL          | 5                | PA NSO; NM; NDS                       |
| MATULANE ORAL CAPSULE 50 MG                                   | 5                | NM; NDS                               |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                     | 2                | PA NSO-HRM; GC; AGE (Max 64 Years)    |
| MEKINIST ORAL TABLET 0.5 MG                                   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)  |
| MEKINIST ORAL TABLET 2 MG                                     | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| MEKTOVI ORAL TABLET 15 MG                                     | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>melfhalan hcl intravenous recon soln 50 mg</i>             | 5                | NM; NDS                               |
| <i>mercaptopurine oral tablet 50 mg</i>                       | 2                | GC                                    |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i>   | 2                | PA BvD; GC                            |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>   | 2                | PA BvD; GC                            |
| <i>methotrexate sodium injection solution 25 mg/ml</i>        | 2                | PA BvD; GC                            |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                 | 2                | PA BvD; ST; GC                        |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i>           | 2                | GC                                    |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG                         | 5                | PA NSO; NM; NDS                       |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML                           | 5                | PA NSO; NM; NDS                       |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) | 5                | PA NSO; NM; NDS                       |
| NERLYNX ORAL TABLET 40 MG                                     | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| NEXAVAR ORAL TABLET 200 MG                                    | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i>                          | 5                | NM; NDS                               |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                       | 5                | PA NSO; NM; NDS; QL (3 per 28 days)   |
| NUBEQA ORAL TABLET 300 MG                                     | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG                                    | 5                | PA NSO; NM; LA; NDS                   |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG                  | 5                | PA NSO; NM; NDS                       |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML                       | 5                | PA NSO; NM; NDS                       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| ONIVYDE INTRAVENOUS DISPERSION<br>4.3 MG/ML   | 5                | NM; NDS                                  |
| ONTRUZANT INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG  | 5                | PA NSO; NM; NDS                          |
| ONUREG ORAL TABLET 200 MG, 300<br>MG  | 5                | PA NSO; NM; NDS; QL (14 per 28<br>days)  |
| OPDIVO INTRAVENOUS SOLUTION 100<br>MG/10 ML, 240 MG/24 ML, 40 MG/4 ML                         | 5                | PA NSO; NM; NDS                          |
| <i>oxaliplatin intravenous recon soln 100 mg, 50<br/>mg</i>                                   | 2                | GC                                       |
| <i>oxaliplatin intravenous solution 100 mg/20 ml,<br/>200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i> | 2                | GC                                       |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i>   | 2                | PA BvD; GC                               |
| PADCEV INTRAVENOUS RECON SOLN<br>20 MG, 30 MG   | 5                | PA NSO; NM; NDS                          |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5<br>MG, 9 MG   | 5                | PA NSO; NM; NDS; QL (14 per 21<br>days)  |
| PERJETA INTRAVENOUS SOLUTION 420<br>MG/14 ML (30 MG/ML)                                       | 5                | PA NSO; NM; NDS                          |
| PHESGO SUBCUTANEOUS SOLUTION<br>1,200 MG-600MG- 30000 UNIT/15ML                               | 5                | PA NSO; NM; NDS; QL (15 per 21<br>days)  |
| PHESGO SUBCUTANEOUS SOLUTION<br>600 MG-600 MG- 20000 UNIT/10ML                                | 5                | PA NSO; NM; NDS; QL (10 per 21<br>days)  |
| PIQRAY ORAL TABLET 200 MG/DAY<br>(200 MG X 1)   | 5                | PA NSO; NM; NDS; QL (28 per 28<br>days)  |
| PIQRAY ORAL TABLET 250 MG/DAY<br>(200 MG X1-50 MG X1), 300 MG/DAY (150<br>MG X 2)             | 5                | PA NSO; NM; NDS; QL (56 per 28<br>days)  |
| POLIVY INTRAVENOUS RECON SOLN<br>140 MG, 30 MG  | 5                | PA NSO; NM; NDS                          |
| POMALYST ORAL CAPSULE 1 MG, 2<br>MG, 3 MG, 4 MG   | 5                | PA NSO; NM; NDS; QL (21 per 28<br>days)  |
| PORTRAZZA INTRAVENOUS<br>SOLUTION 800 MG/50 ML (16 MG/ML)                                     | 5                | PA NSO; NM; NDS; QL (100 per 21<br>days) |
| PROLEUKIN INTRAVENOUS RECON<br>SOLN 22 MILLION UNIT   | 5                | NM; NDS                                  |
| PURIXAN ORAL SUSPENSION 20<br>MG/ML   | 5                | NM; NDS                                  |
| QINLOCK ORAL TABLET 50 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30<br>days)  |
| RETEVMO ORAL CAPSULE 40 MG  | 5                | PA NSO; NM; NDS; QL (180 per 30<br>days) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>               |
|---|------------------|--|
| RETEVMO ORAL CAPSULE 80 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30 days)    |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG                                | 5                | PA NSO; NM; LA; NDS; QL (28 per 28 days) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML  | 5                | PA NSO; NM; NDS                          |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 5                | PA NSO; NM; NDS                          |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML  | 5                | PA NSO; NM; NDS                          |
| ROZLYTREK ORAL CAPSULE 100 MG   | 5                | PA NSO; NM; NDS; QL (180 per 30 days)    |
| ROZLYTREK ORAL CAPSULE 200 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)     |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30 days)    |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML  | 5                | PA NSO; NM; NDS                          |
| RYDAPT ORAL CAPSULE 25 MG   | 5                | PA NSO; NM; NDS; QL (224 per 28 days)    |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML  | 5                | PA NSO; NM; NDS                          |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML  | 5                | NM; NDS                                  |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG                                       | 5                | PA NSO; NM; NDS; QL (30 per 30 days)     |
| SPRYCEL ORAL TABLET 20 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)     |
| STIVARGA ORAL TABLET 40 MG  | 5                | PA NSO; NM; NDS; QL (84 per 28 days)     |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG  | 5                | PA NSO; NM; NDS; QL (30 per 30 days)     |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG  | 5                | PA NSO; NM; NDS                          |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG   | 5                | PA NSO; NM; NDS                          |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG  | 5                | PA NSO; NM; NDS                          |
| TABLOID ORAL TABLET 40 MG   | 4                |  |
| TABRECTA ORAL TABLET 150 MG, 200 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days)    |

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| Drug Name   | Drug Tier | Requirements/Limits                      |
|---|-----------|--|
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG  | 5         | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAGRISSO ORAL TABLET 40 MG, 80 MG   | 5         | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG   | 5         | PA NSO; NM; NDS; QL (90 per 30 days)     |
| TALZENNA ORAL CAPSULE 1 MG  | 5         | PA NSO; NM; NDS; QL (30 per 30 days)     |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>   | 2         | GC                                       |
| TARGRETIN TOPICAL GEL 1 %   | 5         | PA NSO; NM; NDS                          |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG   | 5         | PA NSO; NM; NDS; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG  | 5         | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAZVERIK ORAL TABLET 200 MG   | 5         | PA NSO; NM; NDS; QL (240 per 30 days)    |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 5         | PA NSO; NM; NDS                          |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG   | 5         | PA NSO; NM; NDS                          |
| <i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>          | 5         | PA BvD; NM; NDS; QL (4 per 28 days)      |
| <i>thiotepa injection recon soln 100 mg, 15 mg</i>                                | 5         | NM; NDS                                  |
| TIBSOVO ORAL TABLET 250 MG  | 5         | PA NSO; NM; NDS; QL (60 per 30 days)     |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG                         | 4         |  |
| <i>toposar intravenous solution 20 mg/ml</i>                                      | 2         | GC                                       |
| <i>topotecan intravenous recon soln 4 mg</i>                                      | 5         | NM; NDS                                  |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>                         | 5         | NM; NDS                                  |
| <i>toremifene oral tablet 60 mg</i>   | 5         | NM; NDS                                  |
| TRAZIMERA INTRAVENOUS RECON SOLN 420 MG   | 5         | PA NSO; NM; NDS                          |
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG                                      | 5         | PA NSO; NM; NDS                          |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG                     | 5         | NM; NDS; QL (1 per 84 days)              |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                |
|---|------------------|---|
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG                  | 5                | NM; NDS; QL (1 per 168 days)              |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG                  | 5                | NM; NDS; QL (1 per 28 days)               |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                          | 5                | NM; NDS                                   |
| TRODELVY INTRAVENOUS RECON SOLN 180 MG  | 5                | PA NSO; NM; NDS                           |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML   | 5                | PA NSO; NM; NDS                           |
| TUKYSA ORAL TABLET 150 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50 MG  | 5                | PA NSO; NM; NDS; QL (300 per 30 days)     |
| TURALIO ORAL CAPSULE 200 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days)     |
| TYKERB ORAL TABLET 250 MG   | 5                | PA NSO; NM; NDS                           |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML                                       | 5                | PA NSO; NM; NDS                           |
| <i>valrubicin intravesical solution 40 mg/ml</i>                              | 5                | NM; NDS                                   |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) | 5                | PA NSO; NM; NDS                           |
| VELCADE INJECTION RECON SOLN 3.5 MG   | 5                | PA NSO; NM; NDS                           |
| VENCLEXTA ORAL TABLET 10 MG   | 3                | PA NSO; LA; QL (60 per 30 days)           |
| VENCLEXTA ORAL TABLET 100 MG  | 5                | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG   | 3                | PA NSO; LA; QL (30 per 30 days)           |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG            | 5                | PA NSO; NM; LA; NDS                       |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                            | 5                | PA NSO; NM; NDS; QL (56 per 28 days)      |
| <i>vinblastine intravenous solution 1 mg/ml</i>                               | 2                | PA BvD; GC                                |
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>                   | 2                | PA BvD; GC                                |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>                    | 2                | PA BvD; GC                                |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>                  | 2                | GC  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| VITRAKVI ORAL CAPSULE 100 MG  | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| VITRAKVI ORAL CAPSULE 25 MG   | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML   | 5                | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                    | 5                | PA NSO; NM; NDS; QL (30 per 30 days)  |
| VOTRIENT ORAL TABLET 200 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG                                     | 5                | PA BvD; NM; NDS                       |
| XALKORI ORAL CAPSULE 200 MG, 250 MG   | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| XATMEP ORAL SOLUTION 2.5 MG/ML  | 4                | PA BvD; ST                            |
| XOSPATA ORAL TABLET 40 MG   | 5                | PA NSO; NM; NDS; QL (90 per 30 days)  |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)                                  | 5                | PA NSO; NM; NDS; QL (20 per 28 days)  |
| XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)                                   | 5                | PA NSO; NM; NDS; QL (8 per 28 days)   |
| XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)     | 5                | PA NSO; NM; NDS; QL (16 per 28 days)  |
| XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)                                   | 5                | PA NSO; NM; NDS; QL (12 per 28 days)  |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)                            | 5                | PA NSO; NM; NDS; QL (24 per 28 days)  |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)                            | 5                | PA NSO; NM; NDS; QL (32 per 28 days)  |
| XTANDI ORAL CAPSULE 40 MG   | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)   | 5                | PA NSO; NM; NDS                       |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG  | 5                | PA NSO; NM; NDS                       |
| YONSA ORAL TABLET 125 MG  | 5                | PA NSO; NM; NDS; QL (120 per 30 days) |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) | 5                | PA NSO; NM; NDS                       |

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| Drug Name  | Drug Tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| ZEJULA ORAL CAPSULE 100 MG   | 5         | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ZELBORAF ORAL TABLET 240 MG  | 5         | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG   | 5         | PA NSO; NM; NDS                       |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML  | 5         | PA NSO; NM; NDS                       |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG   | 4         | QL (1 per 84 days)                    |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG  | 4         | QL (1 per 28 days)                    |
| ZOLINZA ORAL CAPSULE 100 MG  | 5         | NM; NDS                               |
| ZYDELIG ORAL TABLET 100 MG, 150 MG   | 5         | PA NSO; NM; NDS; QL (60 per 30 days)  |
| ZYKADIA ORAL TABLET 150 MG   | 5         | PA NSO; NM; NDS; QL (84 per 28 days)  |
| ZYTIGA ORAL TABLET 250 MG, 500 MG  | 5         | PA NSO; NM; NDS; QL (120 per 30 days) |
| <b>Anticonvulsants</b>   |           |                                       |
| <b>Anticonvulsants</b>   |           |                                       |
| APTIOM ORAL TABLET 200 MG, 400 MG  | 5         | NM; NDS; QL (30 per 30 days)          |
| APTIOM ORAL TABLET 600 MG, 800 MG  | 5         | NM; NDS; QL (60 per 30 days)          |
| BANZEL ORAL SUSPENSION 40 MG/ML  | 5         | NM; NDS                               |
| BANZEL ORAL TABLET 200 MG, 400 MG  | 5         | NM; NDS                               |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML                                       | 4         | QL (80 per 30 days)                   |
| BRIVIACT ORAL SOLUTION 10 MG/ML  | 5         | NM; NDS; QL (600 per 30 days)         |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                        | 5         | NM; NDS; QL (60 per 30 days)          |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>  | 2         | GC                                    |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                               | 2         | GC                                    |
| <i>carbamazepine oral tablet 200 mg</i>  | 2         | GC                                    |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | 2         | GC                                    |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                              | 2         | GC                                    |
| CELONTIN ORAL CAPSULE 300 MG   | 4         |                                       |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                      | 4         | PA NSO; QL (480 per 30 days)          |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                       | 4         | PA NSO; QL (60 per 30 days)           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| DIACOMIT ORAL CAPSULE 250 MG   | 5                | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG   | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG  | 5                | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG  | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                     | 4                |                                       |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                            | 2                | GC                                    |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                    | 2                | GC                                    |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>          | 2                | GC                                    |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML  | 5                | PA NSO; NM; NDS                       |
| <i>epitol oral tablet 200 mg</i>   | 2                | GC                                    |
| <i>ethosuximide oral capsule 250 mg</i>  | 2                | GC                                    |
| <i>ethosuximide oral solution 250 mg/5 ml</i>  | 2                | GC                                    |
| <i>felbamate oral suspension 600 mg/5 ml</i>   | 4                |                                       |
| <i>felbamate oral tablet 400 mg, 600 mg</i>  | 4                |                                       |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML   | 5                | PA NSO; NM; NDS                       |
| <i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>                 | 2                | GC                                    |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML  | 5                | NM; NDS; QL (720 per 30 days)         |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG   | 5                | NM; NDS; QL (30 per 30 days)          |
| FYCOMPA ORAL TABLET 2 MG   | 4                | QL (30 per 30 days)                   |
| FYCOMPA ORAL TABLET 4 MG, 6 MG   | 5                | NM; NDS; QL (60 per 30 days)          |
| <i>gabapentin oral capsule 100 mg, 300 mg</i>  | 1                | GC; QL (360 per 30 days)              |
| <i>gabapentin oral capsule 400 mg</i>  | 1                | GC; QL (270 per 30 days)              |
| <i>gabapentin oral solution 250 mg/5 ml</i>  | 2                | GC; QL (2160 per 30 days)             |
| <i>gabapentin oral tablet 600 mg</i>   | 2                | GC; QL (180 per 30 days)              |
| <i>gabapentin oral tablet 800 mg</i>   | 2                | GC; QL (120 per 30 days)              |
| GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69) | 4                | ST                                    |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|--|------------------|------------------------------------|
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG  | 4                | ST; QL (90 per 30 days)            |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>   | 1                | GC                                 |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> | 4                |                                    |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>                                      | 4                |                                    |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>   | 2                | GC                                 |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>  | 4                |                                    |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i>  | 2                | GC                                 |
| <i>levetiracetam oral solution 100 mg/ml</i>   | 2                | GC                                 |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>  | 2                | GC                                 |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>   | 2                | GC                                 |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)  | 4                | QL (10 per 30 days)                |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>  | 4                |                                    |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>  | 2                | GC                                 |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG  | 4                |                                    |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG  | 5                | NM; NDS                            |
| PEGANONE ORAL TABLET 250 MG  | 4                |                                    |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | 4                | PA NSO-HRM; AGE (Max 64 Years)     |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>                                       | 2                | PA NSO-HRM; GC; AGE (Max 64 Years) |
| <i>phenytoin oral suspension 125 mg/5 ml</i>   | 2                | GC                                 |
| <i>phenytoin oral tablet, chewable 50 mg</i>   | 2                | GC                                 |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>   | 2                | GC                                 |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i>  | 2                | GC                                 |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>   | 2                | GC                                 |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>   | 2                | GC; QL (90 per 30 days)               |
| <i>pregabalin oral solution 20 mg/ml</i>   | 4                | QL (900 per 30 days)                  |
| <i>primidone oral tablet 250 mg, 50 mg</i>   | 2                | GC                                    |
| <i>rufinamide oral suspension 40 mg/ml</i>   | 5                | NM; NDS                               |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG  | 4                | QL (60 per 30 days)                   |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG  | 4                | QL (120 per 30 days)                  |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>   | 1                | GC                                    |
| SYMPAZAN ORAL FILM 10 MG, 20 MG  | 5                | PA NSO; NM; NDS; QL (60 per 30 days)  |
| SYMPAZAN ORAL FILM 5 MG  | 4                | PA NSO; QL (60 per 30 days)           |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>  | 4                |                                       |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>  | 2                | GC                                    |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>   | 1                | GC                                    |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>   | 2                | GC                                    |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>  | 2                | GC                                    |
| <i>valproic acid oral capsule 250 mg</i>   | 2                | GC                                    |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 4                |                                       |
| <i>vigabatrin oral powder in packet 500 mg</i>   | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i>   | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i>  | 5                | PA NSO; NM; NDS; QL (180 per 30 days) |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML   | 3                | QL (200 per 5 days)                   |
| VIMPAT ORAL SOLUTION 10 MG/ML  | 3                | QL (1200 per 30 days)                 |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG   | 3                | QL (60 per 30 days)                   |

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| Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)                     | 4         | QL (56 per 28 days)         |
| XCOPRI ORAL TABLET 100 MG, 50 MG   | 4         | QL (30 per 30 days)         |
| XCOPRI ORAL TABLET 150 MG, 200 MG  | 4         | QL (60 per 30 days)         |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4         |                             |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>  | 2         | GC                          |
| <b>Antidementia Agents</b>   |           |                             |
| <b>Antidementia Agents</b>   |           |                             |
| <i>donepezil oral tablet 10 mg, 5 mg</i>   | 2         | GC; QL (30 per 30 days)     |
| <i>donepezil oral tablet 23 mg</i>   | 4         | QL (30 per 30 days)         |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>   | 2         | GC; QL (30 per 30 days)     |
| <i>ergoloid oral tablet 1 mg</i>   | 4         |                             |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>   | 2         | GC; QL (30 per 30 days)     |
| <i>galantamine oral solution 4 mg/ml</i>   | 4         | QL (200 per 30 days)        |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>   | 2         | GC; QL (60 per 30 days)     |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>   | 4         | PA; QL (30 per 30 days)     |
| <i>memantine oral solution 2 mg/ml</i>   | 4         | PA; QL (360 per 30 days)    |
| <i>memantine oral tablet 10 mg, 5 mg</i>   | 2         | PA; GC; QL (60 per 30 days) |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG   | 3         | ST                          |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG   | 3         | ST; QL (30 per 30 days)     |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>   | 2         | GC; QL (60 per 30 days)     |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>                                | 4         | QL (30 per 30 days)         |
| <b>Antidepressants</b>   |           |                             |
| <b>Antidepressants</b>   |           |                             |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>  | 2         | GC                          |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>  | 2         | GC                          |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>  | 4         |                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>  | 2                | GC                               |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>                  | 2                | GC                               |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>         | 2                | GC                               |
| <i>citalopram oral solution 10 mg/5 ml</i>  | 2                | GC; QL (600 per 30 days)         |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>                                       | 1                | GC; QL (30 per 30 days)          |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>                                    | 4                |                                  |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>               | 4                |                                  |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | 4                | QL (30 per 30 days)              |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                  | 2                | GC                               |
| <i>doxepin oral concentrate 10 mg/ml</i>  | 1                | GC                               |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG                | 4                | ST; QL (60 per 30 days)          |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG                              | 4                | ST; QL (30 per 30 days)          |
| <i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>             | 2                | GC; QL (60 per 30 days)          |
| <i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>                           | 4                | QL (30 per 30 days)              |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                     | 5                | ST; NM; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                     | 2                | GC                               |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                              | 1                | GC                               |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)                      | 4                | ST                               |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                | 4                | ST; QL (30 per 30 days)          |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>                                      | 1                | GC                               |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                    | 4                |                                  |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                     | 2                | GC                               |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                   | 2                | GC                               |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                    | 4                |                                  |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---|------------------|------------------------------------|
| <i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>  | 2                | GC                                 |
| <b>MARPLAN ORAL TABLET 10 MG</b>  | 4                |                                    |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                                | 2                | GC                                 |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>                        | 2                | GC                                 |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                       | 4                |                                    |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                              | 1                | GC                                 |
| <i>nortriptyline oral solution 10 mg/5 ml</i>   | 4                |                                    |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                              | 1                | PA NSO-HRM; GC; AGE (Max 64 Years) |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>          | 4                | PA NSO-HRM; AGE (Max 64 Years)     |
| <b>PAXIL ORAL SUSPENSION 10 MG/5 ML</b>   | 4                | PA NSO-HRM; AGE (Max 64 Years)     |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2                | GC                                 |
| <i>phenelzine oral tablet 15 mg</i>   | 2                | GC                                 |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>  | 4                |                                    |
| <i>sertraline oral concentrate 20 mg/ml</i>   | 2                | GC                                 |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>  | 1                | GC                                 |
| <b>SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)</b>             | 5                | PA NSO; NM; NDS                    |
| <i>tranylcypromine oral tablet 10 mg</i>  | 4                |                                    |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>  | 1                | GC                                 |
| <i>trazodone oral tablet 300 mg</i>   | 4                |                                    |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                     | 4                |                                    |
| <b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>  | 3                | QL (30 per 30 days)                |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i>                             | 2                | GC; QL (30 per 30 days)            |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>                     | 2                | GC; QL (90 per 30 days)            |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                       | 2                | GC                                 |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg</i>                      | 4                | QL (30 per 30 days)                |
| <i>venlafaxine oral tablet extended release 24hr 75 mg</i>                                | 4                | QL (90 per 30 days)                |

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| Drug Name   | Drug Tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG   | 3         | QL (30 per 30 days)               |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)                                      | 3         |                                   |
| ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML   | 5         | NM; NDS                           |
| <b>Antidiabetic Agents</b>  |           |                                   |
| <b>Antidiabetic Agents, Miscellaneous</b>   |           |                                   |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>  | 2         | GC; QL (90 per 30 days)           |
| FARXIGA ORAL TABLET 10 MG, 5 MG   | 3         | QL (30 per 30 days)               |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG  | 3         | QL (60 per 30 days)               |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                                  | 3         | QL (30 per 30 days)               |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                        | 3         | QL (60 per 30 days)               |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG  | 3         | QL (30 per 30 days)               |
| JARDIANCE ORAL TABLET 10 MG, 25 MG  | 3         | QL (30 per 30 days)               |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG                               | 4         | ST; QL (60 per 30 days)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                            | 4         | ST; QL (60 per 30 days)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG                              | 4         | ST; QL (30 per 30 days)           |
| KORLYM ORAL TABLET 300 MG   | 5         | PA; NM; NDS; QL (112 per 28 days) |
| <i>metformin oral solution 500 mg/5 ml</i>  | 4         | QL (765 per 30 days)              |
| <i>metformin oral tablet 1,000 mg</i>   | 1         | GC; QL (75 per 30 days)           |
| <i>metformin oral tablet 500 mg</i>   | 1         | GC; QL (150 per 30 days)          |
| <i>metformin oral tablet 850 mg</i>   | 1         | GC; QL (90 per 30 days)           |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>                                | 1         | GC; QL (120 per 30 days)          |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>                                | 1         | GC; QL (60 per 30 days)           |
| <i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>   | 4         | QL (90 per 30 days)               |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>  | 2         | GC; QL (90 per 30 days)           |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML) | 3         | QL (3 per 28 days)                |

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| Drug Name   | Drug Tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>   | 1         | GC; QL (30 per 30 days)            |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>   | 2         | GC; QL (120 per 30 days)           |
| <i>repaglinide oral tablet 2 mg</i>   | 2         | GC; QL (240 per 30 days)           |
| <i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>                                   | 4         | QL (150 per 30 days)               |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG  | 3         | QL (30 per 30 days)                |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML                                      | 5         | PA; NM; NDS; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML                                       | 5         | PA; NM; NDS; QL (10.8 per 28 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                         | 3         | QL (60 per 30 days)                |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                      | 3         | QL (30 per 30 days)                |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                     | 3         | QL (60 per 30 days)                |
| TRADJENTA ORAL TABLET 5 MG  | 4         | ST; QL (30 per 30 days)            |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3         | QL (2 per 28 days)                 |
| VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)                                  | 3         | QL (9 per 30 days)                 |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG                          | 3         | QL (30 per 30 days)                |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG              | 3         | QL (60 per 30 days)                |
| <b>Insulins</b>   |           |                                    |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                     | 6         | GC; QL (30 per 28 days)            |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)                         | 6         | GC; QL (30 per 28 days)            |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML   | 6         | GC; QL (40 per 28 days)            |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML                              | 6         | GC; QL (40 per 28 days)            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| HUMULIN R U-500 (CONC) KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 500<br>UNIT/ML (3 ML)  | 6                | GC; QL (24 per 28 days)    |
| LANTUS SOLOSTAR U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)   | 6                | GC; QL (30 per 28 days)    |
| LANTUS U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                      | 6                | GC; QL (40 per 28 days)    |
| NOVOLIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)     | 6                | GC; QL (40 per 28 days)    |
| NOVOLIN 70-30 FLEXPEN U-100<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)    | 6                | GC; QL (30 per 28 days)    |
| NOVOLIN N FLEXPEN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3 ML)                  | 6                | GC; QL (30 per 28 days)    |
| NOVOLIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML             | 6                | GC; QL (40 per 28 days)    |
| NOVOLIN R FLEXPEN SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3 ML)                  | 6                | GC; QL (30 per 28 days)    |
| NOVOLIN R REGULAR U-100 INSULIN<br>INJECTION SOLUTION 100 UNIT/ML                 | 6                | GC; QL (40 per 28 days)    |
| NOVOLOG FLEXPEN U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)   | 6                | GC; QL (30 per 28 days)    |
| NOVOLOG MIX 70-30 U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML (70-30)   | 6                | GC; QL (40 per 28 days)    |
| NOVOLOG MIX 70-30FLEXPEN U-100<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30) | 6                | GC; QL (30 per 28 days)    |
| NOVOLOG PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML            | 6                | GC; QL (30 per 28 days)    |
| NOVOLOG U-100 INSULIN ASPART<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML              | 6                | GC; QL (40 per 28 days)    |
| SOLIQUA 100/33 SUBCUTANEOUS<br>INSULIN PEN 100 UNIT-33 MCG/ML                     | 3                | QL (30 per 30 days)        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | 6                | GC; QL (18 per 28 days)        |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 6                | GC; QL (13.5 per 28 days)      |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)        | 3                | QL (15 per 28 days)            |
| <b>Sulfonylureas</b>  |                  |                                |
| <i>glimepiride oral tablet 1 mg, 2 mg</i>                                   | 1                | GC; QL (30 per 30 days)        |
| <i>glimepiride oral tablet 4 mg</i>   | 1                | GC; QL (60 per 30 days)        |
| <i>glipizide oral tablet 10 mg</i>  | 1                | GC; QL (120 per 30 days)       |
| <i>glipizide oral tablet 5 mg</i>   | 1                | GC; QL (60 per 30 days)        |
| <i>glipizide oral tablet extended release 24hr 10 mg</i>                    | 2                | GC; QL (60 per 30 days)        |
| <i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>             | 2                | GC; QL (30 per 30 days)        |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>                           | 2                | GC; QL (240 per 30 days)       |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>                 | 2                | GC; QL (120 per 30 days)       |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                  | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                          | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>    | 1                | PA-HRM; GC; AGE (Max 64 Years) |
| <b>Antifungals</b>  |                  |                                |
| <b>Antifungals</b>  |                  |                                |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML                                      | 4                | PA BvD                         |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG                    | 5                | PA BvD; NM; NDS                |
| <i>amphotericin b injection recon soln 50 mg</i>                            | 2                | PA BvD; GC                     |
| <i>caspofungin intravenous recon soln 50 mg, 70 mg</i>                      | 5                | NM; NDS                        |
| <i>ciclopirox topical cream 0.77 %</i>                                      | 2                | GC; QL (180 per 30 days)       |
| <i>ciclopirox topical gel 0.77 %</i>  | 4                | QL (300 per 30 days)           |
| <i>ciclopirox topical shampoo 1 %</i>                                       | 4                |                                |
| <i>ciclopirox topical solution 8 %</i>                                      | 2                | GC; QL (19.8 per 30 days)      |
| <i>ciclopirox topical suspension 0.77 %</i>                                 | 4                | QL (180 per 30 days)           |
| <i>clotrimazole mucous membrane troche 10 mg</i>                            | 2                | GC                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>clotrimazole topical cream 1 %</i>   | 1                | GC                         |
| <i>clotrimazole topical solution 1 %</i>  | 2                | GC                         |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>  | 2                | GC; QL (90 per 30 days)    |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>   | 4                | QL (90 per 30 days)        |
| <i>econazole topical cream 1 %</i>  | 4                | QL (170 per 30 days)       |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | 2                | PA BvD; GC                 |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>                              | 4                |                            |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>  | 2                | GC                         |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>  | 5                | NM; NDS                    |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>   | 4                |                            |
| <i>griseofulvin microsize oral tablet 500 mg</i>  | 4                |                            |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>   | 4                |                            |
| <i>itraconazole oral capsule 100 mg</i>   | 2                | GC                         |
| <i>itraconazole oral solution 10 mg/ml</i>  | 5                | NM; NDS                    |
| <i>ketoconazole oral tablet 200 mg</i>  | 2                | GC                         |
| <i>ketoconazole topical cream 2 %</i>   | 2                | GC; QL (180 per 30 days)   |
| <i>ketoconazole topical shampoo 2 %</i>   | 2                | GC; QL (360 per 30 days)   |
| <i>miconazole-3 vaginal suppository 200 mg</i>  | 2                | GC                         |
| <b>NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML</b>  | 5                | NM; NDS                    |
| <b>NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</b>   | 5                | NM; NDS                    |
| <i>nyamyc topical powder 100,000 unit/gram</i>  | 2                | GC; QL (60 per 30 days)    |
| <i>nystatin oral suspension 100,000 unit/ml</i>   | 2                | GC; QL (900 per 30 days)   |
| <i>nystatin oral tablet 500,000 unit</i>  | 2                | GC                         |
| <i>nystatin topical cream 100,000 unit/gram</i>   | 2                | GC; QL (60 per 30 days)    |
| <i>nystatin topical ointment 100,000 unit/gram</i>  | 2                | GC; QL (60 per 30 days)    |
| <i>nystatin topical powder 100,000 unit/gram</i>  | 2                | GC; QL (60 per 30 days)    |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                                      | 4                |                            |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>                                | 4                |                            |
| <i>nystop topical powder 100,000 unit/gram</i>  | 2                | GC; QL (60 per 30 days)    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| <i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>               | 5                | NM; NDS                        |
| <i>terbinafine hcl oral tablet 250 mg</i>                                     | 1                | GC                             |
| <i>voriconazole intravenous recon soln 200 mg</i>                             | 5                | PA BvD; NM; NDS                |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | 5                | NM; NDS                        |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                 | 2                | GC                             |
| <b>Antigout Agents</b>  |                  |                                |
| <b>Antigout Agents, Other</b>   |                  |                                |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                                 | 1                | GC                             |
| <i>colchicine oral tablet 0.6 mg</i>  | 4                | PA; QL (120 per 30 days)       |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                    | 2                | ST; GC; QL (30 per 30 days)    |
| MITIGARE ORAL CAPSULE 0.6 MG  | 2                | GC; QL (60 per 30 days)        |
| <i>probenecid oral tablet 500 mg</i>  | 2                | GC                             |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                           | 2                | GC                             |
| <b>Antihistamines</b>   |                  |                                |
| <b>Antihistamines</b>   |                  |                                |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                            | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                 | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>clemastine oral tablet 2.68 mg</i>   | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                                    | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>cyproheptadine oral tablet 4 mg</i>  | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                        | 2                | GC                             |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i>                         | 4                |                                |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>                           | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>              | 2                | GC                             |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                               | 2                | GC                             |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                        | 2                | GC                             |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i>                               | 4                |                                |
| <i>levocetirizine oral tablet 5 mg</i>  | 1                | GC                             |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                   | 1                | PA-HRM; GC; AGE (Max 64 Years) |
| <b>Anti-Infectives (Skin And Mucous Membrane)</b>                             |                  |                                |
| <b>Anti-Infectives (Skin And Mucous Membrane)</b>                             |                  |                                |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                | 2                | GC                             |
| <i>metronidazole vaginal gel 0.75 %</i>                                       | 2                | GC                             |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                 | 2                | GC                             |
| <i>terconazole vaginal suppository 80 mg</i>                                  | 4                |                                |

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| Drug Name   | Drug Tier | Requirements/Limits          |
|---|-----------|------------------------------|
| <b>Antimigraine Agents</b>  |           |                              |
| <b>Antimigraine Agents</b>  |           |                              |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 140<br>MG/ML, 70 MG/ML           | 3         | PA; QL (1 per 30 days)       |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 225<br>MG/1.5 ML                   | 3         | PA; QL (1.5 per 30 days)     |
| AJOVY SYRINGE SUBCUTANEOUS<br>SYRINGE 225 MG/1.5 ML                                 | 3         | PA; QL (1.5 per 30 days)     |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                                 | 5         | NM; NDS; QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray,non-aerosol 0.5<br/>mg/pump act. (4 mg/ml)</i>     | 5         | NM; NDS; QL (8 per 28 days)  |
| EMGALITY PEN SUBCUTANEOUS PEN<br>INJECTOR 120 MG/ML                                 | 3         | PA; QL (2 per 30 days)       |
| EMGALITY SYRINGE SUBCUTANEOUS<br>SYRINGE 120 MG/ML                                  | 3         | PA; QL (2 per 30 days)       |
| EMGALITY SYRINGE SUBCUTANEOUS<br>SYRINGE 300 MG/3 ML (100 MG/ML X 3)                | 3         | PA; QL (3 per 30 days)       |
| ERGOMAR SUBLINGUAL TABLET 2 MG  | 5         | NM; NDS; QL (20 per 28 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>   | 4         | QL (9 per 30 days)           |
| NURTEC ODT ORAL<br>TABLET,DISINTEGRATING 75 MG                                      | 3         | PA; QL (16 per 30 days)      |
| REYVOW ORAL TABLET 100 MG, 50 MG  | 3         | PA; QL (8 per 30 days)       |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i>  | 2         | GC; QL (12 per 30 days)      |
| <i>rizatriptan oral tablet,disintegrating 10 mg, 5<br/>mg</i>                       | 2         | GC; QL (12 per 30 days)      |
| <i>sumatriptan nasal spray,non-aerosol 20<br/>mg/lactuation</i>                     | 4         | QL (12 per 30 days)          |
| <i>sumatriptan nasal spray,non-aerosol 5<br/>mg/lactuation</i>                      | 4         | QL (18 per 30 days)          |
| <i>sumatriptan succinate oral tablet 100 mg</i>                                     | 2         | GC; QL (9 per 30 days)       |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>                               | 2         | GC; QL (18 per 30 days)      |
| <i>sumatriptan succinate subcutaneous cartridge 6<br/>mg/0.5 ml</i>                 | 4         | QL (4 per 28 days)           |
| <i>sumatriptan succinate subcutaneous pen injector<br/>4 mg/0.5 ml, 6 mg/0.5 ml</i> | 4         | QL (4 per 28 days)           |
| <i>sumatriptan succinate subcutaneous solution 6<br/>mg/0.5 ml</i>                  | 4         | QL (4 per 28 days)           |
| <i>sumatriptan succinate subcutaneous syringe 6<br/>mg/0.5 ml</i>                   | 4         | QL (4 per 28 days)           |

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| Drug Name  | Drug Tier | Requirements/Limits        |
|--|-----------|----------------------------|
| UBRELVY ORAL TABLET 100 MG, 50 MG                                  | 3         | PA; QL (16 per 30 days)    |
| VYEPTI INTRAVENOUS SOLUTION 100 MG/ML                              | 4         | PA; QL (1 per 30 days)     |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                       | 4         | QL (6 per 30 days)         |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>       | 4         | QL (6 per 30 days)         |
| <b>Antimycobacterials</b>  |           |                            |
| <b>Antimycobacterials</b>  |           |                            |
| CAPASTAT INJECTION RECON SOLN 1 GRAM                               | 4         |                            |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                           | 2         | GC                         |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                       | 2         | GC                         |
| <i>isoniazid oral solution 50 mg/5 ml</i>                          | 2         | GC                         |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                        | 1         | GC                         |
| PRETOMANID ORAL TABLET 200 MG                                      | 4         | QL (30 per 30 days)        |
| PRIFTIN ORAL TABLET 150 MG   | 4         |                            |
| <i>pyrazinamide oral tablet 500 mg</i>                             | 2         | GC                         |
| <i>rifabutin oral capsule 150 mg</i>                               | 4         |                            |
| <i>rifampin intravenous recon soln 600 mg</i>                      | 4         |                            |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                        | 2         | GC                         |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                  | 5         | PA; NM; NDS                |
| TRECTOR ORAL TABLET 250 MG   | 4         |                            |
| <b>Antinausea Agents</b>   |           |                            |
| <b>Antinausea Agents</b>   |           |                            |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG         | 4         |                            |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | 4         |                            |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                       | 4         | PA BvD                     |
| <i>aprepitant oral capsule 125 mg</i>                              | 4         | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i>                               | 4         | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i>                               | 4         | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)-80 mg (2)</i>     | 4         | PA BvD; QL (6 per 28 days) |
| CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML                            | 4         | QL (36 per 28 days)        |
| <i>compro rectal suppository 25 mg</i>                             | 4         |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|--|------------------|---|
| <i>dimenhydrinate injection solution 50 mg/ml</i>                                  | 2                | GC  |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                 | 4                | PA; QL (60 per 30 days)                             |
| <i>droperidol injection solution 2.5 mg/ml</i>                                     | 2                | GC  |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)            | 4                | PA BvD; QL (6 per 28 days)                          |
| <i>fosaprepitant intravenous recon soln 150 mg</i>                                 | 4                | QL (2 per 28 days)                                  |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>            | 2                | GC  |
| <i>granisetron hcl intravenous solution 1 mg/ml</i>                                | 2                | GC  |
| <i>granisetron hcl oral tablet 1 mg</i>  | 4                | PA BvD  |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>  | 2                | GC  |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>                           | 1                | GC  |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>                            | 1                | GC  |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i>                                | 2                | GC  |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                     | 4                | PA BvD  |
| <i>ondansetron hcl oral tablet 24 mg</i>   | 4                | PA BvD  |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                      | 2                | PA BvD; GC  |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                          | 2                | PA BvD; GC  |
| <i>phenadoz rectal suppository 12.5 mg, 25 mg</i>                                  | 4                | PA-HRM; AGE (Max 64 Years)                          |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i> | 2                | GC  |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                            | 2                | GC  |
| <i>prochlorperazine rectal suppository 25 mg</i>                                   | 4                |   |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>                          | 4                | PA-HRM; AGE (Max 64 Years)                          |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                              | 1                | PA-HRM; GC; AGE (Max 64 Years)                      |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>                       | 4                | PA-HRM; AGE (Max 64 Years)                          |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>                        | 4                | PA-HRM; AGE (Max 64 Years)                          |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>                   | 2                | PA-HRM; GC; QL (10 per 30 days); AGE (Max 64 Years) |
| SYNDROS ORAL SOLUTION 5 MG/ML  | 5                | PA; NM; NDS; QL (120 per 30 days)                   |
| <b>Antiparasite Agents</b>   |                  |   |
| <b>Antiparasite Agents</b>   |                  |   |
| <i>albendazole oral tablet 200 mg</i>  | 5                | NM; NDS   |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML                       | 5         | NM; NDS                          |
| ALINIA ORAL TABLET 500 MG   | 5         | NM; NDS                          |
| <i>atovaquone oral suspension 750 mg/5 ml</i>                               | 5         | NM; NDS                          |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>              | 2         | GC                               |
| <i>chloroquine phosphate oral tablet 250 mg</i>                             | 2         | GC; QL (50 per 30 days)          |
| <i>chloroquine phosphate oral tablet 500 mg</i>                             | 2         | GC; QL (25 per 30 days)          |
| COARTEM ORAL TABLET 20-120 MG   | 4         |                                  |
| <i>hydroxychloroquine oral tablet 200 mg</i>                                | 2         | GC; QL (90 per 30 days)          |
| IMPAVIDO ORAL CAPSULE 50 MG   | 5         | PA; NM; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i>  | 2         | GC                               |
| KRINTAFEL ORAL TABLET 150 MG  | 4         |                                  |
| <i>mefloquine oral tablet 250 mg</i>  | 2         | GC                               |
| <i>nitazoxanide oral tablet 500 mg</i>                                      | 5         | NM; NDS                          |
| <i>paromomycin oral capsule 250 mg</i>                                      | 4         |                                  |
| <i>pentamidine inhalation recon soln 300 mg</i>                             | 2         | PA BvD; GC                       |
| <i>pentamidine injection recon soln 300 mg</i>                              | 4         |                                  |
| PRIMAQUINE ORAL TABLET 26.3 MG  | 4         |                                  |
| <i>pyrimethamine oral tablet 25 mg</i>                                      | 5         | PA; NM; NDS                      |
| <i>quinine sulfate oral capsule 324 mg</i>                                  | 4         | PA; QL (42 per 7 days)           |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                | 2         | GC                               |
| <b>Antiparkinsonian Agents</b>  |           |                                  |
| <b>Antiparkinsonian Agents</b>  |           |                                  |
| <i>amantadine hcl oral capsule 100 mg</i>                                   | 2         | GC                               |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                              | 2         | GC                               |
| <i>amantadine hcl oral tablet 100 mg</i>                                    | 2         | GC                               |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML                                      | 5         | PA; NM; NDS; QL (60 per 30 days) |
| <i>benztropine injection solution 1 mg/ml</i>                               | 2         | GC                               |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                           | 2         | GC                               |
| <i>bromocriptine oral capsule 5 mg</i>                                      | 4         |                                  |
| <i>bromocriptine oral tablet 2.5 mg</i>                                     | 2         | GC                               |
| <i>cabergoline oral tablet 0.5 mg</i>                                       | 2         | GC                               |
| <i>carbidopa oral tablet 25 mg</i>  | 2         | GC                               |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>       | 2         | GC                               |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | 2         | GC                               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>   | 4                |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 4                |                                   |
| <i>entacapone oral tablet 200 mg</i>  | 2                | GC                                |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG  | 5                | PA; NM; NDS; QL (60 per 30 days)  |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG   | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG   | 5                | PA; NM; NDS; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG   | 5                | PA; NM; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG   | 5                | PA; NM; NDS                       |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR                               | 3                | QL (30 per 30 days)               |
| ONGENTYS ORAL CAPSULE 50 MG   | 4                | PA; QL (30 per 30 days)           |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG   | 4                | QL (30 per 30 days)               |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)   | 4                | QL (60 per 30 days)               |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>   | 1                | GC                                |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i>  | 4                |                                   |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>   | 2                | GC                                |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>  | 4                |                                   |
| <i>selegiline hcl oral capsule 5 mg</i>   | 2                | GC                                |
| <i>selegiline hcl oral tablet 5 mg</i>  | 2                | GC                                |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>  | 2                | GC                                |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>   | 1                | GC                                |
| XADAGO ORAL TABLET 100 MG, 50 MG  | 5                | PA; NM; NDS; QL (30 per 30 days)  |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| <b>Antipsychotic Agents</b>   |           |                                  |
| <b>Antipsychotic Agents</b>   |           |                                  |
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL RECON<br>300 MG, 400 MG  | 5         | NM; NDS; QL (1 per 28 days)      |
| ABILIFY MAINTENA<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>300 MG, 400 MG | 5         | NM; NDS; QL (1 per 28 days)      |
| <i>aripiprazole oral solution 1 mg/ml</i>   | 4         | QL (900 per 30 days)             |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                      | 4         | QL (30 per 30 days)              |
| <i>aripiprazole oral tablet 2 mg</i>  | 4         | QL (60 per 30 days)              |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                                  | 5         | ST; NM; NDS; QL (90 per 30 days) |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                                  | 5         | ST; NM; NDS; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>675 MG/2.4 ML      | 5         | NM; NDS; QL (4.8 per 365 days)   |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>1,064 MG/3.9 ML           | 5         | NM; NDS; QL (3.9 per 56 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>441 MG/1.6 ML             | 5         | NM; NDS; QL (1.6 per 28 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>662 MG/2.4 ML             | 5         | NM; NDS; QL (2.4 per 28 days)    |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>882 MG/3.2 ML             | 5         | NM; NDS; QL (3.2 per 28 days)    |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>                        | 2         | ST; GC; QL (60 per 30 days)      |
| CAPLYTA ORAL CAPSULE 42 MG  | 5         | ST; NM; NDS; QL (30 per 30 days) |
| <i>chlorpromazine injection solution 25 mg/ml</i>                                     | 2         | GC                               |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                 | 4         |                                  |
| <i>clozapine oral tablet 100 mg</i>   | 2         | GC; QL (270 per 30 days)         |
| <i>clozapine oral tablet 200 mg</i>   | 2         | GC; QL (135 per 30 days)         |
| <i>clozapine oral tablet 25 mg, 50 mg</i>   | 2         | GC; QL (90 per 30 days)          |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>                                      | 4                | ST; QL (90 per 30 days)           |
| <i>clozapine oral tablet, disintegrating 150 mg</i>  | 4                | ST; QL (180 per 30 days)          |
| <i>clozapine oral tablet, disintegrating 200 mg</i>  | 5                | ST; NM; NDS; QL (120 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 2 MG  | 4                | ST; QL (60 per 30 days)           |
| FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG  | 5                | ST; NM; NDS; QL (60 per 30 days)  |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)  | 4                | ST                                |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>  | 2                | GC                                |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>   | 2                | GC                                |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>   | 4                |                                   |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>  | 4                |                                   |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>  | 4                |                                   |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i> | 2                | GC                                |
| <i>haloperidol lactate injection solution 5 mg/ml</i>  | 2                | GC                                |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i>   | 2                | GC                                |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>  | 2                | GC                                |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                                    | 2                | GC                                |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML   | 5                | NM; NDS; QL (0.75 per 28 days)    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML  | 5                | NM; NDS; QL (1 per 28 days)       |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML  | 5                | NM; NDS; QL (1.5 per 28 days)     |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML  | 4                | QL (0.25 per 28 days)             |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML   | 5                | NM; NDS; QL (0.5 per 28 days)     |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML  | 5                | NM; NDS; QL (0.875 per 84 days)   |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML  | 5                | NM; NDS; QL (1.315 per 84 days)   |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML   | 5                | NM; NDS; QL (1.75 per 84 days)    |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML                          | 5                | NM; NDS; QL (2.625 per 84 days)      |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG                               | 3                | QL (30 per 30 days)                  |
| LATUDA ORAL TABLET 80 MG   | 3                | QL (60 per 30 days)                  |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>             | 2                | GC                                   |
| <i>molindone oral tablet 10 mg</i>   | 2                | GC; QL (240 per 30 days)             |
| <i>molindone oral tablet 25 mg</i>   | 2                | GC; QL (270 per 30 days)             |
| <i>molindone oral tablet 5 mg</i>  | 2                | GC; QL (120 per 30 days)             |
| NUPLAZID ORAL CAPSULE 34 MG  | 5                | PA NSO; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i>                             | 2                | GC; QL (30 per 30 days)              |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>      | 2                | GC; QL (30 per 30 days)              |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>      | 4                | QL (30 per 30 days)                  |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>           | 4                | QL (30 per 30 days)                  |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                   | 4                | QL (60 per 30 days)                  |
| <i>paliperidone oral tablet extended release 24hr 9 mg</i>                   | 5                | NM; NDS; QL (30 per 30 days)         |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                      | 4                |                                      |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG | 5                | NM; NDS; QL (1 per 30 days)          |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                       | 2                | GC                                   |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>   | 2                | GC; QL (90 per 30 days)              |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i>   | 4                | QL (30 per 30 days)                  |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i>          | 4                | QL (60 per 30 days)                  |
| REXULTI ORAL TABLET 0.25 MG  | 5                | ST; NM; NDS; QL (120 per 30 days)    |
| REXULTI ORAL TABLET 0.5 MG   | 5                | ST; NM; NDS; QL (60 per 30 days)     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG   | 5                | ST; NM; NDS; QL (30 per 30 days)  |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML | 4                | QL (4 per 28 days)                |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML | 5                | NM; NDS; QL (4 per 28 days)       |
| <i>risperidone oral solution 1 mg/ml</i>   | 2                | GC; QL (480 per 30 days)          |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                 | 2                | GC; QL (60 per 30 days)           |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>             | 4                | QL (60 per 30 days)               |
| <i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>                              | 4                | QL (120 per 30 days)              |
| SAPHRIS SUBLINGUAL TABLET 10 MG  | 5                | ST; NM; NDS; QL (60 per 30 days)  |
| SAPHRIS SUBLINGUAL TABLET 2.5 MG, 5 MG   | 4                | ST; QL (60 per 30 days)           |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR       | 5                | ST; NM; NDS; QL (30 per 30 days)  |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                            | 2                | GC                                |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                | 4                |                                   |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                             | 2                | GC                                |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML   | 5                | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG  | 5                | ST; NM; NDS; QL (30 per 30 days)  |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)                                   | 4                | ST                                |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                         | 2                | GC; QL (60 per 30 days)           |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>            | 2                | GC; QL (6 per 28 days)            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG                    | 4                | QL (2 per 28 days)                |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 300 MG                  | 5         | NM; NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 405 MG                  | 5         | NM; NDS; QL (1 per 28 days) |
| <b>Antivirals (Systemic)</b>   |           |                             |
| <b>Antiretrovirals</b>   |           |                             |
| <i>abacavir oral solution 20 mg/ml</i>   | 4         |                             |
| <i>abacavir oral tablet 300 mg</i>   | 2         | GC                          |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>  | 2         | GC                          |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>                           | 5         | NM; NDS                     |
| APTIVUS (WITH VITAMIN E) ORAL<br>SOLUTION 100 MG/ML  | 5         | NM; NDS                     |
| APTIVUS ORAL CAPSULE 250 MG  | 5         | NM; NDS                     |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>                                      | 2         | GC                          |
| ATRIPLA ORAL TABLET 600-200-300 MG   | 5         | NM; NDS                     |
| BIKTARVY ORAL TABLET 50-200-25 MG  | 5         | NM; NDS                     |
| CIMDUO ORAL TABLET 300-300 MG  | 5         | NM; NDS                     |
| COMPLERA ORAL TABLET 200-25-300<br>MG  | 5         | NM; NDS                     |
| CRIXIVAN ORAL CAPSULE 200 MG, 400<br>MG  | 4         |                             |
| DELSTRIGO ORAL TABLET 100-300-300<br>MG  | 5         | NM; NDS                     |
| DESCOVY ORAL TABLET 200-25 MG  | 5         | NM; NDS                     |
| <i>didanosine oral capsule, delayed release (drlec)<br/>125 mg, 200 mg, 250 mg, 400 mg</i> | 2         | GC                          |
| DOVATO ORAL TABLET 50-300 MG   | 5         | NM; NDS                     |
| EDURANT ORAL TABLET 25 MG  | 5         | NM; NDS                     |
| <i>efavirenz oral capsule 200 mg</i>   | 5         | NM; NDS                     |
| <i>efavirenz oral capsule 50 mg</i>  | 2         | GC                          |
| <i>efavirenz oral tablet 600 mg</i>  | 2         | GC                          |
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>                         | 5         | NM; NDS                     |
| <i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg, 600-300-300 mg</i>         | 5         | NM; NDS                     |
| <i>emtricitabine oral capsule 200 mg</i>   | 2         | GC                          |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                                | 5         | NM; NDS                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| EMTRIVA ORAL CAPSULE 200 MG   | 4                |                               |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                      | 4                |                               |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)                       | 4                |                               |
| EVOTAZ ORAL TABLET 300-150 MG                                       | 5                | NM; NDS                       |
| <i>fosamprenavir oral tablet 700 mg</i>                             | 5                | NM; NDS                       |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                                | 5                | NM; NDS                       |
| GENVOYA ORAL TABLET 150-150-200-10 MG                               | 5                | NM; NDS                       |
| INTELENCE ORAL TABLET 100 MG, 200 MG                                | 5                | NM; NDS                       |
| INTELENCE ORAL TABLET 25 MG   | 4                |                               |
| INVIRASE ORAL TABLET 500 MG   | 5                | NM; NDS                       |
| ISENTRESS HD ORAL TABLET 600 MG                                     | 5                | NM; NDS                       |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                              | 4                |                               |
| ISENTRESS ORAL TABLET 400 MG  | 5                | NM; NDS                       |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG                       | 4                |                               |
| JULUCA ORAL TABLET 50-25 MG   | 5                | NM; NDS                       |
| KALETRA ORAL TABLET 100-25 MG                                       | 4                | QL (300 per 30 days)          |
| KALETRA ORAL TABLET 200-50 MG                                       | 5                | NM; NDS; QL (120 per 30 days) |
| <i>lamivudine oral solution 10 mg/ml</i>                            | 4                |                               |
| <i>lamivudine oral tablet 100 mg</i>                                | 4                |                               |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                        | 2                | GC                            |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                 | 2                | GC                            |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                     | 4                |                               |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>            | 2                | GC; QL (480 per 30 days)      |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                        | 4                |                               |
| <i>nevirapine oral tablet 200 mg</i>                                | 2                | GC                            |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 4                |                               |
| NORVIR ORAL POWDER IN PACKET 100 MG                                 | 4                |                               |
| NORVIR ORAL SOLUTION 80 MG/ML                                       | 4                |                               |
| ODEFSEY ORAL TABLET 200-25-25 MG                                    | 5                | NM; NDS                       |
| PIFELTRO ORAL TABLET 100 MG   | 5                | NM; NDS                       |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                                 | 5                | NM; NDS                       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--|------------------|------------------------------|
| PREZISTA ORAL SUSPENSION 100 MG/ML                                 | 5                | NM; NDS                      |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG                        | 5                | NM; NDS                      |
| PREZISTA ORAL TABLET 75 MG   | 4                |                              |
| RESCRIPTOR ORAL TABLET 200 MG                                      | 4                |                              |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML                             | 4                |                              |
| REYATAZ ORAL POWDER IN PACKET 50 MG                                | 5                | NM; NDS                      |
| <i>ritonavir oral tablet 100 mg</i>                                | 2                | GC                           |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG                  | 5                | NM; NDS                      |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                   | 4                |                              |
| SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG                        | 5                | NM; NDS                      |
| SELZENTRY ORAL TABLET 25 MG  | 4                |                              |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>           | 2                | GC                           |
| STRIBILD ORAL TABLET 150-150-200-300 MG                            | 5                | NM; NDS                      |
| SYMFI LO ORAL TABLET 400-300-300 MG                                | 5                | NM; NDS                      |
| SYMFI ORAL TABLET 600-300-300 MG                                   | 5                | NM; NDS                      |
| SYMTUZA ORAL TABLET 800-150-200-10 MG                              | 5                | NM; NDS                      |
| TEMIXYS ORAL TABLET 300-300 MG                                     | 5                | NM; NDS                      |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>            | 2                | GC                           |
| TIVICAY ORAL TABLET 10 MG  | 4                |                              |
| TIVICAY ORAL TABLET 25 MG, 50 MG                                   | 5                | NM; NDS                      |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                         | 4                |                              |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                  | 5                | NM; NDS                      |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)           | 5                | NM; NDS                      |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | 5                | NM; NDS                      |
| VEMLIDY ORAL TABLET 25 MG  | 5                | NM; NDS; QL (30 per 30 days) |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)            | 4                |                              |

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| Drug Name   | Drug Tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| VIRACEPT ORAL TABLET 250 MG, 625 MG                             | 5         | NM; NDS                           |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                     | 5         | NM; NDS                           |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                       | 5         | NM; NDS                           |
| <i>zidovudine oral capsule 100 mg</i>                           | 2         | GC                                |
| <i>zidovudine oral syrup 10 mg/ml</i>                           | 2         | GC                                |
| <i>zidovudine oral tablet 300 mg</i>                            | 2         | GC                                |
| <b>Antivirals, Miscellaneous</b>                                |           |                                   |
| <i>foscarnet intravenous solution 24 mg/ml</i>                  | 4         | PA BvD                            |
| <i>oseltamivir oral capsule 30 mg</i>                           | 2         | GC; QL (84 per 180 days)          |
| <i>oseltamivir oral capsule 45 mg</i>                           | 2         | GC; QL (48 per 180 days)          |
| <i>oseltamivir oral capsule 75 mg</i>                           | 2         | GC; QL (42 per 180 days)          |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>   | 2         | GC; QL (540 per 180 days)         |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML                      | 5         | PA; NM; NDS; QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML                      | 5         | PA; NM; NDS; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                             | 5         | PA; NM; NDS; QL (28 per 28 days)  |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 4         | QL (60 per 180 days)              |
| <i>rimantadine oral tablet 100 mg</i>                           | 2         | GC                                |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML          | 5         | PA; NM; NDS                       |
| XOFLUZA ORAL TABLET 20 MG, 40 MG                                | 4         | QL (4 per 180 days)               |
| <b>Hcv Antivirals</b>   |           |                                   |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG                       | 5         | PA; NM; NDS; QL (28 per 28 days)  |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG                     | 5         | PA; NM; NDS; QL (28 per 28 days)  |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG                        | 5         | PA; NM; NDS; QL (56 per 28 days)  |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG                        | 5         | PA; NM; NDS; QL (28 per 28 days)  |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>              | 5         | PA; NM; NDS; QL (28 per 28 days)  |
| MAVYRET ORAL TABLET 100-40 MG                                   | 5         | PA; NM; NDS; QL (84 per 28 days)  |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>            | 5         | PA; NM; NDS; QL (28 per 28 days)  |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| SOVALDI ORAL PELLETS IN PACKET 150 MG  | 5         | PA; NM; NDS; QL (28 per 28 days) |
| SOVALDI ORAL PELLETS IN PACKET 200 MG  | 5         | PA; NM; NDS; QL (56 per 28 days) |
| SOVALDI ORAL TABLET 200 MG, 400 MG   | 5         | PA; NM; NDS; QL (28 per 28 days) |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG                                       | 5         | PA; NM; NDS                      |
| VOSEVI ORAL TABLET 400-100-100 MG  | 5         | PA; NM; NDS; QL (28 per 28 days) |
| ZEPATIER ORAL TABLET 50-100 MG   | 5         | PA; NM; NDS; QL (30 per 30 days) |
| <b>Interferons</b>   |           |                                  |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 5         | PA NSO; NM; NDS                  |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML                                    | 5         | PA NSO; NM; NDS                  |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML   | 5         | NM; NDS                          |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML  | 5         | NM; NDS                          |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML   | 5         | NM; NDS                          |
| <b>Nucleosides And Nucleotides</b>   |           |                                  |
| <i>acyclovir oral capsule 200 mg</i>   | 2         | GC                               |
| <i>acyclovir oral suspension 200 mg/5 ml</i>   | 4         |                                  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>  | 2         | GC                               |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>                                      | 2         | PA BvD; GC                       |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>  | 2         | PA BvD; GC                       |
| <i>adefovir oral tablet 10 mg</i>  | 5         | NM; NDS                          |
| <i>cidofovir intravenous solution 75 mg/ml</i>   | 5         | NM; NDS                          |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>  | 2         | GC                               |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>  | 2         | GC                               |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i>  | 5         | PA BvD; NM; NDS                  |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i>  | 5         | PA BvD; NM; NDS                  |
| <i>ribasphere oral capsule 200 mg</i>  | 2         | GC                               |
| <i>ribasphere oral tablet 600 mg</i>   | 5         | NM; NDS                          |

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| Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|
| <i>ribasphere ribapak oral tablets,dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i>          | 5         | NM; NDS                 |
| <i>ribavirin inhalation recon soln 6 gram</i>  | 5         | PA BvD; NM; NDS         |
| <i>ribavirin oral capsule 200 mg</i>   | 2         | GC                      |
| <i>ribavirin oral tablet 200 mg</i>  | 2         | GC                      |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i>   | 4         |                         |
| <i>valganciclovir oral recon soln 50 mg/ml</i>   | 5         | NM; NDS                 |
| <i>valganciclovir oral tablet 450 mg</i>   | 2         | GC                      |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG  | 5         | PA BvD; NM; NDS         |
| <b>Blood Products/Modifiers/Volume</b>   |           |                         |
| <b>Expanders</b>   |           |                         |
| <b>Anticoagulants</b>  |           |                         |
| BEVYXXA ORAL CAPSULE 40 MG, 80 MG  | 4         | QL (43 per 42 days)     |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)                                     | 3         |                         |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG   | 3         | QL (60 per 30 days)     |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i>  | 2         | GC; QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>  | 2         | GC; QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>                                       | 2         | GC; QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>  | 2         | GC; QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>  | 2         | GC; QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>  | 2         | GC; QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>                        | 5         | NM; NDS                 |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>   | 2         | GC                      |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>  | 2         | GC                      |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 2         | GC                      |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>   | 2         | GC                      |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>  | 2         | GC                      |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>   | 2         | GC                      |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1         | GC                               |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG  | 4         | ST; QL (60 per 30 days)          |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1         | GC                               |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)            | 3         |                                  |
| XARELTO ORAL TABLET 10 MG, 20 MG  | 3         | QL (30 per 30 days)              |
| XARELTO ORAL TABLET 15 MG, 2.5 MG   | 3         | QL (60 per 30 days)              |
| <b>Blood Formation Modifiers</b>  |           |                                  |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)  | 5         | PA; NM; NDS; QL (20 per 30 days) |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG  | 5         | PA; NM; NDS; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG  | 5         | PA; NM; NDS; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG  | 5         | PA; NM; NDS; QL (60 per 30 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 5         | PA; NM; NDS                      |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                               | 5         | PA; NM; NDS                      |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                            | 5         | PA; NM; NDS                      |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT   | 5         | PA; NM; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT   | 5         | PA; NM; NDS; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG  | 5         | NM; NDS                          |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)                                 | 5         | NM; NDS                          |
| MULPLETA ORAL TABLET 3 MG   | 5         | PA; NM; NDS; QL (7 per 7 days)   |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 5         | PA; NM; NDS                      |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                                | 5         | PA; NM; NDS                      |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                             | 5         | PA; NM; NDS                      |

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| Drug Name   | Drug Tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML  | 5         | PA; NM; NDS                       |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML  | 5         | PA; NM; NDS                       |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG  | 5         | PA; NM; NDS                       |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 5         | PA; NM; NDS                       |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG  | 5         | PA; NM; NDS; QL (30 per 30 days)  |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG  | 5         | PA; NM; NDS; QL (90 per 30 days)  |
| PROMACTA ORAL POWDER IN PACKET 25 MG  | 5         | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG  | 5         | PA; NM; NDS; QL (90 per 30 days)  |
| PROMACTA ORAL TABLET 25 MG  | 5         | PA; NM; NDS; QL (30 per 30 days)  |
| PROMACTA ORAL TABLET 50 MG, 75 MG   | 5         | PA; NM; NDS; QL (60 per 30 days)  |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3         | PA; QL (12 per 28 days)           |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML  | 3         | PA; QL (6 per 28 days)            |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML  | 5         | PA; NM; NDS                       |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML   | 5         | NM; NDS                           |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML  | 5         | PA; NM; NDS                       |
| <b>Hematologic Agents, Miscellaneous</b>  |           |                                   |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML   | 5         | PA; NM; NDS                       |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i>   | 2         | GC                                |
| CABLIVI INJECTION KIT 11 MG   | 5         | PA; NM; NDS; QL (30 per 30 days)  |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML  | 5         | PA; NM; NDS                       |
| <i>protamine intravenous solution 10 mg/ml</i>  | 2         | GC                                |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG   | 4         | PA                                |
| TAVALISSE ORAL TABLET 100 MG, 150 MG  | 5         | PA; NM; NDS; QL (60 per 30 days)  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|---|------------------|--------------------------------|
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>      | 2                | GC                             |
| <i>tranexamic acid oral tablet 650 mg</i>                                   | 2                | GC; QL (30 per 30 days)        |
| <b>Platelet-Aggregation Inhibitors</b>                                      |                  |                                |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>     | 4                | QL (60 per 30 days)            |
| <b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>                                    | 3                |                                |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                 | 2                | GC                             |
| <i>clopidogrel oral tablet 75 mg</i>  | 1                | GC                             |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                         | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                   | 2                | GC                             |
| <i>prasugrel oral tablet 10 mg, 5 mg</i>                                    | 4                | QL (30 per 30 days)            |
| <b>Caloric Agents</b>   |                  |                                |
| <b>Caloric Agents</b>   |                  |                                |
| <b>AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %</b>                   | 4                | PA BvD                         |
| <b>AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %</b>   | 4                | PA BvD                         |
| <b>AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %</b>                 | 4                | PA BvD                         |
| <b>AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %</b>    | 4                | PA BvD                         |
| <b>AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %</b>                | 4                | PA BvD                         |
| <b>AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %</b>                | 4                | PA BvD                         |
| <b>AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %</b>                  | 4                | PA BvD                         |
| <b>AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %</b>              | 4                | PA BvD                         |
| <b>AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %</b> | 4                | PA BvD                         |
| <b>AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %</b>               | 4                | PA BvD                         |
| <b>AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %</b>                  | 4                | PA BvD                         |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                 | 4                | PA BvD                     |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %    | 4                | PA BvD                     |
| AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %               | 4                | PA BvD                     |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %     | 4                | PA BvD                     |
| CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %     | 4                | PA BvD                     |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %  | 4                | PA BvD                     |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4                | PA BvD                     |
| CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %  | 4                | PA BvD                     |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %    | 4                | PA BvD                     |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %  | 4                | PA BvD                     |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 4                | PA BvD                     |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 4                | PA BvD                     |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 4                | PA BvD                     |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4                | PA BvD                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %     | 4                | PA BvD                     |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %        | 4                | PA BvD                     |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %        | 4                | PA BvD                     |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %     | 4                | PA BvD                     |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %     | 4                | PA BvD                     |
| CLINOLIPID INTRAVENOUS EMULSION 20 %                                      | 4                | PA BvD                     |
| <i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i> | 2                | PA BvD; GC                 |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>        | 2                | GC                         |
| <i>dextrose 5%-water iv soln single use 5 %</i>                           | 2                | GC                         |
| FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %                  | 4                | PA BvD                     |
| FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                    | 4                | PA BvD                     |
| HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %                         | 4                | PA BvD                     |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                                | 4                | PA BvD                     |
| KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %                               | 4                | PA BvD                     |
| NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %                    | 4                | PA BvD                     |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                      | 4                | PA BvD                     |
| PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %                           | 4                | PA BvD                     |
| PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %                        | 4                | PA BvD                     |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION                               | 4                | PA BvD                     |

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| Drug Name  | Drug Tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                                 | 4         | PA BvD                            |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                               | 4         | PA BvD                            |
| TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %                                  | 4         | PA BvD                            |
| <b>Cardiovascular Agents</b>   |           |                                   |
| <b>Alpha-Adrenergic Agents</b>   |           |                                   |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                            | 1         | GC                                |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>               | 4         | QL (4 per 28 days)                |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>                             | 4         | QL (8 per 28 days)                |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                | 2         | GC                                |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>   | 2         | GC                                |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                       | 2         | GC                                |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>             | 4         |                                   |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                   | 2         | GC                                |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG                                       | 5         | PA; NM; NDS; QL (180 per 30 days) |
| <i>phenylephrine hcl injection solution 10 mg/ml</i>                               | 2         | GC                                |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                      | 2         | GC                                |
| <b>Angiotensin II Receptor Antagonists</b>   |           |                                   |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                            | 4         |                                   |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | 4         |                                   |
| EDARBI ORAL TABLET 40 MG, 80 MG  | 3         |                                   |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG  | 3         |                                   |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                                 | 3         |                                   |
| <i>eprosartan oral tablet 600 mg</i>   | 4         |                                   |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                | 1         | GC                                |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>         | 2         | GC                                |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>                                   | 1         | GC                                |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | 1         | GC                                |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>                                   | 2         | GC                                |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 4                |                            |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                   | 2                | GC                         |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>   | 2                | GC                         |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                       | 4                |                            |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                                   | 4                |                            |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>  | 2                | GC                         |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>          | 1                | GC                         |
| <b>Angiotensin-Converting Enzyme Inhibitors</b>  |                  |                            |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>  | 1                | GC                         |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>                        | 2                | GC                         |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>   | 2                | GC                         |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                              | 4                |                            |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>  | 2                | GC                         |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i>   | 2                | GC                         |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>   | 1                | GC                         |
| <b>EPANED ORAL SOLUTION 1 MG/ML</b>  | 4                | ST                         |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>  | 1                | GC                         |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>   | 2                | GC                         |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>   | 1                | GC                         |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                                   | 1                | GC                         |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>   | 2                | GC                         |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>   | 2                | GC                         |
| <b>QBRELIS ORAL SOLUTION 1 MG/ML</b>   | 5                | ST; NM; NDS                |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                               | 1                | GC                             |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>    | 2                | GC                             |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                            | 1                | GC                             |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                     | 2                | GC                             |
| <b>Antiarrhythmic Agents</b>   |                  |                                |
| <i>amiodarone oral tablet 100 mg, 400 mg</i>   | 4                |                                |
| <i>amiodarone oral tablet 200 mg</i>   | 1                | GC                             |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                            | 2                | PA-HRM; GC; AGE (Max 64 Years) |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                             | 4                |                                |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                                  | 2                | GC                             |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>          | 1                | GC                             |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                                | 2                | GC                             |
| <b>MULTAQ ORAL TABLET 400 MG</b>   | 3                |                                |
| <i>pacerone oral tablet 100 mg, 400 mg</i>   | 4                |                                |
| <i>pacerone oral tablet 200 mg</i>   | 1                | GC                             |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>                          | 2                | GC                             |
| <i>procainamide intravenous syringe 100 mg/ml</i>                                    | 2                | GC                             |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>       | 4                |                                |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                                | 2                | GC                             |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                       | 4                |                                |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                  | 2                | GC                             |
| <b>Beta-Adrenergic Blocking Agents</b>   |                  |                                |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>  | 2                | GC                             |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                     | 1                | GC                             |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                       | 2                | GC                             |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>  | 2                | GC                             |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                   | 2                | GC                             |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 2                | GC                             |
| <b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>                               | 3                |                                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                             | 1                | GC                         |
| <i>labetalol intravenous solution 5 mg/ml</i>   | 2                | GC                         |
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>                                   | 2                | GC                         |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>   | 2                | GC                         |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | 2                | GC                         |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>            | 2                | GC                         |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>                                   | 2                | GC                         |
| <i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>                                    | 2                | GC                         |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                 | 1                | GC                         |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>  | 2                | GC                         |
| <i>pindolol oral tablet 10 mg, 5 mg</i>   | 4                |                            |
| <i>propranolol intravenous solution 1 mg/ml</i>   | 2                | GC                         |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>        | 4                |                            |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                 | 2                | GC                         |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                            | 2                | GC                         |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                        | 2                | GC                         |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                     | 2                | GC                         |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>   | 2                | GC                         |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                    | 2                | GC                         |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                       | 4                |                            |
| <b>Calcium-Channel Blocking Agents</b>  |                  |                            |
| <i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>         | 2                | GC                         |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i>   | 2                | GC                         |
| <i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>              | 2                | GC                         |
| <i>diltiazem hcl oral capsule, extended release 24 hr 360 mg</i>                            | 4                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>                                      | 2                | GC                         |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>               | 2                | GC                         |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>   | 2                | GC                         |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                            | 2                | GC                         |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>           | 4                |                            |
| <i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>          | 2                | GC                         |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2                | GC                         |
| <i>verapamil intravenous syringe 2.5 mg/ml</i>   | 2                | GC                         |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                             | 2                | GC                         |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>                          | 2                | GC                         |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>  | 4                |                            |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>  | 1                | GC                         |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                 | 1                | GC                         |
| <b>Cardiovascular Agents, Miscellaneous</b>  |                  |                            |
| <b>CORLANOR ORAL SOLUTION 5 MG/5 ML</b>  | 3                |                            |
| <b>CORLANOR ORAL TABLET 5 MG, 7.5 MG</b>   | 3                |                            |
| <b>DEMSER ORAL CAPSULE 250 MG</b>  | 5                | NM; NDS                    |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                                     | 2                | GC                         |
| <i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                                       | 2                | GC                         |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>   | 2                | GC                         |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                                     | 2                | GC                         |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>                             | 2                | GC; QL (4 per 30 days)     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| <i>epinephrine injection solution 1 mg/ml</i>   | 1                | GC                                |
| <i>hydralazine injection solution 20 mg/ml</i>  | 2                | GC                                |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>  | 2                | GC                                |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i>  | 5                | PA; NM; NDS; QL (18 per 30 days)  |
| <i>metyrosine oral capsule 250 mg</i>   | 5                | NM; NDS                           |
| <i>milrinone intravenous solution 1 mg/ml</i>   | 5                | PA BvD; NM; NDS                   |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>   | 4                |                                   |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML   | 3                | QL (4 per 30 days)                |
| VYNDAMAX ORAL CAPSULE 61 MG   | 5                | PA; NM; NDS; QL (30 per 30 days)  |
| VYND AQEL ORAL CAPSULE 20 MG  | 5                | PA; NM; NDS; QL (120 per 30 days) |
| <b>Dihydropyridines</b>   |                  |                                   |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 1                | GC                                |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>                        | 2                | GC                                |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>   | 2                | GC                                |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>  | 2                | GC                                |
| <i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | 4                |                                   |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>  | 2                | GC                                |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>   | 4                |                                   |
| KATERZIA ORAL SUSPENSION 1 MG/ML  | 4                | ST; QL (300 per 30 days)          |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>  | 4                |                                   |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>   | 4                |                                   |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>   | 2                | GC                                |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>  | 2                | GC                                |
| <b>Diuretics</b>  |                  |                                   |
| <i>amiloride oral tablet 5 mg</i>   | 2                | GC                                |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>  | 2                | GC                                |
| <i>bumetanide injection solution 0.25 mg/ml</i>   | 4                |                                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 2                | GC                                |
| <i>chlorothiazide oral tablet 500 mg</i>   | 2                | GC                                |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i>   | 2                | GC                                |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   | 2                | GC                                |
| <i>furosemide injection solution 10 mg/ml</i>  | 1                | GC                                |
| <i>furosemide injection syringe 10 mg/ml</i>   | 2                | GC                                |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>   | 1                | GC                                |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>  | 1                | GC                                |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>  | 1                | GC                                |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>   | 1                | GC                                |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>  | 1                | GC                                |
| JYNARQUE ORAL TABLET 15 MG, 30 MG  | 5                | PA; NM; NDS; QL (120 per 30 days) |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 5                | PA; NM; NDS; QL (56 per 28 days)  |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2                | GC                                |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>   | 1                | GC                                |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>   | 2                | GC                                |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>   | 2                | GC                                |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>  | 1                | GC                                |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>   | 1                | GC                                |
| <b>Dyslipidemics</b>   |                  |                                   |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>   | 4                |                                   |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>   | 1                | GC                                |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i>  | 2                | GC                                |
| <i>cholestyramine light oral powder 4 gram</i>   | 2                | GC                                |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| <i>cholestyramine light packet 4 gram</i>  | 2                | GC                               |
| <i>colesevelam oral tablet 625 mg</i>  | 2                | GC                               |
| <i>colestipol oral packet 5 gram</i>   | 2                | GC                               |
| <i>colestipol oral tablet 1 gram</i>   | 2                | GC                               |
| <b>EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG</b>             | 4                | ST; QL (30 per 30 days)          |
| <i>ezetimibe oral tablet 10 mg</i>   | 2                | GC; QL (30 per 30 days)          |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>      | 2                | GC; QL (30 per 30 days)          |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>             | 4                |                                  |
| <i>fenofibrate micronized oral capsule 43 mg</i>                                     | 2                | GC                               |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                        | 2                | GC                               |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>   | 2                | GC                               |
| <i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i> | 4                |                                  |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i>   | 4                |                                  |
| <i>gemfibrozil oral tablet 600 mg</i>  | 1                | GC                               |
| <b>JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG</b>                              | 5                | PA; NM; NDS; QL (30 per 30 days) |
| <b>JUXTAPID ORAL CAPSULE 20 MG</b>   | 5                | PA; NM; NDS; QL (90 per 30 days) |
| <b>JUXTAPID ORAL CAPSULE 5 MG</b>  | 5                | PA; NM; NDS; QL (45 per 30 days) |
| <b>LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG</b>   | 3                | QL (30 per 30 days)              |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                                    | 1                | GC                               |
| <b>NEXLETOL ORAL TABLET 180 MG</b>   | 3                | QL (30 per 30 days)              |
| <b>NEXLIZET ORAL TABLET 180-10 MG</b>  | 3                | QL (30 per 30 days)              |
| <i>niacin oral tablet 500 mg</i>   | 4                |                                  |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>                    | 4                |                                  |
| <i>niacin oral tablet extended release 24 hr 500 mg</i>                              | 2                | GC                               |
| <i>niacor oral tablet 500 mg</i>   | 2                | GC                               |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>                                 | 2                | GC; QL (120 per 30 days)         |
| <b>PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML</b>                    | 4                | QL (2 per 28 days)               |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                            | 1                | GC                               |
| <i>prevalite oral powder in packet 4 gram</i>  | 2                | GC                               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| REPATHA PUSHTRONEX<br>SUBCUTANEOUS WEARABLE<br>INJECTOR 420 MG/3.5 ML                             | 4                | QL (3.5 per 28 days)       |
| REPATHA SURECLICK<br>SUBCUTANEOUS PEN INJECTOR 140<br>MG/ML                                       | 4                | QL (3 per 28 days)         |
| REPATHA SYRINGE SUBCUTANEOUS<br>SYRINGE 140 MG/ML   | 4                | QL (3 per 28 days)         |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5<br/>mg</i>                                     | 1                | GC; QL (30 per 30 days)    |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5<br/>mg, 80 mg</i>                               | 1                | GC; QL (30 per 30 days)    |
| VASCEPA ORAL CAPSULE 0.5 GRAM   | 3                | QL (240 per 30 days)       |
| VASCEPA ORAL CAPSULE 1 GRAM   | 3                | QL (120 per 30 days)       |
| WELCHOL ORAL POWDER IN PACKET<br>3.75 GRAM  | 2                | GC                         |
| <b>Renin-Angiotensin-Aldosterone System Inhibitors</b>  |                  |                            |
| <i>aliskiren oral tablet 150 mg, 300 mg</i>   | 4                |                            |
| CAROSPIR ORAL SUSPENSION 25 MG/5<br>ML  | 4                | ST                         |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>  | 4                |                            |
| <b>Vasodilators</b>   |                  |                            |
| BIDIL ORAL TABLET 20-37.5 MG  | 3                |                            |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30<br/>mg, 5 mg</i>                             | 2                | GC                         |
| <i>isosorbide dinitrate oral tablet extended release<br/>40 mg</i>                                | 2                | GC                         |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>  | 2                | GC                         |
| <i>isosorbide mononitrate oral tablet extended<br/>release 24 hr 120 mg, 30 mg, 60 mg</i>         | 1                | GC                         |
| <i>minitran transdermal patch 24 hour 0.1 mg/1hr,<br/>0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>      | 2                | GC                         |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>  | 2                | GC                         |
| <i>nitroglycerin intravenous solution 50 mg/10 ml<br/>(5 mg/ml)</i>                               | 2                | GC                         |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg,<br/>0.6 mg</i>                                 | 2                | GC                         |
| <i>nitroglycerin transdermal patch 24 hour 0.1<br/>mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> | 2                | GC                         |

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| Drug Name  | Drug Tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| <b>Central Nervous System Agents</b>   |           |                                   |
| <b>Central Nervous System Agents</b>   |           |                                   |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>   | 2         | GC; QL (60 per 30 days)           |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>   | 2         | GC; QL (30 per 30 days)           |
| AUBAGIO ORAL TABLET 14 MG, 7 MG  | 5         | PA; NM; NDS; QL (30 per 30 days)  |
| AUSTEDO ORAL TABLET 12 MG, 9 MG  | 5         | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG   | 5         | PA; NM; NDS; QL (60 per 30 days)  |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML  | 5         | PA; NM; NDS; QL (1 per 28 days)   |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML  | 5         | PA; NM; NDS; QL (1 per 28 days)   |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML   | 5         | PA; NM; NDS; QL (1 per 28 days)   |
| BETASERON SUBCUTANEOUS KIT 0.3 MG  | 5         | PA; NM; NDS; QL (15 per 30 days)  |
| <i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>                                 | 2         | PA BvD; GC                        |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>  | 2         | GC                                |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                                     | 4         |                                   |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML   | 5         | PA; NM; NDS; QL (30 per 30 days)  |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML   | 5         | PA; NM; NDS; QL (12 per 28 days)  |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>                                      | 2         | PA; GC; QL (60 per 30 days)       |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2         | GC; QL (60 per 30 days)           |
| <i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>                         | 4         | QL (120 per 30 days)              |
| <i>dextroamphetamine oral tablet 10 mg, 5 mg</i>   | 4         | QL (180 per 30 days)              |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>        | 4         | QL (30 per 30 days)               |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>       | 4         | QL (60 per 30 days)               |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 2         | GC; QL (60 per 30 days)           |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i>                   | 5                | PA; NM; NDS; QL (14 per 7 days)      |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i> | 5                | PA; NM; NDS                          |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i>                   | 5                | PA; NM; NDS; QL (60 per 30 days)     |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML  | 5                | PA; NM; NDS                          |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG  | 5                | PA; NM; NDS; QL (15 per 30 days)     |
| <i>flumazenil intravenous solution 0.1 mg/ml</i>                                       | 2                | GC                                   |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG   | 5                | PA; NM; NDS; QL (30 per 30 days)     |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>  | 5                | PA; NM; NDS; QL (30 per 30 days)     |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>  | 5                | PA; NM; NDS; QL (12 per 28 days)     |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>   | 5                | PA; NM; NDS; QL (30 per 30 days)     |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>   | 5                | PA; NM; NDS; QL (12 per 28 days)     |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>            | 2                | GC                                   |
| INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)                  | 5                | PA NSO; NM; NDS                      |
| INGREZZA ORAL CAPSULE 40 MG, 80 MG   | 5                | PA NSO; NM; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                                    | 5                | PA; NM; NDS; QL (1.2 per 28 days)    |
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML   | 5                | PA; NM; NDS; QL (6 per 365 days)     |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                           | 1                | GC                                   |
| <i>lithium carbonate oral tablet 300 mg</i>  | 2                | GC                                   |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>                   | 2                | GC                                   |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                          |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG  | 5                | PA; NM; NDS                          |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG  | 5                | PA; NM; NDS                          |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG  | 5                | PA; NM; NDS                          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---|------------------|------------------------------------|
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                        |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                        |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG   | 5                | PA; NM; NDS                        |
| MAYZENT ORAL TABLET 0.25 MG   | 5                | PA; NM; NDS; QL (112 per 28 days)  |
| MAYZENT ORAL TABLET 2 MG  | 5                | PA; NM; NDS; QL (30 per 30 days)   |
| <i>metadate er oral tablet extended release 20 mg</i>   | 4                | QL (90 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>  | 4                | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>  | 4                | QL (60 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>   | 4                | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>  | 4                | QL (60 per 30 days)                |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>  | 2                | GC; QL (900 per 30 days)           |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>   | 2                | GC; QL (90 per 30 days)            |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>  | 4                | QL (90 per 30 days)                |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 54 mg, 54 mg (bx rating)</i> | 4                | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating)</i>   | 4                | QL (60 per 30 days)                |
| NUEDEXTA ORAL CAPSULE 20-10 MG  | 5                | PA; NM; NDS; QL (60 per 30 days)   |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML   | 5                | PA; NM; NDS; QL (20 per 180 days)  |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML   | 5                | PA; NM; NDS; QL (1 per 28 days)    |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML   | 5                | PA; NM; NDS                        |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML  | 5                | PA; NM; NDS; QL (1 per 28 days)    |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML  | 5                | PA; NM; NDS                        |
| RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML   | 5                | PA; NM; NDS; QL (2800 per 28 days) |

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| Drug Name   | Drug Tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| REBIF (WITH ALBUMIN)<br>SUBCUTANEOUS SYRINGE 22 MCG/0.5<br>ML, 44 MCG/0.5 ML  | 5         | PA; NM; NDS; QL (6 per 28 days)   |
| REBIF REBIDOSE SUBCUTANEOUS PEN<br>INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5<br>ML   | 5         | PA; NM; NDS; QL (6 per 28 days)   |
| REBIF REBIDOSE SUBCUTANEOUS PEN<br>INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML<br>(6)  | 5         | PA; NM; NDS                       |
| REBIF TITRATION PACK<br>SUBCUTANEOUS SYRINGE<br>8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5         | PA; NM; NDS                       |
| <i>riluzole oral tablet 50 mg</i>   | 2         | GC; QL (60 per 30 days)           |
| SAVELLA ORAL TABLET 100 MG, 12.5<br>MG, 25 MG, 50 MG                          | 3         | QL (60 per 30 days)               |
| SAVELLA ORAL TABLETS,DOSE PACK<br>12.5 MG (5)-25 MG(8)-50 MG(42)              | 3         |                                   |
| TECFIDERA ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 120 MG                       | 5         | PA; NM; NDS; QL (14 per 7 days)   |
| TECFIDERA ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 120 MG (14)- 240 MG<br>(46)  | 5         | PA; NM; NDS                       |
| TECFIDERA ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 240 MG                       | 5         | PA; NM; NDS; QL (60 per 30 days)  |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                               | 5         | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 231 MG                        | 5         | PA; NM; NDS; QL (120 per 30 days) |
| ZEPOSIA ORAL CAPSULE 0.92 MG  | 5         | PA; NM; NDS; QL (30 per 30 days)  |
| ZEPOSIA STARTER KIT ORAL<br>CAPSULE,DOSE PACK 0.23-0.46-0.92 MG               | 5         | PA; NM; NDS                       |
| ZEPOSIA STARTER PACK ORAL<br>CAPSULE,DOSE PACK 0.23 MG (4)- 0.46<br>MG (3)    | 5         | PA; NM; NDS                       |
| <b>Contraceptives</b>   |           |                                   |
| <b>Contraceptives</b>   |           |                                   |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i>                                    | 2         | GC                                |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i>                                 | 2         | GC                                |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | 2         | GC                                |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35<br/>mcg</i>               | 2         | GC                                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amethia lo oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> | 2                | GC; QL (91 per 84 days)    |
| <i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>    | 2                | GC; QL (91 per 84 days)    |
| <i>apri oral tablet 0.15-0.03 mg</i>  | 2                | GC                         |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                              | 2                | GC                         |
| <i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>    | 2                | GC; QL (91 per 84 days)    |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>   | 2                | GC                         |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                             | 2                | GC                         |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                                 | 2                | GC                         |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                      | 2                | GC                         |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>           | 2                | GC                         |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>               | 1                | GC                         |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>   | 2                | GC                         |
| <i>ayuna oral tablet 0.15-0.03 mg</i>   | 2                | GC                         |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                     | 2                | GC                         |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                                     | 2                | GC                         |
| <i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                      | 2                | GC                         |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                       | 2                | GC                         |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>            | 2                | GC                         |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                | 1                | GC                         |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>   | 2                | GC                         |
| <i>camila oral tablet 0.35 mg</i>   | 1                | GC                         |
| <i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>                          | 2                | GC                         |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i>                                   | 2                | GC                         |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                    | 2                | GC                         |
| <i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>                                 | 2                | GC                         |
| <i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>                       | 2                | GC                         |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>  | 2                | GC                         |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>                                  | 2                | GC                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                   | 2                | GC                         |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>   | 2                | GC; QL (91 per 84 days)    |
| <i>deblitane oral tablet 0.35 mg</i>  | 1                | GC                         |
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2                | GC                         |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>                 | 2                | GC                         |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>        | 2                | GC                         |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>                                      | 2                | GC                         |
| <b>ELLA ORAL TABLET 30 MG</b>   | 4                | QL (6 per 365 days)        |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                               | 4                | QL (1 per 28 days)         |
| <i>emoquette oral tablet 0.15-0.03 mg</i>                                     | 2                | GC                         |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                    | 2                | GC                         |
| <i>enskyce oral tablet 0.15-0.03 mg</i>                                       | 2                | GC                         |
| <i>errin oral tablet 0.35 mg</i>  | 1                | GC                         |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i>                                   | 2                | GC                         |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>     | 2                | GC                         |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>        | 4                | QL (1 per 28 days)         |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>                                 | 2                | GC                         |
| <i>femynor oral tablet 0.25-35 mg-mcg</i>                                     | 2                | GC                         |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | 2                | GC                         |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>         | 2                | GC                         |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>             | 2                | GC                         |
| <i>hailey oral tablet 1.5-30 mg-mcg</i>                                       | 2                | GC                         |
| <i>heather oral tablet 0.35 mg</i>  | 1                | GC                         |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>             | 2                | GC; QL (91 per 84 days)    |
| <i>incassia oral tablet 0.35 mg</i>   | 1                | GC                         |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>           | 2                | GC; QL (91 per 84 days)    |
| <i>isibloom oral tablet 0.15-0.03 mg</i>                                      | 2                | GC                         |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>  | 2                | GC; QL (91 per 84 days)    |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i>  | 2                | GC                         |
| <i>jencycla oral tablet 0.35 mg</i>  | 1                | GC                         |
| <i>juleber oral tablet 0.15-0.03 mg</i>  | 2                | GC                         |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>   | 2                | GC                         |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>   | 2                | GC                         |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>   | 2                | GC                         |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>   | 1                | GC                         |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>  | 2                | GC                         |
| <i>kalliga oral tablet 0.15-0.03 mg</i>  | 2                | GC                         |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>  | 2                | GC                         |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>  | 2                | GC                         |
| <i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>  | 2                | GC                         |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>   | 2                | GC                         |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2                | GC; QL (91 per 84 days)    |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>   | 2                | GC                         |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>   | 2                | GC                         |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>  | 2                | GC                         |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>   | 2                | GC                         |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>   | 1                | GC                         |
| <i>larissia oral tablet 0.1-20 mg-mcg</i>  | 2                | GC                         |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>   | 2                | GC                         |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>  | 2                | GC                         |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>  | 2                | GC                         |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>   | 2                | GC; QL (91 per 84 days)    |
| <i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>   | 2                | GC                         |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>  | 2                | GC                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>lillow (28) oral tablet 0.15-0.03 mg</i>  | 2                | GC                         |
| <i>lojaimiess oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>                          | 2                | GC; QL (91 per 84 days)    |
| <i>loryna (28) oral tablet 3-0.02 mg</i>   | 2                | GC                         |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>   | 2                | GC                         |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>   | 2                | GC                         |
| <i>lutura (28) oral tablet 0.1-20 mg-mcg</i>   | 2                | GC                         |
| <i>lyza oral tablet 0.35 mg</i>  | 1                | GC                         |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>  | 2                | GC                         |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                     | 1                | GC                         |
| <i>mili oral tablet 0.25-35 mg-mcg</i>   | 2                | GC                         |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i>  | 2                | GC                         |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>   | 2                | GC                         |
| <i>nikki (28) oral tablet 3-0.02 mg</i>  | 2                | GC                         |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>   | 1                | GC                         |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                               | 2                | GC                         |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                              | 2                | GC                         |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                               | 1                | GC                         |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4), 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2                | GC                         |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                                | 1                | GC                         |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>           | 2                | GC                         |
| <i>norlyda oral tablet 0.35 mg</i>   | 1                | GC                         |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>   | 2                | GC                         |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>  | 2                | GC                         |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>   | 2                | GC                         |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>  | 2                | GC                         |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i>  | 2                | GC                         |
| <i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>   | 2                | GC                         |
| <i>orsythia oral tablet 0.1-20 mg-mcg</i>  | 2                | GC                         |
| <i>philith oral tablet 0.4-35 mg-mcg</i>   | 2                | GC                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>pimtrex</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5                  | 2                | GC                         |
| <i>pirmella</i> oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg                | 2                | GC                         |
| <i>portia</i> 28 oral tablet 0.15-0.03 mg                                     | 2                | GC                         |
| <i>previfem</i> oral tablet 0.25-35 mg-mcg                                    | 2                | GC                         |
| <i>reclipsen</i> (28) oral tablet 0.15-0.03 mg                                | 2                | GC                         |
| <i>setlakin</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)            | 2                | GC; QL (91 per 84 days)    |
| <i>sharobel</i> oral tablet 0.35 mg   | 1                | GC                         |
| <i>simliya</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5                  | 2                | GC                         |
| <i>simpesse</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) | 2                | GC; QL (91 per 84 days)    |
| <b>SLYND ORAL TABLET 4 MG (28)</b>  | 4                |                            |
| <i>sprintec</i> (28) oral tablet 0.25-35 mg-mcg                               | 2                | GC                         |
| <i>sronyx</i> oral tablet 0.1-20 mg-mcg                                       | 2                | GC                         |
| <i>syeda</i> oral tablet 3-0.03 mg  | 2                | GC                         |
| <i>tarina</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)                    | 2                | GC                         |
| <i>tarina</i> fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)          | 1                | GC                         |
| <i>tri femynor</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)                 | 2                | GC                         |
| <i>tri-estarylla</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)               | 2                | GC                         |
| <i>tri-legest</i> fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)               | 2                | GC                         |
| <i>tri-linyah</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)                  | 2                | GC                         |
| <i>tri-lo-estarylla</i> oral tablet 0.18/0.215/0.25 mg-25 mcg                 | 1                | GC                         |
| <i>tri-lo-marzia</i> oral tablet 0.18/0.215/0.25 mg-25 mcg                    | 1                | GC                         |
| <i>tri-lo-mili</i> oral tablet 0.18/0.215/0.25 mg-25 mcg                      | 1                | GC                         |
| <i>tri-lo-sprintec</i> oral tablet 0.18/0.215/0.25 mg-25 mcg                  | 1                | GC                         |
| <i>tri-mili</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)                    | 2                | GC                         |
| <i>tri-previfem</i> (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)           | 2                | GC                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>       | 2                | GC                         |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>            | 2                | GC                         |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>               | 1                | GC                         |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>             | 2                | GC                         |
| <i>tulana oral tablet 0.35 mg</i>   | 1                | GC                         |
| <i>tyblume oral tablet 0.1-20 mg-mcg</i>                                  | 2                | GC                         |
| <i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i> | 2                | GC                         |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                   | 2                | GC                         |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>              | 2                | GC                         |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>               | 2                | GC                         |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>                             | 2                | GC                         |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i>                                 | 2                | GC                         |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i>                                | 2                | GC                         |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>                   | 4                | QL (3 per 28 days)         |
| <i>zarah oral tablet 3-0.03 mg</i>  | 2                | GC                         |
| <i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>                           | 2                | GC                         |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i>                             | 2                | GC                         |
| <b>Dental And Oral Agents</b>   |                  |                            |
| <b>Dental And Oral Agents</b>   |                  |                            |
| <i>cevimeline oral capsule 30 mg</i>                                      | 4                |                            |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>           | 1                | GC                         |
| <i>oralone dental paste 0.1 %</i>   | 2                | GC                         |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>                 | 1                | GC                         |
| <i>periogard mucous membrane mouthwash 0.12 %</i>                         | 1                | GC                         |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                           | 2                | GC                         |
| <i>triamcinolone acetonide dental paste 0.1 %</i>                         | 2                | GC                         |
| <b>Dermatological Agents</b>  |                  |                            |
| <b>Dermatological Agents, Other</b>                                       |                  |                            |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                       | 2                | GC                         |
| <i>acyclovir topical cream 5 %</i>  | 4                | QL (5 per 4 days)          |

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| Drug Name  | Drug Tier | Requirements/Limits              |
|--|-----------|----------------------------------|
| <i>acyclovir topical ointment 5 %</i>  | 4         | QL (30 per 30 days)              |
| ALCOHOL PADS TOPICAL PADS, MEDICATED   | 1         | GC                               |
| <i>ammonium lactate topical cream 12 %</i>                                   | 2         | GC                               |
| <i>ammonium lactate topical lotion 12 %</i>                                  | 2         | GC                               |
| <i>calcipotriene scalp solution 0.005 %</i>                                  | 4         | QL (120 per 30 days)             |
| <i>calcipotriene topical cream 0.005 %</i>                                   | 4         | QL (120 per 30 days)             |
| <i>calcipotriene topical ointment 0.005 %</i>                                | 4         | QL (120 per 30 days)             |
| DENAVIR TOPICAL CREAM 1 %  | 5         | NM; NDS                          |
| <i>fluorouracil topical cream 0.5 %</i>                                      | 5         | NM; NDS                          |
| <i>fluorouracil topical cream 5 %</i>  | 2         | GC                               |
| <i>fluorouracil topical solution 2 %, 5 %</i>                                | 2         | GC                               |
| <i>imiquimod topical cream in packet 5 %</i>                                 | 2         | GC; QL (24 per 30 days)          |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>                | 5         | NM; NDS                          |
| PANRETIN TOPICAL GEL 0.1 %   | 5         | NM; NDS                          |
| PICATO TOPICAL GEL 0.015 %   | 3         | QL (3 per 56 days)               |
| PICATO TOPICAL GEL 0.05 %  | 3         | QL (2 per 56 days)               |
| <i>podofilox topical solution 0.5 %</i>                                      | 2         | GC                               |
| REGRANEX TOPICAL GEL 0.01 %  | 5         | PA; NM; NDS; QL (30 per 30 days) |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM  | 4         | QL (180 per 30 days)             |
| TOLAK TOPICAL CREAM 4 %  | 4         |                                  |
| VALCHLOR TOPICAL GEL 0.016 %   | 5         | NM; NDS                          |
| VEREGEN TOPICAL OINTMENT 15 %  | 5         | NM; NDS                          |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                      | 2         | GC                               |
| <b>Dermatological Antibacterials</b>   |           |                                  |
| <i>clindamycin phosphate topical foam 1 %</i>                                | 4         | QL (100 per 30 days)             |
| <i>clindamycin phosphate topical solution 1 %</i>                            | 2         | GC; QL (180 per 30 days)         |
| <i>clindamycin phosphate topical swab 1 %</i>                                | 2         | GC                               |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i> | 4         |                                  |
| <i>ery pads topical swab 2 %</i>   | 2         | GC                               |
| <i>erythromycin with ethanol topical gel 2 %</i>                             | 4         | QL (180 per 30 days)             |
| <i>erythromycin with ethanol topical solution 2 %</i>                        | 2         | GC; QL (180 per 30 days)         |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>                       | 4         |                                  |
| <i>gentamicin topical cream 0.1 %</i>  | 2         | GC; QL (120 per 30 days)         |
| <i>gentamicin topical ointment 0.1 %</i>                                     | 2         | GC; QL (120 per 30 days)         |
| <i>metronidazole topical cream 0.75 %</i>                                    | 4         |                                  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>metronidazole topical gel 0.75 %</i>                                  | 2                | GC                         |
| <i>metronidazole topical gel 1 %</i>                                     | 4                |                            |
| <i>metronidazole topical lotion 0.75 %</i>                               | 4                |                            |
| <i>mupirocin topical ointment 2 %</i>                                    | 1                | GC; QL (220 per 30 days)   |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | 2                | GC                         |
| <i>rosadan topical cream 0.75 %</i>                                      | 4                |                            |
| <i>selenium sulfide topical lotion 2.5 %</i>                             | 2                | GC                         |
| <i>silver sulfadiazine topical cream 1 %</i>                             | 2                | GC                         |
| <i>ssd topical cream 1 %</i>   | 4                |                            |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i>               | 4                |                            |
| <b>Dermatological Anti-Inflammatory Agents</b>                           |                  |                            |
| <i>ala-cort topical cream 1 %</i>  | 1                | GC                         |
| <i>ala-scalp topical lotion 2 %</i>                                      | 4                |                            |
| <i>alclometasone topical cream 0.05 %</i>                                | 2                | GC                         |
| <i>alclometasone topical ointment 0.05 %</i>                             | 2                | GC                         |
| <i>betamethasone dipropionate topical cream 0.05 %</i>                   | 2                | GC                         |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>                  | 2                | GC                         |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>                | 2                | GC                         |
| <i>betamethasone valerate topical cream 0.1 %</i>                        | 2                | GC                         |
| <i>betamethasone valerate topical foam 0.12 %</i>                        | 4                |                            |
| <i>betamethasone valerate topical lotion 0.1 %</i>                       | 2                | GC                         |
| <i>betamethasone valerate topical ointment 0.1 %</i>                     | 2                | GC                         |
| <i>betamethasone, augmented topical cream 0.05 %</i>                     | 2                | GC                         |
| <i>betamethasone, augmented topical gel 0.05 %</i>                       | 2                | GC                         |
| <i>betamethasone, augmented topical lotion 0.05 %</i>                    | 2                | GC                         |
| <i>betamethasone, augmented topical ointment 0.05 %</i>                  | 2                | GC                         |
| <i>clobetasol scalp solution 0.05 %</i>                                  | 2                | GC                         |
| <i>clobetasol topical cream 0.05 %</i>                                   | 2                | GC                         |
| <i>clobetasol topical foam 0.05 %</i>                                    | 4                |                            |
| <i>clobetasol topical gel 0.05 %</i>                                     | 4                |                            |
| <i>clobetasol topical lotion 0.05 %</i>                                  | 4                |                            |
| <i>clobetasol topical ointment 0.05 %</i>                                | 4                |                            |
| <i>clobetasol topical shampoo 0.05 %</i>                                 | 4                |                            |
| <i>clobetasol-emollient topical cream 0.05 %</i>                         | 2                | GC                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>clobetasol-emollient topical foam 0.05 %</i>                   | 4                |                            |
| <i>cormax scalp solution 0.05 %</i>                               | 2                | GC                         |
| <i>desonide topical cream 0.05 %</i>                              | 4                |                            |
| <i>desonide topical lotion 0.05 %</i>                             | 4                |                            |
| <i>desonide topical ointment 0.05 %</i>                           | 4                |                            |
| <i>desoximetasone topical cream 0.05 %</i>                        | 4                | QL (120 per 30 days)       |
| <i>desoximetasone topical cream 0.25 %</i>                        | 2                | GC; QL (120 per 30 days)   |
| <i>desoximetasone topical gel 0.05 %</i>                          | 4                | QL (120 per 30 days)       |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i>             | 4                | QL (120 per 30 days)       |
| <i>diflorasone topical ointment 0.05 %</i>                        | 4                | QL (60 per 30 days)        |
| <b>EUCRISA TOPICAL OINTMENT 2 %</b>                               | 3                |                            |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i>                 | 2                | GC                         |
| <i>fluocinolone topical ointment 0.025 %</i>                      | 2                | GC                         |
| <i>fluocinonide topical cream 0.05 %</i>                          | 2                | GC                         |
| <i>fluocinonide topical gel 0.05 %</i>                            | 2                | GC                         |
| <i>fluocinonide topical ointment 0.05 %</i>                       | 2                | GC                         |
| <i>fluocinonide topical solution 0.05 %</i>                       | 2                | GC                         |
| <i>fluocinonide-e topical cream 0.05 %</i>                        | 4                |                            |
| <i>fluticasone propionate topical cream 0.05 %</i>                | 2                | GC                         |
| <i>fluticasone propionate topical ointment 0.005 %</i>            | 2                | GC                         |
| <i>halobetasol propionate topical cream 0.05 %</i>                | 2                | GC                         |
| <i>halobetasol propionate topical ointment 0.05 %</i>             | 2                | GC                         |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>                | 4                | QL (120 per 30 days)       |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>               | 4                | QL (118 per 30 days)       |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>             | 4                | QL (120 per 30 days)       |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>             | 4                | QL (120 per 30 days)       |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>                    | 1                | GC                         |
| <i>hydrocortisone topical lotion 2.5 %</i>                        | 2                | GC                         |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                 | 1                | GC                         |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                | 4                |                            |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>             | 4                |                            |
| <i>mometasone topical cream 0.1 %</i>                             | 2                | GC                         |
| <i>mometasone topical ointment 0.1 %</i>                          | 2                | GC                         |
| <i>mometasone topical solution 0.1 %</i>                          | 2                | GC                         |
| <i>pimecrolimus topical cream 1 %</i>                             | 4                | QL (100 per 30 days)       |
| <i>prednicarbate topical ointment 0.1 %</i>                       | 2                | GC                         |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> | 2                | GC                         |
| <i>procto-pak topical cream with perineal applicator 1 %</i>      | 2                | GC                         |

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| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|----------------------|
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i>                            | 2         | GC                   |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i>                           | 2         | GC                   |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>  | 4         | QL (100 per 30 days) |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>                          | 1         | GC                   |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>                                | 2         | GC                   |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>               | 2         | GC                   |
| <b>Dermatological Retinoids</b>   |           |                      |
| <i>adapalene topical cream 0.1 %</i>  | 4         |                      |
| <i>adapalene topical gel 0.1 %</i>  | 2         | GC                   |
| ALTRENO TOPICAL LOTION 0.05 %   | 4         | PA                   |
| <i>tazarotene topical cream 0.1 %</i>   | 4         |                      |
| TAZORAC TOPICAL CREAM 0.05 %  | 4         |                      |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>                                       | 4         | PA                   |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>  | 4         | PA                   |
| <b>Scabicides And Pediculicides</b>   |           |                      |
| <i>malathion topical lotion 0.5 %</i>   | 4         |                      |
| <i>permethrin topical cream 5 %</i>   | 2         | GC                   |
| <b>Devices</b>  |           |                      |
| <b>Devices</b>  |           |                      |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"                                       | 2         | GC                   |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"  | 2         | GC                   |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"                                    | 2         | GC                   |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"                                       | 2         | GC                   |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"                                     | 2         | GC                   |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 "   | 1         | GC                   |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE | 2         | GC                   |
| OMNIPOD / VGO   | 2         | GC                   |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"   | 2         | GC                   |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| SM STERILE PADS 2" X 2" 2"X2",<br>STERILE 2 X 2 "   | 1         | GC                               |
| <b>Enzyme Replacement/Modifiers</b>   |           |                                  |
| <b>Enzyme Replacement/Modifiers</b>   |           |                                  |
| ALDURAZYME INTRAVENOUS<br>SOLUTION 2.9 MG/5 ML  | 5         | NM; NDS                          |
| CERDELGA ORAL CAPSULE 84 MG   | 5         | PA; NM; NDS                      |
| CEREZYME INTRAVENOUS RECON<br>SOLN 400 UNIT   | 5         | NM; NDS                          |
| CREON ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 12,000-38,000 -60,000<br>UNIT, 24,000-76,000 -120,000 UNIT, 3,000-<br>9,500- 15,000 UNIT, 36,000-114,000- 180,000<br>UNIT, 6,000-19,000 -30,000 UNIT | 3         |                                  |
| ELAPRASE INTRAVENOUS SOLUTION 6<br>MG/3 ML  | 5         | NM; NDS                          |
| ELITEK INTRAVENOUS RECON SOLN<br>1.5 MG, 7.5 MG   | 5         | NM; NDS                          |
| FABRAZYME INTRAVENOUS RECON<br>SOLN 35 MG, 5 MG   | 5         | PA; NM; NDS                      |
| GALAFOLD ORAL CAPSULE 123 MG  | 5         | PA; NM; NDS; QL (14 per 28 days) |
| KANUMA INTRAVENOUS SOLUTION 2<br>MG/ML  | 5         | PA; NM; NDS                      |
| KRYSTEXXA INTRAVENOUS<br>SOLUTION 8 MG/ML   | 5         | PA BvD; NM; NDS                  |
| KUVAN ORAL TABLET,SOLUBLE 100<br>MG   | 5         | NM; NDS                          |
| MEPSEVII INTRAVENOUS SOLUTION 2<br>MG/ML  | 5         | PA; NM; NDS                      |
| <i>miglustat oral capsule 100 mg</i>  | 5         | PA; NM; NDS; QL (90 per 30 days) |
| NAGLAZYME INTRAVENOUS<br>SOLUTION 5 MG/5 ML   | 5         | NM; NDS                          |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>  | 5         | PA; NM; NDS                      |
| NITYR ORAL TABLET 10 MG, 2 MG, 5<br>MG  | 5         | PA; NM; NDS                      |
| ORFADIN ORAL CAPSULE 20 MG  | 5         | PA; NM; NDS                      |
| ORFADIN ORAL SUSPENSION 4 MG/ML   | 5         | PA; NM; NDS                      |
| PALYNZIQ SUBCUTANEOUS SYRINGE<br>10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML  | 5         | PA; NM; NDS                      |
| PULMOZYME INHALATION SOLUTION<br>1 MG/ML  | 5         | PA BvD; NM; NDS                  |

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| Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)   | 5         | PA; NM; NDS             |
| <i>sapropterin oral tablet, soluble 100 mg</i>   | 5         | NM; NDS                 |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML   | 5         | PA; NM; LA; NDS         |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)   | 5         | PA; NM; NDS             |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT  | 5         | NM; NDS                 |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | 3         |                         |
| <b>Eye, Ear, Nose, Throat Agents</b>   |           |                         |
| <b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>  |           |                         |
| <i>alcaine ophthalmic (eye) drops 0.5 %</i>  | 2         | GC                      |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>  | 2         | GC                      |
| <i>atropine ophthalmic (eye) drops 1 %</i>   | 4         |                         |
| <i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>   | 2         | GC; QL (30 per 25 days) |
| <i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i>  | 4         | QL (30 per 25 days)     |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>  | 2         | GC                      |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %   | 4         | ST                      |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>   | 2         | GC                      |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>   | 2         | GC                      |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %   | 5         | NM; NDS                 |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %   | 5         | NM; NDS                 |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>  | 2         | GC                      |
| <i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>   | 2         | GC; QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>  | 2         | GC; QL (15 per 10 days) |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i>  | 4         | QL (30.5 per 30 days)   |

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| Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i>  | 2         | GC                      |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i>  | 4         |                         |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i>   | 2         | GC                      |
| TEPEZZA INTRAVENOUS RECON SOLN<br>500 MG   | 5         | PA; NM; NDS             |
| <b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>   |           |                         |
| <i>acetic acid otic (ear) solution 2 %</i>   | 2         | GC                      |
| <i>acetic acid-aluminum acetate otic (ear) drops 2 %</i>   | 2         | GC                      |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>  | 4         |                         |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>                         | 2         | GC                      |
| BESIVANCE OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.6 %   | 3         | ST                      |
| <i>bleph-10 ophthalmic (eye) drops 10 %</i>  | 2         | GC                      |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>  | 1         | GC                      |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>                             | 2         | GC                      |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                                      | 2         | GC; QL (3.5 per 4 days) |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>   | 4         |                         |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>  | 2         | GC                      |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>   | 1         | GC                      |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>   | 4         |                         |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>   | 4         |                         |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>   | 2         | GC                      |
| NATACYN OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 5 %   | 4         |                         |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>             | 2         | GC                      |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>         | 2         | GC                      |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | 2         | GC                      |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>          | 2         | GC                      |

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 2         | GC                  |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | 2         | GC                  |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>      | 2         | GC                  |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>              | 2         | GC                  |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>                | 2         | GC                  |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>                 | 2         | GC                  |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>  | 2         | GC                  |
| <i>ofloxacin otic (ear) drops 0.3 %</i>  | 2         | GC                  |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                              | 2         | GC                  |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>           | 1         | GC                  |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                                    | 2         | GC                  |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                                 | 2         | GC                  |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>              | 2         | GC                  |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>   | 1         | GC                  |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>                | 2         | GC                  |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>   | 2         | GC                  |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %   | 4         |                     |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %  | 3         |                     |
| <b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>                                     |           |                     |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %  | 3         | ST                  |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>   | 4         |                     |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %  | 3         |                     |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>                         | 2         | GC                  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                     | 2                | GC                         |
| DUREZOL OPHTHALMIC (EYE) DROPS<br>0.05 %                                  | 3                |                            |
| <i>flunisolide nasal spray,non-aerosol 25 mcg<br/>(0.025 %)</i>           | 2                | GC; QL (50 per 25 days)    |
| <i>fluocinolone acetamide oil otic (ear) drops 0.01<br/>%</i>             | 4                |                            |
| <i>fluorometholone ophthalmic (eye)<br/>drops,suspension 0.1 %</i>        | 4                |                            |
| <i>flurbiprofen sodium ophthalmic (eye) drops<br/>0.03 %</i>              | 2                | GC                         |
| <i>fluticasone propionate nasal spray,suspension 50<br/>mcglactuation</i> | 1                | GC; QL (16 per 30 days)    |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %                         | 3                |                            |
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %                         | 3                |                            |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i>                             | 2                | GC; QL (10 per 25 days)    |
| LOTEMAX OPHTHALMIC (EYE)<br>DROPS,GEL 0.5 %                               | 3                |                            |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %                                | 3                |                            |
| LOTEMAX SM OPHTHALMIC (EYE)<br>DROPS,GEL 0.38 %                           | 3                |                            |
| <i>loteprednol etabonate ophthalmic (eye)<br/>drops,suspension 0.5 %</i>  | 2                | GC                         |
| <i>mometasone nasal spray,non-aerosol 50<br/>mcglactuation</i>            | 2                | GC; QL (34 per 28 days)    |
| <i>prednisolone acetate ophthalmic (eye)<br/>drops,suspension 1 %</i>     | 4                |                            |
| <i>prednisolone sodium phosphate ophthalmic<br/>(eye) drops 1 %</i>       | 2                | GC                         |
| PROLENSA OPHTHALMIC (EYE) DROPS<br>0.07 %                                 | 3                |                            |
| RESTASIS OPHTHALMIC (EYE)<br>DROPPERETTE 0.05 %                           | 3                | QL (60 per 30 days)        |
| XHANCE NASAL AEROSOL BREATH<br>ACTIVATED 93 MCG/ACTUATION                 | 3                | ST; QL (32 per 30 days)    |
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                                | 3                | QL (60 per 30 days)        |

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| Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| <b>Gastrointestinal Agents</b>   |           |                             |
| <b>Antiulcer Agents And Acid Suppressants</b>                                    |           |                             |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>              | 4         |                             |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                                  | 2         | GC                          |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                     | 2         | GC                          |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG                        | 3         | ST; QL (30 per 30 days)     |
| <i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>                   | 2         | GC                          |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i>                           | 1         | GC                          |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>           | 2         | GC                          |
| <i>famotidine intravenous solution 10 mg/ml</i>                                  | 2         | GC                          |
| <i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>                           | 4         |                             |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                       | 1         | GC                          |
| <i>lansoprazole oral capsule,delayed release(drlec) 15 mg</i>                    | 4         | QL (30 per 30 days)         |
| <i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i>                    | 4         | QL (60 per 30 days)         |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                  | 2         | GC                          |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                    | 2         | GC                          |
| <i>nizatidine oral solution 150 mg/10 ml</i>                                     | 2         | GC                          |
| <i>omeprazole oral capsule,delayed release(drlec) 10 mg, 20 mg, 40 mg</i>        | 1         | GC                          |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> | 4         | ST; QL (30 per 30 days)     |
| <i>pantoprazole intravenous recon soln 40 mg</i>                                 | 2         | GC                          |
| <i>pantoprazole oral tablet,delayed release (drlec) 20 mg</i>                    | 1         | GC; QL (30 per 30 days)     |
| <i>pantoprazole oral tablet,delayed release (drlec) 40 mg</i>                    | 1         | GC; QL (60 per 30 days)     |
| <i>rabeprazole oral tablet,delayed release (drlec) 20 mg</i>                     | 2         | ST; GC; QL (30 per 30 days) |
| <i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>         | 2         | GC                          |
| <i>ranitidine hcl oral syrup 15 mg/ml</i>  | 4         |                             |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i>                                 | 1         | GC                          |
| <i>sucralfate oral tablet 1 gram</i>   | 2         | GC                          |

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| Drug Name  | Drug Tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| <b>Gastrointestinal Agents, Other</b>                            |           |                                    |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG                               | 3         | QL (60 per 30 days)                |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG                         | 5         | NM; NDS                            |
| <i>constulose oral solution 10 gram/15 ml</i>                    | 2         | GC                                 |
| <i>cromolyn oral concentrate 100 mg/5 ml</i>                     | 4         |                                    |
| <i>dicyclomine oral capsule 10 mg</i>                            | 2         | GC                                 |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                      | 4         |                                    |
| <i>dicyclomine oral tablet 20 mg</i>                             | 2         | GC                                 |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>      | 4         | PA-HRM; AGE (Max 64 Years)         |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>           | 4         | PA-HRM; AGE (Max 64 Years)         |
| <i>enulose oral solution 10 gram/15 ml</i>                       | 2         | GC                                 |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG                             | 5         | PA; NM; NDS                        |
| <i>generlac oral solution 10 gram/15 ml</i>                      | 2         | GC                                 |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i>               | 4         |                                    |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                     | 2         | GC                                 |
| <i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i> | 2         | GC                                 |
| <i>lactulose oral solution 10 gram/15 ml</i>                     | 2         | GC                                 |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                    | 3         | QL (30 per 30 days)                |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                    | 3         | QL (90 per 30 days)                |
| <i>loperamide oral capsule 2 mg</i>                              | 2         | GC                                 |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                  | 4         |                                    |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>             | 2         | GC                                 |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i>              | 2         | GC                                 |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                | 2         | GC                                 |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                | 1         | GC                                 |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                              | 3         | QL (30 per 30 days)                |
| OCALIVA ORAL TABLET 10 MG, 5 MG                                  | 5         | PA; NM; NDS; QL (30 per 30 days)   |
| <i>propantheline oral tablet 15 mg</i>                           | 4         |                                    |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                  | 5         | PA; NM; NDS                        |
| RELISTOR ORAL TABLET 150 MG                                      | 5         | PA; NM; NDS; QL (90 per 30 days)   |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                      | 5         | PA; NM; NDS; QL (16.8 per 28 days) |

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| Drug Name   | Drug Tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                          | 5         | PA; NM; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                           | 5         | PA; NM; NDS; QL (11.2 per 28 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                     | 5         | NM; NDS                            |
| <i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i> | 2         | GC                                 |
| <i>sodium polystyrene sulfonate oral powder</i>                     | 2         | GC                                 |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>         | 2         | GC                                 |
| TRULANCE ORAL TABLET 3 MG   | 4         | QL (30 per 30 days)                |
| <i>ursodiol oral capsule 300 mg</i>                                 | 2         | GC                                 |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                          | 2         | GC                                 |
| VIBERZI ORAL TABLET 100 MG, 75 MG                                   | 5         | ST; NM; NDS; QL (60 per 30 days)   |
| XERMELO ORAL TABLET 250 MG  | 5         | PA; NM; NDS; QL (90 per 30 days)   |
| <b>Laxatives</b>  |           |                                    |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML                | 3         |                                    |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>         | 2         | GC                                 |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>         | 2         | GC                                 |
| <i>gavilyte-n oral recon soln 420 gram</i>                          | 2         | GC                                 |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM            | 3         |                                    |
| <i>trilyte with flavor packets oral recon soln 420 gram</i>         | 2         | GC                                 |
| <b>Phosphate Binders</b>  |           |                                    |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>           | 2         | GC                                 |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>            | 2         | GC                                 |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>     | 5         | NM; NDS                            |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML                 | 4         |                                    |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> | 5         | NM; NDS                            |
| <i>sevelamer carbonate oral tablet 800 mg</i>                       | 4         |                                    |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                     | 2         | GC                                 |

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| Drug Name   | Drug Tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| VELPHORO ORAL TABLET,CHEWABLE<br>500 MG   | 3         |                                   |
| <b>Genitourinary Agents</b>   |           |                                   |
| <b>Antispasmodics, Urinary</b>  |           |                                   |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                   | 2         | GC                                |
| <i>flavoxate oral tablet 100 mg</i>   | 2         | GC                                |
| MYRBETRIQ ORAL TABLET<br>EXTENDED RELEASE 24 HR 25 MG, 50<br>MG                     | 3         |                                   |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                     | 2         | GC                                |
| <i>oxybutynin chloride oral tablet 5 mg</i>   | 2         | GC                                |
| <i>oxybutynin chloride oral tablet extended release<br/>24hr 10 mg, 15 mg, 5 mg</i> | 2         | GC                                |
| <i>tolterodine oral capsule,extended release 24hr 2<br/>mg, 4 mg</i>                | 2         | GC                                |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>   | 2         | GC                                |
| TOVIAZ ORAL TABLET EXTENDED<br>RELEASE 24 HR 4 MG, 8 MG                             | 3         |                                   |
| <i>trospium oral capsule,extended release 24hr 60<br/>mg</i>                        | 4         |                                   |
| <i>trospium oral tablet 20 mg</i>   | 4         |                                   |
| <b>Genitourinary Agents, Miscellaneous</b>  |           |                                   |
| <i>alfuzosin oral tablet extended release 24 hr 10<br/>mg</i>                       | 1         | GC; QL (30 per 30 days)           |
| <i>dutasteride oral capsule 0.5 mg</i>  | 2         | GC                                |
| <i>dutasteride-tamsulosin oral capsule, er<br/>multiphase 24 hr 0.5-0.4 mg</i>      | 4         |                                   |
| <i>finasteride oral tablet 5 mg</i>   | 1         | GC                                |
| <i>tamsulosin oral capsule 0.4 mg</i>   | 1         | GC                                |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                               | 1         | GC                                |
| THIOLA EC ORAL TABLET,DELAYED<br>RELEASE (DR/EC) 100 MG, 300 MG                     | 5         | PA; NM; NDS                       |
| THIOLA ORAL TABLET 100 MG   | 5         | NM; NDS                           |
| <b>Heavy Metal Antagonists</b>  |           |                                   |
| <b>Heavy Metal Antagonists</b>  |           |                                   |
| <i>clovique oral capsule 250 mg</i>   | 5         | PA; NM; NDS; QL (240 per 30 days) |
| <i>deferasirox oral granules in packet 180 mg, 360<br/>mg, 90 mg</i>                | 5         | PA; NM; NDS                       |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>                                | 5         | PA; NM; NDS                       |
| <i>deferasirox oral tablet, dispersible 125 mg</i>                                  | 2         | PA; GC                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                         |
|--|------------------|--|
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>   | 5                | PA; NM; NDS  |
| <i>deferiprone oral tablet 500 mg</i>  | 5                | PA; NM; NDS  |
| <i>deferoxamine injection recon soln 2 gram, 500 mg</i>  | 2                | PA; GC   |
| FERRIPROX ORAL SOLUTION 100 MG/ML  | 5                | PA; NM; NDS  |
| FERRIPROX ORAL TABLET 1,000 MG, 500 MG   | 5                | PA; NM; NDS  |
| <i>penicillamine oral capsule 250 mg</i>   | 5                | PA; NM; NDS  |
| <i>penicillamine oral tablet 250 mg</i>  | 5                | PA; NM; NDS  |
| <i>trientine oral capsule 250 mg</i>   | 5                | PA; NM; NDS; QL (240 per 30 days)                  |
| <b>Hormonal Agents,<br/>Stimulant/Replacement/Modifying</b>  |                  |  |
| <b>Androgens</b>   |                  |  |
| ANADROL-50 ORAL TABLET 50 MG   | 5                | PA; NM; NDS  |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>  | 2                | GC   |
| <i>oxandrolone oral tablet 10 mg</i>   | 5                | NM; NDS  |
| <i>oxandrolone oral tablet 2.5 mg</i>  | 4                |  |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>                                 | 2                | PA; GC   |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>  | 2                | PA; GC; QL (5 per 28 days)                         |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>  | 2                | PA; GC; QL (300 per 30 days)                       |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>                                    | 2                | PA; GC; QL (150 per 30 days)                       |
| <i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>                                    | 2                | PA; GC; QL (300 per 30 days)                       |
| <i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>                              | 2                | PA; GC; QL (180 per 30 days)                       |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML   | 3                | PA; QL (2 per 28 days)                             |
| <b>Estrogens And Antiestrogens</b>   |                  |  |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>  | 2                | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 2                | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| DUAVEE ORAL TABLET 0.45-20 MG  | 3                | PA-HRM; AGE (Max 64 Years)                         |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>  | 1                | PA-HRM; GC; AGE (Max 64 Years)                     |

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| Drug Name   | Drug Tier | Requirements/Limits                                |
|---|-----------|--|
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>            | 2         | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 2         | PA-HRM; GC; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>   | 2         | GC   |
| <i>estradiol vaginal tablet 10 mcg</i>  | 2         | GC; QL (18 per 28 days)                            |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>  | 2         | GC   |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>  | 2         | PA-HRM; GC; AGE (Max 64 Years)                     |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR  | 4         | QL (1 per 84 days)                                 |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>   | 2         | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>jinteli oral tablet 1-5 mg-mcg</i>   | 2         | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>              | 2         | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>mimvey oral tablet 1-0.5 mg</i>  | 2         | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>  | 2         | PA-HRM; GC; AGE (Max 64 Years)                     |
| PREMARIN INJECTION RECON SOLN 25 MG   | 3         |  |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG   | 3         | PA-HRM; AGE (Max 64 Years)                         |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM  | 3         |  |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)  | 3         | PA-HRM; AGE (Max 64 Years)                         |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG   | 3         | PA-HRM; AGE (Max 64 Years)                         |
| <i>raloxifene oral tablet 60 mg</i>   | 2         | GC   |
| <i>yuvafem vaginal tablet 10 mcg</i>  | 2         | GC; QL (18 per 28 days)                            |
| <b>Glucocorticoids/Mineralocorticoids</b>   |           |  |
| <i>a-hydrocort injection recon soln 100 mg</i>  | 2         | GC   |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>   | 2         | GC   |
| <i>cortisone oral tablet 25 mg</i>  | 2         | GC   |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>  | 2         | GC   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                      | 2                | GC                               |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>                                     | 1                | GC                               |
| <i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>                                      | 1                | GC                               |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>                            | 1                | GC                               |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>                                       | 1                | GC                               |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML   | 5                | PA; NM; NDS; QL (91 per 28 days) |
| EMFLAZA ORAL TABLET 18 MG   | 5                | PA; NM; NDS; QL (30 per 30 days) |
| EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG  | 5                | PA; NM; NDS; QL (60 per 30 days) |
| <i>fludrocortisone oral tablet 0.1 mg</i>   | 2                | GC                               |
| HEMADY ORAL TABLET 20 MG  | 4                |                                  |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>  | 2                | GC                               |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>                             | 2                | GC                               |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>  | 2                | GC                               |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i>   | 2                | GC                               |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>                              | 2                | GC                               |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>                         | 2                | GC                               |
| <i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>                                     | 2                | PA BvD; GC                       |
| <i>prednisolone oral solution 15 mg/5 ml</i>  | 2                | PA BvD; GC                       |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 2                | PA BvD; GC                       |
| <i>prednisone oral solution 5 mg/5 ml</i>   | 2                | PA BvD; GC                       |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                 | 1                | PA BvD; GC                       |
| <i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>                 | 2                | GC                               |

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| Drug Name   | Drug Tier | Requirements/Limits              |
|---|-----------|----------------------------------|
| SOLU-CORTEF ACT-O-VIAL (PF)<br>INJECTION RECON SOLN 1,000 MG/8<br>ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4<br>ML  | 4         |                                  |
| <i>triamcinolone acetonide injection suspension 40<br/>mg/ml</i>  | 2         | GC                               |
| <b>Pituitary</b>  |           |                                  |
| BYNFEZIA SUBCUTANEOUS PEN<br>INJECTOR 2,500 MCG/ML  | 5         | NM; NDS                          |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray<br/>(0.1 ml)</i>   | 4         |                                  |
| <i>desmopressin injection solution 4 mcg/ml</i>   | 4         |                                  |
| <i>desmopressin nasal spray, non-aerosol 10<br/>mcg/spray (0.1 ml)</i>  | 4         |                                  |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>  | 2         | GC                               |
| EGRIFTA SUBCUTANEOUS RECON<br>SOLN 1 MG   | 5         | PA; NM; NDS; QL (60 per 30 days) |
| EGRIFTA SV SUBCUTANEOUS RECON<br>SOLN 2 MG  | 5         | PA; NM; NDS; QL (60 per 30 days) |
| GENOTROPIN MINIQUICK<br>SUBCUTANEOUS SYRINGE 0.2 MG/0.25<br>ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8<br>MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25<br>ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8<br>MG/0.25 ML, 2 MG/0.25 ML | 5         | PA; NM; NDS                      |
| GENOTROPIN SUBCUTANEOUS<br>CARTRIDGE 12 MG/ML (36 UNIT/ML), 5<br>MG/ML (15 UNIT/ML)   | 5         | PA; NM; NDS                      |
| HUMATROPE INJECTION CARTRIDGE<br>12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG<br>(18 UNIT)  | 5         | PA; NM; NDS                      |
| HUMATROPE INJECTION RECON SOLN<br>5 (15 UNIT) MG  | 5         | PA; NM; NDS                      |
| INCRELEX SUBCUTANEOUS<br>SOLUTION 10 MG/ML  | 5         | NM; NDS                          |
| LUPRON DEPOT (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 11.25<br>MG   | 5         | NM; NDS                          |
| LUPRON DEPOT INTRAMUSCULAR<br>SYRINGE KIT 7.5 MG  | 5         | NM; NDS                          |
| LUPRON DEPOT-PED (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 30 MG   | 5         | NM; NDS                          |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|---|------------------|-----------------------------------|
| LUPRON DEPOT-PED<br>INTRAMUSCULAR KIT 11.25 MG, 15 MG   | 5                | NM; NDS                           |
| MYCAPSSA ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 20 MG   | 5                | PA; NM; NDS; QL (120 per 30 days) |
| NOCDURNA (MEN) SUBLINGUAL<br>TABLET,DISINTEGRATING 55.3 MCG   | 3                | QL (30 per 30 days)               |
| NOCDURNA (WOMEN) SUBLINGUAL<br>TABLET,DISINTEGRATING 27.7 MCG   | 3                | QL (30 per 30 days)               |
| NORDITROPIN FLEXPRO<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML<br>(10 MG/ML), 30 MG/3 ML (10 MG/ML), 5<br>MG/1.5 ML (3.3 MG/ML) | 5                | PA; NM; NDS                       |
| NUTROPIN AQ NUSPIN<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/2 ML (5 MG/ML), 20 MG/2 ML (10<br>MG/ML), 5 MG/2 ML (2.5 MG/ML)                                    | 5                | PA; NM; NDS                       |
| <i>octreotide acetate injection solution 1,000<br/>mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml,<br/>500 mcg/ml</i>  | 2                | GC                                |
| <i>octreotide acetate injection syringe 100 mcg/ml<br/>(1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>  | 2                | GC                                |
| OMNITROPE SUBCUTANEOUS<br>CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML),<br>5 MG/1.5 ML (3.3 MG/ML)  | 5                | PA; NM; NDS                       |
| OMNITROPE SUBCUTANEOUS RECON<br>SOLN 5.8 MG   | 4                | PA                                |
| ORGOVYX ORAL TABLET 120 MG  | 5                | PA NSO; NM; NDS                   |
| ORILISSA ORAL TABLET 150 MG   | 5                | PA; NM; NDS; QL (28 per 28 days)  |
| ORILISSA ORAL TABLET 200 MG   | 5                | PA; NM; NDS; QL (56 per 28 days)  |
| SAIZEN SAIZENPREP SUBCUTANEOUS<br>CARTRIDGE 8.8 MG/1.51 ML (FINAL<br>CONC.)   | 5                | PA; NM; NDS                       |
| SAIZEN SUBCUTANEOUS RECON SOLN<br>5 MG, 8.8 MG  | 5                | PA; NM; NDS                       |
| SANDOSTATIN LAR DEPOT<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL RECON<br>10 MG, 20 MG, 30 MG  | 5                | NM; NDS                           |
| SEROSTIM SUBCUTANEOUS RECON<br>SOLN 4 MG, 5 MG, 6 MG  | 5                | PA; NM; NDS                       |

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| Drug Name   | Drug Tier | Requirements/Limits                 |
|---|-----------|-------------------------------------|
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 5         | PA; NM; NDS; QL (60 per 30 days)    |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML                                 | 5         | PA NSO; NM; NDS; QL (1 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML                    | 5         | PA; NM; NDS; QL (1 per 28 days)     |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                  | 5         | PA; NM; NDS                         |
| STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)                             | 3         |                                     |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)   | 5         | NM; NDS; QL (1 per 360 days)        |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML  | 5         | NM; NDS                             |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG                       | 5         | NM; NDS; QL (1 per 168 days)        |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG  | 5         | PA; NM; NDS                         |
| ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG   | 4         | PA                                  |
| ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG   | 5         | PA; NM; NDS                         |
| <b>Progestins</b>   |           |                                     |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML                                     | 4         | QL (10 per 28 days)                 |
| <i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>                   | 5         | NM; NDS                             |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>                       | 2         | GC; QL (1 per 84 days)              |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>                          | 2         | GC; QL (1 per 84 days)              |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>                          | 1         | GC                                  |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>                            | 2         | PA-HRM; GC; AGE (Max 64 Years)      |
| <i>norethindrone acetate oral tablet 5 mg</i>                                       | 2         | GC                                  |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                      | 2         | GC                                  |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>                          | 2         | GC                                  |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>Thyroid And Antithyroid Agents</b>   |           |                     |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1         | GC                  |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>   | 2         | GC                  |
| <i>methimazole oral tablet 10 mg, 5 mg</i>  | 1         | GC                  |
| <i>propylthiouracil oral tablet 50 mg</i>   | 2         | GC                  |
| <b>Immunological Agents</b>   |           |                     |
| <b>Immunological Agents</b>   |           |                     |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML  | 5         | PA; NM; NDS         |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)                                    | 5         | PA; NM; NDS         |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML  | 5         | PA; NM; NDS         |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG   | 5         | NM; NDS             |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG  | 5         | PA; NM; NDS         |
| <i>azathioprine oral tablet 50 mg</i>   | 2         | PA BvD; GC          |
| <i>azathioprine sodium injection recon soln 100 mg</i>  | 2         | PA BvD; GC          |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)  | 5         | PA; NM; NDS         |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)   | 5         | PA; NM; NDS         |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML  | 5         | PA; NM; NDS         |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML   | 5         | PA; NM; NDS         |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i>  | 2         | PA BvD; GC          |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>  | 2         | PA BvD; GC          |
| <i>cyclosporine modified oral solution 100 mg/ml</i>  | 2         | PA BvD; GC          |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>  | 2         | PA BvD; GC          |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML  | 5         | PA; NM; NDS         |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML   | 5         | PA; NM; NDS         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)  | 5                | PA; NM; NDS                |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)   | 5                | PA; NM; NDS                |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML   | 5                | PA; NM; NDS                |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)   | 5                | PA; NM; NDS                |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)  | 5                | PA; NM; NDS                |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>   | 4                | PA BvD                     |
| <i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg</i>   | 5                | PA BvD; NM; NDS            |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %   | 5                | PA BvD; NM; NDS            |
| GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE   | 4                | PA BvD                     |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 %  | 5                | PA BvD; NM; NDS            |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM   | 5                | PA BvD; NM; NDS            |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %  | 5                | PA BvD; NM; NDS            |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)   | 5                | PA BvD; NM; NDS            |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | 5                | PA BvD; NM; NDS            |
| <i>gengraf oral capsule 100 mg, 25 mg</i>   | 2                | PA BvD; GC                 |
| <i>gengraf oral solution 100 mg/ml</i>  | 2                | PA BvD; GC                 |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML  | 5                | PA; NM; NDS                |
| HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML   | 5                | PA; NM; NDS                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML   | 5                | PA; NM; NDS                |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML  | 5                | PA; NM; NDS                |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML   | 5                | PA; NM; NDS                |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML  | 5                | PA; NM; NDS                |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML  | 5                | PA; NM; NDS                |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML   | 5                | PA; NM; NDS                |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML  | 5                | PA; NM; NDS                |
| HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML  | 4                |                            |
| HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                |                            |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 5                | PA BvD; NM; NDS            |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML   | 5                | PA; NM; NDS                |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML   | 5                | PA; NM; NDS                |
| IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                |                            |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG   | 5                | PA; NM; NDS                |
| KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                |                            |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML  | 5                | PA; NM; NDS                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| KEVZARA SUBCUTANEOUS SYRINGE<br>150 MG/1.14 ML, 200 MG/1.14 ML  | 5                | PA; NM; NDS                |
| KINERET SUBCUTANEOUS SYRINGE<br>100 MG/0.67 ML  | 5                | PA; NM; NDS                |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>   | 2                | GC                         |
| <i>mycophenolate mofetil (hcl) intravenous recon<br/>soln 500 mg</i>  | 2                | PA BvD; GC                 |
| <i>mycophenolate mofetil oral capsule 250 mg</i>  | 2                | PA BvD; GC                 |
| <i>mycophenolate mofetil oral suspension for<br/>reconstitution 200 mg/ml</i>   | 5                | PA BvD; NM; NDS            |
| <i>mycophenolate mofetil oral tablet 500 mg</i>   | 2                | PA BvD; GC                 |
| NULOJIX INTRAVENOUS RECON SOLN<br>250 MG  | 5                | PA BvD; NM; NDS            |
| OCTAGAM INTRAVENOUS SOLUTION<br>10 %, 5 %   | 5                | PA BvD; NM; NDS            |
| OLUMIANT ORAL TABLET 1 MG, 2 MG   | 5                | PA; NM; NDS                |
| ORENCIA (WITH MALTOSE)<br>INTRAVENOUS RECON SOLN 250 MG   | 5                | PA; NM; NDS                |
| ORENCIA CLICKJECT SUBCUTANEOUS<br>AUTO-INJECTOR 125 MG/ML   | 5                | PA; NM; NDS                |
| ORENCIA SUBCUTANEOUS SYRINGE<br>125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7<br>ML  | 5                | PA; NM; NDS                |
| OTEZLA ORAL TABLET 30 MG  | 5                | PA; NM; NDS                |
| OTEZLA STARTER ORAL<br>TABLETS,DOSE PACK 10 MG (4)-20 MG<br>(4)-30 MG (47), 10 MG (4)-20 MG (4)-30<br>MG(19)  | 5                | PA; NM; NDS                |
| PRIVIGEN INTRAVENOUS SOLUTION<br>10 %   | 5                | PA BvD; NM; NDS            |
| PROGRAF INTRAVENOUS SOLUTION 5<br>MG/ML   | 4                | PA BvD                     |
| PROGRAF ORAL GRANULES IN<br>PACKET 0.2 MG, 1 MG   | 4                | PA BvD                     |
| RASUVO (PF) SUBCUTANEOUS AUTO-<br>INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25<br>ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20<br>MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5<br>ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3                |                            |
| REMICADE INTRAVENOUS RECON<br>SOLN 100 MG   | 5                | PA; NM; NDS                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG                         | 5                | PA; NM; NDS                |
| RIDAURA ORAL CAPSULE 3 MG                                       | 5                | NM; NDS                    |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG                 | 5                | PA; NM; NDS                |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML                        | 5                | PA; NM; NDS                |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML                    | 5                | PA; NM; NDS                |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML       | 5                | PA; NM; NDS                |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML            | 5                | PA; NM; NDS                |
| <i>sirolimus oral solution 1 mg/ml</i>                          | 5                | PA BvD; NM; NDS            |
| <i>sirolimus oral tablet 0.5 mg, 1 mg</i>                       | 4                | PA BvD                     |
| <i>sirolimus oral tablet 2 mg</i>                               | 5                | PA BvD; NM; NDS            |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 5                | PA; NM; NDS                |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML                       | 5                | PA; NM; NDS                |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                      | 5                | PA; NM; NDS                |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML             | 5                | PA; NM; NDS                |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>               | 2                | PA BvD; GC                 |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML          | 5                | PA; NM; NDS                |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML                     | 5                | PA; NM; NDS                |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                    | 5                | PA; NM; NDS                |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                          | 5                | PA; NM; NDS                |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML                       | 5                | PA; NM; LA; NDS            |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                 | 5                | PA; NM; NDS                |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG      | 5                | PA; NM; NDS                |
| ZORTRESS ORAL TABLET 1 MG                                       | 5                | PA BvD; NM; NDS            |

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| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|-----------------------|
| <b>Vaccines</b>   |           |                       |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                                      | 3         |                       |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 3         |                       |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML    | 3         |                       |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG                 | 3         |                       |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML                                    | 3         |                       |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML                          | 3         |                       |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                             | 3         |                       |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML         | 3         |                       |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML                                       | 3         | PA BvD                |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML  | 3         | PA BvD                |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML                            | 3         | PA BvD                |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML   | 3         | QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML  | 3         | QL (1.5 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML                                | 3         |                       |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML            | 3         |                       |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                                     | 3         |                       |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT                            | 3         | PA BvD                |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SUSPENSION 25-58-<br>10 LF-MCG-LF/0.5ML               | 3                |                            |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE 25-58-10<br>LF-MCG-LF/0.5ML                   | 3                |                            |
| IPOLETT (PF) INTRAMUSCULAR<br>SUSPENSION 40-8-32<br>UNIT/0.5 ML                             | 3                |                            |
| IXIARO (PF) INTRAMUSCULAR<br>SYRINGE 6 MCG/0.5 ML   | 3                |                            |
| KINRIX (PF) INTRAMUSCULAR<br>SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML                           | 3                |                            |
| KINRIX (PF) INTRAMUSCULAR<br>SYRINGE 25 LF-58 MCG-10 LF/0.5 ML                              | 3                |                            |
| MENACTRA (PF) INTRAMUSCULAR<br>SOLUTION 4 MCG/0.5 ML  | 3                |                            |
| MENQUADFI (PF) INTRAMUSCULAR<br>SOLUTION 10 MCG/0.5 ML                                      | 3                |                            |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5 MCG/0.5 ML                            | 3                |                            |
| M-M-R II (PF) SUBCUTANEOUS RECON<br>SOLN 1,000-12,500 TCID50/0.5 ML                         | 3                |                            |
| PEDIARIX (PF) INTRAMUSCULAR<br>SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5<br>ML                    | 3                |                            |
| PEDVAX HIB (PF) INTRAMUSCULAR<br>SOLUTION 7.5 MCG/0.5 ML                                    | 3                |                            |
| PENTACEL (PF) INTRAMUSCULAR KIT<br>15 LF UNIT-20 MCG-5 LF/0.5 ML                            | 3                |                            |
| PROQUAD (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>10EXP3-4.3-3- 3.99 TCID50/0.5 | 3                |                            |
| QUADRACEL (PF) INTRAMUSCULAR<br>SUSPENSION 15 LF-48 MCG- 5 LF<br>UNIT/0.5ML                 | 3                |                            |
| RABAVERT (PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>2.5 UNIT                    | 3                | PA BvD                     |
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SUSPENSION 10<br>MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML        | 3                | PA BvD                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| RECOMBIVAX HB (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/ML, 5 MCG/0.5 ML              | 3                | PA BvD                     |
| ROTARIX ORAL SUSPENSION FOR<br>RECONSTITUTION 10EXP6 CCID50/ML                      | 3                |                            |
| ROTATEQ VACCINE ORAL SOLUTION 2<br>ML   | 3                |                            |
| SHINGRIX (PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION 50<br>MCG/0.5 ML       | 3                | QL (2 per 365 days)        |
| TDVAX INTRAMUSCULAR<br>SUSPENSION 2-2 LF UNIT/0.5 ML                                | 3                |                            |
| TENIVAC (PF) INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF<br>UNIT/0.5ML              | 3                |                            |
| TENIVAC (PF) INTRAMUSCULAR<br>SYRINGE 5-2 LF UNIT/0.5 ML                            | 3                |                            |
| TETANUS, DIPHTHERIA TOX PED(PF)<br>INTRAMUSCULAR SUSPENSION 5-25 LF<br>UNIT/0.5 ML  | 3                |                            |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                    | 3                |                            |
| TWINRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT- 20 MCG/ML                     | 3                |                            |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML                                   | 3                |                            |
| TYPHIM VI INTRAMUSCULAR<br>SYRINGE 25 MCG/0.5 ML                                    | 3                |                            |
| VAQTA (PF) INTRAMUSCULAR<br>SUSPENSION 25 UNIT/0.5 ML, 50<br>UNIT/ML                | 3                |                            |
| VAQTA (PF) INTRAMUSCULAR<br>SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML                      | 3                |                            |
| VARIVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>1,350 UNIT/0.5 ML     | 3                | QL (2 per 365 days)        |
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION 10<br>EXP4.74 UNIT/0.5 ML | 3                |                            |
| ZOSTAVAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>19,400 UNIT/0.65 ML  | 3                | QL (1 per 365 days)        |

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| Drug Name   | Drug Tier | Requirements/Limits           |
|---|-----------|-------------------------------|
| <b>Inflammatory Bowel Disease Agents</b>                                |           |                               |
| <b>Inflammatory Bowel Disease Agents</b>                                |           |                               |
| <i>alosetron oral tablet 0.5 mg</i>                                     | 2         | GC                            |
| <i>alosetron oral tablet 1 mg</i>                                       | 5         | NM; NDS                       |
| <i>balsalazide oral capsule 750 mg</i>                                  | 2         | GC                            |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>           | 4         |                               |
| <i>colocort rectal enema 100 mg/60 ml</i>                               | 2         | GC                            |
| DIPENTUM ORAL CAPSULE 250 MG  | 5         | NM; NDS                       |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>                         | 4         |                               |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>            | 4         |                               |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>        | 4         |                               |
| <i>mesalamine oral tablet, delayed release (drlec) 1.2 gram, 800 mg</i> | 4         |                               |
| <i>mesalamine rectal suppository 1,000 mg</i>                           | 5         | NM; NDS                       |
| <i>sulfasalazine oral tablet 500 mg</i>                                 | 2         | GC                            |
| <i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>        | 2         | GC                            |
| UCERIS RECTAL FOAM 2 MG/ACTUATION                                       | 3         |                               |
| <b>Irrigating Solutions</b>   |           |                               |
| <b>Irrigating Solutions</b>   |           |                               |
| LACTATED RINGERS IRRIGATION SOLUTION                                    | 4         |                               |
| <b>Metabolic Bone Disease Agents</b>                                    |           |                               |
| <b>Metabolic Bone Disease Agents</b>                                    |           |                               |
| <i>alendronate oral solution 70 mg/75 ml</i>                            | 4         | QL (300 per 28 days)          |
| <i>alendronate oral tablet 10 mg, 5 mg</i>                              | 1         | GC; QL (30 per 30 days)       |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                             | 1         | GC; QL (4 per 28 days)        |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i> | 2         | GC; QL (3.7 per 28 days)      |
| <i>calcitriol intravenous solution 1 mcg/ml</i>                         | 2         | GC                            |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                        | 2         | GC                            |
| <i>calcitriol oral solution 1 mcg/ml</i>                                | 4         |                               |
| <i>cinacalcet oral tablet 30 mg</i>                                     | 2         | GC; QL (60 per 30 days)       |
| <i>cinacalcet oral tablet 60 mg</i>                                     | 5         | NM; NDS; QL (60 per 30 days)  |
| <i>cinacalcet oral tablet 90 mg</i>                                     | 5         | NM; NDS; QL (120 per 30 days) |
| <i>doxercalciferol intravenous solution 4 mcg/2 ml</i>                  | 2         | GC                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---|------------------|------------------------------------|
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>   | 4                |                                    |
| EVENITY SUBCUTANEOUS SYRINGE<br>105 MG/1.17 ML, 210MG/2.34ML (<br>105MG/1.17MLX2)                                   | 5                | PA; NM; NDS; QL (2.34 per 30 days) |
| FORTEO SUBCUTANEOUS PEN<br>INJECTOR 20 MCG/DOSE<br>(600MCG/2.4ML)   | 3                | PA; QL (2.4 per 28 days)           |
| <i>ibandronate intravenous solution 3 mg/3 ml</i>   | 4                | QL (3 per 84 days)                 |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i>  | 4                | QL (3 per 84 days)                 |
| <i>ibandronate oral tablet 150 mg</i>   | 2                | GC; QL (1 per 28 days)             |
| MIACALCIN INJECTION SOLUTION 200<br>UNIT/ML   | 5                | NM; NDS                            |
| NATPARA SUBCUTANEOUS<br>CARTRIDGE 100 MCG/DOSE, 25<br>MCG/DOSE, 50 MCG/DOSE, 75<br>MCG/DOSE                         | 5                | PA; NM; NDS; QL (2 per 28 days)    |
| <i>pamidronate intravenous recon soln 30 mg, 90<br/>mg</i>  | 2                | GC                                 |
| <i>pamidronate intravenous solution 30 mg/10 ml<br/>(3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10<br/>ml (9 mg/ml)</i> | 2                | GC                                 |
| <i>paricalcitol hemodialysis port injection solution<br/>2 mcg/ml</i>   | 4                |                                    |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>  | 4                |                                    |
| PROLIA SUBCUTANEOUS SYRINGE 60<br>MG/ML   | 3                | ST; QL (1 per 180 days)            |
| RAYALDEE ORAL<br>CAPSULE,EXTENDED RELEASE 24 HR<br>30 MCG   | 3                | QL (60 per 30 days)                |
| <i>risedronate oral tablet 150 mg</i>   | 4                | QL (1 per 28 days)                 |
| <i>risedronate oral tablet 30 mg, 5 mg</i>  | 4                | QL (30 per 30 days)                |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack),<br/>35 mg (4 pack)</i>   | 4                | QL (4 per 28 days)                 |
| <i>risedronate oral tablet, delayed release (drlec)<br/>35 mg</i>   | 4                | QL (4 per 28 days)                 |
| TYMLOS SUBCUTANEOUS PEN<br>INJECTOR 80 MCG (3,120 MCG/1.56 ML)  | 3                | PA; QL (1.56 per 30 days)          |
| XGEVA SUBCUTANEOUS SOLUTION<br>120 MG/1.7 ML (70 MG/ML)   | 5                | PA; NM; NDS                        |
| <i>zoledronic acid intravenous recon soln 4 mg</i>  | 4                |                                    |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i>   | 4                |                                    |

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| Drug Name  | Drug Tier | Requirements/Limits               |
|--|-----------|-----------------------------------|
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>    | 4         | QL (100 per 300 days)             |
| <b>Miscellaneous Therapeutic Agents</b>                                    |           |                                   |
| <b>Miscellaneous Therapeutic Agents</b>                                    |           |                                   |
| ACTHAR INJECTION GEL 80 UNIT/ML  | 5         | PA; NM; NDS; QL (35 per 28 days)  |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                             | 5         | PA; NM; NDS                       |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG                             | 5         | PA; NM; NDS                       |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML                              | 5         | PA; NM; NDS; QL (4 per 28 days)   |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML                                    | 5         | PA; NM; NDS; QL (4 per 28 days)   |
| CYSTADANE ORAL POWDER 1 GRAM/1.7 ML  | 5         | NM; NDS                           |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>               | 5         | NM; NDS                           |
| <i>diazoxide oral suspension 50 mg/ml</i>                                  | 2         | GC                                |
| ELMIRON ORAL CAPSULE 100 MG  | 5         | NM; NDS; QL (90 per 30 days)      |
| ENDARI ORAL POWDER IN PACKET 5 GRAM  | 5         | PA; NM; NDS; QL (180 per 30 days) |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML   | 5         | PA; NM; NDS                       |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML                                   | 5         | PA; NM; LA; NDS                   |
| <i>fomepizole intravenous solution 1 gram/ml</i>                           | 5         | NM; NDS                           |
| GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML                              | 3         |                                   |
| GVOKE HYPOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML                                 | 3         |                                   |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 3         |                                   |
| GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML                              | 3         |                                   |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML                                 | 3         |                                   |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML   | 3         |                                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                         | 2                | GC                                   |
| KEVEYIS ORAL TABLET 50 MG  | 5                | PA; NM; NDS; QL (120 per 30 days)    |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 2                | GC                                   |
| <i>leucovorin calcium injection solution 10 mg/ml</i>                                | 2                | GC                                   |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                      | 2                | GC                                   |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i>                            | 2                | GC                                   |
| <i>levocarnitine oral tablet 330 mg</i>  | 2                | GC                                   |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i>                           | 5                | NM; NDS                              |
| <i>mesna intravenous solution 100 mg/ml</i>  | 2                | GC                                   |
| MESNEX ORAL TABLET 400 MG  | 5                | NM; NDS                              |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML  | 5                | PA; NM; NDS                          |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>                                  | 4                |                                      |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                                      | 4                |                                      |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                      | 2                | GC                                   |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>                    | 4                |                                      |
| RECTIV RECTAL OINTMENT 0.4 % (W/W)   | 4                | QL (30 per 30 days)                  |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                               | 5                | PA; NM; NDS; QL (4 per 28 days)      |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                                  | 5                | PA NSO; NM; NDS; QL (60 per 30 days) |
| TOTECT INTRAVENOUS RECON SOLN 500 MG   | 5                | NM; NDS                              |
| TYBOST ORAL TABLET 150 MG  | 3                | QL (30 per 30 days)                  |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM  | 5                | NM; NDS; QL (24 per 14 days)         |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM   | 5                | PA; NM; NDS; QL (120 per 30 days)    |
| <b>Ophthalmic Agents</b>   |                  |                                      |
| <b>Antiglaucoma Agents</b>   |                  |                                      |
| <i>acetazolamide oral capsule, extended release 500 mg</i>                           | 2                | GC                                   |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                                      | 2                | GC                                   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>acetazolamide sodium injection recon soln 500 mg</i>                        | 2                | GC                         |
| ALPHAGAN P OPHTHALMIC (EYE)<br>DROPS 0.1 %                                     | 3                |                            |
| AZOPT OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %                                 | 3                |                            |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                                  | 2                | GC                         |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                               | 4                | QL (2.5 per 25 days)       |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i>                               | 4                |                            |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                                | 1                | GC                         |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                                    | 1                | GC                         |
| COMBIGAN OPHTHALMIC (EYE)<br>DROPS 0.2-0.5 %                                   | 3                |                            |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                                  | 2                | GC                         |
| <i>dorzolamide-timolol ophthalmic (eye) drops<br/>22.3-6.8 mg/ml</i>           | 2                | GC                         |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i>                              | 1                | GC; QL (2.5 per 25 days)   |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                                | 1                | GC                         |
| LUMIGAN OPHTHALMIC (EYE) DROPS<br>0.01 %                                       | 3                | QL (2.5 per 25 days)       |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                  | 4                |                            |
| <i>metipranolol ophthalmic (eye) drops 0.3 %</i>                               | 2                | GC                         |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2<br/>%, 4 %</i>                | 2                | GC                         |
| RHOPRESSA OPHTHALMIC (EYE)<br>DROPS 0.02 %                                     | 3                | QL (2.5 per 25 days)       |
| ROCKLATAN OPHTHALMIC (EYE)<br>DROPS 0.02-0.005 %                               | 3                | QL (2.5 per 25 days)       |
| SIMBRINZA OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1-0.2 %                         | 3                |                            |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %,<br/>0.5 %</i>                | 1                | GC                         |
| <i>timolol maleate ophthalmic (eye) gel forming<br/>solution 0.25 %, 0.5 %</i> | 4                |                            |
| <i>travoprost (benzalkonium) ophthalmic (eye)<br/>drops 0.004 %</i>            | 4                | QL (2.5 per 25 days)       |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i>                               | 4                | QL (2.5 per 25 days)       |
| VYZULTA OPHTHALMIC (EYE) DROPS<br>0.024 %                                      | 4                | QL (5 per 30 days)         |
| XELPROS OPHTHALMIC (EYE) DROPS,<br>EMULSION 0.005 %                            | 4                | ST; QL (2.5 per 25 days)   |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %  | 4         | QL (30 per 30 days) |
| <b>Replacement Preparations</b>   |           |                     |
| <b>Replacement Preparations</b>   |           |                     |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>  | 2         | GC                  |
| IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %  | 4         |                     |
| IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %   | 4         |                     |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %   | 4         |                     |
| ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION   | 4         |                     |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>  | 2         | GC                  |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>  | 2         | GC                  |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>  | 2         | GC                  |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>   | 2         | GC                  |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>      | 2         | PA BvD; GC          |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 2         | PA BvD; GC          |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>   | 2         | PA BvD; GC          |
| <i>magnesium sulfate injection syringe 4 meq/ml</i>   | 2         | PA BvD; GC          |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION  | 4         |                     |
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION   | 4         |                     |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION   | 4         |                     |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION   | 4         |                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>                                 | 2                | PA BvD; GC                 |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>                                    | 2                | GC                         |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>  | 4                |                            |
| <i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>                                      | 2                | GC                         |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>                               | 2                | GC                         |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>                            | 2                | GC                         |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>           | 2                | GC                         |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>  | 2                | GC                         |
| <b>Respiratory Tract Agents</b>   |                  |                            |
| <b>Anti-Inflammatories, Inhaled Corticosteroids</b>   |                  |                            |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE            | 2                | GC; QL (60 per 30 days)    |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 3                | QL (12 per 30 days)        |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION     | 3                | QL (30 per 30 days)        |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE                              | 3                | QL (60 per 30 days)        |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>             | 2                | PA BvD; GC                 |
| FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION  | 3                | QL (60 per 30 days)        |
| FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION  | 3                | QL (120 per 30 days)       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| FLOVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 100<br>MCG/ACTUATION, 50<br>MCG/ACTUATION                               | 3                | QL (60 per 30 days)              |
| FLOVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 250<br>MCG/ACTUATION  | 3                | QL (120 per 30 days)             |
| FLOVENT HFA INHALATION HFA<br>AEROSOL INHALER 110<br>MCG/ACTUATION   | 3                | QL (12 per 28 days)              |
| FLOVENT HFA INHALATION HFA<br>AEROSOL INHALER 220<br>MCG/ACTUATION   | 3                | QL (24 per 28 days)              |
| FLOVENT HFA INHALATION HFA<br>AEROSOL INHALER 44<br>MCG/ACTUATION  | 3                | QL (21.2 per 28 days)            |
| SYMBICORT INHALATION HFA<br>AEROSOL INHALER 160-4.5<br>MCG/ACTUATION, 80-4.5<br>MCG/ACTUATION                            | 3                | QL (10.2 per 30 days)            |
| <b>Antileukotrienes</b>  |                  |                                  |
| <i>montelukast oral tablet 10 mg</i>   | 1                | GC                               |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>  | 1                | GC                               |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>  | 4                |                                  |
| <b>Bronchodilators</b>   |                  |                                  |
| <i>albuterol 5 mg/ml solution 5 mg/ml</i>  | 2                | PA BvD; GC; QL (120 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler<br/>90 mcg/lactuation</i>  | 2                | GC; QL (17 per 30 days)          |
| <i>albuterol sulfate inhalation hfa aerosol inhaler<br/>90 mcg/lactuation (nda020503)</i>                                | 2                | GC; QL (13.4 per 30 days)        |
| <i>albuterol sulfate inhalation hfa aerosol inhaler<br/>90 mcg/lactuation (nda020983)</i>                                | 2                | GC; QL (36 per 30 days)          |
| <i>albuterol sulfate inhalation solution for<br/>nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg<br/>/3 ml (0.083 %)</i> | 2                | PA BvD; GC; QL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for<br/>nebulization 2.5 mg/0.5 ml</i>  | 2                | PA BvD; GC; QL (120 per 30 days) |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>  | 2                | GC                               |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>  | 2                | GC                               |
| <i>albuterol sulfate oral tablet extended release 12<br/>hr 4 mg, 8 mg</i>   | 2                | GC                               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>         |
|---|------------------|------------------------------------|
| ANORO ELLIPTA INHALATION<br>BLISTER WITH DEVICE 62.5-25<br>MCG/ACTUATION                            | 3                | QL (60 per 30 days)                |
| ATROVENT HFA INHALATION HFA<br>AEROSOL INHALER 17<br>MCG/ACTUATION                                  | 3                | QL (25.8 per 28 days)              |
| BREZTRI AEROSPHERE INHALATION<br>HFA AEROSOL INHALER 160-9-4.8<br>MCG/ACTUATION                     | 3                | QL (10.7 per 28 days)              |
| COMBIVENT RESPIMAT INHALATION<br>MIST 20-100 MCG/ACTUATION  | 3                | QL (8 per 30 days)                 |
| <i>elixophyllin oral elixir 80 mg/15 ml</i>   | 4                |                                    |
| <i>ipratropium bromide inhalation solution 0.02 %</i>   | 2                | PA BvD; GC; QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for<br/>nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 2                | PA BvD; GC; QL (540 per 30 days)   |
| <i>metaproterenol oral syrup 10 mg/5 ml</i>   | 1                | GC                                 |
| PROAIR RESPICLICK INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 90 MCG/ACTUATION                  | 3                | QL (2 per 30 days)                 |
| SEREVENT DISKUS INHALATION<br>BLISTER WITH DEVICE 50 MCG/DOSE                                       | 3                | QL (60 per 30 days)                |
| SPIRIVA RESPIMAT INHALATION MIST<br>1.25 MCG/ACTUATION, 2.5<br>MCG/ACTUATION                        | 3                | QL (4 per 30 days)                 |
| SPIRIVA WITH HANDIHALER<br>INHALATION CAPSULE,<br>W/INHALATION DEVICE 18 MCG                        | 3                | QL (30 per 30 days)                |
| STIOLTO RESPIMAT INHALATION<br>MIST 2.5-2.5 MCG/ACTUATION   | 3                | QL (4 per 28 days)                 |
| STRIVERDI RESPIMAT INHALATION<br>MIST 2.5 MCG/ACTUATION   | 3                | QL (4 per 28 days)                 |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>   | 4                |                                    |
| <i>terbutaline subcutaneous solution 1 mg/ml</i>  | 5                | NM; NDS                            |
| <i>theophylline oral solution 80 mg/15 ml</i>   | 4                |                                    |
| <i>theophylline oral tablet extended release 12 hr<br/>100 mg, 200 mg</i>                           | 2                | GC                                 |
| <i>theophylline oral tablet extended release 12 hr<br/>300 mg, 450 mg</i>                           | 4                |                                    |
| <i>theophylline oral tablet extended release 24 hr<br/>400 mg, 600 mg</i>                           | 2                | GC                                 |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|---|------------------|-------------------------------------|
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 3                | QL (60 per 30 days)                 |
| <b>Respiratory Tract Agents, Other</b>  |                  |                                     |
| <i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>                     | 2                | GC                                  |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>               | 2                | PA BvD; GC                          |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML   | 5                | PA; NM; NDS                         |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                 | 2                | PA BvD; GC                          |
| DALIRESP ORAL TABLET 250 MCG  | 3                | QL (28 per 28 days)                 |
| DALIRESP ORAL TABLET 500 MCG  | 3                | QL (30 per 30 days)                 |
| ESBRIET ORAL CAPSULE 267 MG   | 5                | PA; NM; NDS; QL (270 per 30 days)   |
| ESBRIET ORAL TABLET 267 MG  | 5                | PA; NM; NDS; QL (270 per 30 days)   |
| ESBRIET ORAL TABLET 801 MG  | 5                | PA; NM; NDS; QL (90 per 30 days)    |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                                 | 5                | PA; NM; NDS; QL (1 per 28 days)     |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML   | 5                | PA; NM; NDS; QL (1 per 28 days)     |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG                            | 5                | PA; NM; NDS; QL (56 per 28 days)    |
| KALYDECO ORAL TABLET 150 MG   | 5                | PA; NM; NDS; QL (56 per 28 days)    |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                     | 5                | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG   | 5                | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML   | 5                | PA; NM; LA; NDS; QL (3 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG  | 5                | PA; NM; NDS; QL (60 per 30 days)    |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG                          | 5                | PA; NM; NDS; QL (56 per 28 days)    |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                      | 5                | PA; NM; NDS; QL (120 per 30 days)   |
| PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+-)/20 ML          | 5                | PA BvD; NM; NDS                     |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG                                     | 5                | PA BvD; NM; NDS                     |

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| Drug Name  | Drug Tier | Requirements/Limits                   |
|--|-----------|---------------------------------------|
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 5         | PA; NM; NDS; QL (56 per 28 days)      |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)                        | 5         | PA; NM; NDS; QL (84 per 28 days)      |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG  | 5         | PA; NM; NDS                           |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML                                  | 5         | PA; NM; NDS                           |
| <b>Skeletal Muscle Relaxants</b>   |           |                                       |
| <b>Skeletal Muscle Relaxants</b>   |           |                                       |
| <i>baclofen oral tablet 10 mg, 20 mg</i>   | 2         | GC                                    |
| <i>chlorzoxazone oral tablet 250 mg</i>  | 5         | PA-HRM; NM; NDS; AGE (Max 64 Years)   |
| <i>chlorzoxazone oral tablet 500 mg</i>  | 2         | PA-HRM; GC; AGE (Max 64 Years)        |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                                       | 1         | PA-HRM; GC; AGE (Max 64 Years)        |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>                                  | 2         | GC                                    |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                      | 2         | PA-HRM; GC; AGE (Max 64 Years)        |
| <i>revonto intravenous recon soln 20 mg</i>  | 2         | GC                                    |
| <i>tizanidine oral tablet 2 mg, 4 mg</i>   | 2         | GC                                    |
| <b>Sleep Disorder Agents</b>   |           |                                       |
| <b>Sleep Disorder Agents</b>   |           |                                       |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                         | 2         | PA; GC; QL (30 per 30 days)           |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                       | 3         | QL (30 per 30 days)                   |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                                      | 4         | QL (30 per 30 days)                   |
| HETLIOZ ORAL CAPSULE 20 MG   | 5         | PA; NM; NDS; QL (30 per 30 days)      |
| SUNOSI ORAL TABLET 150 MG, 75 MG   | 4         | PA; QL (30 per 30 days)               |
| XYREM ORAL SOLUTION 500 MG/ML  | 5         | PA; NM; LA; NDS; QL (540 per 30 days) |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML  | 5         | PA; NM; NDS; QL (540 per 30 days)     |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>   | 4         | QL (30 per 30 days)                   |
| <i>zolpidem oral tablet 10 mg, 5 mg</i>  | 1         | GC; QL (30 per 30 days)               |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>                 | 2         | GC; QL (30 per 30 days)               |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

| Drug Name   | Drug Tier | Requirements/Limits                  |
|---|-----------|--------------------------------------|
| <b>Vasodilating Agents</b>  |           |                                      |
| <b>Vasodilating Agents</b>  |           |                                      |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                    | 5         | PA; NM; NDS; QL (90 per 30 days)     |
| <i>alyq oral tablet 20 mg</i>   | 5         | PA; NM; NDS; QL (60 per 30 days)     |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>  | 5         | PA; NM; NDS; QL (30 per 30 days)     |
| <i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i>                               | 2         | PA; GC                               |
| <i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i>                               | 5         | PA; NM; NDS                          |
| OPSUMIT ORAL TABLET 10 MG   | 5         | PA; NM; NDS; QL (30 per 30 days)     |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>                  | 5         | PA; NM; NDS; QL (37.5 per 1 day)     |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                                   | 2         | PA; GC; QL (90 per 30 days)          |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>  | 1         | GC; EX; CB (6 EA per 30 days)        |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                                   | 5         | PA; NM; NDS; QL (60 per 30 days)     |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>   | 2         | PA; GC; QL (30 per 30 days)          |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG  | 5         | PA; NM; LA; NDS; QL (60 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG   | 5         | PA; NM; NDS; QL (112 per 28 days)    |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>       | 5         | PA; NM; NDS                          |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                    | 5         | PA; NM; NDS                          |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 5         | PA; NM; NDS; QL (60 per 30 days)     |
| UPTRAVI ORAL TABLET 200 MCG   | 5         | PA; NM; NDS; QL (240 per 30 days)    |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)                                | 5         | PA; NM; NDS                          |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG   | 4         | EX; CB (6 EA per 30 days)            |
| <b>Vitamins And Minerals</b>  |           |                                      |
| <b>Vitamins And Minerals</b>  |           |                                      |
| SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG  | 3         |                                      |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document



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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites               |
|--|---------------------|---------------------------------------|
| <b>Agentes Anti Cáncer</b>   |                     |                                       |
| <b>Agentes Anti Cáncer</b>   |                     |                                       |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG                            | 5                   | NM; NDS                               |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG  | 5                   | PA NSO; NM; NDS                       |
| <i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 2                   | PA BvD; GC                            |
| <i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>                     | 2                   | PA BvD; GC                            |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG                         | 5                   | PA NSO; NM; NDS; QL (112 per 28 days) |
| AFINITOR ORAL TABLET 10 MG   | 5                   | PA NSO; NM; NDS; QL (56 per 28 days)  |
| AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG  | 5                   | PA NSO; NM; NDS; QL (28 per 28 days)  |
| ALECENSA ORAL CAPSULE 150 MG   | 5                   | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG   | 5                   | NM; NDS                               |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG   | 5                   | PA NSO; NM; NDS; QL (3 per 28 days)   |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG   | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG   | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)                               | 5                   | PA NSO; NM; NDS                       |
| <i>anastrozole oral tablet 1 mg</i>  | 1                   | GC                                    |
| <i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>                        | 5                   | NM; NDS                               |
| ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML  | 5                   | PA NSO; NM; NDS                       |
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML  | 5                   | PA NSO; NM; NDS                       |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG   | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>azacitidine injection recon soln 100 mg</i>                                       | 5                   | NM; NDS                               |
| BALVERSA ORAL TABLET 3 MG  | 5                   | PA NSO; NM; NDS; QL (84 per 28 days)  |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento                                      | Tipo de Medicamento | Requerimientos/ Límites               |
|---|---------------------|---------------------------------------|
| BALVERSA ORAL TABLET 4 MG                                   | 5                   | PA NSO; NM; NDS; QL (56 per 28 days)  |
| BALVERSA ORAL TABLET 5 MG                                   | 5                   | PA NSO; NM; NDS; QL (28 per 28 days)  |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML                      | 5                   | PA NSO; NM; NDS                       |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG                      | 5                   | PA NSO; NM; NDS                       |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML                       | 5                   | PA NSO; NM; NDS                       |
| BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) | 5                   | PA NSO; NM; NDS                       |
| <i>bexarotene oral capsule 75 mg</i>                        | 5                   | PA NSO; NM; NDS; QL (420 per 30 days) |
| <i>bicalutamide oral tablet 50 mg</i>                       | 2                   | GC                                    |
| BLENREP INTRAVENOUS RECON SOLN 100 MG                       | 5                   | PA NSO; NM; NDS                       |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>      | 2                   | GC                                    |
| BLINCYTO INTRAVENOUS KIT 35 MCG                             | 5                   | PA NSO; NM; NDS                       |
| BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG                    | 5                   | PA NSO; NM; NDS                       |
| BOSULIF ORAL TABLET 100 MG                                  | 5                   | PA NSO; NM; NDS; QL (90 per 30 days)  |
| BOSULIF ORAL TABLET 400 MG, 500 MG                          | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)  |
| BRAFTOVI ORAL CAPSULE 75 MG                                 | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG                                 | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG                          | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)  |
| CABOMETYX ORAL TABLET 40 MG                                 | 5                   | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CALQUENCE ORAL CAPSULE 100 MG                               | 5                   | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 100 MG                                 | 5                   | PA NSO; NM; NDS; QL (60 per 30 days)  |
| CAPRELSA ORAL TABLET 300 MG                                 | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)  |
| <i>carboplatin intravenous solution 10 mg/ml</i>            | 2                   | GC                                    |
| <i>cladribine intravenous solution 10 mg/10 ml</i>          | 2                   | PA BvD; GC                            |

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| <b>Nombre del Medicamento</b>  | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>           |
|--|----------------------------|--|
| <i>clofarabine intravenous solution 20 mg/20 ml</i>  | 5                          | NM; NDS                                  |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)                        | 5                          | PA NSO; NM; NDS; QL (112 per 28 days)    |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG   | 5                          | PA NSO; NM; NDS; QL (56 per 28 days)     |
| COTELLIC ORAL TABLET 20 MG   | 5                          | PA NSO; NM; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>  | 5                          | PA BvD; NM; NDS                          |
| <i>cyclophosphamide intravenous solution 200 mg/ml</i>   | 5                          | PA BvD; NM; NDS                          |
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG   | 2                          | PA BvD; ST; GC                           |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML  | 5                          | PA NSO; NM; NDS                          |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML  | 5                          | PA NSO; NM; NDS; QL (120 per 28 days)    |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML   | 5                          | PA NSO; NM; NDS                          |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML   | 5                          | PA NSO; NM; LA; NDS                      |
| DAURISMO ORAL TABLET 100 MG  | 5                          | PA NSO; NM; NDS; QL (30 per 30 days)     |
| DAURISMO ORAL TABLET 25 MG   | 5                          | PA NSO; NM; NDS; QL (60 per 30 days)     |
| <i>decitabine intravenous recon soln 50 mg</i>   | 5                          | NM; NDS                                  |
| <i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml, 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | 5                          | NM; NDS                                  |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>  | 2                          | PA BvD; GC                               |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>   | 5                          | PA BvD; NM; NDS                          |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG   | 4                          |  |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG   | 4                          |  |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG   | 4                          |  |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites               |
|---|---------------------|---------------------------------------|
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG  | 4                   |                                       |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)   | 4                   |                                       |
| EMCYT ORAL CAPSULE 140 MG   | 5                   | NM; NDS                               |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG   | 5                   | PA NSO; NM; NDS                       |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG   | 5                   | PA NSO; NM; NDS                       |
| ERIVEDGE ORAL CAPSULE 150 MG  | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)  |
| ERLEADA ORAL TABLET 60 MG   | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i>  | 5                   | PA NSO; NM; NDS; QL (60 per 30 days)  |
| <i>erlotinib oral tablet 150 mg</i>   | 5                   | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG   | 4                   |                                       |
| <i>etoposide intravenous solution 20 mg/ml</i>  | 2                   | GC                                    |
| <i>exemestane oral tablet 25 mg</i>   | 4                   |                                       |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG  | 5                   | PA NSO; NM; NDS                       |
| <i>floxuridine injection recon soln 0.5 gram</i>  | 2                   | PA BvD; GC                            |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>                                      | 2                   | PA BvD; GC                            |
| <i>flutamide oral capsule 125 mg</i>  | 2                   | GC                                    |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i>  | 5                   | NM; NDS                               |
| GAVRETO ORAL CAPSULE 100 MG   | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML  | 5                   | PA NSO; NM; NDS                       |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>  | 2                   | GC                                    |
| <i>gemcitabine intravenous recon soln 2 gram</i>  | 5                   | NM; NDS                               |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | 5                   | NM; NDS                               |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG  | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)  |

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| <b>Nombre del Medicamento</b>  | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>           |
|--|----------------------------|--|
| HERCEPTIN HYLECTA<br>SUBCUTANEOUS SOLUTION 600 MG-<br>10,000 UNIT/5 ML | 5                          | PA NSO; NM; NDS; QL (5 per 21<br>days)   |
| HERCEPTIN INTRAVENOUS RECON<br>SOLN 150 MG                             | 5                          | PA NSO; NM; NDS                          |
| HERZUMA INTRAVENOUS RECON<br>SOLN 150 MG, 420 MG                       | 5                          | PA NSO; NM; NDS                          |
| <i>hydroxyurea oral capsule 500 mg</i>                                 | 2                          | GC                                       |
| IBRANCE ORAL CAPSULE 100 MG, 125<br>MG, 75 MG                          | 5                          | PA NSO; NM; NDS; QL (21 per 28<br>days)  |
| IBRANCE ORAL TABLET 100 MG, 125<br>MG, 75 MG                           | 5                          | PA NSO; NM; NDS; QL (21 per 28<br>days)  |
| ICLUSIG ORAL TABLET 15 MG  | 5                          | PA NSO; NM; NDS; QL (60 per 30<br>days)  |
| ICLUSIG ORAL TABLET 45 MG  | 5                          | PA NSO; NM; NDS; QL (30 per 30<br>days)  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                       | 5                          | PA NSO; NM; NDS; QL (30 per 30<br>days)  |
| <i>ifosfamide intravenous recon soln 1 gram</i>                        | 2                          | GC                                       |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3<br/>gram/60 ml</i>  | 2                          | GC                                       |
| <i>imatinib oral tablet 100 mg</i>                                     | 2                          | PA NSO; GC; QL (180 per 30 days)         |
| <i>imatinib oral tablet 400 mg</i>                                     | 2                          | PA NSO; GC; QL (60 per 30 days)          |
| IMBRUVICA ORAL CAPSULE 140 MG  | 5                          | PA NSO; NM; NDS; QL (120 per 30<br>days) |
| IMBRUVICA ORAL CAPSULE 70 MG   | 5                          | PA NSO; NM; NDS; QL (28 per 28<br>days)  |
| IMBRUVICA ORAL TABLET 140 MG, 280<br>MG, 420 MG, 560 MG                | 5                          | PA NSO; NM; NDS; QL (28 per 28<br>days)  |
| IMFINZI INTRAVENOUS SOLUTION 50<br>MG/ML                               | 5                          | PA NSO; NM; NDS                          |
| IMLYGIC INJECTION SUSPENSION<br>10EXP6 (1 MILLION) PFU/ML              | 5                          | PA NSO; NM; NDS; QL (4 per 365<br>days)  |
| IMLYGIC INJECTION SUSPENSION<br>10EXP8 (100 MILLION) PFU/ML            | 5                          | PA NSO; NM; NDS; QL (8 per 28<br>days)   |

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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites               |
|--|---------------------|---------------------------------------|
| INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) | 5                   | NM; NDS                               |
| INLYTA ORAL TABLET 1 MG  | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG  | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG   | 5                   | PA NSO; NM; NDS; QL (5 per 28 days)   |
| INREBIC ORAL CAPSULE 100 MG  | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| IRESSA ORAL TABLET 250 MG  | 5                   | PA NSO; NM; NDS; QL (60 per 30 days)  |
| <i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>   | 2                   | GC                                    |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG  | 5                   | NM; NDS                               |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG  | 5                   | PA NSO; NM; NDS; QL (60 per 30 days)  |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG   | 5                   | PA NSO; NM; NDS                       |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML   | 5                   | PA NSO; NM; NDS; QL (8 per 21 days)   |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG   | 5                   | PA NSO; NM; NDS; QL (49 per 28 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG   | 5                   | PA NSO; NM; NDS; QL (70 per 28 days)  |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG   | 5                   | PA NSO; NM; NDS; QL (91 per 28 days)  |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)  | 5                   | PA NSO; NM; NDS; QL (21 per 28 days)  |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>        |
|---|----------------------------|---------------------------------------|
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)   | 5                          | PA NSO; NM; NDS; QL (42 per 28 days)  |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)   | 5                          | PA NSO; NM; NDS; QL (63 per 28 days)  |
| KOSELUGO ORAL CAPSULE 10 MG   | 5                          | PA NSO; NM; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG   | 5                          | PA NSO; NM; NDS; QL (120 per 30 days) |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG   | 5                          | PA NSO; NM; NDS                       |
| <i>lapatinib oral tablet 250 mg</i>   | 5                          | PA NSO; NM; NDS                       |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 5                          | PA NSO; NM; NDS                       |
| <i>letrozole oral tablet 2.5 mg</i>   | 1                          | GC                                    |
| LEUKERAN ORAL TABLET 2 MG   | 4                          |                                       |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>  | 5                          | NM; NDS                               |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML   | 5                          | PA NSO; NM; NDS; QL (7 per 21 days)   |
| LONSURF ORAL TABLET 15-6.14 MG  | 5                          | PA NSO; NM; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG  | 5                          | PA NSO; NM; NDS; QL (80 per 28 days)  |
| LORBRENA ORAL TABLET 100 MG   | 5                          | PA NSO; NM; NDS; QL (30 per 30 days)  |
| LORBRENA ORAL TABLET 25 MG  | 5                          | PA NSO; NM; NDS; QL (90 per 30 days)  |
| LUMOXITI INTRAVENOUS RECON SOLN 1 MG  | 5                          | PA NSO; NM; NDS                       |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG  | 5                          | NM; NDS                               |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG  | 5                          | NM; NDS                               |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG  | 5                          | NM; NDS                               |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites               |
|---|---------------------|---------------------------------------|
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG                | 5                   | NM; NDS                               |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                           | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG                                   | 5                   | NM; NDS                               |
| MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL          | 5                   | PA NSO; NM; NDS                       |
| MATULANE ORAL CAPSULE 50 MG                                   | 5                   | NM; NDS                               |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                     | 2                   | PA NSO-HRM; GC; AGE (Max 64 Years)    |
| MEKINIST ORAL TABLET 0.5 MG                                   | 5                   | PA NSO; NM; NDS; QL (90 per 30 days)  |
| MEKINIST ORAL TABLET 2 MG                                     | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)  |
| MEKTOVI ORAL TABLET 15 MG                                     | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>melphalan hcl intravenous recon soln 50 mg</i>             | 5                   | NM; NDS                               |
| <i>mercaptopurine oral tablet 50 mg</i>                       | 2                   | GC                                    |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i>   | 2                   | PA BvD; GC                            |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>   | 2                   | PA BvD; GC                            |
| <i>methotrexate sodium injection solution 25 mg/ml</i>        | 2                   | PA BvD; GC                            |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                 | 2                   | PA BvD; ST; GC                        |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i>           | 2                   | GC                                    |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG                         | 5                   | PA NSO; NM; NDS                       |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML                           | 5                   | PA NSO; NM; NDS                       |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) | 5                   | PA NSO; NM; NDS                       |
| NERLYNX ORAL TABLET 40 MG                                     | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| NEXAVAR ORAL TABLET 200 MG                                    | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i>                          | 5                   | NM; NDS                               |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                       | 5                   | PA NSO; NM; NDS; QL (3 per 28 days)   |
| NUBEQA ORAL TABLET 300 MG                                     | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG                                    | 5                   | PA NSO; NM; LA; NDS                   |

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|---|---------------------|---------------------------------------|
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG  | 5                   | PA NSO; NM; NDS                       |
| ONCASPAS INJECTION SOLUTION 750 UNIT/ML   | 5                   | PA NSO; NM; NDS                       |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML  | 5                   | NM; NDS                               |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG   | 5                   | PA NSO; NM; NDS                       |
| ONUREG ORAL TABLET 200 MG, 300 MG   | 5                   | PA NSO; NM; NDS; QL (14 per 28 days)  |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML                        | 5                   | PA NSO; NM; NDS                       |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>                                   | 2                   | GC                                    |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i> | 2                   | GC                                    |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i>   | 2                   | PA BvD; GC                            |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG  | 5                   | PA NSO; NM; NDS                       |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG  | 5                   | PA NSO; NM; NDS; QL (14 per 21 days)  |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)                                      | 5                   | PA NSO; NM; NDS                       |
| PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML                              | 5                   | PA NSO; NM; NDS; QL (15 per 21 days)  |
| PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG- 20000 UNIT/10ML                               | 5                   | PA NSO; NM; NDS; QL (10 per 21 days)  |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)  | 5                   | PA NSO; NM; NDS; QL (28 per 28 days)  |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)               | 5                   | PA NSO; NM; NDS; QL (56 per 28 days)  |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG   | 5                   | PA NSO; NM; NDS                       |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG  | 5                   | PA NSO; NM; NDS; QL (21 per 28 days)  |
| PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)                                    | 5                   | PA NSO; NM; NDS; QL (100 per 21 days) |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT  | 5                   | NM; NDS                               |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>           |
|---|----------------------------|--|
| PURIXAN ORAL SUSPENSION 20 MG/ML  | 5                          | NM; NDS                                  |
| QINLOCK ORAL TABLET 50 MG   | 5                          | PA NSO; NM; NDS; QL (90 per 30 days)     |
| RETEVMO ORAL CAPSULE 40 MG  | 5                          | PA NSO; NM; NDS; QL (180 per 30 days)    |
| RETEVMO ORAL CAPSULE 80 MG  | 5                          | PA NSO; NM; NDS; QL (120 per 30 days)    |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG                                | 5                          | PA NSO; NM; LA; NDS; QL (28 per 28 days) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML  | 5                          | PA NSO; NM; NDS                          |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 5                          | PA NSO; NM; NDS                          |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML  | 5                          | PA NSO; NM; NDS                          |
| ROZLYTREK ORAL CAPSULE 100 MG   | 5                          | PA NSO; NM; NDS; QL (180 per 30 days)    |
| ROZLYTREK ORAL CAPSULE 200 MG   | 5                          | PA NSO; NM; NDS; QL (90 per 30 days)     |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG  | 5                          | PA NSO; NM; NDS; QL (120 per 30 days)    |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML  | 5                          | PA NSO; NM; NDS                          |
| RYDAPT ORAL CAPSULE 25 MG   | 5                          | PA NSO; NM; NDS; QL (224 per 28 days)    |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML  | 5                          | PA NSO; NM; NDS                          |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML  | 5                          | NM; NDS                                  |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG                                       | 5                          | PA NSO; NM; NDS; QL (30 per 30 days)     |
| SPRYCEL ORAL TABLET 20 MG   | 5                          | PA NSO; NM; NDS; QL (90 per 30 days)     |
| STIVARGA ORAL TABLET 40 MG  | 5                          | PA NSO; NM; NDS; QL (84 per 28 days)     |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG  | 5                          | PA NSO; NM; NDS; QL (30 per 30 days)     |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG  | 5                          | PA NSO; NM; NDS                          |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites                  |
|---|---------------------|--|
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG                                     | 5                   | PA NSO; NM; NDS                          |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG  | 5                   | PA NSO; NM; NDS                          |
| TABLOID ORAL TABLET 40 MG   | 4                   |  |
| TABRECTA ORAL TABLET 150 MG, 200 MG   | 5                   | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG  | 5                   | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAGRISSE ORAL TABLET 40 MG, 80 MG   | 5                   | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG   | 5                   | PA NSO; NM; NDS; QL (90 per 30 days)     |
| TALZENNA ORAL CAPSULE 1 MG  | 5                   | PA NSO; NM; NDS; QL (30 per 30 days)     |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>   | 2                   | GC                                       |
| TARGRETIN TOPICAL GEL 1 %   | 5                   | PA NSO; NM; NDS                          |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG   | 5                   | PA NSO; NM; NDS; QL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG  | 5                   | PA NSO; NM; NDS; QL (120 per 30 days)    |
| TAZVERIK ORAL TABLET 200 MG   | 5                   | PA NSO; NM; NDS; QL (240 per 30 days)    |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | 5                   | PA NSO; NM; NDS                          |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG   | 5                   | PA NSO; NM; NDS                          |
| <i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>          | 5                   | PA BvD; NM; NDS; QL (4 per 28 days)      |
| <i>thiotepa injection recon soln 100 mg, 15 mg</i>                                | 5                   | NM; NDS                                  |
| TIBSOVO ORAL TABLET 250 MG  | 5                   | PA NSO; NM; NDS; QL (60 per 30 days)     |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG                         | 4                   |  |
| <i>toposar intravenous solution 20 mg/ml</i>                                      | 2                   | GC                                       |
| <i>topotecan intravenous recon soln 4 mg</i>                                      | 5                   | NM; NDS                                  |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>                         | 5                   | NM; NDS                                  |
| <i>toremifene oral tablet 60 mg</i>   | 5                   | NM; NDS                                  |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites                   |
|---|---------------------|---|
| TRAZIMERA INTRAVENOUS RECON SOLN 420 MG                                       | 5                   | PA NSO; NM; NDS                           |
| TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG                                  | 5                   | PA NSO; NM; NDS                           |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG                 | 5                   | NM; NDS; QL (1 per 84 days)               |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG                  | 5                   | NM; NDS; QL (1 per 168 days)              |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG                  | 5                   | NM; NDS; QL (1 per 28 days)               |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                          | 5                   | NM; NDS                                   |
| TRODELVY INTRAVENOUS RECON SOLN 180 MG  | 5                   | PA NSO; NM; NDS                           |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML   | 5                   | PA NSO; NM; NDS                           |
| TUKYSA ORAL TABLET 150 MG   | 5                   | PA NSO; NM; NDS; QL (120 per 30 days)     |
| TUKYSA ORAL TABLET 50 MG  | 5                   | PA NSO; NM; NDS; QL (300 per 30 days)     |
| TURALIO ORAL CAPSULE 200 MG   | 5                   | PA NSO; NM; NDS; QL (120 per 30 days)     |
| TYKERB ORAL TABLET 250 MG   | 5                   | PA NSO; NM; NDS                           |
| UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML                                       | 5                   | PA NSO; NM; NDS                           |
| <i>valrubicin intravesical solution 40 mg/ml</i>                              | 5                   | NM; NDS                                   |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) | 5                   | PA NSO; NM; NDS                           |
| VELCADE INJECTION RECON SOLN 3.5 MG   | 5                   | PA NSO; NM; NDS                           |
| VENCLEXTA ORAL TABLET 10 MG   | 3                   | PA NSO; LA; QL (60 per 30 days)           |
| VENCLEXTA ORAL TABLET 100 MG  | 5                   | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG   | 3                   | PA NSO; LA; QL (30 per 30 days)           |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG            | 5                   | PA NSO; NM; LA; NDS                       |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>        |
|---|----------------------------|---------------------------------------|
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                      | 5                          | PA NSO; NM; NDS; QL (56 per 28 days)  |
| <i>vinblastine intravenous solution 1 mg/ml</i>                         | 2                          | PA BvD; GC                            |
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>             | 2                          | PA BvD; GC                            |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>              | 2                          | PA BvD; GC                            |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>            | 2                          | GC                                    |
| VITRAKVI ORAL CAPSULE 100 MG  | 5                          | PA NSO; NM; NDS; QL (60 per 30 days)  |
| VITRAKVI ORAL CAPSULE 25 MG   | 5                          | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML   | 5                          | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                | 5                          | PA NSO; NM; NDS; QL (30 per 30 days)  |
| VOTRIENT ORAL TABLET 200 MG   | 5                          | PA NSO; NM; NDS; QL (120 per 30 days) |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG                                 | 5                          | PA BvD; NM; NDS                       |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                     | 5                          | PA NSO; NM; NDS; QL (60 per 30 days)  |
| XATMEP ORAL SOLUTION 2.5 MG/ML  | 4                          | PA BvD; ST                            |
| XOSPATA ORAL TABLET 40 MG   | 5                          | PA NSO; NM; NDS; QL (90 per 30 days)  |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)                              | 5                          | PA NSO; NM; NDS; QL (20 per 28 days)  |
| XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)                               | 5                          | PA NSO; NM; NDS; QL (8 per 28 days)   |
| XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4) | 5                          | PA NSO; NM; NDS; QL (16 per 28 days)  |
| XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)                               | 5                          | PA NSO; NM; NDS; QL (12 per 28 days)  |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)                        | 5                          | PA NSO; NM; NDS; QL (24 per 28 days)  |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)                        | 5                          | PA NSO; NM; NDS; QL (32 per 28 days)  |
| XTANDI ORAL CAPSULE 40 MG   | 5                          | PA NSO; NM; NDS; QL (120 per 30 days) |

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|---|---------------------|---------------------------------------|
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)   | 5                   | PA NSO; NM; NDS                       |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG  | 5                   | PA NSO; NM; NDS                       |
| YONSA ORAL TABLET 125 MG  | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) | 5                   | PA NSO; NM; NDS                       |
| ZEJULA ORAL CAPSULE 100 MG  | 5                   | PA NSO; NM; NDS; QL (90 per 30 days)  |
| ZELBORAF ORAL TABLET 240 MG   | 5                   | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG  | 5                   | PA NSO; NM; NDS                       |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML                                       | 5                   | PA NSO; NM; NDS                       |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG  | 4                   | QL (1 per 84 days)                    |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG   | 4                   | QL (1 per 28 days)                    |
| ZOLINZA ORAL CAPSULE 100 MG   | 5                   | NM; NDS                               |
| ZYDELIG ORAL TABLET 100 MG, 150 MG  | 5                   | PA NSO; NM; NDS; QL (60 per 30 days)  |
| ZYKADIA ORAL TABLET 150 MG  | 5                   | PA NSO; NM; NDS; QL (84 per 28 days)  |
| ZYTIGA ORAL TABLET 250 MG, 500 MG   | 5                   | PA NSO; NM; NDS; QL (120 per 30 days) |

### Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias

#### Agentes Anti-Adicción/De Tratamiento De Abuso De Sustancias

|  |   |                         |
|--|---|-------------------------|
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i> | 2 | GC                      |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>          | 2 | GC; QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>  | 4 | QL (60 per 30 days)     |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> | 4 | QL (30 per 30 days)     |

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|--|---------------------|-------------------------------|
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>               | 2                   | GC; QL (90 per 30 days)       |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 2                   | GC                            |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG                                  | 3                   | QL (336 per 365 days)         |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG   | 3                   | QL (336 per 365 days)         |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)        | 3                   |                               |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                   | 2                   | GC                            |
| LUCEMYRA ORAL TABLET 0.18 MG   | 5                   | NM; NDS; QL (228 per 14 days) |
| <i>naloxone injection solution 0.4 mg/ml</i>                                   | 2                   | GC                            |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>                           | 2                   | GC                            |
| <i>naltrexone oral tablet 50 mg</i>  | 2                   | GC                            |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION                                 | 3                   | QL (4 per 30 days)            |
| NICOTROL INHALATION CARTRIDGE 10 MG  | 4                   | QL (1008 per 90 days)         |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML            | 5                   | NM; NDS; QL (0.5 per 30 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML            | 5                   | NM; NDS; QL (1.5 per 30 days) |
| <b>Agentes Antiansiedad</b>  |                     |                               |
| <b>Benzodiacepinas</b>   |                     |                               |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>                            | 1                   | GC; QL (120 per 30 days)      |
| <i>alprazolam oral tablet 2 mg</i>   | 1                   | GC; QL (150 per 30 days)      |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i>        | 2                   | GC; QL (120 per 30 days)      |
| <i>alprazolam oral tablet extended release 24 hr 3 mg</i>                      | 2                   | GC; QL (90 per 30 days)       |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                 | 2                   | GC                            |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                    | 1                   | GC; QL (120 per 30 days)      |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                     | 1                   | GC; QL (90 per 30 days)       |
| <i>clonazepam oral tablet 2 mg</i>   | 1                   | GC; QL (300 per 30 days)      |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---|----------------------------|--------------------------------|
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 4                          | QL (90 per 30 days)            |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>                            | 4                          | QL (300 per 30 days)           |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>             | 2                          | GC; QL (180 per 30 days)       |
| <i>diazepam 5 mg/ml oral conc 5 mg/ml</i>                                     | 4                          | QL (1200 per 30 days)          |
| <i>diazepam injection solution 5 mg/ml</i>                                    | 2                          | GC; QL (10 per 28 days)        |
| <i>diazepam injection syringe 5 mg/ml</i>                                     | 2                          | GC; QL (10 per 28 days)        |
| <i>diazepam oral concentrate 5 mg/ml</i>                                      | 4                          | QL (1200 per 30 days)          |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                             | 4                          | QL (1200 per 30 days)          |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                 | 1                          | GC; QL (120 per 30 days)       |
| <i>estazolam oral tablet 1 mg</i>   | 2                          | GC; QL (60 per 30 days)        |
| <i>estazolam oral tablet 2 mg</i>   | 2                          | GC; QL (30 per 30 days)        |
| <i>flurazepam oral capsule 15 mg</i>  | 2                          | GC; QL (60 per 30 days)        |
| <i>flurazepam oral capsule 30 mg</i>  | 2                          | GC; QL (30 per 30 days)        |
| <i>lorazepam 2 mg/ml oral concent 2 mg/ml</i>                                 | 2                          | GC; QL (150 per 30 days)       |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>                          | 1                          | GC; QL (2 per 30 days)         |
| <i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>                           | 2                          | GC; QL (2 per 30 days)         |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>                            | 2                          | GC; QL (150 per 30 days)       |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>                                     | 1                          | GC; QL (90 per 30 days)        |
| <i>lorazepam oral tablet 2 mg</i>   | 1                          | GC; QL (150 per 30 days)       |
| <i>midazolam oral syrup 2 mg/ml</i>   | 2                          | GC; QL (10 per 30 days)        |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                              | 4                          | QL (120 per 30 days)           |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                                    | 1                          | GC; QL (30 per 30 days)        |
| <i>triazolam oral tablet 0.125 mg</i>   | 2                          | GC; QL (120 per 30 days)       |
| <i>triazolam oral tablet 0.25 mg</i>  | 2                          | GC; QL (60 per 30 days)        |
| <b>Agentes Antidemencia</b>   |                            |                                |
| <b>Agentes Antidemencia</b>   |                            |                                |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                                      | 2                          | GC; QL (30 per 30 days)        |
| <i>donepezil oral tablet 23 mg</i>  | 4                          | QL (30 per 30 days)            |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>                      | 2                          | GC; QL (30 per 30 days)        |
| <i>ergoloid oral tablet 1 mg</i>  | 4                          |                                |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>    | 2                          | GC; QL (30 per 30 days)        |
| <i>galantamine oral solution 4 mg/ml</i>                                      | 4                          | QL (200 per 30 days)           |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                              | 2                          | GC; QL (60 per 30 days)        |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>    | 4                          | PA; QL (30 per 30 days)        |
| <i>memantine oral solution 2 mg/ml</i>  | 4                          | PA; QL (360 per 30 days)       |

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|---|---------------------|-----------------------------------|
| <i>memantine oral tablet 10 mg, 5 mg</i>  | 2                   | PA; GC; QL (60 per 30 days)       |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG                          | 3                   | ST                                |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG              | 3                   | ST; QL (30 per 30 days)           |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                      | 2                   | GC; QL (60 per 30 days)           |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> | 4                   | QL (30 per 30 days)               |
| <b>Agentes Antidiabetico</b>  |                     |                                   |
| <b>Agentes Antidiabeticos, Varios</b>   |                     |                                   |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>  | 2                   | GC; QL (90 per 30 days)           |
| FARXIGA ORAL TABLET 10 MG, 5 MG   | 3                   | QL (30 per 30 days)               |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG  | 3                   | QL (60 per 30 days)               |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                                  | 3                   | QL (30 per 30 days)               |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                        | 3                   | QL (60 per 30 days)               |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG  | 3                   | QL (30 per 30 days)               |
| JARDIANCE ORAL TABLET 10 MG, 25 MG  | 3                   | QL (30 per 30 days)               |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG                               | 4                   | ST; QL (60 per 30 days)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                            | 4                   | ST; QL (60 per 30 days)           |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG                              | 4                   | ST; QL (30 per 30 days)           |
| KORLYM ORAL TABLET 300 MG   | 5                   | PA; NM; NDS; QL (112 per 28 days) |
| <i>metformin oral solution 500 mg/5 ml</i>  | 4                   | QL (765 per 30 days)              |
| <i>metformin oral tablet 1,000 mg</i>   | 1                   | GC; QL (75 per 30 days)           |
| <i>metformin oral tablet 500 mg</i>   | 1                   | GC; QL (150 per 30 days)          |
| <i>metformin oral tablet 850 mg</i>   | 1                   | GC; QL (90 per 30 days)           |
| <i>metformin oral tablet extended release 24 hr 500 mg</i>                                | 1                   | GC; QL (120 per 30 days)          |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>                                | 1                   | GC; QL (60 per 30 days)           |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites            |
|---|---------------------|------------------------------------|
| <i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>   | 4                   | QL (90 per 30 days)                |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>  | 2                   | GC; QL (90 per 30 days)            |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)     | 3                   | QL (3 per 28 days)                 |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>   | 1                   | GC; QL (30 per 30 days)            |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>   | 2                   | GC; QL (120 per 30 days)           |
| <i>repaglinide oral tablet 2 mg</i>   | 2                   | GC; QL (240 per 30 days)           |
| <i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>                                   | 4                   | QL (150 per 30 days)               |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG  | 3                   | QL (30 per 30 days)                |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML                                      | 5                   | PA; NM; NDS; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML                                       | 5                   | PA; NM; NDS; QL (10.8 per 28 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                         | 3                   | QL (60 per 30 days)                |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                      | 3                   | QL (30 per 30 days)                |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                     | 3                   | QL (60 per 30 days)                |
| TRADJENTA ORAL TABLET 5 MG  | 4                   | ST; QL (30 per 30 days)            |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 3                   | QL (2 per 28 days)                 |
| VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)                                  | 3                   | QL (9 per 30 days)                 |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG                          | 3                   | QL (30 per 30 days)                |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG              | 3                   | QL (60 per 30 days)                |
| <b>Insulinas</b>  |                     |                                    |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                     | 6                   | GC; QL (30 per 28 days)            |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)                         | 6                   | GC; QL (30 per 28 days)            |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---|----------------------------|--------------------------------|
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                       | 6                          | GC; QL (40 per 28 days)        |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML            | 6                          | GC; QL (40 per 28 days)        |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)  | 6                          | GC; QL (24 per 28 days)        |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | 6                          | GC; QL (30 per 28 days)        |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                      | 6                          | GC; QL (40 per 28 days)        |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)     | 6                          | GC; QL (40 per 28 days)        |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)    | 6                          | GC; QL (30 per 28 days)        |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)               | 6                          | GC; QL (30 per 28 days)        |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML             | 6                          | GC; QL (40 per 28 days)        |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)               | 6                          | GC; QL (30 per 28 days)        |
| NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML              | 6                          | GC; QL (40 per 28 days)        |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | 6                          | GC; QL (30 per 28 days)        |
| NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)   | 6                          | GC; QL (40 per 28 days)        |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 6                          | GC; QL (30 per 28 days)        |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML            | 6                          | GC; QL (30 per 28 days)        |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites        |
|---|---------------------|--------------------------------|
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML              | 6                   | GC; QL (40 per 28 days)        |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                  | 3                   | QL (30 per 30 days)            |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | 6                   | GC; QL (18 per 28 days)        |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 6                   | GC; QL (13.5 per 28 days)      |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)        | 3                   | QL (15 per 28 days)            |
| <b>Sulfonilureas</b>  |                     |                                |
| <i>glimepiride oral tablet 1 mg, 2 mg</i>                                   | 1                   | GC; QL (30 per 30 days)        |
| <i>glimepiride oral tablet 4 mg</i>   | 1                   | GC; QL (60 per 30 days)        |
| <i>glipizide oral tablet 10 mg</i>  | 1                   | GC; QL (120 per 30 days)       |
| <i>glipizide oral tablet 5 mg</i>   | 1                   | GC; QL (60 per 30 days)        |
| <i>glipizide oral tablet extended release 24hr 10 mg</i>                    | 2                   | GC; QL (60 per 30 days)        |
| <i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>             | 2                   | GC; QL (30 per 30 days)        |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>                           | 2                   | GC; QL (240 per 30 days)       |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>                 | 2                   | GC; QL (120 per 30 days)       |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                  | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                          | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>    | 1                   | PA-HRM; GC; AGE (Max 64 Years) |
| <b>Agentes Antigota</b>   |                     |                                |
| <b>Agentes Antigota, Otros</b>  |                     |                                |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                               | 1                   | GC                             |
| <i>colchicine oral tablet 0.6 mg</i>  | 4                   | PA; QL (120 per 30 days)       |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                  | 2                   | ST; GC; QL (30 per 30 days)    |
| MITIGARE ORAL CAPSULE 0.6 MG  | 2                   | GC; QL (60 per 30 days)        |
| <i>probenecid oral tablet 500 mg</i>  | 2                   | GC                             |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                         | 2                   | GC                             |

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|---|---------------------|------------------------------|
| <b>Agentes Antimigraña</b>  |                     |                              |
| <b>Agentes Antimigraña</b>  |                     |                              |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 140<br>MG/ML, 70 MG/ML           | 3                   | PA; QL (1 per 30 days)       |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 225<br>MG/1.5 ML                   | 3                   | PA; QL (1.5 per 30 days)     |
| AJOVY SYRINGE SUBCUTANEOUS<br>SYRINGE 225 MG/1.5 ML                                 | 3                   | PA; QL (1.5 per 30 days)     |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                                 | 5                   | NM; NDS; QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray,non-aerosol 0.5<br/>mg/pump act. (4 mg/ml)</i>     | 5                   | NM; NDS; QL (8 per 28 days)  |
| EMGALITY PEN SUBCUTANEOUS PEN<br>INJECTOR 120 MG/ML                                 | 3                   | PA; QL (2 per 30 days)       |
| EMGALITY SYRINGE SUBCUTANEOUS<br>SYRINGE 120 MG/ML                                  | 3                   | PA; QL (2 per 30 days)       |
| EMGALITY SYRINGE SUBCUTANEOUS<br>SYRINGE 300 MG/3 ML (100 MG/ML X 3)                | 3                   | PA; QL (3 per 30 days)       |
| ERGOMAR SUBLINGUAL TABLET 2 MG  | 5                   | NM; NDS; QL (20 per 28 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>   | 4                   | QL (9 per 30 days)           |
| NURTEC ODT ORAL<br>TABLET,DISINTEGRATING 75 MG                                      | 3                   | PA; QL (16 per 30 days)      |
| REYVOW ORAL TABLET 100 MG, 50 MG  | 3                   | PA; QL (8 per 30 days)       |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i>  | 2                   | GC; QL (12 per 30 days)      |
| <i>rizatriptan oral tablet,disintegrating 10 mg, 5<br/>mg</i>                       | 2                   | GC; QL (12 per 30 days)      |
| <i>sumatriptan nasal spray,non-aerosol 20<br/>mglactuation</i>                      | 4                   | QL (12 per 30 days)          |
| <i>sumatriptan nasal spray,non-aerosol 5<br/>mglactuation</i>                       | 4                   | QL (18 per 30 days)          |
| <i>sumatriptan succinate oral tablet 100 mg</i>                                     | 2                   | GC; QL (9 per 30 days)       |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>                               | 2                   | GC; QL (18 per 30 days)      |
| <i>sumatriptan succinate subcutaneous cartridge 6<br/>mg/0.5 ml</i>                 | 4                   | QL (4 per 28 days)           |
| <i>sumatriptan succinate subcutaneous pen injector<br/>4 mg/0.5 ml, 6 mg/0.5 ml</i> | 4                   | QL (4 per 28 days)           |
| <i>sumatriptan succinate subcutaneous solution 6<br/>mg/0.5 ml</i>                  | 4                   | QL (4 per 28 days)           |
| <i>sumatriptan succinate subcutaneous syringe 6<br/>mg/0.5 ml</i>                   | 4                   | QL (4 per 28 days)           |

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|---|---------------------|----------------------------|
| UBRELVY ORAL TABLET 100 MG, 50 MG                                       | 3                   | PA; QL (16 per 30 days)    |
| VYEPTI INTRAVENOUS SOLUTION 100 MG/ML                                   | 4                   | PA; QL (1 per 30 days)     |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                            | 4                   | QL (6 per 30 days)         |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>            | 4                   | QL (6 per 30 days)         |
| <b>Agentes Antinausea</b>   |                     |                            |
| <b>Agentes Antinausea</b>   |                     |                            |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG              | 4                   |                            |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML      | 4                   |                            |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                            | 4                   | PA BvD                     |
| <i>aprepitant oral capsule 125 mg</i>                                   | 4                   | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i>                                    | 4                   | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i>                                    | 4                   | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)-80 mg (2)</i>          | 4                   | PA BvD; QL (6 per 28 days) |
| CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML                                 | 4                   | QL (36 per 28 days)        |
| <i>compro rectal suppository 25 mg</i>                                  | 4                   |                            |
| <i>dimenhydrinate injection solution 50 mg/ml</i>                       | 2                   | GC                         |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                      | 4                   | PA; QL (60 per 30 days)    |
| <i>droperidol injection solution 2.5 mg/ml</i>                          | 2                   | GC                         |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 4                   | PA BvD; QL (6 per 28 days) |
| <i>fosaprepitant intravenous recon soln 150 mg</i>                      | 4                   | QL (2 per 28 days)         |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i> | 2                   | GC                         |
| <i>granisetron hcl intravenous solution 1 mg/ml</i>                     | 2                   | GC                         |
| <i>granisetron hcl oral tablet 1 mg</i>                                 | 4                   | PA BvD                     |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                             | 2                   | GC                         |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>                | 1                   | GC                         |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>                 | 1                   | GC                         |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i>                     | 2                   | GC                         |

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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites                             |
|--|---------------------|---|
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                     | 4                   | PA BvD  |
| <i>ondansetron hcl oral tablet 24 mg</i>   | 4                   | PA BvD  |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                      | 2                   | PA BvD; GC  |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                          | 2                   | PA BvD; GC  |
| <i>phenadoz rectal suppository 12.5 mg, 25 mg</i>                                  | 4                   | PA-HRM; AGE (Max 64 Years)                          |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i> | 2                   | GC  |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                            | 2                   | GC  |
| <i>prochlorperazine rectal suppository 25 mg</i>                                   | 4                   |   |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>                          | 4                   | PA-HRM; AGE (Max 64 Years)                          |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                              | 1                   | PA-HRM; GC; AGE (Max 64 Years)                      |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>                       | 4                   | PA-HRM; AGE (Max 64 Years)                          |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>                        | 4                   | PA-HRM; AGE (Max 64 Years)                          |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>                   | 2                   | PA-HRM; GC; QL (10 per 30 days); AGE (Max 64 Years) |
| SYNDROS ORAL SOLUTION 5 MG/ML  | 5                   | PA; NM; NDS; QL (120 per 30 days)                   |

### Agentes Antiparasitarios

#### Agentes Antiparasitarios

|  |   |                                  |
|--|---|----------------------------------|
| <i>albendazole oral tablet 200 mg</i>                          | 5 | NM; NDS                          |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML          | 5 | NM; NDS                          |
| ALINIA ORAL TABLET 500 MG                                      | 5 | NM; NDS                          |
| <i>atovaquone oral suspension 750 mg/5 ml</i>                  | 5 | NM; NDS                          |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> | 2 | GC                               |
| <i>chloroquine phosphate oral tablet 250 mg</i>                | 2 | GC; QL (50 per 30 days)          |
| <i>chloroquine phosphate oral tablet 500 mg</i>                | 2 | GC; QL (25 per 30 days)          |
| COARTEM ORAL TABLET 20-120 MG                                  | 4 |                                  |
| <i>hydroxychloroquine oral tablet 200 mg</i>                   | 2 | GC; QL (90 per 30 days)          |
| IMPAVIDO ORAL CAPSULE 50 MG                                    | 5 | PA; NM; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i>                             | 2 | GC                               |
| KRINTAFEL ORAL TABLET 150 MG                                   | 4 |                                  |
| <i>mefloquine oral tablet 250 mg</i>                           | 2 | GC                               |
| <i>nitazoxanide oral tablet 500 mg</i>                         | 5 | NM; NDS                          |
| <i>paromomycin oral capsule 250 mg</i>                         | 4 |                                  |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites           |
|---|---------------------|-----------------------------------|
| <i>pentamidine inhalation recon soln 300 mg</i>   | 2                   | PA BvD; GC                        |
| <i>pentamidine injection recon soln 300 mg</i>  | 4                   |                                   |
| PRIMAQUINE ORAL TABLET 26.3 MG  | 4                   |                                   |
| <i>pyrimethamine oral tablet 25 mg</i>  | 5                   | PA; NM; NDS                       |
| <i>quinine sulfate oral capsule 324 mg</i>  | 4                   | PA; QL (42 per 7 days)            |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>  | 2                   | GC                                |
| <b>Agentes Antiparkinson</b>  |                     |                                   |
| <b>Agentes Antiparkinson</b>  |                     |                                   |
| <i>amantadine hcl oral capsule 100 mg</i>   | 2                   | GC                                |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>  | 2                   | GC                                |
| <i>amantadine hcl oral tablet 100 mg</i>  | 2                   | GC                                |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML  | 5                   | PA; NM; NDS; QL (60 per 30 days)  |
| <i>benztropine injection solution 1 mg/ml</i>   | 2                   | GC                                |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 2                   | GC                                |
| <i>bromocriptine oral capsule 5 mg</i>  | 4                   |                                   |
| <i>bromocriptine oral tablet 2.5 mg</i>   | 2                   | GC                                |
| <i>cabergoline oral tablet 0.5 mg</i>   | 2                   | GC                                |
| <i>carbidopa oral tablet 25 mg</i>  | 2                   | GC                                |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>   | 2                   | GC                                |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>   | 2                   | GC                                |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>   | 4                   |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 4                   |                                   |
| <i>entacapone oral tablet 200 mg</i>  | 2                   | GC                                |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG  | 5                   | PA; NM; NDS; QL (60 per 30 days)  |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG   | 5                   | PA; NM; NDS; QL (30 per 30 days)  |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG   | 5                   | PA; NM; NDS; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG   | 5                   | PA; NM; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG   | 5                   | PA; NM; NDS                       |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites          |
|---|---------------------|----------------------------------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | 3                   | QL (30 per 30 days)              |
| ONGENTYS ORAL CAPSULE 50 MG   | 4                   | PA; QL (30 per 30 days)          |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG   | 4                   | QL (30 per 30 days)              |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)                                       | 4                   | QL (60 per 30 days)              |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                     | 1                   | GC                               |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i>  | 4                   |                                  |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>   | 2                   | GC                               |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                  | 4                   |                                  |
| <i>selegiline hcl oral capsule 5 mg</i>   | 2                   | GC                               |
| <i>selegiline hcl oral tablet 5 mg</i>  | 2                   | GC                               |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>  | 2                   | GC                               |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>   | 1                   | GC                               |
| XADAGO ORAL TABLET 100 MG, 50 MG  | 5                   | PA; NM; NDS; QL (30 per 30 days) |
| <b>Agentes Antipsicóticos</b>   |                     |                                  |
| <b>Agentes Antipsicóticos</b>   |                     |                                  |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG   | 5                   | NM; NDS; QL (1 per 28 days)      |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG  | 5                   | NM; NDS; QL (1 per 28 days)      |
| <i>aripiprazole oral solution 1 mg/ml</i>   | 4                   | QL (900 per 30 days)             |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>  | 4                   | QL (30 per 30 days)              |
| <i>aripiprazole oral tablet 2 mg</i>  | 4                   | QL (60 per 30 days)              |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>  | 5                   | ST; NM; NDS; QL (90 per 30 days) |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>  | 5                   | ST; NM; NDS; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML  | 5                   | NM; NDS; QL (4.8 per 365 days)   |

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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites           |
|--|---------------------|-----------------------------------|
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>1,064 MG/3.9 ML                              | 5                   | NM; NDS; QL (3.9 per 56 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>441 MG/1.6 ML                                | 5                   | NM; NDS; QL (1.6 per 28 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>662 MG/2.4 ML                                | 5                   | NM; NDS; QL (2.4 per 28 days)     |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING<br>882 MG/3.2 ML                                | 5                   | NM; NDS; QL (3.2 per 28 days)     |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>   | 2                   | ST; GC; QL (60 per 30 days)       |
| CAPLYTA ORAL CAPSULE 42 MG   | 5                   | ST; NM; NDS; QL (30 per 30 days)  |
| <i>chlorpromazine injection solution 25 mg/ml</i>  | 2                   | GC                                |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                                    | 4                   |                                   |
| <i>clozapine oral tablet 100 mg</i>  | 2                   | GC; QL (270 per 30 days)          |
| <i>clozapine oral tablet 200 mg</i>  | 2                   | GC; QL (135 per 30 days)          |
| <i>clozapine oral tablet 25 mg, 50 mg</i>  | 2                   | GC; QL (90 per 30 days)           |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>                                      | 4                   | ST; QL (90 per 30 days)           |
| <i>clozapine oral tablet, disintegrating 150 mg</i>  | 4                   | ST; QL (180 per 30 days)          |
| <i>clozapine oral tablet, disintegrating 200 mg</i>  | 5                   | ST; NM; NDS; QL (120 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 2 MG  | 4                   | ST; QL (60 per 30 days)           |
| FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG  | 5                   | ST; NM; NDS; QL (60 per 30 days)  |
| FANAPT ORAL TABLETS, DOSE PACK<br>1MG(2)-2MG(2)- 4MG(2)-6MG(2)   | 4                   | ST                                |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>  | 2                   | GC                                |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>   | 2                   | GC                                |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>   | 4                   |                                   |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>  | 4                   |                                   |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>  | 4                   |                                   |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i> | 2                   | GC                                |
| <i>haloperidol lactate injection solution 5 mg/ml</i>  | 2                   | GC                                |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>       |
|---|----------------------------|--------------------------------------|
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i>                | 2                          | GC                                   |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                     | 2                          | GC                                   |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>   | 2                          | GC                                   |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                    | 5                          | NM; NDS; QL (0.75 per 28 days)       |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML                         | 5                          | NM; NDS; QL (1 per 28 days)          |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                     | 5                          | NM; NDS; QL (1.5 per 28 days)        |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML                     | 4                          | QL (0.25 per 28 days)                |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML                      | 5                          | NM; NDS; QL (0.5 per 28 days)        |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML                     | 5                          | NM; NDS; QL (0.875 per 84 days)      |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML                     | 5                          | NM; NDS; QL (1.315 per 84 days)      |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML                      | 5                          | NM; NDS; QL (1.75 per 84 days)       |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML                     | 5                          | NM; NDS; QL (2.625 per 84 days)      |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG                          | 3                          | QL (30 per 30 days)                  |
| LATUDA ORAL TABLET 80 MG  | 3                          | QL (60 per 30 days)                  |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>        | 2                          | GC                                   |
| <i>molindone oral tablet 10 mg</i>                                      | 2                          | GC; QL (240 per 30 days)             |
| <i>molindone oral tablet 25 mg</i>                                      | 2                          | GC; QL (270 per 30 days)             |
| <i>molindone oral tablet 5 mg</i>                                       | 2                          | GC; QL (120 per 30 days)             |
| NUPLAZID ORAL CAPSULE 34 MG   | 5                          | PA NSO; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG  | 5                          | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i>                        | 2                          | GC; QL (30 per 30 days)              |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 2                          | GC; QL (30 per 30 days)              |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> | 4                          | QL (30 per 30 days)                  |

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|---|----------------------------|-----------------------------------|
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>                    | 4                          | QL (30 per 30 days)               |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                            | 4                          | QL (60 per 30 days)               |
| <i>paliperidone oral tablet extended release 24hr 9 mg</i>                            | 5                          | NM; NDS; QL (30 per 30 days)      |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                               | 4                          |                                   |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG           | 5                          | NM; NDS; QL (1 per 30 days)       |
| <i>pimozide oral tablet 1 mg, 2 mg</i>  | 2                          | GC                                |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>            | 2                          | GC; QL (90 per 30 days)           |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i>            | 4                          | QL (30 per 30 days)               |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i>                   | 4                          | QL (60 per 30 days)               |
| REXULTI ORAL TABLET 0.25 MG   | 5                          | ST; NM; NDS; QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.5 MG  | 5                          | ST; NM; NDS; QL (60 per 30 days)  |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG  | 5                          | ST; NM; NDS; QL (30 per 30 days)  |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML | 4                          | QL (4 per 28 days)                |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML | 5                          | NM; NDS; QL (4 per 28 days)       |
| <i>risperidone oral solution 1 mg/ml</i>  | 2                          | GC; QL (480 per 30 days)          |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                | 2                          | GC; QL (60 per 30 days)           |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>            | 4                          | QL (60 per 30 days)               |
| <i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>                             | 4                          | QL (120 per 30 days)              |
| SAPHRIS SUBLINGUAL TABLET 10 MG   | 5                          | ST; NM; NDS; QL (60 per 30 days)  |
| SAPHRIS SUBLINGUAL TABLET 2.5 MG, 5 MG  | 4                          | ST; QL (60 per 30 days)           |

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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites           |
|--|---------------------|-----------------------------------|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 5                   | ST; NM; NDS; QL (30 per 30 days)  |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                      | 2                   | GC                                |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                          | 4                   |                                   |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                       | 2                   | GC                                |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML   | 5                   | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                  | 5                   | ST; NM; NDS; QL (30 per 30 days)  |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)                              | 4                   | ST                                |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                   | 2                   | GC; QL (60 per 30 days)           |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>      | 2                   | GC; QL (6 per 28 days)            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG              | 4                   | QL (2 per 28 days)                |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG              | 5                   | NM; NDS; QL (2 per 28 days)       |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG              | 5                   | NM; NDS; QL (1 per 28 days)       |
| <b>Agentes Calóricos</b>   |                     |                                   |
| <b>Agentes Calóricos</b>   |                     |                                   |
| AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                               | 4                   | PA BvD                            |
| AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %               | 4                   | PA BvD                            |
| AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %                             | 4                   | PA BvD                            |
| AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %                | 4                   | PA BvD                            |

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|---|----------------------------|--------------------------------|
| AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                 | 4                          | PA BvD                         |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %                 | 4                          | PA BvD                         |
| AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %                   | 4                          | PA BvD                         |
| AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %               | 4                          | PA BvD                         |
| AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %  | 4                          | PA BvD                         |
| AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %                | 4                          | PA BvD                         |
| AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %                   | 4                          | PA BvD                         |
| AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                 | 4                          | PA BvD                         |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %    | 4                          | PA BvD                         |
| AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %               | 4                          | PA BvD                         |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %     | 4                          | PA BvD                         |
| CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %     | 4                          | PA BvD                         |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %  | 4                          | PA BvD                         |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 4                          | PA BvD                         |
| CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %  | 4                          | PA BvD                         |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %    | 4                          | PA BvD                         |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---|----------------------------|--------------------------------|
| CLINIMIX 6%-D5W (SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 6-5 %    | 4                          | PA BvD                         |
| CLINIMIX 8%-D10W(SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 8-10 %   | 4                          | PA BvD                         |
| CLINIMIX 8%-D14W(SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 8-14 %   | 4                          | PA BvD                         |
| CLINIMIX E 2.75%/D5W SULF FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 2.75 %   | 4                          | PA BvD                         |
| CLINIMIX E 4.25%/D10W SUL FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %   | 4                          | PA BvD                         |
| CLINIMIX E 4.25%/D5W SULF FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %   | 4                          | PA BvD                         |
| CLINIMIX E 5%/D15W SULFIT FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 5 %      | 4                          | PA BvD                         |
| CLINIMIX E 5%/D20W SULFIT FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 5 %      | 4                          | PA BvD                         |
| CLINIMIX E 8%-D10W SULFITEFREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 8-10 %   | 4                          | PA BvD                         |
| CLINIMIX E 8%-D14W SULFITEFREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 8-14 %   | 4                          | PA BvD                         |
| CLINOLIPID INTRAVENOUS<br>EMULSION 20 %                                       | 4                          | PA BvD                         |
| <i>dextrose 10 % in water (d10w) intravenous<br/>parenteral solution 10 %</i> | 2                          | PA BvD; GC                     |
| <i>dextrose 5 % in water (d5w) intravenous<br/>parenteral solution</i>        | 2                          | GC                             |
| <i>dextrose 5%-water iv soln single use 5 %</i>                               | 2                          | GC                             |
| FREAMINE HBC 6.9 % INTRAVENOUS<br>PARENTERAL SOLUTION 6.9 %                   | 4                          | PA BvD                         |
| FREAMINE III 10 % INTRAVENOUS<br>PARENTERAL SOLUTION 10 %                     | 4                          | PA BvD                         |

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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites           |
|--|---------------------|-----------------------------------|
| HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %                      | 4                   | PA BvD                            |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                             | 4                   | PA BvD                            |
| KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %                            | 4                   | PA BvD                            |
| NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %                 | 4                   | PA BvD                            |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                   | 4                   | PA BvD                            |
| PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %                        | 4                   | PA BvD                            |
| PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %                     | 4                   | PA BvD                            |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION                            | 4                   | PA BvD                            |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                     | 4                   | PA BvD                            |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                   | 4                   | PA BvD                            |
| TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %                      | 4                   | PA BvD                            |
| <b>Agentes Cardiovasculares</b>  |                     |                                   |
| <b>Agentes Alfa-Adrenérgicos</b>                                       |                     |                                   |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                | 1                   | GC                                |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>   | 4                   | QL (4 per 28 days)                |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>                 | 4                   | QL (8 per 28 days)                |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                    | 2                   | GC                                |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                               | 2                   | GC                                |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                           | 2                   | GC                                |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i> | 4                   |                                   |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                       | 2                   | GC                                |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG                           | 5                   | PA; NM; NDS; QL (180 per 30 days) |
| <i>phenylephrine hcl injection solution 10 mg/ml</i>                   | 2                   | GC                                |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                          | 2                   | GC                                |
| <b>Agentes Antiarrítmicos</b>  |                     |                                   |
| <i>amiodarone oral tablet 100 mg, 400 mg</i>                           | 4                   |                                   |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---|----------------------------|--------------------------------|
| <i>amiodarone oral tablet 200 mg</i>  | 1                          | GC                             |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                                   | 2                          | PA-HRM; GC; AGE (Max 64 Years) |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                                    | 4                          |                                |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>   | 2                          | GC                             |
| <i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>                 | 1                          | GC                             |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                                       | 2                          | GC                             |
| <b>MULTAQ ORAL TABLET 400 MG</b>  | 3                          |                                |
| <i>pacerone oral tablet 100 mg, 400 mg</i>  | 4                          |                                |
| <i>pacerone oral tablet 200 mg</i>  | 1                          | GC                             |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>                                 | 2                          | GC                             |
| <i>procainamide intravenous syringe 100 mg/ml</i>   | 2                          | GC                             |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>              | 4                          |                                |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                                       | 2                          | GC                             |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                              | 4                          |                                |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>   | 2                          | GC                             |
| <b>Agentes Bloqueadores Beta-Adrenérgicos</b>   |                            |                                |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>   | 2                          | GC                             |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>  | 1                          | GC                             |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                              | 2                          | GC                             |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>   | 2                          | GC                             |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>  | 2                          | GC                             |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>        | 2                          | GC                             |
| <b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>                                      | 3                          |                                |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                             | 1                          | GC                             |
| <i>labetalol intravenous solution 5 mg/ml</i>   | 2                          | GC                             |
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>                                   | 2                          | GC                             |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>   | 2                          | GC                             |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | 2                          | GC                             |

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| <b>Nombre del Medicamento</b>  | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|--|----------------------------|--------------------------------|
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>       | 2                          | GC                             |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>                              | 2                          | GC                             |
| <i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>                               | 2                          | GC                             |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                            | 1                          | GC                             |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>   | 2                          | GC                             |
| <i>pindolol oral tablet 10 mg, 5 mg</i>  | 4                          |                                |
| <i>propranolol intravenous solution 1 mg/ml</i>  | 2                          | GC                             |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>    | 4                          |                                |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>            | 2                          | GC                             |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                       | 2                          | GC                             |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                   | 2                          | GC                             |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                | 2                          | GC                             |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>                                    | 2                          | GC                             |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                               | 2                          | GC                             |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                  | 4                          |                                |
| <b>Agentes Bloqueadores Da Canal De Calcio</b>   |                            |                                |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>     | 2                          | GC                             |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i>                                      | 2                          | GC                             |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>          | 2                          | GC                             |
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i>                        | 4                          |                                |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>                        | 2                          | GC                             |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2                          | GC                             |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                           | 2                          | GC                             |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>              | 2                          | GC                             |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites          |
|---|---------------------|----------------------------------|
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>            | 4                   |                                  |
| <i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>          | 2                   | GC                               |
| <i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2                   | GC                               |
| <i>verapamil intravenous syringe 2.5 mg/ml</i>  | 2                   | GC                               |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                              | 2                   | GC                               |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>                          | 2                   | GC                               |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>  | 4                   |                                  |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>   | 1                   | GC                               |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                  | 1                   | GC                               |
| <b>Agentes Cardiovasculares, Varios</b>   |                     |                                  |
| <b>CORLANOR ORAL SOLUTION 5 MG/5 ML</b>   | 3                   |                                  |
| <b>CORLANOR ORAL TABLET 5 MG, 7.5 MG</b>  | 3                   |                                  |
| <b>DEMSEER ORAL CAPSULE 250 MG</b>  | 5                   | NM; NDS                          |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                                      | 2                   | GC                               |
| <i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>  | 2                   | GC                               |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>  | 2                   | GC                               |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                                      | 2                   | GC                               |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>                              | 2                   | GC; QL (4 per 30 days)           |
| <i>epinephrine injection solution 1 mg/ml</i>   | 1                   | GC                               |
| <i>hydralazine injection solution 20 mg/ml</i>  | 2                   | GC                               |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>  | 2                   | GC                               |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i>  | 5                   | PA; NM; NDS; QL (18 per 30 days) |
| <i>metyrosine oral capsule 250 mg</i>   | 5                   | NM; NDS                          |
| <i>milrinone intravenous solution 1 mg/ml</i>   | 5                   | PA BvD; NM; NDS                  |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites           |
|---|---------------------|-----------------------------------|
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>   | 4                   |                                   |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML   | 3                   | QL (4 per 30 days)                |
| VYNDAMAX ORAL CAPSULE 61 MG   | 5                   | PA; NM; NDS; QL (30 per 30 days)  |
| VYNDAQEL ORAL CAPSULE 20 MG   | 5                   | PA; NM; NDS; QL (120 per 30 days) |
| <b>Antagonistas De Receptores De Angiotensina Ii</b>  |                     |                                   |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>   | 4                   |                                   |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                                  | 4                   |                                   |
| EDARBI ORAL TABLET 40 MG, 80 MG   | 3                   |                                   |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG   | 3                   |                                   |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG  | 3                   |                                   |
| <i>eprosartan oral tablet 600 mg</i>  | 4                   |                                   |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>   | 1                   | GC                                |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>  | 2                   | GC                                |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>  | 1                   | GC                                |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                  | 1                   | GC                                |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>  | 2                   | GC                                |
| <i>olmesartan-amlodipin-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 4                   |                                   |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                  | 2                   | GC                                |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>  | 2                   | GC                                |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                      | 4                   |                                   |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                                  | 4                   |                                   |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>   | 2                   | GC                                |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>         | 1                   | GC                                |
| <b>Dihidropiridinas</b>   |                     |                                   |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 1                   | GC                                |

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|--|----------------------------|--------------------------------|
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>   | 2                          | GC                             |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>  | 2                          | GC                             |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>   | 2                          | GC                             |
| <i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>                               | 4                          |                                |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>   | 2                          | GC                             |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>  | 4                          |                                |
| <b>KATERZIA ORAL SUSPENSION 1 MG/ML</b>  | 4                          | ST; QL (300 per 30 days)       |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>   | 4                          |                                |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>  | 4                          |                                |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>  | 2                          | GC                             |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>   | 2                          | GC                             |
| <b>Dislipidémicos</b>  |                            |                                |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | 4                          |                                |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>   | 1                          | GC                             |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i>  | 2                          | GC                             |
| <i>cholestyramine light oral powder 4 gram</i>   | 2                          | GC                             |
| <i>cholestyramine light packet 4 gram</i>  | 2                          | GC                             |
| <i>colesevelam oral tablet 625 mg</i>  | 2                          | GC                             |
| <i>colestipol oral packet 5 gram</i>   | 2                          | GC                             |
| <i>colestipol oral tablet 1 gram</i>   | 2                          | GC                             |
| <b>EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG</b>   | 4                          | ST; QL (30 per 30 days)        |
| <i>ezetimibe oral tablet 10 mg</i>   | 2                          | GC; QL (30 per 30 days)        |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>  | 2                          | GC; QL (30 per 30 days)        |

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|---|----------------------------|----------------------------------|
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>            | 4                          |                                  |
| <i>fenofibrate micronized oral capsule 43 mg</i>                                    | 2                          | GC                               |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                       | 2                          | GC                               |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>  | 2                          | GC                               |
| <i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i> | 4                          |                                  |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i>  | 4                          |                                  |
| <i>gemfibrozil oral tablet 600 mg</i>   | 1                          | GC                               |
| JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG                                    | 5                          | PA; NM; NDS; QL (30 per 30 days) |
| JUXTAPID ORAL CAPSULE 20 MG   | 5                          | PA; NM; NDS; QL (90 per 30 days) |
| JUXTAPID ORAL CAPSULE 5 MG  | 5                          | PA; NM; NDS; QL (45 per 30 days) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG   | 3                          | QL (30 per 30 days)              |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                                   | 1                          | GC                               |
| NEXLETOL ORAL TABLET 180 MG   | 3                          | QL (30 per 30 days)              |
| NEXLIZET ORAL TABLET 180-10 MG  | 3                          | QL (30 per 30 days)              |
| <i>niacin oral tablet 500 mg</i>  | 4                          |                                  |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>                   | 4                          |                                  |
| <i>niacin oral tablet extended release 24 hr 500 mg</i>                             | 2                          | GC                               |
| <i>niacor oral tablet 500 mg</i>  | 2                          | GC                               |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>                                | 2                          | GC; QL (120 per 30 days)         |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML                          | 4                          | QL (2 per 28 days)               |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                           | 1                          | GC                               |
| <i>prevalite oral powder in packet 4 gram</i>                                       | 2                          | GC                               |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML                     | 4                          | QL (3.5 per 28 days)             |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML                               | 4                          | QL (3 per 28 days)               |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                                      | 4                          | QL (3 per 28 days)               |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                           | 1                          | GC; QL (30 per 30 days)          |

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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites           |
|--|---------------------|-----------------------------------|
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>  | 1                   | GC; QL (30 per 30 days)           |
| VASCEPA ORAL CAPSULE 0.5 GRAM  | 3                   | QL (240 per 30 days)              |
| VASCEPA ORAL CAPSULE 1 GRAM  | 3                   | QL (120 per 30 days)              |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM  | 2                   | GC                                |
| <b>Diuréticos</b>  |                     |                                   |
| <i>amiloride oral tablet 5 mg</i>  | 2                   | GC                                |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>   | 2                   | GC                                |
| <i>bumetanide injection solution 0.25 mg/ml</i>  | 4                   |                                   |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 2                   | GC                                |
| <i>chlorothiazide oral tablet 500 mg</i>   | 2                   | GC                                |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i>   | 2                   | GC                                |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   | 2                   | GC                                |
| <i>furosemide injection solution 10 mg/ml</i>  | 1                   | GC                                |
| <i>furosemide injection syringe 10 mg/ml</i>   | 2                   | GC                                |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>   | 1                   | GC                                |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>  | 1                   | GC                                |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>  | 1                   | GC                                |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>   | 1                   | GC                                |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>  | 1                   | GC                                |
| JYNARQUE ORAL TABLET 15 MG, 30 MG  | 5                   | PA; NM; NDS; QL (120 per 30 days) |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 5                   | PA; NM; NDS; QL (56 per 28 days)  |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2                   | GC                                |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>   | 1                   | GC                                |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>   | 2                   | GC                                |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>   | 2                   | GC                                |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>  | 1                   | GC                                |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites |
|---|---------------------|-------------------------|
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>                        | 1                   | GC                      |
| <b>Inhibidores De Enzima Convertidoras De Angiotensina</b>                                    |                     |                         |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                       | 1                   | GC                      |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | 2                   | GC                      |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                    | 2                   | GC                      |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>       | 4                   |                         |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                               | 2                   | GC                      |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i>  | 2                   | GC                      |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                          | 1                   | GC                      |
| EPANED ORAL SOLUTION 1 MG/ML  | 4                   | ST                      |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>   | 1                   | GC                      |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                      | 2                   | GC                      |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                        | 1                   | GC                      |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>            | 1                   | GC                      |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>  | 2                   | GC                      |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                      | 2                   | GC                      |
| QBRELIS ORAL SOLUTION 1 MG/ML   | 5                   | ST; NM; NDS             |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>  | 1                   | GC                      |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>             | 2                   | GC                      |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                     | 1                   | GC                      |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>  | 2                   | GC                      |
| <b>Inhibidores Del Sistema De Renina-Angiotensina-Aldosterona</b>                             |                     |                         |
| <i>aliskiren oral tablet 150 mg, 300 mg</i>   | 4                   |                         |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML   | 4                   | ST                      |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>  | 4                   |                         |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites |
|---|---------------------|-------------------------|
| <b>Vasodilatadores</b>  |                     |                         |
| BIDIL ORAL TABLET 20-37.5 MG  | 3                   |                         |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                             | 2                   | GC                      |
| <i>isosorbide dinitrate oral tablet extended release 40 mg</i>                                | 2                   | GC                      |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>  | 2                   | GC                      |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>         | 1                   | GC                      |
| <i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>      | 2                   | GC                      |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>  | 2                   | GC                      |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>                               | 2                   | GC                      |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>                                 | 2                   | GC                      |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> | 2                   | GC                      |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b>  |                     |                         |
| <b>Agentes De Enfermedad Intestinal Inflamatoria</b>  |                     |                         |
| <i>alosetron oral tablet 0.5 mg</i>   | 2                   | GC                      |
| <i>alosetron oral tablet 1 mg</i>   | 5                   | NM; NDS                 |
| <i>balsalazide oral capsule 750 mg</i>  | 2                   | GC                      |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>                                 | 4                   |                         |
| <i>colocort rectal enema 100 mg/60 ml</i>   | 2                   | GC                      |
| DIPENTUM ORAL CAPSULE 250 MG  | 5                   | NM; NDS                 |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>   | 4                   |                         |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>                                  | 4                   |                         |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>                              | 4                   |                         |
| <i>mesalamine oral tablet, delayed release (drlec) 1.2 gram, 800 mg</i>                       | 4                   |                         |
| <i>mesalamine rectal suppository 1,000 mg</i>   | 5                   | NM; NDS                 |
| <i>sulfasalazine oral tablet 500 mg</i>   | 2                   | GC                      |
| <i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>                              | 2                   | GC                      |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites            |
|---|---------------------|------------------------------------|
| UCERIS RECTAL FOAM 2 MG/ACTUATION   | 3                   |                                    |
| <b>Agentes De Enfermedad Osea Metabólica</b>  |                     |                                    |
| <b>Agentes De Enfermedad Osea Metabólica</b>  |                     |                                    |
| <i>alendronate oral solution 70 mg/75 ml</i>  | 4                   | QL (300 per 28 days)               |
| <i>alendronate oral tablet 10 mg, 5 mg</i>  | 1                   | GC; QL (30 per 30 days)            |
| <i>alendronate oral tablet 35 mg, 70 mg</i>   | 1                   | GC; QL (4 per 28 days)             |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>                                      | 2                   | GC; QL (3.7 per 28 days)           |
| <i>calcitriol intravenous solution 1 mcg/ml</i>   | 2                   | GC                                 |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>  | 2                   | GC                                 |
| <i>calcitriol oral solution 1 mcg/ml</i>  | 4                   |                                    |
| <i>cinacalcet oral tablet 30 mg</i>   | 2                   | GC; QL (60 per 30 days)            |
| <i>cinacalcet oral tablet 60 mg</i>   | 5                   | NM; NDS; QL (60 per 30 days)       |
| <i>cinacalcet oral tablet 90 mg</i>   | 5                   | NM; NDS; QL (120 per 30 days)      |
| <i>doxercalciferol intravenous solution 4 mcg/2 ml</i>  | 2                   | GC                                 |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>   | 4                   |                                    |
| EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)                                 | 5                   | PA; NM; NDS; QL (2.34 per 30 days) |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)   | 3                   | PA; QL (2.4 per 28 days)           |
| <i>ibandronate intravenous solution 3 mg/3 ml</i>   | 4                   | QL (3 per 84 days)                 |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i>  | 4                   | QL (3 per 84 days)                 |
| <i>ibandronate oral tablet 150 mg</i>   | 2                   | GC; QL (1 per 28 days)             |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML  | 5                   | NM; NDS                            |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE                          | 5                   | PA; NM; NDS; QL (2 per 28 days)    |
| <i>pamidronate intravenous recon soln 30 mg, 90 mg</i>  | 2                   | GC                                 |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | 2                   | GC                                 |
| <i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>   | 4                   |                                    |

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|---|---------------------|---------------------------------------|
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                    | 4                   |                                       |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML                                    | 3                   | ST; QL (1 per 180 days)               |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG                     | 3                   | QL (60 per 30 days)                   |
| <i>risedronate oral tablet 150 mg</i>                                   | 4                   | QL (1 per 28 days)                    |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                              | 4                   | QL (30 per 30 days)                   |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>   | 4                   | QL (4 per 28 days)                    |
| <i>risedronate oral tablet,delayed release (drlec) 35 mg</i>            | 4                   | QL (4 per 28 days)                    |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)             | 3                   | PA; QL (1.56 per 30 days)             |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                    | 5                   | PA; NM; NDS                           |
| <i>zoledronic acid intravenous recon soln 4 mg</i>                      | 4                   |                                       |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i>                   | 4                   |                                       |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | 4                   | QL (100 per 300 days)                 |
| <b>Agentes De Trastorno De Sueño</b>                                    |                     |                                       |
| <b>Agentes De Trastorno De Sueño</b>                                    |                     |                                       |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>            | 2                   | PA; GC; QL (30 per 30 days)           |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                          | 3                   | QL (30 per 30 days)                   |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                         | 4                   | QL (30 per 30 days)                   |
| HETLIOZ ORAL CAPSULE 20 MG  | 5                   | PA; NM; NDS; QL (30 per 30 days)      |
| SUNOSI ORAL TABLET 150 MG, 75 MG  | 4                   | PA; QL (30 per 30 days)               |
| XYREM ORAL SOLUTION 500 MG/ML   | 5                   | PA; NM; LA; NDS; QL (540 per 30 days) |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML   | 5                   | PA; NM; NDS; QL (540 per 30 days)     |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                | 4                   | QL (30 per 30 days)                   |
| <i>zolpidem oral tablet 10 mg, 5 mg</i>                                 | 1                   | GC; QL (30 per 30 days)               |
| <i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>     | 2                   | GC; QL (30 per 30 days)               |
| <b>Agentes Del Sistema Nervioso Central</b>                             |                     |                                       |
| <b>Agentes Del Sistema Nervioso Central</b>                             |                     |                                       |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>              | 2                   | GC; QL (60 per 30 days)               |

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|--|----------------------------|-----------------------------------|
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>   | 2                          | GC; QL (30 per 30 days)           |
| AUBAGIO ORAL TABLET 14 MG, 7 MG  | 5                          | PA; NM; NDS; QL (30 per 30 days)  |
| AUSTEDO ORAL TABLET 12 MG, 9 MG  | 5                          | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG   | 5                          | PA; NM; NDS; QL (60 per 30 days)  |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML  | 5                          | PA; NM; NDS; QL (1 per 28 days)   |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML  | 5                          | PA; NM; NDS; QL (1 per 28 days)   |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML   | 5                          | PA; NM; NDS; QL (1 per 28 days)   |
| BETASERON SUBCUTANEOUS KIT 0.3 MG  | 5                          | PA; NM; NDS; QL (15 per 30 days)  |
| <i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>                                 | 2                          | PA BvD; GC                        |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>  | 2                          | GC                                |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                                     | 4                          |                                   |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML   | 5                          | PA; NM; NDS; QL (30 per 30 days)  |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML   | 5                          | PA; NM; NDS; QL (12 per 28 days)  |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>                                      | 2                          | PA; GC; QL (60 per 30 days)       |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 2                          | GC; QL (60 per 30 days)           |
| <i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>                         | 4                          | QL (120 per 30 days)              |
| <i>dextroamphetamine oral tablet 10 mg, 5 mg</i>   | 4                          | QL (180 per 30 days)              |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>        | 4                          | QL (30 per 30 days)               |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>       | 4                          | QL (60 per 30 days)               |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 2                          | GC; QL (60 per 30 days)           |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i>                               | 5                          | PA; NM; NDS; QL (14 per 7 days)   |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i>             | 5                          | PA; NM; NDS                       |

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|---|----------------------------|--------------------------------------|
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i>        | 5                          | PA; NM; NDS; QL (60 per 30 days)     |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML                                     | 5                          | PA; NM; NDS                          |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG   | 5                          | PA; NM; NDS; QL (15 per 30 days)     |
| <i>flumazenil intravenous solution 0.1 mg/ml</i>                            | 2                          | GC                                   |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG  | 5                          | PA; NM; NDS; QL (30 per 30 days)     |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>                             | 5                          | PA; NM; NDS; QL (30 per 30 days)     |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>                             | 5                          | PA; NM; NDS; QL (12 per 28 days)     |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>                                | 5                          | PA; NM; NDS; QL (30 per 30 days)     |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>                                | 5                          | PA; NM; NDS; QL (12 per 28 days)     |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> | 2                          | GC                                   |
| INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)       | 5                          | PA NSO; NM; NDS                      |
| INGREZZA ORAL CAPSULE 40 MG, 80 MG  | 5                          | PA NSO; NM; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                         | 5                          | PA; NM; NDS; QL (1.2 per 28 days)    |
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML                                  | 5                          | PA; NM; NDS; QL (6 per 365 days)     |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                | 1                          | GC                                   |
| <i>lithium carbonate oral tablet 300 mg</i>                                 | 2                          | GC                                   |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>        | 2                          | GC                                   |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG                                | 5                          | PA; NM; NDS                          |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG                                 | 5                          | PA; NM; NDS                          |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG                                 | 5                          | PA; NM; NDS                          |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG                                 | 5                          | PA; NM; NDS                          |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG                                 | 5                          | PA; NM; NDS                          |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG                                 | 5                          | PA; NM; NDS                          |

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|---|----------------------------|------------------------------------|
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG   | 5                          | PA; NM; NDS                        |
| MAYZENT ORAL TABLET 0.25 MG   | 5                          | PA; NM; NDS; QL (112 per 28 days)  |
| MAYZENT ORAL TABLET 2 MG  | 5                          | PA; NM; NDS; QL (30 per 30 days)   |
| <i>metadate er oral tablet extended release 20 mg</i>   | 4                          | QL (90 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>  | 4                          | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>  | 4                          | QL (60 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>   | 4                          | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>  | 4                          | QL (60 per 30 days)                |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>  | 2                          | GC; QL (900 per 30 days)           |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>   | 2                          | GC; QL (90 per 30 days)            |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>  | 4                          | QL (90 per 30 days)                |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 54 mg, 54 mg (bx rating)</i> | 4                          | QL (30 per 30 days)                |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating)</i>   | 4                          | QL (60 per 30 days)                |
| NUEDEXTA ORAL CAPSULE 20-10 MG  | 5                          | PA; NM; NDS; QL (60 per 30 days)   |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML   | 5                          | PA; NM; NDS; QL (20 per 180 days)  |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML   | 5                          | PA; NM; NDS; QL (1 per 28 days)    |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML   | 5                          | PA; NM; NDS                        |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML  | 5                          | PA; NM; NDS; QL (1 per 28 days)    |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML  | 5                          | PA; NM; NDS                        |
| RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML   | 5                          | PA; NM; NDS; QL (2800 per 28 days) |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML  | 5                          | PA; NM; NDS; QL (6 per 28 days)    |

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|---|---------------------|-----------------------------------|
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML   | 5                   | PA; NM; NDS; QL (6 per 28 days)   |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)  | 5                   | PA; NM; NDS                       |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5                   | PA; NM; NDS                       |
| <i>riluzole oral tablet 50 mg</i>                                       | 2                   | GC; QL (60 per 30 days)           |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                       | 3                   | QL (60 per 30 days)               |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)           | 3                   |                                   |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG                    | 5                   | PA; NM; NDS; QL (14 per 7 days)   |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)  | 5                   | PA; NM; NDS                       |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG                    | 5                   | PA; NM; NDS; QL (60 per 30 days)  |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                         | 5                   | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG                     | 5                   | PA; NM; NDS; QL (120 per 30 days) |
| ZEPOSIA ORAL CAPSULE 0.92 MG  | 5                   | PA; NM; NDS; QL (30 per 30 days)  |
| ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG            | 5                   | PA; NM; NDS                       |
| ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)    | 5                   | PA; NM; NDS                       |

### Agentes Del Tracto Respiratorio

#### Agentes Del Tracto Respiratorio, Otros

|   |   |                     |
|---|---|---------------------|
| <i>acetylcysteine intravenous solution 200 mg/ml (20%)</i>      | 2 | GC                  |
| <i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i> | 2 | PA BvD; GC          |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML                           | 5 | PA; NM; NDS         |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 2 | PA BvD; GC          |
| DALIRESP ORAL TABLET 250 MCG                                    | 3 | QL (28 per 28 days) |

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| <b>Nombre del Medicamento</b>  | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>      |
|--|----------------------------|-------------------------------------|
| DALIRESP ORAL TABLET 500 MCG   | 3                          | QL (30 per 30 days)                 |
| ESBRIET ORAL CAPSULE 267 MG  | 5                          | PA; NM; NDS; QL (270 per 30 days)   |
| ESBRIET ORAL TABLET 267 MG   | 5                          | PA; NM; NDS; QL (270 per 30 days)   |
| ESBRIET ORAL TABLET 801 MG   | 5                          | PA; NM; NDS; QL (90 per 30 days)    |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                                      | 5                          | PA; NM; NDS; QL (1 per 28 days)     |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML  | 5                          | PA; NM; NDS; QL (1 per 28 days)     |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG                                 | 5                          | PA; NM; NDS; QL (56 per 28 days)    |
| KALYDECO ORAL TABLET 150 MG  | 5                          | PA; NM; NDS; QL (56 per 28 days)    |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML  | 5                          | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG  | 5                          | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML  | 5                          | PA; NM; LA; NDS; QL (3 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG   | 5                          | PA; NM; NDS; QL (60 per 30 days)    |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG                               | 5                          | PA; NM; NDS; QL (56 per 28 days)    |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG   | 5                          | PA; NM; NDS; QL (120 per 30 days)   |
| PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+-)/20 ML               | 5                          | PA BvD; NM; NDS                     |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG  | 5                          | PA BvD; NM; NDS                     |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 5                          | PA; NM; NDS; QL (56 per 28 days)    |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)                        | 5                          | PA; NM; NDS; QL (84 per 28 days)    |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG  | 5                          | PA; NM; NDS                         |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML                                  | 5                          | PA; NM; NDS                         |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites |
|---|---------------------|-------------------------|
| <b>Antiinflamatorios, Corticoesteroides Inhalados</b>   |                     |                         |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE            | 2                   | GC; QL (60 per 30 days) |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 3                   | QL (12 per 30 days)     |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION     | 3                   | QL (30 per 30 days)     |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE                              | 3                   | QL (60 per 30 days)     |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>             | 2                   | PA BvD; GC              |
| FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION  | 3                   | QL (60 per 30 days)     |
| FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION  | 3                   | QL (120 per 30 days)    |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION                         | 3                   | QL (60 per 30 days)     |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION   | 3                   | QL (120 per 30 days)    |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION  | 3                   | QL (12 per 28 days)     |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION  | 3                   | QL (24 per 28 days)     |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION   | 3                   | QL (21.2 per 28 days)   |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites            |
|---|---------------------|------------------------------------|
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION                            | 3                   | QL (10.2 per 30 days)              |
| <b>Antileucotrinos</b>  |                     |                                    |
| <i>montelukast oral tablet 10 mg</i>  | 1                   | GC                                 |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>   | 1                   | GC                                 |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>   | 4                   |                                    |
| <b>Broncodilatadores</b>  |                     |                                    |
| <i>albuterol 5 mg/ml solution 5 mg/ml</i>   | 2                   | PA BvD; GC; QL (120 per 30 days)   |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>  | 2                   | GC; QL (17 per 30 days)            |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>                            | 2                   | GC; QL (13.4 per 30 days)          |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>                            | 2                   | GC; QL (36 per 30 days)            |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i> | 2                   | PA BvD; GC; QL (360 per 30 days)   |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>                                     | 2                   | PA BvD; GC; QL (120 per 30 days)   |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>   | 2                   | GC                                 |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>   | 2                   | GC                                 |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>  | 2                   | GC                                 |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION  | 3                   | QL (60 per 30 days)                |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION  | 3                   | QL (25.8 per 28 days)              |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                                       | 3                   | QL (10.7 per 28 days)              |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION   | 3                   | QL (8 per 30 days)                 |
| <i>elixophyllin oral elixir 80 mg/15 ml</i>   | 4                   |                                    |
| <i>ipratropium bromide inhalation solution 0.02 %</i>   | 2                   | PA BvD; GC; QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                 | 2                   | PA BvD; GC; QL (540 per 30 days)   |
| <i>metaproterenol oral syrup 10 mg/5 ml</i>   | 1                   | GC                                 |

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|---|---------------------|-------------------------|
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION    | 3                   | QL (2 per 30 days)      |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                      | 3                   | QL (60 per 30 days)     |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION          | 3                   | QL (4 per 30 days)      |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG          | 3                   | QL (30 per 30 days)     |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                          | 3                   | QL (4 per 28 days)      |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                            | 3                   | QL (4 per 28 days)      |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                     | 4                   |                         |
| <i>terbutaline subcutaneous solution 1 mg/ml</i>                                | 5                   | NM; NDS                 |
| <i>theophylline oral solution 80 mg/15 ml</i>                                   | 4                   |                         |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>           | 2                   | GC                      |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>           | 4                   |                         |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>           | 2                   | GC                      |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 3                   | QL (60 per 30 days)     |
| <b>Agentes Dentales Y Orales</b>  |                     |                         |
| <b>Agentes Dentales Y Orales</b>  |                     |                         |
| <i>cevimeline oral capsule 30 mg</i>  | 4                   |                         |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>                 | 1                   | GC                      |
| <i>oralone dental paste 0.1 %</i>   | 2                   | GC                      |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>                       | 1                   | GC                      |
| <i>periogard mucous membrane mouthwash 0.12 %</i>                               | 1                   | GC                      |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                                 | 2                   | GC                      |
| <i>triamcinolone acetonide dental paste 0.1 %</i>                               | 2                   | GC                      |

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|---|---------------------|--------------------------|
| <b>Agentes Dermatológicos</b>                             |                     |                          |
| <b>Agentes Antiinflamatorios Dermatológicos</b>           |                     |                          |
| <i>ala-cort topical cream 1 %</i>                         | 1                   | GC                       |
| <i>ala-scalp topical lotion 2 %</i>                       | 4                   |                          |
| <i>alclometasone topical cream 0.05 %</i>                 | 2                   | GC                       |
| <i>alclometasone topical ointment 0.05 %</i>              | 2                   | GC                       |
| <i>betamethasone dipropionate topical cream 0.05 %</i>    | 2                   | GC                       |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>   | 2                   | GC                       |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 2                   | GC                       |
| <i>betamethasone valerate topical cream 0.1 %</i>         | 2                   | GC                       |
| <i>betamethasone valerate topical foam 0.12 %</i>         | 4                   |                          |
| <i>betamethasone valerate topical lotion 0.1 %</i>        | 2                   | GC                       |
| <i>betamethasone valerate topical ointment 0.1 %</i>      | 2                   | GC                       |
| <i>betamethasone, augmented topical cream 0.05 %</i>      | 2                   | GC                       |
| <i>betamethasone, augmented topical gel 0.05 %</i>        | 2                   | GC                       |
| <i>betamethasone, augmented topical lotion 0.05 %</i>     | 2                   | GC                       |
| <i>betamethasone, augmented topical ointment 0.05 %</i>   | 2                   | GC                       |
| <i>clobetasol scalp solution 0.05 %</i>                   | 2                   | GC                       |
| <i>clobetasol topical cream 0.05 %</i>                    | 2                   | GC                       |
| <i>clobetasol topical foam 0.05 %</i>                     | 4                   |                          |
| <i>clobetasol topical gel 0.05 %</i>                      | 4                   |                          |
| <i>clobetasol topical lotion 0.05 %</i>                   | 4                   |                          |
| <i>clobetasol topical ointment 0.05 %</i>                 | 4                   |                          |
| <i>clobetasol topical shampoo 0.05 %</i>                  | 4                   |                          |
| <i>clobetasol-emollient topical cream 0.05 %</i>          | 2                   | GC                       |
| <i>clobetasol-emollient topical foam 0.05 %</i>           | 4                   |                          |
| <i>cormax scalp solution 0.05 %</i>                       | 2                   | GC                       |
| <i>desonide topical cream 0.05 %</i>                      | 4                   |                          |
| <i>desonide topical lotion 0.05 %</i>                     | 4                   |                          |
| <i>desonide topical ointment 0.05 %</i>                   | 4                   |                          |
| <i>desoximetasone topical cream 0.05 %</i>                | 4                   | QL (120 per 30 days)     |
| <i>desoximetasone topical cream 0.25 %</i>                | 2                   | GC; QL (120 per 30 days) |
| <i>desoximetasone topical gel 0.05 %</i>                  | 4                   | QL (120 per 30 days)     |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i>     | 4                   | QL (120 per 30 days)     |
| <i>diflorasone topical ointment 0.05 %</i>                | 4                   | QL (60 per 30 days)      |

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| <b>Nombre del Medicamento</b>                                      | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|--|----------------------------|--------------------------------|
| EUCRISA TOPICAL OINTMENT 2 %                                       | 3                          |                                |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i>                  | 2                          | GC                             |
| <i>fluocinolone topical ointment 0.025 %</i>                       | 2                          | GC                             |
| <i>fluocinonide topical cream 0.05 %</i>                           | 2                          | GC                             |
| <i>fluocinonide topical gel 0.05 %</i>                             | 2                          | GC                             |
| <i>fluocinonide topical ointment 0.05 %</i>                        | 2                          | GC                             |
| <i>fluocinonide topical solution 0.05 %</i>                        | 2                          | GC                             |
| <i>fluocinonide-e topical cream 0.05 %</i>                         | 4                          |                                |
| <i>fluticasone propionate topical cream 0.05 %</i>                 | 2                          | GC                             |
| <i>fluticasone propionate topical ointment 0.005 %</i>             | 2                          | GC                             |
| <i>halobetasol propionate topical cream 0.05 %</i>                 | 2                          | GC                             |
| <i>halobetasol propionate topical ointment 0.05 %</i>              | 2                          | GC                             |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>                 | 4                          | QL (120 per 30 days)           |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>                | 4                          | QL (118 per 30 days)           |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>              | 4                          | QL (120 per 30 days)           |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>              | 4                          | QL (120 per 30 days)           |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>                     | 1                          | GC                             |
| <i>hydrocortisone topical lotion 2.5 %</i>                         | 2                          | GC                             |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                  | 1                          | GC                             |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                 | 4                          |                                |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>              | 4                          |                                |
| <i>mometasone topical cream 0.1 %</i>                              | 2                          | GC                             |
| <i>mometasone topical ointment 0.1 %</i>                           | 2                          | GC                             |
| <i>mometasone topical solution 0.1 %</i>                           | 2                          | GC                             |
| <i>pimecrolimus topical cream 1 %</i>                              | 4                          | QL (100 per 30 days)           |
| <i>prednicarbate topical ointment 0.1 %</i>                        | 2                          | GC                             |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i>  | 2                          | GC                             |
| <i>procto-pak topical cream with perineal applicator 1 %</i>       | 2                          | GC                             |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i>   | 2                          | GC                             |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i>  | 2                          | GC                             |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                   | 4                          | QL (100 per 30 days)           |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | 1                          | GC                             |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>       | 2                          | GC                             |

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|--|---------------------|----------------------------------|
| <i>triamcinolone acetonide topical ointment 0.025 % , 0.05 % , 0.1 % , 0.5 %</i> | 2                   | GC                               |
| <b>Agentes Dermatológicos, Otros</b>   |                     |                                  |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                              | 2                   | GC                               |
| <i>acyclovir topical cream 5 %</i>   | 4                   | QL (5 per 4 days)                |
| <i>acyclovir topical ointment 5 %</i>  | 4                   | QL (30 per 30 days)              |
| ALCOHOL PADS TOPICAL PADS, MEDICATED   | 1                   | GC                               |
| <i>ammonium lactate topical cream 12 %</i>                                       | 2                   | GC                               |
| <i>ammonium lactate topical lotion 12 %</i>                                      | 2                   | GC                               |
| <i>calcipotriene scalp solution 0.005 %</i>                                      | 4                   | QL (120 per 30 days)             |
| <i>calcipotriene topical cream 0.005 %</i>                                       | 4                   | QL (120 per 30 days)             |
| <i>calcipotriene topical ointment 0.005 %</i>                                    | 4                   | QL (120 per 30 days)             |
| DENAVIR TOPICAL CREAM 1 %  | 5                   | NM; NDS                          |
| <i>fluorouracil topical cream 0.5 %</i>  | 5                   | NM; NDS                          |
| <i>fluorouracil topical cream 5 %</i>  | 2                   | GC                               |
| <i>fluorouracil topical solution 2 % , 5 %</i>                                   | 2                   | GC                               |
| <i>imiquimod topical cream in packet 5 %</i>                                     | 2                   | GC; QL (24 per 30 days)          |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>                    | 5                   | NM; NDS                          |
| PANRETIN TOPICAL GEL 0.1 %   | 5                   | NM; NDS                          |
| PICATO TOPICAL GEL 0.015 %   | 3                   | QL (3 per 56 days)               |
| PICATO TOPICAL GEL 0.05 %  | 3                   | QL (2 per 56 days)               |
| <i>podofilox topical solution 0.5 %</i>  | 2                   | GC                               |
| REGANEX TOPICAL GEL 0.01 %   | 5                   | PA; NM; NDS; QL (30 per 30 days) |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM  | 4                   | QL (180 per 30 days)             |
| TOLAK TOPICAL CREAM 4 %  | 4                   |                                  |
| VALCHLOR TOPICAL GEL 0.016 %   | 5                   | NM; NDS                          |
| VEREGEN TOPICAL OINTMENT 15 %  | 5                   | NM; NDS                          |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                          | 2                   | GC                               |
| <b>Antibacterianos Dermatológicos</b>  |                     |                                  |
| <i>clindamycin phosphate topical foam 1 %</i>                                    | 4                   | QL (100 per 30 days)             |
| <i>clindamycin phosphate topical solution 1 %</i>                                | 2                   | GC; QL (180 per 30 days)         |
| <i>clindamycin phosphate topical swab 1 %</i>                                    | 2                   | GC                               |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 % , 1.2 % (1 % base) -5 %</i>    | 4                   |                                  |
| <i>ery pads topical swab 2 %</i>   | 2                   | GC                               |
| <i>erythromycin with ethanol topical gel 2 %</i>                                 | 4                   | QL (180 per 30 days)             |

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|--|---------------------|--------------------------|
| <i>erythromycin with ethanol topical solution 2 %</i>                    | 2                   | GC; QL (180 per 30 days) |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>                   | 4                   |                          |
| <i>gentamicin topical cream 0.1 %</i>                                    | 2                   | GC; QL (120 per 30 days) |
| <i>gentamicin topical ointment 0.1 %</i>                                 | 2                   | GC; QL (120 per 30 days) |
| <i>metronidazole topical cream 0.75 %</i>                                | 4                   |                          |
| <i>metronidazole topical gel 0.75 %</i>                                  | 2                   | GC                       |
| <i>metronidazole topical gel 1 %</i>                                     | 4                   |                          |
| <i>metronidazole topical lotion 0.75 %</i>                               | 4                   |                          |
| <i>mupirocin topical ointment 2 %</i>                                    | 1                   | GC; QL (220 per 30 days) |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | 2                   | GC                       |
| <i>rosadan topical cream 0.75 %</i>                                      | 4                   |                          |
| <i>selenium sulfide topical lotion 2.5 %</i>                             | 2                   | GC                       |
| <i>silver sulfadiazine topical cream 1 %</i>                             | 2                   | GC                       |
| <i>ssd topical cream 1 %</i>   | 4                   |                          |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i>               | 4                   |                          |
| <b>Escabicidas Y Pediculicidas</b>                                       |                     |                          |
| <i>malathion topical lotion 0.5 %</i>                                    | 4                   |                          |
| <i>permethrin topical cream 5 %</i>                                      | 2                   | GC                       |
| <b>Retinoides Dermatológicos</b>   |                     |                          |
| <i>adapalene topical cream 0.1 %</i>                                     | 4                   |                          |
| <i>adapalene topical gel 0.1 %</i>                                       | 2                   | GC                       |
| ALTRENO TOPICAL LOTION 0.05 %  | 4                   | PA                       |
| <i>tazarotene topical cream 0.1 %</i>                                    | 4                   |                          |
| TAZORAC TOPICAL CREAM 0.05 %   | 4                   |                          |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>                    | 4                   | PA                       |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>                     | 4                   | PA                       |
| <b>Agentes Gastrointestinales</b>  |                     |                          |
| <b>Agentes Antiúlceras Y Supresores De Acidos</b>                        |                     |                          |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>      | 4                   |                          |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                          | 2                   | GC                       |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>             | 2                   | GC                       |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG                | 3                   | ST; QL (30 per 30 days)  |
| <i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>           | 2                   | GC                       |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i>                   | 1                   | GC                       |

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|--|---------------------|-----------------------------|
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>           | 2                   | GC                          |
| <i>famotidine intravenous solution 10 mg/ml</i>                                  | 2                   | GC                          |
| <i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>                           | 4                   |                             |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                       | 1                   | GC                          |
| <i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i>                  | 4                   | QL (30 per 30 days)         |
| <i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i>                  | 4                   | QL (60 per 30 days)         |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                  | 2                   | GC                          |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                    | 2                   | GC                          |
| <i>nizatidine oral solution 150 mg/10 ml</i>                                     | 2                   | GC                          |
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>      | 1                   | GC                          |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> | 4                   | ST; QL (30 per 30 days)     |
| <i>pantoprazole intravenous recon soln 40 mg</i>                                 | 2                   | GC                          |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>                   | 1                   | GC; QL (30 per 30 days)     |
| <i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>                   | 1                   | GC; QL (60 per 30 days)     |
| <i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>                    | 2                   | ST; GC; QL (30 per 30 days) |
| <i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>         | 2                   | GC                          |
| <i>ranitidine hcl oral syrup 15 mg/ml</i>  | 4                   |                             |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i>                                 | 1                   | GC                          |
| <i>sucralfate oral tablet 1 gram</i>   | 2                   | GC                          |
| <b>Agentes Gastrointestinales, Otros</b>   |                     |                             |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG   | 3                   | QL (60 per 30 days)         |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG   | 5                   | NM; NDS                     |
| <i>constulose oral solution 10 gram/15 ml</i>                                    | 2                   | GC                          |
| <i>cromolyn oral concentrate 100 mg/5 ml</i>                                     | 4                   |                             |
| <i>dicyclomine oral capsule 10 mg</i>  | 2                   | GC                          |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                      | 4                   |                             |
| <i>dicyclomine oral tablet 20 mg</i>   | 2                   | GC                          |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| <b>Nombre del Medicamento</b>                                       | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>     |
|---|----------------------------|------------------------------------|
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>         | 4                          | PA-HRM; AGE (Max 64 Years)         |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>              | 4                          | PA-HRM; AGE (Max 64 Years)         |
| <i>enulose oral solution 10 gram/15 ml</i>                          | 2                          | GC                                 |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG                                | 5                          | PA; NM; NDS                        |
| <i>generlac oral solution 10 gram/15 ml</i>                         | 2                          | GC                                 |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i>                  | 4                          |                                    |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                        | 2                          | GC                                 |
| <i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>    | 2                          | GC                                 |
| <i>lactulose oral solution 10 gram/15 ml</i>                        | 2                          | GC                                 |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                       | 3                          | QL (30 per 30 days)                |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                       | 3                          | QL (90 per 30 days)                |
| <i>loperamide oral capsule 2 mg</i>                                 | 2                          | GC                                 |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                     | 4                          |                                    |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                | 2                          | GC                                 |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i>                 | 2                          | GC                                 |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                   | 2                          | GC                                 |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                   | 1                          | GC                                 |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                 | 3                          | QL (30 per 30 days)                |
| OCALIVA ORAL TABLET 10 MG, 5 MG                                     | 5                          | PA; NM; NDS; QL (30 per 30 days)   |
| <i>propantheline oral tablet 15 mg</i>                              | 4                          |                                    |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                     | 5                          | PA; NM; NDS                        |
| RELISTOR ORAL TABLET 150 MG   | 5                          | PA; NM; NDS; QL (90 per 30 days)   |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                         | 5                          | PA; NM; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                          | 5                          | PA; NM; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                           | 5                          | PA; NM; NDS; QL (11.2 per 28 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                     | 5                          | NM; NDS                            |
| <i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i> | 2                          | GC                                 |
| <i>sodium polystyrene sulfonate oral powder</i>                     | 2                          | GC                                 |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>         | 2                          | GC                                 |

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|--|---------------------|----------------------------------|
| TRULANCE ORAL TABLET 3 MG  | 4                   | QL (30 per 30 days)              |
| <i>ursodiol oral capsule 300 mg</i>  | 2                   | GC                               |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                 | 2                   | GC                               |
| VIBERZI ORAL TABLET 100 MG, 75 MG  | 5                   | ST; NM; NDS; QL (60 per 30 days) |
| XERMELO ORAL TABLET 250 MG   | 5                   | PA; NM; NDS; QL (90 per 30 days) |
| <b>Enlaces De Fosfato</b>  |                     |                                  |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                  | 2                   | GC                               |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                   | 2                   | GC                               |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>             | 5                   | NM; NDS                          |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML                        | 4                   |                                  |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>        | 5                   | NM; NDS                          |
| <i>sevelamer carbonate oral tablet 800 mg</i>                              | 4                   |                                  |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                            | 2                   | GC                               |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG                                       | 3                   |                                  |
| <b>Laxantes</b>  |                     |                                  |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML                       | 3                   |                                  |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>                | 2                   | GC                               |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>                | 2                   | GC                               |
| <i>gavilyte-n oral recon soln 420 gram</i>                                 | 2                   | GC                               |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM                   | 3                   |                                  |
| <i>trilyte with flavor packets oral recon soln 420 gram</i>                | 2                   | GC                               |
| <b>Agentes Genitourinarios</b>   |                     |                                  |
| <b>Agentes Genitourinarios, Varios</b>                                     |                     |                                  |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i>                  | 1                   | GC; QL (30 per 30 days)          |
| <i>dutasteride oral capsule 0.5 mg</i>                                     | 2                   | GC                               |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> | 4                   |                                  |
| <i>finasteride oral tablet 5 mg</i>  | 1                   | GC                               |

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|---|---------------------|-------------------------|
| <i>tamsulosin oral capsule 0.4 mg</i>   | 1                   | GC                      |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>   | 1                   | GC                      |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG   | 5                   | PA; NM; NDS             |
| THIOLA ORAL TABLET 100 MG   | 5                   | NM; NDS                 |
| <b>Antiespasmódicos, Urinario</b>   |                     |                         |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>   | 2                   | GC                      |
| <i>flavoxate oral tablet 100 mg</i>   | 2                   | GC                      |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG   | 3                   |                         |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>   | 2                   | GC                      |
| <i>oxybutynin chloride oral tablet 5 mg</i>   | 2                   | GC                      |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>   | 2                   | GC                      |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>   | 2                   | GC                      |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>   | 2                   | GC                      |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG  | 3                   |                         |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>   | 4                   |                         |
| <i>trospium oral tablet 20 mg</i>   | 4                   |                         |
| <b>Agentes Hormonales, Estimulante/Reemplazo/Modificador</b>  |                     |                         |
| <b>Agentes Tiroideos Y Antitiroideos</b>  |                     |                         |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1                   | GC                      |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>   | 2                   | GC                      |
| <i>methimazole oral tablet 10 mg, 5 mg</i>  | 1                   | GC                      |
| <i>propylthiouracil oral tablet 50 mg</i>   | 2                   | GC                      |
| <b>Andrógenos</b>   |                     |                         |
| ANADROL-50 ORAL TABLET 50 MG  | 5                   | PA; NM; NDS             |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>   | 2                   | GC                      |
| <i>oxandrolone oral tablet 10 mg</i>  | 5                   | NM; NDS                 |
| <i>oxandrolone oral tablet 2.5 mg</i>   | 4                   |                         |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>  | 2                   | PA; GC                  |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites                            |
|---|---------------------|--|
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>   | 2                   | PA; GC; QL (5 per 28 days)                         |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>  | 2                   | PA; GC; QL (300 per 30 days)                       |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>   | 2                   | PA; GC; QL (150 per 30 days)                       |
| <i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>   | 2                   | PA; GC; QL (300 per 30 days)                       |
| <i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>   | 2                   | PA; GC; QL (180 per 30 days)                       |
| <b>XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML</b>   | 3                   | PA; QL (2 per 28 days)                             |
| <b>Estrógenos Y Antiestrógenos</b>  |                     |  |
| <i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>   | 2                   | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>                | 2                   | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| <b>DUAVEE ORAL TABLET 0.45-20 MG</b>  | 3                   | PA-HRM; AGE (Max 64 Years)                         |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 1                   | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>            | 2                   | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 2                   | PA-HRM; GC; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01% (0.1 mg/gram)</i>  | 2                   | GC   |
| <i>estradiol vaginal tablet 10 mcg</i>  | 2                   | GC; QL (18 per 28 days)                            |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>  | 2                   | GC   |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>  | 2                   | PA-HRM; GC; AGE (Max 64 Years)                     |
| <b>FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR</b>   | 4                   | QL (1 per 84 days)                                 |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>   | 2                   | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>jinteli oral tablet 1-5 mg-mcg</i>   | 2                   | PA-HRM; GC; AGE (Max 64 Years)                     |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>              | 2                   | PA-HRM; GC; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>mimvey oral tablet 1-0.5 mg</i>  | 2                   | PA-HRM; GC; AGE (Max 64 Years)                     |

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|--|---------------------|----------------------------------|
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>     | 2                   | PA-HRM; GC; AGE (Max 64 Years)   |
| PREMARIN INJECTION RECON SOLN 25 MG  | 3                   |                                  |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG                  | 3                   | PA-HRM; AGE (Max 64 Years)       |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM   | 3                   |                                  |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                             | 3                   | PA-HRM; AGE (Max 64 Years)       |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG            | 3                   | PA-HRM; AGE (Max 64 Years)       |
| <i>raloxifene oral tablet 60 mg</i>  | 2                   | GC                               |
| <i>yuvafem vaginal tablet 10 mcg</i>   | 2                   | GC; QL (18 per 28 days)          |
| <b>Glucocorticoides/Mineralocorticoides</b>                                      |                     |                                  |
| <i>a-hydrocort injection recon soln 100 mg</i>                                   | 2                   | GC                               |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>                  | 2                   | GC                               |
| <i>cortisone oral tablet 25 mg</i>   | 2                   | GC                               |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                     | 2                   | GC                               |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 2                   | GC                               |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>                | 1                   | GC                               |
| <i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>                 | 1                   | GC                               |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>       | 1                   | GC                               |
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>                  | 1                   | GC                               |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML  | 5                   | PA; NM; NDS; QL (91 per 28 days) |
| EMFLAZA ORAL TABLET 18 MG  | 5                   | PA; NM; NDS; QL (30 per 30 days) |
| EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG   | 5                   | PA; NM; NDS; QL (60 per 30 days) |
| <i>fludrocortisone oral tablet 0.1 mg</i>  | 2                   | GC                               |
| HEMADY ORAL TABLET 20 MG   | 4                   |                                  |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                             | 2                   | GC                               |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>        | 2                   | GC                               |

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|--|---------------------|----------------------------------|
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>   | 2                   | GC                               |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i>  | 2                   | GC                               |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>                                 | 2                   | GC                               |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>                            | 2                   | GC                               |
| <i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>  | 2                   | PA BvD; GC                       |
| <i>prednisolone oral solution 15 mg/5 ml</i>   | 2                   | PA BvD; GC                       |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>    | 2                   | PA BvD; GC                       |
| <i>prednisone oral solution 5 mg/5 ml</i>  | 2                   | PA BvD; GC                       |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                    | 1                   | PA BvD; GC                       |
| <i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>                    | 2                   | GC                               |
| SOLU-CORTEF ACT-O-VIAL (PF)<br>INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | 4                   |                                  |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i>   | 2                   | GC                               |
| <b>Pituitario</b>  |                     |                                  |
| BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML  | 5                   | NM; NDS                          |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>  | 4                   |                                  |
| <i>desmopressin injection solution 4 mcg/ml</i>  | 4                   |                                  |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>  | 4                   |                                  |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>   | 2                   | GC                               |
| EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG   | 5                   | PA; NM; NDS; QL (60 per 30 days) |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG  | 5                   | PA; NM; NDS; QL (60 per 30 days) |

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|---|---------------------|-----------------------------------|
| GENOTROPIN MINIQUICK<br>SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 5                   | PA; NM; NDS                       |
| GENOTROPIN SUBCUTANEOUS<br>CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)  | 5                   | PA; NM; NDS                       |
| HUMATROPE INJECTION CARTRIDGE<br>12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)   | 5                   | PA; NM; NDS                       |
| HUMATROPE INJECTION RECON SOLN<br>5 (15 UNIT) MG  | 5                   | PA; NM; NDS                       |
| INCRELEX SUBCUTANEOUS<br>SOLUTION 10 MG/ML  | 5                   | NM; NDS                           |
| LUPRON DEPOT (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 11.25 MG  | 5                   | NM; NDS                           |
| LUPRON DEPOT INTRAMUSCULAR<br>SYRINGE KIT 7.5 MG  | 5                   | NM; NDS                           |
| LUPRON DEPOT-PED (3 MONTH)<br>INTRAMUSCULAR SYRINGE KIT 30 MG   | 5                   | NM; NDS                           |
| LUPRON DEPOT-PED<br>INTRAMUSCULAR KIT 11.25 MG, 15 MG   | 5                   | NM; NDS                           |
| MYCAPSSA ORAL CAPSULE, DELAYED<br>RELEASE(DR/EC) 20 MG  | 5                   | PA; NM; NDS; QL (120 per 30 days) |
| NOCDURNA (MEN) SUBLINGUAL<br>TABLET, DISINTEGRATING 55.3 MCG  | 3                   | QL (30 per 30 days)               |
| NOCDURNA (WOMEN) SUBLINGUAL<br>TABLET, DISINTEGRATING 27.7 MCG  | 3                   | QL (30 per 30 days)               |
| NORDITROPIN FLEXPRO<br>SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)  | 5                   | PA; NM; NDS                       |
| NUTROPIN AQ NUSPIN<br>SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)  | 5                   | PA; NM; NDS                       |

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|--|----------------------------|-------------------------------------|
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | 2                          | GC                                  |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>       | 2                          | GC                                  |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                       | 5                          | PA; NM; NDS                         |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG   | 4                          | PA                                  |
| ORGOVYX ORAL TABLET 120 MG   | 5                          | PA NSO; NM; NDS                     |
| ORILISSA ORAL TABLET 150 MG  | 5                          | PA; NM; NDS; QL (28 per 28 days)    |
| ORILISSA ORAL TABLET 200 MG  | 5                          | PA; NM; NDS; QL (56 per 28 days)    |
| SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)                                    | 5                          | PA; NM; NDS                         |
| SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG  | 5                          | PA; NM; NDS                         |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG                   | 5                          | NM; NDS                             |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG  | 5                          | PA; NM; NDS                         |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)                      | 5                          | PA; NM; NDS; QL (60 per 30 days)    |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML  | 5                          | PA NSO; NM; NDS; QL (1 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML   | 5                          | PA; NM; NDS; QL (1 per 28 days)     |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                                       | 5                          | PA; NM; NDS                         |
| STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)  | 3                          |                                     |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)  | 5                          | NM; NDS; QL (1 per 360 days)        |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML   | 5                          | NM; NDS                             |

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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites        |
|--|---------------------|--------------------------------|
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG  | 5                   | NM; NDS; QL (1 per 168 days)   |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG   | 5                   | PA; NM; NDS                    |
| ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG  | 4                   | PA                             |
| ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG  | 5                   | PA; NM; NDS                    |
| <b>Progestinas</b>   |                     |                                |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML  | 4                   | QL (10 per 28 days)            |
| <i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>                                    | 5                   | NM; NDS                        |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>  | 2                   | GC; QL (1 per 84 days)         |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>   | 2                   | GC; QL (1 per 84 days)         |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 1                   | GC                             |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>   | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5 mg</i>  | 2                   | GC                             |
| <i>progesterone intramuscular oil 50 mg/ml</i>   | 2                   | GC                             |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>   | 2                   | GC                             |
| <b>Agentes Inmunológicos</b>   |                     |                                |
| <b>Agentes Inmunológicos</b>   |                     |                                |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML   | 5                   | PA; NM; NDS                    |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 5                   | PA; NM; NDS                    |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML   | 5                   | PA; NM; NDS                    |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG  | 5                   | NM; NDS                        |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG   | 5                   | PA; NM; NDS                    |
| <i>azathioprine oral tablet 50 mg</i>  | 2                   | PA BvD; GC                     |
| <i>azathioprine sodium injection recon soln 100 mg</i>   | 2                   | PA BvD; GC                     |

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|--|----------------------------|--------------------------------|
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG (200 MG X<br>2 VIALS) | 5                          | PA; NM; NDS                    |
| CIMZIA SUBCUTANEOUS SYRINGE KIT<br>400 MG/2 ML (200 MG/ML X 2)             | 5                          | PA; NM; NDS                    |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150 MG/ML                    | 5                          | PA; NM; NDS                    |
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR 150<br>MG/ML            | 5                          | PA; NM; NDS                    |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i>                       | 2                          | PA BvD; GC                     |
| <i>cyclosporine modified oral capsule 100 mg, 25<br/>mg, 50 mg</i>         | 2                          | PA BvD; GC                     |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                       | 2                          | PA BvD; GC                     |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                             | 2                          | PA BvD; GC                     |
| DUPIXENT PEN SUBCUTANEOUS PEN<br>INJECTOR 300 MG/2 ML                      | 5                          | PA; NM; NDS                    |
| DUPIXENT SYRINGE SUBCUTANEOUS<br>SYRINGE 200 MG/1.14 ML, 300 MG/2 ML       | 5                          | PA; NM; NDS                    |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                      | 5                          | PA; NM; NDS                    |
| ENBREL SUBCUTANEOUS RECON<br>SOLN 25 MG (1 ML)                             | 5                          | PA; NM; NDS                    |
| ENBREL SUBCUTANEOUS SOLUTION<br>25 MG/0.5 ML                               | 5                          | PA; NM; NDS                    |
| ENBREL SUBCUTANEOUS SYRINGE 25<br>MG/0.5 ML (0.5), 50 MG/ML (1 ML)         | 5                          | PA; NM; NDS                    |
| ENBREL SURECLICK SUBCUTANEOUS<br>PEN INJECTOR 50 MG/ML (1 ML)              | 5                          | PA; NM; NDS                    |
| <i>everolimus (immunosuppressive) oral tablet<br/>0.25 mg</i>              | 4                          | PA BvD                         |
| <i>everolimus (immunosuppressive) oral tablet 0.5<br/>mg, 0.75 mg</i>      | 5                          | PA BvD; NM; NDS                |
| FLEBOGAMMA DIF INTRAVENOUS<br>SOLUTION 10 %, 5 %                           | 5                          | PA BvD; NM; NDS                |
| GAMASTAN INTRAMUSCULAR<br>SOLUTION 15-18 % RANGE                           | 4                          | PA BvD                         |
| GAMMAGARD LIQUID INJECTION<br>SOLUTION 10 %                                | 5                          | PA BvD; NM; NDS                |

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|---|----------------------------|--------------------------------|
| GAMMAGARD S-D (IGA < 1 MCG/ML)<br>INTRAVENOUS RECON SOLN 10 GRAM,<br>5 GRAM   | 5                          | PA BvD; NM; NDS                |
| GAMMAPLEX (WITH SORBITOL)<br>INTRAVENOUS SOLUTION 5 %   | 5                          | PA BvD; NM; NDS                |
| GAMMAPLEX INTRAVENOUS<br>SOLUTION 10 %, 10 % (100 ML), 10 % (200<br>ML)   | 5                          | PA BvD; NM; NDS                |
| GAMUNEX-C INJECTION SOLUTION 1<br>GRAM/10 ML (10 %), 10 GRAM/100 ML (10<br>%), 2.5 GRAM/25 ML (10 %), 20 GRAM/200<br>ML (10 %), 40 GRAM/400 ML (10 %), 5<br>GRAM/50 ML (10 %) | 5                          | PA BvD; NM; NDS                |
| <i>gengraf oral capsule 100 mg, 25 mg</i>   | 2                          | PA BvD; GC                     |
| <i>gengraf oral solution 100 mg/ml</i>  | 2                          | PA BvD; GC                     |
| HUMIRA PEN CROHNS-UC-HS START<br>SUBCUTANEOUS PEN INJECTOR KIT 40<br>MG/0.8 ML  | 5                          | PA; NM; NDS                    |
| HUMIRA PEN PSOR-UVEITS-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT 40<br>MG/0.8 ML   | 5                          | PA; NM; NDS                    |
| HUMIRA PEN SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML  | 5                          | PA; NM; NDS                    |
| HUMIRA SUBCUTANEOUS SYRINGE<br>KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40<br>MG/0.8 ML  | 5                          | PA; NM; NDS                    |
| HUMIRA(CF) PEDI CROHNS STARTER<br>SUBCUTANEOUS SYRINGE KIT 80<br>MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML   | 5                          | PA; NM; NDS                    |
| HUMIRA(CF) PEN CROHNS-UC-HS<br>SUBCUTANEOUS PEN INJECTOR KIT 80<br>MG/0.8 ML  | 5                          | PA; NM; NDS                    |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT 80<br>MG/0.8 ML-40 MG/0.4 ML  | 5                          | PA; NM; NDS                    |
| HUMIRA(CF) PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.4 ML  | 5                          | PA; NM; NDS                    |
| HUMIRA(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2<br>ML, 40 MG/0.4 ML  | 5                          | PA; NM; NDS                    |

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|---|---------------------|-------------------------|
| HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML  | 4                   |                         |
| HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                   |                         |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 5                   | PA BvD; NM; NDS         |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML   | 5                   | PA; NM; NDS             |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML   | 5                   | PA; NM; NDS             |
| IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                   |                         |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG   | 5                   | PA; NM; NDS             |
| KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 4                   |                         |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML  | 5                   | PA; NM; NDS             |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML   | 5                   | PA; NM; NDS             |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML   | 5                   | PA; NM; NDS             |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>   | 2                   | GC                      |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>  | 2                   | PA BvD; GC              |
| <i>mycophenolate mofetil oral capsule 250 mg</i>  | 2                   | PA BvD; GC              |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>   | 5                   | PA BvD; NM; NDS         |
| <i>mycophenolate mofetil oral tablet 500 mg</i>   | 2                   | PA BvD; GC              |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG   | 5                   | PA BvD; NM; NDS         |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %  | 5                   | PA BvD; NM; NDS         |
| OLUMIANT ORAL TABLET 1 MG, 2 MG   | 5                   | PA; NM; NDS             |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG  | 5                   | PA; NM; NDS             |

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|--|---------------------|-------------------------|
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML   | 5                   | PA; NM; NDS             |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML   | 5                   | PA; NM; NDS             |
| OTEZLA ORAL TABLET 30 MG   | 5                   | PA; NM; NDS             |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)  | 5                   | PA; NM; NDS             |
| PRIVIGEN INTRAVENOUS SOLUTION 10 %   | 5                   | PA BvD; NM; NDS         |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML   | 4                   | PA BvD                  |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG   | 4                   | PA BvD                  |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3                   |                         |
| REMICADE INTRAVENOUS RECON SOLN 100 MG   | 5                   | PA; NM; NDS             |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG  | 5                   | PA; NM; NDS             |
| RIDAURA ORAL CAPSULE 3 MG  | 5                   | NM; NDS                 |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG  | 5                   | PA; NM; NDS             |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML   | 5                   | PA; NM; NDS             |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML   | 5                   | PA; NM; NDS             |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML  | 5                   | PA; NM; NDS             |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML   | 5                   | PA; NM; NDS             |
| <i>sirolimus oral solution 1 mg/ml</i>   | 5                   | PA BvD; NM; NDS         |
| <i>sirolimus oral tablet 0.5 mg, 1 mg</i>  | 4                   | PA BvD                  |
| <i>sirolimus oral tablet 2 mg</i>  | 5                   | PA BvD; NM; NDS         |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)  | 5                   | PA; NM; NDS             |

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| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites |
|--|---------------------|-------------------------|
| STELARA INTRAVENOUS SOLUTION<br>130 MG/26 ML   | 5                   | PA; NM; NDS             |
| STELARA SUBCUTANEOUS SOLUTION<br>45 MG/0.5 ML  | 5                   | PA; NM; NDS             |
| STELARA SUBCUTANEOUS SYRINGE 45<br>MG/0.5 ML, 90 MG/ML   | 5                   | PA; NM; NDS             |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>  | 2                   | PA BvD; GC              |
| TALTZ AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML                                   | 5                   | PA; NM; NDS             |
| TALTZ SYRINGE SUBCUTANEOUS<br>SYRINGE 80 MG/ML   | 5                   | PA; NM; NDS             |
| TREMFYA SUBCUTANEOUS AUTO-<br>INJECTOR 100 MG/ML   | 5                   | PA; NM; NDS             |
| TREMFYA SUBCUTANEOUS SYRINGE<br>100 MG/ML  | 5                   | PA; NM; NDS             |
| TYSABRI INTRAVENOUS SOLUTION 300<br>MG/15 ML   | 5                   | PA; NM; LA; NDS         |
| XELJANZ ORAL TABLET 10 MG, 5 MG  | 5                   | PA; NM; NDS             |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 11 MG, 22<br>MG                               | 5                   | PA; NM; NDS             |
| ZORTRESS ORAL TABLET 1 MG  | 5                   | PA BvD; NM; NDS         |
| <b>Vacunas</b>   |                     |                         |
| ACTHIB (PF) INTRAMUSCULAR RECON<br>SOLN 10 MCG/0.5 ML  | 3                   |                         |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2 LF-<br>(2.5-5-3-5 MCG)-5LF/0.5 ML | 3                   |                         |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-<br>3-5 MCG)-5LF/0.5 ML    | 3                   |                         |
| BCG VACCINE, LIVE (PF)<br>PERCUTANEOUS SUSPENSION FOR<br>RECONSTITUTION 50 MG                  | 3                   |                         |
| BEXSERO INTRAMUSCULAR SYRINGE<br>50-50-50-25 MCG/0.5 ML  | 3                   |                         |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML                              | 3                   |                         |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                                 | 3                   |                         |

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|---|----------------------------|--------------------------------|
| DAPTACEL (DTAP PEDIATRIC) (PF)<br>INTRAMUSCULAR SUSPENSION 15-10-5<br>LF-MCG-LF/0.5ML | 3                          |                                |
| ENGERIX-B (PF) INTRAMUSCULAR<br>SUSPENSION 20 MCG/ML                                  | 3                          | PA BvD                         |
| ENGERIX-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/ML                                     | 3                          | PA BvD                         |
| ENGERIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                    | 3                          | PA BvD                         |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SUSPENSION 0.5 ML                                    | 3                          | QL (1.5 per 365 days)          |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SYRINGE 0.5 ML                                       | 3                          | QL (1.5 per 365 days)          |
| HAVRIX (PF) INTRAMUSCULAR<br>SUSPENSION 1,440 ELISA UNIT/ML                           | 3                          |                                |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 1,440 ELISA UNIT/ML, 720<br>ELISA UNIT/0.5 ML    | 3                          |                                |
| HIBERIX (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                | 3                          |                                |
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN 2.5<br>UNIT                    | 3                          | PA BvD                         |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SUSPENSION 25-58-<br>10 LF-MCG-LF/0.5ML         | 3                          |                                |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE 25-58-10<br>LF-MCG-LF/0.5ML             | 3                          |                                |
| IPOLE INJECTION SUSPENSION 40-8-32<br>UNIT/0.5 ML                                     | 3                          |                                |
| IXIARO (PF) INTRAMUSCULAR<br>SYRINGE 6 MCG/0.5 ML                                     | 3                          |                                |
| KINRIX (PF) INTRAMUSCULAR<br>SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML                     | 3                          |                                |
| KINRIX (PF) INTRAMUSCULAR<br>SYRINGE 25 LF-58 MCG-10 LF/0.5 ML                        | 3                          |                                |
| MENACTRA (PF) INTRAMUSCULAR<br>SOLUTION 4 MCG/0.5 ML                                  | 3                          |                                |

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|---|---------------------|-------------------------|
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML                                   | 3                   |                         |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML                         | 3                   |                         |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML                      | 3                   |                         |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML                    | 3                   |                         |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML                                 | 3                   |                         |
| PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML                         | 3                   |                         |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 3                   |                         |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML                 | 3                   |                         |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT                    | 3                   | PA BvD                  |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML        | 3                   | PA BvD                  |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML                      | 3                   | PA BvD                  |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML                           | 3                   |                         |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML  | 3                   |                         |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML               | 3                   | QL (2 per 365 days)     |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML                                     | 3                   |                         |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML                      | 3                   |                         |

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|---|---------------------|-------------------------|
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML                         | 3                   |                         |
| TETANUS, DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML  | 3                   |                         |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML                                 | 3                   |                         |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML                  | 3                   |                         |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML                                | 3                   |                         |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML                                 | 3                   |                         |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML                | 3                   |                         |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML                   | 3                   |                         |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML     | 3                   | QL (2 per 365 days)     |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 3                   |                         |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML  | 3                   | QL (1 per 365 days)     |
| <b>Agentes Oftálmicos</b>   |                     |                         |
| <b>Agentes Antiglaucoma</b>   |                     |                         |
| <i>acetazolamide oral capsule, extended release 500 mg</i>                    | 2                   | GC                      |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                               | 2                   | GC                      |
| <i>acetazolamide sodium injection recon soln 500 mg</i>                       | 2                   | GC                      |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %                                       | 3                   |                         |
| AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %                                  | 3                   |                         |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                                 | 2                   | GC                      |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                              | 4                   | QL (2.5 per 25 days)    |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i>                              | 4                   |                         |

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|--|---------------------|--------------------------|
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                            | 1                   | GC                       |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                                | 1                   | GC                       |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %                                  | 3                   |                          |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                              | 2                   | GC                       |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>           | 2                   | GC                       |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i>                          | 1                   | GC; QL (2.5 per 25 days) |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                            | 1                   | GC                       |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                                      | 3                   | QL (2.5 per 25 days)     |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                              | 4                   |                          |
| <i>metipranolol ophthalmic (eye) drops 0.3 %</i>                           | 2                   | GC                       |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                | 2                   | GC                       |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %                                    | 3                   | QL (2.5 per 25 days)     |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %                              | 3                   | QL (2.5 per 25 days)     |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                        | 3                   |                          |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                | 1                   | GC                       |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> | 4                   |                          |
| <i>travoprost (benzalkonium) ophthalmic (eye) drops 0.004 %</i>            | 4                   | QL (2.5 per 25 days)     |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i>                           | 4                   | QL (2.5 per 25 days)     |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %                                     | 4                   | QL (5 per 30 days)       |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %                           | 4                   | ST; QL (2.5 per 25 days) |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %                         | 4                   | QL (30 per 30 days)      |
| <b>Agentes Para Los Ojos, Oídos, Nariz, Garganta</b>                       |                     |                          |
| <b>Agentes Antiinfecciosos De Ojos, Oídos, Nariz Y Garganta</b>            |                     |                          |
| <i>acetic acid otic (ear) solution 2 %</i>                                 | 2                   | GC                       |

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|--|----------------------------|--------------------------------|
| <i>acetic acid-aluminum acetate otic (ear) drops 2 %</i>   | 2                          | GC                             |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>  | 4                          |                                |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>                         | 2                          | GC                             |
| <b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>   | 3                          | ST                             |
| <i>bleph-10 ophthalmic (eye) drops 10 %</i>  | 2                          | GC                             |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>  | 1                          | GC                             |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>                             | 2                          | GC                             |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                                      | 2                          | GC; QL (3.5 per 4 days)        |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>   | 4                          |                                |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>  | 2                          | GC                             |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>   | 1                          | GC                             |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>   | 4                          |                                |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>   | 4                          |                                |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>   | 2                          | GC                             |
| <b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>   | 4                          |                                |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>             | 2                          | GC                             |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>         | 2                          | GC                             |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | 2                          | GC                             |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>          | 2                          | GC                             |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>           | 2                          | GC                             |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>           | 2                          | GC                             |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>                | 2                          | GC                             |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>                        | 2                          | GC                             |

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|--|---------------------|-------------------------|
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>      | 2                   | GC                      |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>       | 2                   | GC                      |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>                                    | 2                   | GC                      |
| <i>ofloxacin otic (ear) drops 0.3 %</i>  | 2                   | GC                      |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                    | 2                   | GC                      |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | 1                   | GC                      |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                          | 2                   | GC                      |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                       | 2                   | GC                      |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>    | 2                   | GC                      |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                   | 1                   | GC                      |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>      | 2                   | GC                      |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                   | 2                   | GC                      |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %   | 4                   |                         |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %                                | 3                   |                         |
| <b>Agentes Antiinflamatorios De Ojos, Oídos, Nariz Y Garganta</b>                |                     |                         |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %                                    | 3                   | ST                      |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                                   | 4                   |                         |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %  | 3                   |                         |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>               | 2                   | GC                      |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                            | 2                   | GC                      |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %  | 3                   |                         |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>                      | 2                   | GC; QL (50 per 25 days) |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>                        | 4                   |                         |

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|---|---------------------|-------------------------|
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>        | 4                   |                         |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>              | 2                   | GC                      |
| <i>fluticasone propionate nasal spray,suspension 50 mcglactuation</i> | 1                   | GC; QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %                        | 3                   |                         |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %                        | 3                   |                         |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i>                         | 2                   | GC; QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %                              | 3                   |                         |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %                               | 3                   |                         |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %                          | 3                   |                         |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>  | 2                   | GC                      |
| <i>mometasone nasal spray,non-aerosol 50 mcglactuation</i>            | 2                   | GC; QL (34 per 28 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>     | 4                   |                         |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>       | 2                   | GC                      |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %                                | 3                   |                         |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %                          | 3                   | QL (60 per 30 days)     |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION                | 3                   | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %                               | 3                   | QL (60 per 30 days)     |
| <b>Agentes De Ojos, Oídos, Nariz Y Garganta, Varios</b>               |                     |                         |
| <i>alcaïne ophthalmic (eye) drops 0.5 %</i>                           | 2                   | GC                      |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                     | 2                   | GC                      |
| <i>atropine ophthalmic (eye) drops 1 %</i>                            | 4                   |                         |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>                 | 2                   | GC; QL (30 per 25 days) |
| <i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>          | 4                   | QL (30 per 25 days)     |

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|---|---------------------|-----------------------------------|
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                     | 2                   | GC                                |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %                                | 4                   | ST                                |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                          | 2                   | GC                                |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>        | 2                   | GC                                |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %                            | 5                   | NM; NDS                           |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %                              | 5                   | NM; NDS                           |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                     | 2                   | GC                                |
| <i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>          | 2                   | GC; QL (30 per 28 days)           |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i> | 2                   | GC; QL (15 per 10 days)           |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i>                   | 4                   | QL (30.5 per 30 days)             |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i>                     | 2                   | GC                                |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i>                     | 4                   |                                   |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i>                    | 2                   | GC                                |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG                               | 5                   | PA; NM; NDS                       |
| <b>Agentes Terapeúticos Misceláneos</b>                             |                     |                                   |
| <b>Agentes Terapeúticos Misceláneos</b>                             |                     |                                   |
| ACTHAR INJECTION GEL 80 UNIT/ML                                     | 5                   | PA; NM; NDS; QL (35 per 28 days)  |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                      | 5                   | PA; NM; NDS                       |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG                      | 5                   | PA; NM; NDS                       |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML                       | 5                   | PA; NM; NDS; QL (4 per 28 days)   |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML                             | 5                   | PA; NM; NDS; QL (4 per 28 days)   |
| CYSTADANE ORAL POWDER 1 GRAM/1.7 ML                                 | 5                   | NM; NDS                           |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>        | 5                   | NM; NDS                           |
| <i>diazoxide oral suspension 50 mg/ml</i>                           | 2                   | GC                                |
| ELMIRON ORAL CAPSULE 100 MG   | 5                   | NM; NDS; QL (90 per 30 days)      |
| ENDARI ORAL POWDER IN PACKET 5 GRAM                                 | 5                   | PA; NM; NDS; QL (180 per 30 days) |

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|--|---------------------|-----------------------------------|
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML   | 5                   | PA; NM; NDS                       |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML   | 5                   | PA; NM; LA; NDS                   |
| <i>fomepizole intravenous solution 1 gram/ml</i>                                     | 5                   | NM; NDS                           |
| GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML  | 3                   |                                   |
| GVOKE HYPOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML   | 3                   |                                   |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML           | 3                   |                                   |
| GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML  | 3                   |                                   |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML   | 3                   |                                   |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML             | 3                   |                                   |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                         | 2                   | GC                                |
| KEVEYIS ORAL TABLET 50 MG  | 5                   | PA; NM; NDS; QL (120 per 30 days) |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 2                   | GC                                |
| <i>leucovorin calcium injection solution 10 mg/ml</i>                                | 2                   | GC                                |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                      | 2                   | GC                                |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i>                            | 2                   | GC                                |
| <i>levocarnitine oral tablet 330 mg</i>  | 2                   | GC                                |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i>                           | 5                   | NM; NDS                           |
| <i>mesna intravenous solution 100 mg/ml</i>  | 2                   | GC                                |
| MESNEX ORAL TABLET 400 MG  | 5                   | NM; NDS                           |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML  | 5                   | PA; NM; NDS                       |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>                                  | 4                   |                                   |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                                      | 4                   |                                   |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                      | 2                   | GC                                |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>                    | 4                   |                                   |

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|---|---------------------|--------------------------------------|
| RECTIV RECTAL OINTMENT 0.4 % (W/W)  | 4                   | QL (30 per 30 days)                  |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                              | 5                   | PA; NM; NDS; QL (4 per 28 days)      |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                                 | 5                   | PA NSO; NM; NDS; QL (60 per 30 days) |
| TOTECT INTRAVENOUS RECON SOLN 500 MG  | 5                   | NM; NDS                              |
| TYBOST ORAL TABLET 150 MG   | 3                   | QL (30 per 30 days)                  |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM   | 5                   | NM; NDS; QL (24 per 14 days)         |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM  | 5                   | PA; NM; NDS; QL (120 per 30 days)    |
| <b>Agentes Vasodilatadores</b>  |                     |                                      |
| <b>Agentes Vasodilatadores</b>  |                     |                                      |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                              | 5                   | PA; NM; NDS; QL (90 per 30 days)     |
| <i>alyq oral tablet 20 mg</i>   | 5                   | PA; NM; NDS; QL (60 per 30 days)     |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>  | 5                   | PA; NM; NDS; QL (30 per 30 days)     |
| <i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i>                         | 2                   | PA; GC                               |
| <i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i>                         | 5                   | PA; NM; NDS                          |
| OPSUMIT ORAL TABLET 10 MG   | 5                   | PA; NM; NDS; QL (30 per 30 days)     |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>            | 5                   | PA; NM; NDS; QL (37.5 per 1 day)     |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                             | 2                   | PA; GC; QL (90 per 30 days)          |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>                                  | 1                   | GC; EX; CB (6 EA per 30 days)        |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                             | 5                   | PA; NM; NDS; QL (60 per 30 days)     |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>   | 2                   | PA; GC; QL (30 per 30 days)          |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG  | 5                   | PA; NM; LA; NDS; QL (60 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG   | 5                   | PA; NM; NDS; QL (112 per 28 days)    |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> | 5                   | PA; NM; NDS                          |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)              | 5                   | PA; NM; NDS                          |

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|---|---------------------|-----------------------------------|
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG         | 5                   | PA; NM; NDS; QL (60 per 30 days)  |
| UPTRAVI ORAL TABLET 200 MCG   | 5                   | PA; NM; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)  | 5                   | PA; NM; NDS                       |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG   | 4                   | EX; CB (6 EA per 30 days)         |
| <b>Analgésicos</b>  |                     |                                   |
| <b>Agentes Antiinflamatorios No Esteroideos</b>   |                     |                                   |
| CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)   | 4                   |                                   |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>   | 2                   | GC; QL (60 per 30 days)           |
| <i>celecoxib oral capsule 400 mg</i>  | 4                   | QL (60 per 30 days)               |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>                                       | 4                   | PA; QL (60 per 30 days)           |
| <i>diclofenac potassium oral tablet 50 mg</i>   | 2                   | GC; QL (120 per 30 days)          |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                                | 2                   | GC; QL (60 per 30 days)           |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>                               | 2                   | GC; QL (150 per 30 days)          |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>                               | 2                   | GC; QL (120 per 30 days)          |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>                               | 2                   | GC; QL (60 per 30 days)           |
| <i>diclofenac sodium topical drops 1.5 %</i>  | 2                   | GC; QL (300 per 30 days)          |
| <i>diclofenac sodium topical gel 1 %</i>  | 2                   | GC                                |
| <i>diclofenac sodium topical gel 3 %</i>  | 4                   | PA; QL (100 per 28 days)          |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | 4                   |                                   |
| <i>diflunisal oral tablet 500 mg</i>  | 2                   | GC                                |
| DUEXIS ORAL TABLET 800-26.6 MG  | 5                   | PA; NM; NDS; QL (90 per 30 days)  |
| <i>etodolac oral capsule 200 mg, 300 mg</i>   | 4                   |                                   |
| <i>etodolac oral tablet 400 mg, 500 mg</i>  | 4                   |                                   |
| <i>fenoprofen oral tablet 600 mg</i>  | 4                   |                                   |
| <i>flurbiprofen oral tablet 100 mg</i>  | 2                   | GC                                |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>   | 1                   | GC                                |
| <i>ibuprofen oral suspension 100 mg/5 ml</i>  | 2                   | GC                                |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>   | 1                   | GC                                |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>                       |
|---|----------------------------|--|
| <i>indomethacin oral capsule 25 mg</i>  | 2                          | PA-HRM; GC; QL (240 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule 50 mg</i>  | 2                          | PA-HRM; GC; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>indomethacin oral capsule, extended release 75 mg</i>                                | 4                          | PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)      |
| <i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>                                      | 4                          |  |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>                            | 4                          |  |
| <i>ketorolac injection cartridge 15 mg/ml</i>   | 2                          | PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac injection cartridge 30 mg/ml</i>   | 2                          | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac injection solution 15 mg/ml</i>  | 2                          | PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac injection solution 30 mg/ml (1 ml)</i>                                     | 2                          | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac injection syringe 15 mg/ml</i>   | 2                          | PA-HRM; GC; QL (40 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac injection syringe 30 mg/ml</i>   | 2                          | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac intramuscular cartridge 60 mg/2 ml</i>                                     | 2                          | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                                      | 2                          | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                                       | 2                          | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)  |
| <i>ketorolac oral tablet 10 mg</i>  | 2                          | PA-HRM; GC; QL (20 per 30 days); AGE (Max 64 Years)  |
| <i>mefenamic acid oral capsule 250 mg</i>   | 4                          |  |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>  | 1                          | GC   |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>  | 2                          | GC   |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                      | 1                          | GC   |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>                     | 2                          | GC   |
| <i>naproxen-esomeprazole oral tablet,ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i> | 5                          | PA; NM; NDS; QL (60 per 30 days)                     |
| <b>PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2%)</b>         | 5                          | PA; NM; NDS; QL (224 per 28 days)                    |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>  | 4                          |  |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites                              |
|---|---------------------|--|
| <i>sulindac oral tablet 150 mg, 200 mg</i>  | 2                   | GC   |
| <i>tolmetin oral capsule 400 mg</i>   | 4                   |  |
| <i>tolmetin oral tablet 200 mg, 600 mg</i>  | 4                   |  |
| <b>Analgésicos, Varios</b>  |                     |  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>   | 1                   | GC; QL (4500 per 30 days)                            |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>   | 2                   | GC; QL (360 per 30 days)                             |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>  | 2                   | GC; QL (180 per 30 days)                             |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i>   | 4                   | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>   | 2                   | GC   |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>  | 2                   | GC   |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | 2                   | GC; QL (4 per 28 days)                               |
| <i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>   | 4                   | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>   | 4                   | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>   | 2                   | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>   | 2                   | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>  | 4                   | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>   | 2                   | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>  | 4                   | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)     |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>   | 2                   | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>  | 2                   | GC; QL (5 per 28 days)                               |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i>   | 2                   | GC; QL (180 per 30 days)                             |
| <i>endocet oral tablet 10-325 mg</i>  | 2                   | GC; QL (180 per 30 days)                             |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>   | 2                   | GC; QL (360 per 30 days)                             |
| <i>endocet oral tablet 7.5-325 mg</i>   | 2                   | GC; QL (240 per 30 days)                             |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>   | 5                   | PA; NM; NDS; QL (120 per 30 days)                    |

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|---|----------------------------|----------------------------------|
| <i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 50 mcg/1hr, 75 mcg/1hr</i> | 2                          | GC; QL (10 per 30 days)          |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                       | 4                          | QL (2700 per 30 days)            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>                                    | 4                          | QL (180 per 30 days)             |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>                                    | 2                          | GC; QL (180 per 30 days)         |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>                                     | 2                          | GC; QL (240 per 30 days)         |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>   | 4                          | QL (240 per 30 days)             |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>  | 4                          | QL (150 per 30 days)             |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>   | 2                          | GC; QL (150 per 30 days)         |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>                              | 2                          | GC                               |
| <i>hydromorphone oral liquid 1 mg/ml</i>  | 2                          | GC; QL (1200 per 30 days)        |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>   | 2                          | GC; QL (180 per 30 days)         |
| <b>LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY</b>                   | 5                          | PA; NM; NDS; QL (30 per 30 days) |
| <i>lorcet (hydrocodone) oral tablet 5-325 mg</i>  | 2                          | GC; QL (240 per 30 days)         |
| <i>lorcet hd oral tablet 10-325 mg</i>  | 2                          | GC; QL (180 per 30 days)         |
| <i>lorcet plus oral tablet 7.5-325 mg</i>   | 2                          | GC; QL (180 per 30 days)         |
| <i>methadone injection solution 10 mg/ml</i>  | 2                          | GC                               |
| <i>methadone oral solution 10 mg/5 ml</i>   | 2                          | GC; QL (600 per 30 days)         |
| <i>methadone oral solution 5 mg/5 ml</i>  | 2                          | GC; QL (1200 per 30 days)        |
| <i>methadone oral tablet 10 mg</i>  | 2                          | GC; QL (120 per 30 days)         |
| <i>methadone oral tablet 5 mg</i>   | 2                          | GC; QL (180 per 30 days)         |
| <i>methadose oral tablet, soluble 40 mg</i>   | 2                          | GC; QL (30 per 30 days)          |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                      | 2                          | GC; QL (180 per 30 days)         |
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>                                       | 2                          | GC                               |
| <i>morphine oral solution 10 mg/5 ml</i>  | 2                          | GC; QL (700 per 30 days)         |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>  | 2                          | GC; QL (300 per 30 days)         |
| <b>MORPHINE ORAL TABLET 15 MG</b>   | 2                          | GC; QL (180 per 30 days)         |
| <b>MORPHINE ORAL TABLET 30 MG</b>   | 2                          | GC; QL (120 per 30 days)         |

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|---|----------------------------|--|
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>                                    | 2                          | GC; QL (60 per 30 days)                              |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i>   | 2                          | GC; QL (90 per 30 days)                              |
| <i>oxycodone oral capsule 5 mg</i>  | 4                          | QL (180 per 30 days)                                 |
| <i>oxycodone oral concentrate 20 mg/ml</i>  | 4                          | QL (120 per 30 days)                                 |
| <i>oxycodone oral solution 5 mg/5 ml</i>  | 4                          | QL (1300 per 30 days)                                |
| <i>oxycodone oral tablet 10 mg, 5 mg</i>  | 2                          | GC; QL (180 per 30 days)                             |
| <i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>  | 2                          | GC; QL (120 per 30 days)                             |
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>  | 3                          | QL (60 per 30 days)                                  |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>  | 2                          | GC; QL (180 per 30 days)                             |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>                                       | 2                          | GC; QL (360 per 30 days)                             |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>   | 2                          | GC; QL (240 per 30 days)                             |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>  | 2                          | GC; QL (360 per 30 days)                             |
| <b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>  | 3                          | QL (60 per 30 days)                                  |
| <i>oxymorphone oral tablet 10 mg</i>  | 4                          | QL (120 per 30 days)                                 |
| <i>oxymorphone oral tablet 5 mg</i>   | 4                          | QL (180 per 30 days)                                 |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | 4                          | QL (60 per 30 days)                                  |
| <i>tencon oral tablet 50-325 mg</i>   | 2                          | PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>tramadol oral tablet 50 mg</i>   | 1                          | GC; QL (240 per 30 days)                             |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>   | 2                          | GC; QL (300 per 30 days)                             |
| <i>vicodin hp oral tablet 10-300 mg</i>   | 4                          | QL (180 per 30 days)                                 |
| <b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG</b>                            | 3                          | QL (60 per 30 days)                                  |
| <b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG</b>   | 3                          | QL (120 per 30 days)                                 |
| <b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG</b>   | 3                          | QL (240 per 30 days)                                 |

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|--|---------------------|--|
| <i>zebutal oral capsule 50-325-40 mg</i>   | 4                   | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <b>Anestésicos</b>   |                     |  |
| <b>Anestesia Local</b>   |                     |  |
| <i>glydo mucous membrane jelly in applicator 2 %</i>   | 2                   | GC; QL (30 per 30 days)                          |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i> | 1                   | GC   |
| <i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>  | 1                   | GC   |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>                                    | 1                   | GC   |
| <i>lidocaine hcl mucous membrane jelly 2 %</i>   | 2                   | GC; QL (30 per 30 days)                          |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>   | 2                   | PA; GC   |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>  | 2                   | PA; GC; QL (90 per 30 days)                      |
| <i>lidocaine topical ointment 5 %</i>  | 4                   | PA; QL (90 per 30 days)                          |
| <i>lidocaine viscous mucous membrane solution 2 %</i>  | 2                   | GC   |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>  | 4                   | PA; QL (30 per 30 days)                          |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %  | 3                   | PA; QL (90 per 30 days)                          |
| <b>Antagonistas De Metales Pesados</b>   |                     |  |
| <b>Antagonistas De Metales Pesados</b>   |                     |  |
| <i>clovique oral capsule 250 mg</i>  | 5                   | PA; NM; NDS; QL (240 per 30 days)                |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>   | 5                   | PA; NM; NDS                                      |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>   | 5                   | PA; NM; NDS                                      |
| <i>deferasirox oral tablet, dispersible 125 mg</i>   | 2                   | PA; GC   |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>   | 5                   | PA; NM; NDS                                      |
| <i>deferiprone oral tablet 500 mg</i>  | 5                   | PA; NM; NDS                                      |
| <i>deferoxamine injection recon soln 2 gram, 500 mg</i>  | 2                   | PA; GC   |
| FERRIPROX ORAL SOLUTION 100 MG/ML  | 5                   | PA; NM; NDS                                      |
| FERRIPROX ORAL TABLET 1,000 MG, 500 MG   | 5                   | PA; NM; NDS                                      |
| <i>penicillamine oral capsule 250 mg</i>   | 5                   | PA; NM; NDS                                      |
| <i>penicillamine oral tablet 250 mg</i>  | 5                   | PA; NM; NDS                                      |

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|--|---------------------|-----------------------------------|
| <i>trientine oral capsule 250 mg</i>   | 5                   | PA; NM; NDS; QL (240 per 30 days) |
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>                                      |                     |                                   |
| <b>Anti Infecciosos (Membrana Cutánea Y Mucosa)</b>                                      |                     |                                   |
| <i>clindamycin phosphate vaginal cream 2 %</i>   | 2                   | GC                                |
| <i>metronidazole vaginal gel 0.75 %</i>  | 2                   | GC                                |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>  | 2                   | GC                                |
| <i>terconazole vaginal suppository 80 mg</i>   | 4                   |                                   |
| <b>Antibacterianos</b>   |                     |                                   |
| <b>Aminoglicósidos</b>   |                     |                                   |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML                                 | 5                   | PA BvD; NM; NDS                   |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>                                | 2                   | GC                                |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>                       | 2                   | GC                                |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i> | 2                   | GC                                |
| <i>neomycin oral tablet 500 mg</i>   | 1                   | GC                                |
| <i>streptomycin intramuscular recon soln 1 gram</i>                                      | 5                   | NM; NDS                           |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                              | 5                   | NM; NDS; QL (224 per 28 days)     |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>       | 5                   | PA BvD; NM; NDS                   |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>                       | 5                   | PA BvD; NM; NDS                   |
| <i>tobramycin sulfate injection solution 40 mg/ml</i>                                    | 4                   |                                   |
| <b>Antibacteriales, Misceláneos</b>  |                     |                                   |
| <i>bacitracin intramuscular recon soln 50,000 unit</i>                                   | 4                   |                                   |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>                       | 2                   | GC                                |
| CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE,L/F 600 MG/50 ML                            | 2                   | GC                                |
| CLINDAMYCIN 900 MG/50 ML-NS OUTER,SINGLE-USE,L/F 900 MG/50 ML                            | 2                   | GC                                |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                                | 1                   | GC                                |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>                    | 2                   | GC                                |

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|--|---------------------|----------------------------------|
| CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML       | 2                   | GC                               |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>                            | 4                   |                                  |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>      | 2                   | GC                               |
| <i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml</i>         | 2                   | GC                               |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i>                    | 5                   | PA BvD; NM; NDS                  |
| <i>daptomycin intravenous recon soln 500 mg</i>                                    | 5                   | NM; NDS                          |
| FIRVANQ ORAL RECON SOLN 25 MG/ML   | 4                   |                                  |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>                | 5                   | NM; NDS                          |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>                    | 5                   | NM; NDS                          |
| <i>linezolid oral tablet 600 mg</i>  | 2                   | GC                               |
| <i>methenamine hippurate oral tablet 1 gram</i>                                    | 2                   | GC                               |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>          | 2                   | GC                               |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                    | 1                   | GC                               |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                      | 2                   | GC; QL (120 per 30 days)         |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                              | 4                   | QL (120 per 30 days)             |
| <i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i>                          | 2                   | GC; QL (60 per 30 days)          |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i>                       | 2                   | GC                               |
| SYNERCID INTRAVENOUS RECON SOLN 500 MG   | 5                   | NM; NDS                          |
| <i>trimethoprim oral tablet 100 mg</i>   | 1                   | GC                               |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i> | 2                   | GC                               |
| <i>vancomycin oral capsule 125 mg</i>  | 4                   | QL (40 per 30 days)              |
| <i>vancomycin oral capsule 250 mg</i>  | 4                   | QL (80 per 30 days)              |
| XIFAXAN ORAL TABLET 200 MG   | 5                   | PA; NM; NDS; QL (9 per 30 days)  |
| XIFAXAN ORAL TABLET 550 MG   | 5                   | PA; NM; NDS; QL (90 per 30 days) |
| <b>Antibióticos B-Lactam Misceláneos</b>   |                     |                                  |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i>                               | 2                   | GC                               |

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|--|---------------------|-------------------------|
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                    | 5                   | PA; NM; LA; NDS         |
| <i>ertapenem injection recon soln 1 gram</i>   | 4                   |                         |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>                         | 2                   | GC                      |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i>                                   | 4                   |                         |
| <b>Cefalosporinas</b>  |                     |                         |
| <i>ceftazidime injection recon soln 1 gram, 2 gram</i>                                   | 2                   | GC                      |
| <i>cefactor oral capsule 250 mg, 500 mg</i>  | 2                   | GC                      |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 4                   |                         |
| <i>cefactor oral tablet extended release 12 hr 500 mg</i>                                | 4                   |                         |
| <i>cefadroxil oral capsule 500 mg</i>  | 2                   | GC                      |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 2                   | GC                      |
| <i>cefadroxil oral tablet 1 gram</i>   | 4                   |                         |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>                            | 2                   | GC                      |
| <i>cefdinir oral capsule 300 mg</i>  | 2                   | GC                      |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | 4                   |                         |
| <i>cefepime injection recon soln 1 gram, 2 gram</i>                                      | 2                   | GC                      |
| <i>cefixime oral capsule 400 mg</i>  | 4                   |                         |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>              | 4                   |                         |
| <i>cefotaxime injection recon soln 1 gram</i>  | 2                   | GC                      |
| <i>cefopodoxime injection recon soln 1 gram, 10 gram, 2 gram</i>                         | 4                   |                         |
| <i>cefopodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>           | 4                   |                         |
| <i>cefopodoxime oral tablet 100 mg, 200 mg</i>   | 2                   | GC                      |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | 2                   | GC                      |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>  | 2                   | GC                      |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>                           | 2                   | GC                      |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>          | 2                   | GC                      |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                      | 2                   | GC                      |

Puede encontrar información sobre qué significan los símbolos y abreviaturas en esta tabla refiriéndose a las páginas de introducción de este documento

| Nombre del Medicamento   | Tipo de Medicamento | Requerimientos/ Límites       |
|--|---------------------|-------------------------------|
| <i>cefuroxime sodium injection recon soln 750 mg</i>   | 2                   | GC                            |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>   | 2                   | GC                            |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>  | 1                   | GC                            |
| <i>cephalexin oral capsule 750 mg</i>  | 4                   |                               |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>  | 2                   | GC                            |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>   | 2                   | GC                            |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG  | 5                   | NM; NDS                       |
| <b>Macrólidos</b>  |                     |                               |
| <i>azithromycin intravenous recon soln 500 mg</i>  | 2                   | GC                            |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>  | 4                   |                               |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>   | 1                   | GC                            |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>  | 4                   |                               |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>   | 2                   | GC                            |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>  | 4                   |                               |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML  | 5                   | NM; NDS; QL (100 per 10 days) |
| DIFICID ORAL TABLET 200 MG   | 5                   | NM; NDS; QL (20 per 10 days)  |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>   | 4                   |                               |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>   | 2                   | GC                            |
| <b>Penicilinas</b>   |                     |                               |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>   | 1                   | GC                            |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>                                   | 1                   | GC                            |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>  | 1                   | GC                            |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>  | 2                   | GC                            |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | 4                   |                               |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>  | 4                   |                               |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>  | 1                   | GC                            |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites          |
|---|---------------------|----------------------------------|
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>                 | 4                   |                                  |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                     | 4                   |                                  |
| <i>ampicillin oral capsule 250 mg, 500 mg</i>   | 2                   | GC                               |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>       | 2                   | GC                               |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>                          | 2                   | GC                               |
| <b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b> | 4                   |                                  |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>  | 2                   | GC                               |
| <i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>   | 2                   | GC                               |
| <i>nafcillin injection recon soln 1 gram, 2 gram</i>  | 2                   | GC                               |
| <i>nafcillin injection recon soln 10 gram</i>   | 5                   | NM; NDS                          |
| <i>penicillin g potassium injection recon soln 20 million unit</i>                                  | 4                   |                                  |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>           | 2                   | GC                               |
| <i>penicillin gk 5 million unit plf, latex-free 5 million unit</i>                                  | 4                   |                                  |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                              | 2                   | GC                               |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>  | 1                   | GC                               |
| <i>pfizerpen-g injection recon soln 20 million unit</i>   | 4                   |                                  |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>               | 2                   | GC                               |
| <i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>                                     | 4                   |                                  |
| <b>Quinolonas</b>   |                     |                                  |
| <b>BAXDELA ORAL TABLET 450 MG</b>   | 5                   | PA; NM; NDS; QL (28 per 14 days) |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>   | 2                   | GC                               |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>   | 1                   | GC                               |
| <i>ciprofloxacin in 5% dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>              | 2                   | GC                               |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>                   | 4                   |                                  |

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| <b>Nombre del Medicamento</b>  | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|--|----------------------------|--------------------------------|
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>          | 2                          | GC                             |
| <i>levofloxacin intravenous solution 25 mg/ml</i>  | 4                          |                                |
| <i>levofloxacin oral solution 250 mg/10 ml</i>   | 4                          |                                |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>   | 1                          | GC                             |
| <i>moxifloxacin oral tablet 400 mg</i>   | 4                          |                                |
| <b>Sulfonamidas</b>  |                            |                                |
| <i>sulfadiazine oral tablet 500 mg</i>   | 2                          | GC                             |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>                             | 4                          |                                |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>                                  | 4                          |                                |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                               | 1                          | GC                             |
| <b>Tetraciclinas</b>   |                            |                                |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>   | 4                          |                                |
| <i>doxy-100 intravenous recon soln 100 mg</i>  | 2                          | GC                             |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i>   | 2                          | GC                             |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>  | 2                          | GC                             |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>   | 2                          | GC                             |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | 4                          |                                |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>  | 2                          | GC                             |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>  | 4                          |                                |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>                         | 2                          | GC                             |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>   | 2                          | GC                             |
| <i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>   | 4                          |                                |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>   | 2                          | GC                             |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>  | 4                          |                                |
| <i>mondoxyne nl oral capsule 100 mg</i>  | 2                          | GC                             |
| <i>mondoxyne nl oral capsule 75 mg</i>   | 4                          |                                |
| <i>okebo oral capsule 75 mg</i>  | 4                          |                                |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>  | 2                          | GC                             |
| <i>tigecycline intravenous recon soln 50 mg</i>  | 5                          | NM; NDS                        |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites |
|---|---------------------|-------------------------|
| <b>Anticonceptivos</b>  |                     |                         |
| <b>Anticonceptivos</b>  |                     |                         |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i>                                      | 2                   | GC                      |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i>                                   | 2                   | GC                      |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>                                | 2                   | GC                      |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                     | 2                   | GC                      |
| <i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> | 2                   | GC; QL (91 per 84 days) |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>    | 2                   | GC; QL (91 per 84 days) |
| <i>apri oral tablet 0.15-0.03 mg</i>  | 2                   | GC                      |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                            | 2                   | GC                      |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>    | 2                   | GC; QL (91 per 84 days) |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                                       | 2                   | GC                      |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                           | 2                   | GC                      |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                               | 2                   | GC                      |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | 2                   | GC                      |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>         | 2                   | GC                      |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>             | 1                   | GC                      |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>   | 2                   | GC                      |
| <i>ayuna oral tablet 0.15-0.03 mg</i>   | 2                   | GC                      |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                   | 2                   | GC                      |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                                   | 2                   | GC                      |
| <i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                    | 2                   | GC                      |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                     | 2                   | GC                      |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>          | 2                   | GC                      |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>              | 1                   | GC                      |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                       | 2                   | GC                      |
| <i>camila oral tablet 0.35 mg</i>   | 1                   | GC                      |
| <i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>                        | 2                   | GC                      |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---|----------------------------|--------------------------------|
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i>                               | 2                          | GC                             |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                | 2                          | GC                             |
| <i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>                             | 2                          | GC                             |
| <i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>                   | 2                          | GC                             |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>                                      | 2                          | GC                             |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | 2                          | GC                             |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                   | 2                          | GC                             |
| <i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2                          | GC; QL (91 per 84 days)        |
| <i>deblitane oral tablet 0.35 mg</i>  | 1                          | GC                             |
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 2                          | GC                             |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>                 | 2                          | GC                             |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>        | 2                          | GC                             |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>                                      | 2                          | GC                             |
| <b>ELLA ORAL TABLET 30 MG</b>   | 4                          | QL (6 per 365 days)            |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                               | 4                          | QL (1 per 28 days)             |
| <i>emoquette oral tablet 0.15-0.03 mg</i>                                     | 2                          | GC                             |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                    | 2                          | GC                             |
| <i>enskyce oral tablet 0.15-0.03 mg</i>                                       | 2                          | GC                             |
| <i>errin oral tablet 0.35 mg</i>  | 1                          | GC                             |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i>                                   | 2                          | GC                             |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>     | 2                          | GC                             |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>        | 4                          | QL (1 per 28 days)             |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>                                 | 2                          | GC                             |
| <i>femynor oral tablet 0.25-35 mg-mcg</i>                                     | 2                          | GC                             |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | 2                          | GC                             |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>         | 2                          | GC                             |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>             | 2                          | GC                             |
| <i>hailey oral tablet 1.5-30 mg-mcg</i>                                       | 2                          | GC                             |

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| <b>Nombre del Medicamento</b>  | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|--|----------------------------|--------------------------------|
| <i>heather oral tablet 0.35 mg</i>   | 1                          | GC                             |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>  | 2                          | GC; QL (91 per 84 days)        |
| <i>incassia oral tablet 0.35 mg</i>  | 1                          | GC                             |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>  | 2                          | GC; QL (91 per 84 days)        |
| <i>isibloom oral tablet 0.15-0.03 mg</i>   | 2                          | GC                             |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>  | 2                          | GC; QL (91 per 84 days)        |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i>  | 2                          | GC                             |
| <i>jencycla oral tablet 0.35 mg</i>  | 1                          | GC                             |
| <i>juleber oral tablet 0.15-0.03 mg</i>  | 2                          | GC                             |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>   | 2                          | GC                             |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>   | 2                          | GC                             |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>   | 2                          | GC                             |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>   | 1                          | GC                             |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>  | 2                          | GC                             |
| <i>kalliga oral tablet 0.15-0.03 mg</i>  | 2                          | GC                             |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>  | 2                          | GC                             |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>  | 2                          | GC                             |
| <i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>  | 2                          | GC                             |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>   | 2                          | GC                             |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2                          | GC; QL (91 per 84 days)        |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>   | 2                          | GC                             |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>   | 2                          | GC                             |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>  | 2                          | GC                             |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>   | 2                          | GC                             |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>   | 1                          | GC                             |
| <i>larissia oral tablet 0.1-20 mg-mcg</i>  | 2                          | GC                             |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>   | 2                          | GC                             |

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|--|----------------------------|--------------------------------|
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>  | 2                          | GC                             |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>                               | 2                          | GC                             |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>                    | 2                          | GC; QL (91 per 84 days)        |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                            | 2                          | GC                             |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>  | 2                          | GC                             |
| <i>lillow (28) oral tablet 0.15-0.03 mg</i>  | 2                          | GC                             |
| <i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>                            | 2                          | GC; QL (91 per 84 days)        |
| <i>loryna (28) oral tablet 3-0.02 mg</i>   | 2                          | GC                             |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>   | 2                          | GC                             |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>   | 2                          | GC                             |
| <i>luteria (28) oral tablet 0.1-20 mg-mcg</i>  | 2                          | GC                             |
| <i>lyza oral tablet 0.35 mg</i>  | 1                          | GC                             |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>  | 2                          | GC                             |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                     | 1                          | GC                             |
| <i>mili oral tablet 0.25-35 mg-mcg</i>   | 2                          | GC                             |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i>  | 2                          | GC                             |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>   | 2                          | GC                             |
| <i>nikki (28) oral tablet 3-0.02 mg</i>  | 2                          | GC                             |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>   | 1                          | GC                             |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                               | 2                          | GC                             |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                              | 2                          | GC                             |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                               | 1                          | GC                             |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4), 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2                          | GC                             |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                                | 1                          | GC                             |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>           | 2                          | GC                             |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b> |
|---|----------------------------|--------------------------------|
| <i>norlyda oral tablet 0.35 mg</i>  | 1                          | GC                             |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                          | 2                          | GC                             |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>                         | 2                          | GC                             |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                              | 2                          | GC                             |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                   | 2                          | GC                             |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i>                                       | 2                          | GC                             |
| <i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>                                | 2                          | GC                             |
| <i>orsythia oral tablet 0.1-20 mg-mcg</i>                                     | 2                          | GC                             |
| <i>philith oral tablet 0.4-35 mg-mcg</i>                                      | 2                          | GC                             |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | 2                          | GC                             |
| <i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>                | 2                          | GC                             |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                     | 2                          | GC                             |
| <i>previfem oral tablet 0.25-35 mg-mcg</i>                                    | 2                          | GC                             |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                | 2                          | GC                             |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>            | 2                          | GC; QL (91 per 84 days)        |
| <i>sharobel oral tablet 0.35 mg</i>   | 1                          | GC                             |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | 2                          | GC                             |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 2                          | GC; QL (91 per 84 days)        |
| <b>SLYND ORAL TABLET 4 MG (28)</b>  | 4                          |                                |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>                               | 2                          | GC                             |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                       | 2                          | GC                             |
| <i>syeda oral tablet 3-0.03 mg</i>  | 2                          | GC                             |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | 2                          | GC                             |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>          | 1                          | GC                             |
| <i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                 | 2                          | GC                             |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>               | 2                          | GC                             |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>               | 2                          | GC                             |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                  | 2                          | GC                             |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites      |
|---|---------------------|------------------------------|
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>             | 1                   | GC                           |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                | 1                   | GC                           |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>                  | 1                   | GC                           |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>              | 1                   | GC                           |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>                | 2                   | GC                           |
| <i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>       | 2                   | GC                           |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>       | 2                   | GC                           |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>            | 2                   | GC                           |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>               | 1                   | GC                           |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>             | 2                   | GC                           |
| <i>tulana oral tablet 0.35 mg</i>   | 1                   | GC                           |
| <i>tyblume oral tablet 0.1-20 mg-mcg</i>                                  | 2                   | GC                           |
| <i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i> | 2                   | GC                           |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                   | 2                   | GC                           |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>              | 2                   | GC                           |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>               | 2                   | GC                           |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>                             | 2                   | GC                           |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i>                                 | 2                   | GC                           |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i>                                | 2                   | GC                           |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>                   | 4                   | QL (3 per 28 days)           |
| <i>zarah oral tablet 3-0.03 mg</i>  | 2                   | GC                           |
| <i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>                           | 2                   | GC                           |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i>                             | 2                   | GC                           |
| <b>Anticonvulsivos</b>  |                     |                              |
| <b>Anticonvulsivos</b>  |                     |                              |
| APTOM ORAL TABLET 200 MG, 400 MG  | 5                   | NM; NDS; QL (30 per 30 days) |
| APTOM ORAL TABLET 600 MG, 800 MG  | 5                   | NM; NDS; QL (60 per 30 days) |

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|--|---------------------|---------------------------------------|
| BANZEL ORAL SUSPENSION 40 MG/ML  | 5                   | NM; NDS                               |
| BANZEL ORAL TABLET 200 MG, 400 MG  | 5                   | NM; NDS                               |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML                                       | 4                   | QL (80 per 30 days)                   |
| BRIVIACT ORAL SOLUTION 10 MG/ML  | 5                   | NM; NDS; QL (600 per 30 days)         |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                        | 5                   | NM; NDS; QL (60 per 30 days)          |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>  | 2                   | GC                                    |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                               | 2                   | GC                                    |
| <i>carbamazepine oral tablet 200 mg</i>  | 2                   | GC                                    |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | 2                   | GC                                    |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                              | 2                   | GC                                    |
| CELONTIN ORAL CAPSULE 300 MG   | 4                   |                                       |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                      | 4                   | PA NSO; QL (480 per 30 days)          |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                       | 4                   | PA NSO; QL (60 per 30 days)           |
| DIACOMIT ORAL CAPSULE 250 MG   | 5                   | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG   | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG  | 5                   | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG  | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>             | 4                   |                                       |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                    | 2                   | GC                                    |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>            | 2                   | GC                                    |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>  | 2                   | GC                                    |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML  | 5                   | PA NSO; NM; NDS                       |
| <i>epitol oral tablet 200 mg</i>   | 2                   | GC                                    |
| <i>ethosuximide oral capsule 250 mg</i>  | 2                   | GC                                    |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                  | 2                   | GC                                    |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                   | 4                   |                                       |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                    | 4                   |                                       |

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|--|---------------------|-------------------------------|
| FINTEPLA ORAL SOLUTION 2.2 MG/ML   | 5                   | PA NSO; NM; NDS               |
| <i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>   | 2                   | GC                            |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML  | 5                   | NM; NDS; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG   | 5                   | NM; NDS; QL (30 per 30 days)  |
| FYCOMPA ORAL TABLET 2 MG   | 4                   | QL (30 per 30 days)           |
| FYCOMPA ORAL TABLET 4 MG, 6 MG   | 5                   | NM; NDS; QL (60 per 30 days)  |
| <i>gabapentin oral capsule 100 mg, 300 mg</i>  | 1                   | GC; QL (360 per 30 days)      |
| <i>gabapentin oral capsule 400 mg</i>  | 1                   | GC; QL (270 per 30 days)      |
| <i>gabapentin oral solution 250 mg/5 ml</i>  | 2                   | GC; QL (2160 per 30 days)     |
| <i>gabapentin oral tablet 600 mg</i>   | 2                   | GC; QL (180 per 30 days)      |
| <i>gabapentin oral tablet 800 mg</i>   | 2                   | GC; QL (120 per 30 days)      |
| GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)   | 4                   | ST                            |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG  | 4                   | ST; QL (90 per 30 days)       |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>   | 1                   | GC                            |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> | 4                   |                               |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>                                      | 4                   |                               |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>   | 2                   | GC                            |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>  | 4                   |                               |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i>  | 2                   | GC                            |
| <i>levetiracetam oral solution 100 mg/ml</i>   | 2                   | GC                            |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>  | 2                   | GC                            |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>   | 2                   | GC                            |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)  | 4                   | QL (10 per 30 days)           |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>  | 4                   |                               |

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|--|----------------------------|--------------------------------------|
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>  | 2                          | GC                                   |
| <b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG</b>                             | 4                          |                                      |
| <b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>                                     | 5                          | NM; NDS                              |
| <b>PEGANONE ORAL TABLET 250 MG</b>   | 4                          |                                      |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | 4                          | PA NSO-HRM; AGE (Max 64 Years)       |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2                          | PA NSO-HRM; GC; AGE (Max 64 Years)   |
| <i>phenytoin oral suspension 125 mg/5 ml</i>   | 2                          | GC                                   |
| <i>phenytoin oral tablet, chewable 50 mg</i>   | 2                          | GC                                   |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                             | 2                          | GC                                   |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i>  | 2                          | GC                                   |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>   | 2                          | GC                                   |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>       | 2                          | GC; QL (90 per 30 days)              |
| <i>pregabalin oral solution 20 mg/ml</i>   | 4                          | QL (900 per 30 days)                 |
| <i>primidone oral tablet 250 mg, 50 mg</i>   | 2                          | GC                                   |
| <i>rufinamide oral suspension 40 mg/ml</i>   | 5                          | NM; NDS                              |
| <b>SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG</b>   | 4                          | QL (60 per 30 days)                  |
| <b>SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG</b>                                 | 4                          | QL (120 per 30 days)                 |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                       | 1                          | GC                                   |
| <b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>   | 5                          | PA NSO; NM; NDS; QL (60 per 30 days) |
| <b>SYMPAZAN ORAL FILM 5 MG</b>   | 4                          | PA NSO; QL (60 per 30 days)          |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>  | 4                          |                                      |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>  | 2                          | GC                                   |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                       | 1                          | GC                                   |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>                             | 2                          | GC                                   |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                                  | 2                          | GC                                   |
| <i>valproic acid oral capsule 250 mg</i>   | 2                          | GC                                   |

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|--|---------------------|---------------------------------------|
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 4                   |                                       |
| <i>vigabatrin oral powder in packet 500 mg</i>   | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i>   | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i>  | 5                   | PA NSO; NM; NDS; QL (180 per 30 days) |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML   | 3                   | QL (200 per 5 days)                   |
| VIMPAT ORAL SOLUTION 10 MG/ML  | 3                   | QL (1200 per 30 days)                 |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG   | 3                   | QL (60 per 30 days)                   |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)                                     | 4                   | QL (56 per 28 days)                   |
| XCOPRI ORAL TABLET 100 MG, 50 MG   | 4                   | QL (30 per 30 days)                   |
| XCOPRI ORAL TABLET 150 MG, 200 MG  | 4                   | QL (60 per 30 days)                   |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)                | 4                   |                                       |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>  | 2                   | GC                                    |
| <b>Antidepresivos</b>  |                     |                                       |
| <b>Antidepresivos</b>  |                     |                                       |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>  | 2                   | GC                                    |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>  | 2                   | GC                                    |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>  | 4                   |                                       |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>   | 2                   | GC                                    |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>   | 2                   | GC                                    |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>  | 2                   | GC                                    |
| <i>citalopram oral solution 10 mg/5 ml</i>   | 2                   | GC; QL (600 per 30 days)              |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>  | 1                   | GC; QL (30 per 30 days)               |

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|---|---------------------|----------------------------------|
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>                                    | 4                   |                                  |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>               | 4                   |                                  |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | 4                   | QL (30 per 30 days)              |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                  | 2                   | GC                               |
| <i>doxepin oral concentrate 10 mg/ml</i>  | 1                   | GC                               |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG                | 4                   | ST; QL (60 per 30 days)          |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG                              | 4                   | ST; QL (30 per 30 days)          |
| <i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>             | 2                   | GC; QL (60 per 30 days)          |
| <i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>                           | 4                   | QL (30 per 30 days)              |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                     | 5                   | ST; NM; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                     | 2                   | GC                               |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                              | 1                   | GC                               |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)                      | 4                   | ST                               |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                | 4                   | ST; QL (30 per 30 days)          |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>                                      | 1                   | GC                               |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                    | 4                   |                                  |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                     | 2                   | GC                               |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                   | 2                   | GC                               |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                    | 4                   |                                  |
| <i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>                                      | 2                   | GC                               |
| MARPLAN ORAL TABLET 10 MG   | 4                   |                                  |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                              | 2                   | GC                               |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>                      | 2                   | GC                               |

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|---|----------------------------|------------------------------------|
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                       | 4                          |                                    |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                              | 1                          | GC                                 |
| <i>nortriptyline oral solution 10 mg/5 ml</i>   | 4                          |                                    |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                              | 1                          | PA NSO-HRM; GC; AGE (Max 64 Years) |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>          | 4                          | PA NSO-HRM; AGE (Max 64 Years)     |
| PAXIL ORAL SUSPENSION 10 MG/5 ML  | 4                          | PA NSO-HRM; AGE (Max 64 Years)     |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2                          | GC                                 |
| <i>phenelzine oral tablet 15 mg</i>   | 2                          | GC                                 |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>  | 4                          |                                    |
| <i>sertraline oral concentrate 20 mg/ml</i>   | 2                          | GC                                 |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>  | 1                          | GC                                 |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)                    | 5                          | PA NSO; NM; NDS                    |
| <i>tranylcypromine oral tablet 10 mg</i>  | 4                          |                                    |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>  | 1                          | GC                                 |
| <i>trazodone oral tablet 300 mg</i>   | 4                          |                                    |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                     | 4                          |                                    |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG   | 3                          | QL (30 per 30 days)                |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i>                             | 2                          | GC; QL (30 per 30 days)            |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>                     | 2                          | GC; QL (90 per 30 days)            |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                       | 2                          | GC                                 |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg</i>                      | 4                          | QL (30 per 30 days)                |
| <i>venlafaxine oral tablet extended release 24hr 75 mg</i>                                | 4                          | QL (90 per 30 days)                |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG   | 3                          | QL (30 per 30 days)                |
| VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)                                     | 3                          |                                    |
| ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML   | 5                          | NM; NDS                            |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites   |
|---|---------------------|---------------------------|
| <b>Antifúngicos</b>   |                     |                           |
| <b>Antifúngicos</b>   |                     |                           |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML  | 4                   | PA BvD                    |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG  | 5                   | PA BvD; NM; NDS           |
| <i>amphotericin b injection recon soln 50 mg</i>  | 2                   | PA BvD; GC                |
| <i>casprofungin intravenous recon soln 50 mg, 70 mg</i>   | 5                   | NM; NDS                   |
| <i>ciclopirox topical cream 0.77 %</i>  | 2                   | GC; QL (180 per 30 days)  |
| <i>ciclopirox topical gel 0.77 %</i>  | 4                   | QL (300 per 30 days)      |
| <i>ciclopirox topical shampoo 1 %</i>   | 4                   |                           |
| <i>ciclopirox topical solution 8 %</i>  | 2                   | GC; QL (19.8 per 30 days) |
| <i>ciclopirox topical suspension 0.77 %</i>   | 4                   | QL (180 per 30 days)      |
| <i>clotrimazole mucous membrane troche 10 mg</i>  | 2                   | GC                        |
| <i>clotrimazole topical cream 1 %</i>   | 1                   | GC                        |
| <i>clotrimazole topical solution 1 %</i>  | 2                   | GC                        |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>  | 2                   | GC; QL (90 per 30 days)   |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>   | 4                   | QL (90 per 30 days)       |
| <i>econazole topical cream 1 %</i>  | 4                   | QL (170 per 30 days)      |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | 2                   | PA BvD; GC                |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>                              | 4                   |                           |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>  | 2                   | GC                        |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>  | 5                   | NM; NDS                   |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>   | 4                   |                           |
| <i>griseofulvin microsize oral tablet 500 mg</i>  | 4                   |                           |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>   | 4                   |                           |
| <i>itraconazole oral capsule 100 mg</i>   | 2                   | GC                        |
| <i>itraconazole oral solution 10 mg/ml</i>  | 5                   | NM; NDS                   |
| <i>ketoconazole oral tablet 200 mg</i>  | 2                   | GC                        |
| <i>ketoconazole topical cream 2 %</i>   | 2                   | GC; QL (180 per 30 days)  |

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|---|---------------------|--------------------------------|
| <i>ketoconazole topical shampoo 2 %</i>   | 2                   | GC; QL (360 per 30 days)       |
| <i>miconazole-3 vaginal suppository 200 mg</i>                                    | 2                   | GC                             |
| NOXAFIL INTRAVENOUS SOLUTION<br>300 MG/16.7 ML                                    | 5                   | NM; NDS                        |
| NOXAFIL ORAL SUSPENSION 200 MG/5<br>ML (40 MG/ML)                                 | 5                   | NM; NDS                        |
| <i>nyamyc topical powder 100,000 unit/gram</i>                                    | 2                   | GC; QL (60 per 30 days)        |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                   | 2                   | GC; QL (900 per 30 days)       |
| <i>nystatin oral tablet 500,000 unit</i>  | 2                   | GC                             |
| <i>nystatin topical cream 100,000 unit/gram</i>                                   | 2                   | GC; QL (60 per 30 days)        |
| <i>nystatin topical ointment 100,000 unit/gram</i>                                | 2                   | GC; QL (60 per 30 days)        |
| <i>nystatin topical powder 100,000 unit/gram</i>                                  | 2                   | GC; QL (60 per 30 days)        |
| <i>nystatin-triamcinolone topical cream 100,000-<br/>0.1 unit/g-%</i>             | 4                   |                                |
| <i>nystatin-triamcinolone topical ointment<br/>100,000-0.1 unit/gram-%</i>        | 4                   |                                |
| <i>nystop topical powder 100,000 unit/gram</i>                                    | 2                   | GC; QL (60 per 30 days)        |
| <i>posaconazole oral tablet, delayed release (dr/lec)<br/>100 mg</i>              | 5                   | NM; NDS                        |
| <i>terbinafine hcl oral tablet 250 mg</i>   | 1                   | GC                             |
| <i>voriconazole intravenous recon soln 200 mg</i>                                 | 5                   | PA BvD; NM; NDS                |
| <i>voriconazole oral suspension for reconstitution<br/>200 mg/5 ml (40 mg/ml)</i> | 5                   | NM; NDS                        |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                     | 2                   | GC                             |
| <b>Antihistamínicos</b>   |                     |                                |
| <b>Antihistamínicos</b>   |                     |                                |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                                | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                     | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>clemastine oral tablet 2.68 mg</i>   | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>  | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>cyproheptadine oral tablet 4 mg</i>  | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                            | 2                   | GC                             |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i>                             | 4                   |                                |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>                               | 2                   | PA-HRM; GC; AGE (Max 64 Years) |
| <i>hydroxyzine hcl intramuscular solution 25<br/>mg/ml, 50 mg/ml</i>              | 2                   | GC                             |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                                   | 2                   | GC                             |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                            | 2                   | GC                             |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i>                                   | 4                   |                                |
| <i>levocetirizine oral tablet 5 mg</i>  | 1                   | GC                             |

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|--|---------------------|--------------------------------|
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                      | 1                   | PA-HRM; GC; AGE (Max 64 Years) |
| <b>Antimicobacteriales</b>                                       |                     |                                |
| <b>Antimicobacteriales</b>                                       |                     |                                |
| CAPASTAT INJECTION RECON SOLN 1 GRAM                             | 4                   |                                |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                         | 2                   | GC                             |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                     | 2                   | GC                             |
| <i>isoniazid oral solution 50 mg/5 ml</i>                        | 2                   | GC                             |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                      | 1                   | GC                             |
| PRETOMANID ORAL TABLET 200 MG                                    | 4                   | QL (30 per 30 days)            |
| PRIFTIN ORAL TABLET 150 MG                                       | 4                   |                                |
| <i>pyrazinamide oral tablet 500 mg</i>                           | 2                   | GC                             |
| <i>rifabutin oral capsule 150 mg</i>                             | 4                   |                                |
| <i>rifampin intravenous recon soln 600 mg</i>                    | 4                   |                                |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                      | 2                   | GC                             |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                | 5                   | PA; NM; NDS                    |
| TRECTOR ORAL TABLET 250 MG                                       | 4                   |                                |
| <b>Antivirales (Sitémico)</b>                                    |                     |                                |
| <b>Antirretrovirales</b>   |                     |                                |
| <i>abacavir oral solution 20 mg/ml</i>                           | 4                   |                                |
| <i>abacavir oral tablet 300 mg</i>                               | 2                   | GC                             |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                | 2                   | GC                             |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | 5                   | NM; NDS                        |
| APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML                 | 5                   | NM; NDS                        |
| APTIVUS ORAL CAPSULE 250 MG                                      | 5                   | NM; NDS                        |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>            | 2                   | GC                             |
| ATRIPLA ORAL TABLET 600-200-300 MG                               | 5                   | NM; NDS                        |
| BIKTARVY ORAL TABLET 50-200-25 MG                                | 5                   | NM; NDS                        |
| CIMDUO ORAL TABLET 300-300 MG                                    | 5                   | NM; NDS                        |
| COMPLERA ORAL TABLET 200-25-300 MG                               | 5                   | NM; NDS                        |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG                             | 4                   |                                |
| DELSTRIGO ORAL TABLET 100-300-300 MG                             | 5                   | NM; NDS                        |
| DESCOVY ORAL TABLET 200-25 MG                                    | 5                   | NM; NDS                        |

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|---|---------------------|-------------------------------|
| <i>didanosine oral capsule, delayed release (drlec)</i><br>125 mg, 200 mg, 250 mg, 400 mg | 2                   | GC                            |
| DOVATO ORAL TABLET 50-300 MG  | 5                   | NM; NDS                       |
| EDURANT ORAL TABLET 25 MG   | 5                   | NM; NDS                       |
| <i>efavirenz oral capsule 200 mg</i>  | 5                   | NM; NDS                       |
| <i>efavirenz oral capsule 50 mg</i>   | 2                   | GC                            |
| <i>efavirenz oral tablet 600 mg</i>   | 2                   | GC                            |
| <i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>                          | 5                   | NM; NDS                       |
| <i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg, 600-300-300 mg</i>          | 5                   | NM; NDS                       |
| <i>emtricitabine oral capsule 200 mg</i>  | 2                   | GC                            |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                               | 5                   | NM; NDS                       |
| EMTRIVA ORAL CAPSULE 200 MG   | 4                   |                               |
| EMTRIVA ORAL SOLUTION 10 MG/ML  | 4                   |                               |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)   | 4                   |                               |
| EVOTAZ ORAL TABLET 300-150 MG   | 5                   | NM; NDS                       |
| <i>fosamprenavir oral tablet 700 mg</i>   | 5                   | NM; NDS                       |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG  | 5                   | NM; NDS                       |
| GENVOYA ORAL TABLET 150-150-200-10 MG   | 5                   | NM; NDS                       |
| INTELENCE ORAL TABLET 100 MG, 200 MG  | 5                   | NM; NDS                       |
| INTELENCE ORAL TABLET 25 MG   | 4                   |                               |
| INVIRASE ORAL TABLET 500 MG   | 5                   | NM; NDS                       |
| ISENTRESS HD ORAL TABLET 600 MG   | 5                   | NM; NDS                       |
| ISENTRESS ORAL POWDER IN PACKET 100 MG  | 4                   |                               |
| ISENTRESS ORAL TABLET 400 MG  | 5                   | NM; NDS                       |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG   | 4                   |                               |
| JULUCA ORAL TABLET 50-25 MG   | 5                   | NM; NDS                       |
| KALETRA ORAL TABLET 100-25 MG   | 4                   | QL (300 per 30 days)          |
| KALETRA ORAL TABLET 200-50 MG   | 5                   | NM; NDS; QL (120 per 30 days) |
| <i>lamivudine oral solution 10 mg/ml</i>  | 4                   |                               |
| <i>lamivudine oral tablet 100 mg</i>  | 4                   |                               |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>  | 2                   | GC                            |

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|---|---------------------|--------------------------|
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                 | 2                   | GC                       |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                     | 4                   |                          |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>            | 2                   | GC; QL (480 per 30 days) |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                        | 4                   |                          |
| <i>nevirapine oral tablet 200 mg</i>                                | 2                   | GC                       |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 4                   |                          |
| NORVIR ORAL POWDER IN PACKET 100 MG                                 | 4                   |                          |
| NORVIR ORAL SOLUTION 80 MG/ML                                       | 4                   |                          |
| ODEFSEY ORAL TABLET 200-25-25 MG                                    | 5                   | NM; NDS                  |
| PIFELTRO ORAL TABLET 100 MG   | 5                   | NM; NDS                  |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                                 | 5                   | NM; NDS                  |
| PREZISTA ORAL SUSPENSION 100 MG/ML                                  | 5                   | NM; NDS                  |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG                         | 5                   | NM; NDS                  |
| PREZISTA ORAL TABLET 75 MG  | 4                   |                          |
| RESCRIPTOR ORAL TABLET 200 MG                                       | 4                   |                          |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML                              | 4                   |                          |
| REYATAZ ORAL POWDER IN PACKET 50 MG                                 | 5                   | NM; NDS                  |
| <i>ritonavir oral tablet 100 mg</i>                                 | 2                   | GC                       |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG                   | 5                   | NM; NDS                  |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                    | 4                   |                          |
| SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG                         | 5                   | NM; NDS                  |
| SELZENTRY ORAL TABLET 25 MG   | 4                   |                          |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>            | 2                   | GC                       |
| STRIBILD ORAL TABLET 150-150-200-300 MG                             | 5                   | NM; NDS                  |
| SYMFI LO ORAL TABLET 400-300-300 MG                                 | 5                   | NM; NDS                  |
| SYMFI ORAL TABLET 600-300-300 MG                                    | 5                   | NM; NDS                  |

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|--|---------------------|----------------------------------|
| SYMTUZA ORAL TABLET 800-150-200-10 MG                              | 5                   | NM; NDS                          |
| TEMIXYS ORAL TABLET 300-300 MG                                     | 5                   | NM; NDS                          |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>            | 2                   | GC                               |
| TIVICAY ORAL TABLET 10 MG  | 4                   |                                  |
| TIVICAY ORAL TABLET 25 MG, 50 MG                                   | 5                   | NM; NDS                          |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                         | 4                   |                                  |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                  | 5                   | NM; NDS                          |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)           | 5                   | NM; NDS                          |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | 5                   | NM; NDS                          |
| VEMLIDY ORAL TABLET 25 MG  | 5                   | NM; NDS; QL (30 per 30 days)     |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)            | 4                   |                                  |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                | 5                   | NM; NDS                          |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                        | 5                   | NM; NDS                          |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                          | 5                   | NM; NDS                          |
| <i>zidovudine oral capsule 100 mg</i>                              | 2                   | GC                               |
| <i>zidovudine oral syrup 10 mg/ml</i>                              | 2                   | GC                               |
| <i>zidovudine oral tablet 300 mg</i>                               | 2                   | GC                               |
| <b>Antivirales Hcv</b>   |                     |                                  |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG                          | 5                   | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG                        | 5                   | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG                           | 5                   | PA; NM; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG                           | 5                   | PA; NM; NDS; QL (28 per 28 days) |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>                 | 5                   | PA; NM; NDS; QL (28 per 28 days) |
| MAVYRET ORAL TABLET 100-40 MG                                      | 5                   | PA; NM; NDS; QL (84 per 28 days) |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>               | 5                   | PA; NM; NDS; QL (28 per 28 days) |
| SOVALDI ORAL PELLETS IN PACKET 150 MG                              | 5                   | PA; NM; NDS; QL (28 per 28 days) |

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|--|---------------------|-----------------------------------|
| SOVALDI ORAL PELLETS IN PACKET 200 MG  | 5                   | PA; NM; NDS; QL (56 per 28 days)  |
| SOVALDI ORAL TABLET 200 MG, 400 MG   | 5                   | PA; NM; NDS; QL (28 per 28 days)  |
| VIEKIRA PAK ORAL TABLETS, DOSE PACK 12.5 MG-75 MG -50 MG/250 MG                                      | 5                   | PA; NM; NDS                       |
| VOSEVI ORAL TABLET 400-100-100 MG  | 5                   | PA; NM; NDS; QL (28 per 28 days)  |
| ZEPATIER ORAL TABLET 50-100 MG   | 5                   | PA; NM; NDS; QL (30 per 30 days)  |
| <b>Antivirales, Varios</b>   |                     |                                   |
| <i>foscarnet intravenous solution 24 mg/ml</i>   | 4                   | PA BvD                            |
| <i>oseltamivir oral capsule 30 mg</i>  | 2                   | GC; QL (84 per 180 days)          |
| <i>oseltamivir oral capsule 45 mg</i>  | 2                   | GC; QL (48 per 180 days)          |
| <i>oseltamivir oral capsule 75 mg</i>  | 2                   | GC; QL (42 per 180 days)          |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>  | 2                   | GC; QL (540 per 180 days)         |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML   | 5                   | PA; NM; NDS; QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML   | 5                   | PA; NM; NDS; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG  | 5                   | PA; NM; NDS; QL (28 per 28 days)  |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION                                      | 4                   | QL (60 per 180 days)              |
| <i>rimantadine oral tablet 100 mg</i>  | 2                   | GC                                |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML   | 5                   | PA; NM; NDS                       |
| XOFLUZA ORAL TABLET 20 MG, 40 MG   | 4                   | QL (4 per 180 days)               |
| <b>Interferones</b>  |                     |                                   |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 5                   | PA NSO; NM; NDS                   |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML                                    | 5                   | PA NSO; NM; NDS                   |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML   | 5                   | NM; NDS                           |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML  | 5                   | NM; NDS                           |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML   | 5                   | NM; NDS                           |

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|--|---------------------|-------------------------|
| <b>Nucleósidos Y Nucleótidos</b>   |                     |                         |
| <i>acyclovir oral capsule 200 mg</i>   | 2                   | GC                      |
| <i>acyclovir oral suspension 200 mg/5 ml</i>   | 4                   |                         |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>  | 2                   | GC                      |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>                                  | 2                   | PA BvD; GC              |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>  | 2                   | PA BvD; GC              |
| <i>adefovir oral tablet 10 mg</i>  | 5                   | NM; NDS                 |
| <i>cidofovir intravenous solution 75 mg/ml</i>   | 5                   | NM; NDS                 |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>  | 2                   | GC                      |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>  | 2                   | GC                      |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i>  | 5                   | PA BvD; NM; NDS         |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i>  | 5                   | PA BvD; NM; NDS         |
| <i>ribasphere oral capsule 200 mg</i>  | 2                   | GC                      |
| <i>ribasphere oral tablet 600 mg</i>   | 5                   | NM; NDS                 |
| <i>ribasphere ribapak oral tablets, dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)</i> | 5                   | NM; NDS                 |
| <i>ribavirin inhalation recon soln 6 gram</i>  | 5                   | PA BvD; NM; NDS         |
| <i>ribavirin oral capsule 200 mg</i>   | 2                   | GC                      |
| <i>ribavirin oral tablet 200 mg</i>  | 2                   | GC                      |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i>   | 4                   |                         |
| <i>valganciclovir oral recon soln 50 mg/ml</i>   | 5                   | NM; NDS                 |
| <i>valganciclovir oral tablet 450 mg</i>   | 2                   | GC                      |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG  | 5                   | PA BvD; NM; NDS         |
| <b>Dispositivos</b>  |                     |                         |
| <b>Dispositivos</b>  |                     |                         |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"  | 2                   | GC                      |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"   | 2                   | GC                      |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"   | 2                   | GC                      |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"  | 2                   | GC                      |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"  | 2                   | GC                      |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 "  | 1                   | GC                      |

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|---|---------------------|-------------------------|
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE                         | 2                   | GC                      |
| OMNIPOD DASH 5 PACK POD   | 2                   | GC                      |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"   | 2                   | GC                      |
| SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "  | 1                   | GC                      |
| <b>Preparaciones De Reemplazo</b>   |                     |                         |
| <b>Preparaciones De Reemplazo</b>   |                     |                         |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>  | 2                   | GC                      |
| IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %  | 4                   |                         |
| IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %   | 4                   |                         |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %   | 4                   |                         |
| ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION   | 4                   |                         |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>  | 2                   | GC                      |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>  | 2                   | GC                      |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>  | 2                   | GC                      |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>   | 2                   | GC                      |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>      | 2                   | PA BvD; GC              |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 2                   | PA BvD; GC              |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>   | 2                   | PA BvD; GC              |
| <i>magnesium sulfate injection syringe 4 meq/ml</i>   | 2                   | PA BvD; GC              |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION  | 4                   |                         |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites          |
|---|---------------------|----------------------------------|
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION   | 4                   |                                  |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION   | 4                   |                                  |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION   | 4                   |                                  |
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>                       | 2                   | PA BvD; GC                       |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>                          | 2                   | GC                               |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>                                | 4                   |                                  |
| <i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>                            | 2                   | GC                               |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>                     | 2                   | GC                               |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>                  | 2                   | GC                               |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | 2                   | GC                               |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>                                    | 2                   | GC                               |
| <b>Productos</b>  |                     |                                  |
| <b>Sanguíneos/Modificadores/Expansores De Volumen</b>   |                     |                                  |
| <b>Agentes Hematológicos, Varios</b>  |                     |                                  |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML   | 5                   | PA; NM; NDS                      |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i>   | 2                   | GC                               |
| CABLIVI INJECTION KIT 11 MG   | 5                   | PA; NM; NDS; QL (30 per 30 days) |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML  | 5                   | PA; NM; NDS                      |
| <i>protamine intravenous solution 10 mg/ml</i>  | 2                   | GC                               |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG   | 4                   | PA                               |
| TAVALISSE ORAL TABLET 100 MG, 150 MG  | 5                   | PA; NM; NDS; QL (60 per 30 days) |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>                          | 2                   | GC                               |
| <i>tranexamic acid oral tablet 650 mg</i>   | 2                   | GC; QL (30 per 30 days)          |

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|--|---------------------|-------------------------|
| <b>Anticoagulantes</b>   |                     |                         |
| BEVYXXA ORAL CAPSULE 40 MG, 80 MG  | 4                   | QL (43 per 42 days)     |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)                                     | 3                   |                         |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG   | 3                   | QL (60 per 30 days)     |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i>  | 2                   | GC; QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>  | 2                   | GC; QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>                                       | 2                   | GC; QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>  | 2                   | GC; QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>  | 2                   | GC; QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>  | 2                   | GC; QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>                        | 5                   | NM; NDS                 |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>   | 2                   | GC                      |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>  | 2                   | GC                      |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | 2                   | GC                      |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>   | 2                   | GC                      |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>  | 2                   | GC                      |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>   | 2                   | GC                      |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                    | 1                   | GC                      |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG   | 4                   | ST; QL (60 per 30 days) |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                    | 1                   | GC                      |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)                               | 3                   |                         |
| XARELTO ORAL TABLET 10 MG, 20 MG   | 3                   | QL (30 per 30 days)     |
| XARELTO ORAL TABLET 15 MG, 2.5 MG  | 3                   | QL (60 per 30 days)     |

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| Nombre del Medicamento  | Tipo de Medicamento | Requerimientos/ Límites          |
|---|---------------------|----------------------------------|
| <b>Inhibidores De Agregación De Plaquetas</b>                           |                     |                                  |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 4                   | QL (60 per 30 days)              |
| BRILINTA ORAL TABLET 60 MG, 90 MG                                       | 3                   |                                  |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                             | 2                   | GC                               |
| <i>clopidogrel oral tablet 75 mg</i>                                    | 1                   | GC                               |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                     | 2                   | PA-HRM; GC; AGE (Max 64 Years)   |
| <i>pentoxifylline oral tablet extended release 400 mg</i>               | 2                   | GC                               |
| <i>prasugrel oral tablet 10 mg, 5 mg</i>                                | 4                   | QL (30 per 30 days)              |
| <b>Modificadores De Formación De Sangre</b>                             |                     |                                  |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                          | 5                   | PA; NM; NDS; QL (20 per 30 days) |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG                                | 5                   | PA; NM; NDS; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG                                | 5                   | PA; NM; NDS; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG                                | 5                   | PA; NM; NDS; QL (60 per 30 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                               | 5                   | PA; NM; NDS                      |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                 | 5                   | PA; NM; NDS                      |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML              | 5                   | PA; NM; NDS                      |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT                             | 5                   | PA; NM; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT                             | 5                   | PA; NM; NDS; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG                                    | 5                   | NM; NDS                          |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)                   | 5                   | NM; NDS                          |
| MULPLETA ORAL TABLET 3 MG   | 5                   | PA; NM; NDS; QL (7 per 7 days)   |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                               | 5                   | PA; NM; NDS                      |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                  | 5                   | PA; NM; NDS                      |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML               | 5                   | PA; NM; NDS                      |

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| <b>Nombre del Medicamento</b>   | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>    |
|---|----------------------------|-----------------------------------|
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML  | 5                          | PA; NM; NDS                       |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML  | 5                          | PA; NM; NDS                       |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG  | 5                          | PA; NM; NDS                       |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 5                          | PA; NM; NDS                       |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG  | 5                          | PA; NM; NDS; QL (30 per 30 days)  |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG  | 5                          | PA; NM; NDS; QL (90 per 30 days)  |
| PROMACTA ORAL POWDER IN PACKET 25 MG  | 5                          | PA; NM; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG  | 5                          | PA; NM; NDS; QL (90 per 30 days)  |
| PROMACTA ORAL TABLET 25 MG  | 5                          | PA; NM; NDS; QL (30 per 30 days)  |
| PROMACTA ORAL TABLET 50 MG, 75 MG   | 5                          | PA; NM; NDS; QL (60 per 30 days)  |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3                          | PA; QL (12 per 28 days)           |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML  | 3                          | PA; QL (6 per 28 days)            |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML  | 5                          | PA; NM; NDS                       |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML   | 5                          | NM; NDS                           |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML  | 5                          | PA; NM; NDS                       |
| <b>Reemplazo/Modificadores De Enzima</b>  |                            |                                   |
| <b>Reemplazo/Modificadores De Enzima</b>  |                            |                                   |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML   | 5                          | NM; NDS                           |
| CERDELGA ORAL CAPSULE 84 MG   | 5                          | PA; NM; NDS                       |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT  | 5                          | NM; NDS                           |

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|--|---------------------|----------------------------------|
| CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 3                   |                                  |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML  | 5                   | NM; NDS                          |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG   | 5                   | NM; NDS                          |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG   | 5                   | PA; NM; NDS                      |
| GALAFOLD ORAL CAPSULE 123 MG   | 5                   | PA; NM; NDS; QL (14 per 28 days) |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML  | 5                   | PA; NM; NDS                      |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML   | 5                   | PA BvD; NM; NDS                  |
| KUVAN ORAL TABLET, SOLUBLE 100 MG  | 5                   | NM; NDS                          |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML  | 5                   | PA; NM; NDS                      |
| <i>miglustat oral capsule 100 mg</i>   | 5                   | PA; NM; NDS; QL (90 per 30 days) |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML   | 5                   | NM; NDS                          |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>   | 5                   | PA; NM; NDS                      |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG  | 5                   | PA; NM; NDS                      |
| ORFADIN ORAL CAPSULE 20 MG   | 5                   | PA; NM; NDS                      |
| ORFADIN ORAL SUSPENSION 4 MG/ML  | 5                   | PA; NM; NDS                      |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML  | 5                   | PA; NM; NDS                      |
| PULMOZYME INHALATION SOLUTION 1 MG/ML  | 5                   | PA BvD; NM; NDS                  |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)   | 5                   | PA; NM; NDS                      |
| <i>sapropterin oral tablet, soluble 100 mg</i>   | 5                   | NM; NDS                          |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML   | 5                   | PA; NM; LA; NDS                  |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)   | 5                   | PA; NM; NDS                      |

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| <b>Nombre del Medicamento</b>  | <b>Tipo de Medicamento</b> | <b>Requerimientos/ Límites</b>      |
|--|----------------------------|-------------------------------------|
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT  | 5                          | NM; NDS                             |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | 3                          |                                     |
| <b>Relajantes Musculares Esqueléticos</b>  |                            |                                     |
| <b>Relajantes Musculares Esqueléticos</b>  |                            |                                     |
| <i>baclofen oral tablet 10 mg, 20 mg</i>   | 2                          | GC                                  |
| <i>chlorzoxazone oral tablet 250 mg</i>  | 5                          | PA-HRM; NM; NDS; AGE (Max 64 Years) |
| <i>chlorzoxazone oral tablet 500 mg</i>  | 2                          | PA-HRM; GC; AGE (Max 64 Years)      |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>   | 1                          | PA-HRM; GC; AGE (Max 64 Years)      |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>  | 2                          | GC                                  |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>  | 2                          | PA-HRM; GC; AGE (Max 64 Years)      |
| <i>revonto intravenous recon soln 20 mg</i>  | 2                          | GC                                  |
| <i>tizanidine oral tablet 2 mg, 4 mg</i>   | 2                          | GC                                  |
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| <b>Soluciones Irrigantes</b>   |                            |                                     |
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| <b>Vitaminas Y Minerales</b>   |                            |                                     |
| SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG   | 3                          |                                     |

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# CENTRAL HEALTH MEDICARE PLAN

## List of Covered Drugs

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