Hamaspik Medicare Select (HMO DSNP)

y

Hamaspik Medicare Choice (HMO DSNP)

Formulario para 2024

(Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID, Version Number 18

Este Formulario resumido se actualizó el 01/12/2024. No hemos realizado cambios en este Formulario resumido desde 01/12/2024.

Para consultar un Listado completo o si tiene otras preguntas, comuníquese con nosotros, Hamaspik Medicare Select and Hamaspik Medicare Choice al 888-426-2774. (Los usuarios de TTY deben llamar al 711.) Estamos abiertos los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., del 1 de octubre de 2023 al 31 de marzo de 2024; y de lunes a viernes, de 8:00 am a 8:00 pm, desde el 1 de abril de 2024 hasta el 30 de septiembre de 2024. O visite www.hamaspik.com.

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Nota:

Esta información también está disponible en formatos alternativos, como letra grande y Braille.
Llame a Servicios para Miembros a los números anteriores para obtener más información.

Los beneficios, primas, deducibles y/o copagos/coseguros pueden cambiar el 1 de enero de 2025.

Hamaspik Medicare Select y Hamaspik Medicare Choice son una HMO D-SNP con contrato de Medicare. La inscripción en un plan Hamaspik Medicare Advantage depende de la renovación del contrato.

Nota para los miembros actuales:

Este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Hamaspik Inc. Cuando dice “plan” o “nuestro plan”, hace referencia a Hamaspik Medicare Select u Hamaspik Medicare Choice.

Este documento incluye una Lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 01/12/2024. Para obtener un Formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el Formulario, la

red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2024 y periódicamente durante el año.

¿Qué es el Formulario de Hamaspik Medicare Select y Hamaspik Medicare Choice?

Un Formulario es una Lista de medicamentos cubiertos seleccionados por Hamaspik Medicare Select y Hamaspik Medicare Choice con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, Hamaspik Medicare Select y Hamaspik Medicare Choice cubrirá los medicamentos incluidos en el Formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Hamaspik Medicare Select y Hamaspik Medicare Choice, y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (Lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero nosotros podríamos agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios.

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

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el

nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

- Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de Hamaspik Medicare Select y Hamaspik Medicare Choice?

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario; o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de

costo compartido diferente o a ambos. O podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 dias.

- Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de Hamaspik Medicare Select y Hamaspik Medicare Choice?

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2024 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista

de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 01/12/2024. Para recibir información actualizada sobre los medicamentos cubiertos por Hamaspik Medicare Select y Hamaspik Medicare Choice, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la contratapa. Puede solicitar un nuevo formulario impreso y se lo enviaremos por correo a su domicilio. También puede encontrar información actualizada del formulario en nuestro sitio web en: www.hamaspik.com.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 18. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría “Cardiovascular Agents” o “Agentes cardiovasculares.” Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la Lista que empieza en la página 18. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 313. El Índice proporciona una Lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto

los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la Lista.

¿Qué son los medicamentos genéricos?

Hamaspik Medicare Select y Hamaspik Medicare Choice cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA), dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

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

- **Autorización previa**: Hamaspik Medicare Select y Hamaspik Medicare Choice exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de Hamaspik Medicare Select y Hamaspik Medicare Choice antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Hamaspik no cubra el medicamento.

- **Límites de cantidad:** Para ciertos medicamentos. Hamaspik Medicare Select y Hamaspik Medicare Choice limita la cantidad del medicamento que cubrirá Hamaspik Medicare Select y Hamaspik Medicare Choice. Por ejemplo, Hamaspik Medicare Select y Hamaspik Medicare Choice proporciona 3 unidades por 28 días por receta de Ozempic. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

- **Tratamiento escalonado:** En algunos casos, Hamaspik Medicare Select y Hamaspik Medicare Choice requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Hamaspik Medicare Select y Hamaspik Medicare Choice no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces Hamaspik cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 18. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en documentos para explicar nuestra restricción de autorización previa, nuestra restricción de tratamiento escalonado, nuestras restricciones de autorización previa y de tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a Hamaspik Medicare Select y Hamaspik Medicare Choice que haga una excepción a estas restricciones o límites, o puede solicitarle una Lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección "¿Cómo puedo solicitar que se haga una excepción al Formulario de Hamaspik Medicare Select y Hamaspik Medicare Choice?" al final de esta página, para obtener información acerca de cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre (OTC) son medicamentos sin receta que normalmente no están cubiertos por un plan de medicamentos recetados de Medicare. Hamaspik Medicare Select y Hamaspik Medicare Choice cubren sus medicamentos de venta libre a través de un beneficio complementario. Consulte su Evidencia de cobertura para obtener más información sobre cómo funciona este beneficio. Sus medicamentos de venta libre se le proporcionan sin costo alguno, hasta su límite de cobertura mensual.

El costo de estos medicamentos de venta libre no contará para el costo total de los medicamentos de la Parte D (es decir, el costo de los medicamentos de venta libre no cuenta para el período sin cobertura).

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

Si el medicamento que toma no está incluido en este Formulario (Lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización

del Formulario, aparece en las páginas de la portada y la portada posterior.

Si resulta que Hamaspik Medicare Select y Hamaspik Medicare Choice no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una Lista de medicamentos similares que estén cubiertos por Hamaspik Medicare Select y Hamaspik Medicare Choice. Cuando reciba la Lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Hamaspik Medicare Select y Hamaspik Medicare Choice.

- Puede solicitar que Hamaspik Medicare Select y Hamaspik Medicare Choice haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Hamaspik Medicare Select y Hamaspik Medicare Choice?

Puede solicitarle a Hamaspik Medicare Select y Hamaspik Medicare Choice que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.

- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento.

Por ejemplo, para ciertos medicamentos, Hamaspik Medicare Select y Hamaspik Medicare Choice limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Hamaspik Medicare Select y Hamaspik Medicare Choice solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario o a la restricción de uso. **Cuando solicita una excepción al Formulario, o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al Formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 dias. Si su receta está indicada para menos días, permitiremos que realice resurtidos del medicamento por un máximo de hasta 30 dias. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al Formulario.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Hamaspik Medicare Select y Hamaspik Medicare Choice, consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Hamaspik Medicare Select y Hamaspik Medicare Choice, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

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

Formulario de Hamaspik Medicare Select y Hamaspik Medicare Choice

El Formulario proporciona información acerca de la cobertura de los medicamentos cubiertos por Hamaspik Medicare Select y Hamaspik Medicare Choice. Si tiene alguna dificultad para encontrar el medicamento que toma en la Lista, consulte el Índice que comienza en la página 313.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, BRILINTA 60 MG TABLET), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *bumetanide 0.5 mg tablet*).

La información incluida en la columna de Requisitos/límites indica si Hamaspik Medicare Select y Hamaspik Medicare Choice tiene algún requisito especial para la cobertura del medicamento.

CLAVES DEL FORMULARIO PARA ABREVIATURAS

LA – **Disponibilidad Limitada:** Esta receta puede estar disponible solo en determinadas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame a Servicios para Miembros al 1-888-426-2774. Los usuarios de TTY deben llamar al 711.

PA – **Autorización Previa:** El Plan requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que necesitará obtener aprobación antes de surtir sus recetas. Si no obtiene la aprobación, es posible que no cubramos el medicamento.

PA – Determinación de la Parte B versus Parte D: Este medicamento recetado puede estar cubierto por la Parte B de Medicare o la Parte D, dependiendo de las circunstancias. Es posible que sea necesario enviar información que describa el uso y la configuración del medicamento para tomar la determinación**.**

QL – **Límite de Cantidad:** Para ciertos medicamentos, el Plan limita la cantidad del medicamento que cubriremos.

ST – **Terapia Escalonada:** En algunos casos, el plan requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, es posible que no cubramos el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento

A no funciona para usted, cubriremos el medicamento B.

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Analgesics		
butalbital-acetaminophen - acetaminophn 50-325	1	QL (180 PER 30 DAYS)
butalbital-acetaminophen-caffe --50-300-40, --50-325-40	1	QL (180 PER 30 DAYS)
butalbital-aspirin-caffeine - -cp	1	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
tencon 50-325 mg tablet	1	QL (180 PER 30 DAYS)
ZEBUTAL 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50 MG-200 MCG TAB	1	QL (120 PER 30 DAYS)
ARTHROTEC 75 MG-200 MCG TAB	1	QL (90 PER 30 DAYS)
cataflam 50 mg tablet	1	QL (120 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CELEBREX 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE	1	QL (60 PER 30 DAYS)
celecoxib 400 mg capsule	1	QL (30 PER 30 DAYS)
celecoxib 50 mg capsule, 100 mg capsule, 200 mg capsule	1	QL (60 PER 30 DAYS)
DAYPRO 600 MG CAPLET	1	QL (90 PER 30 DAYS)
diclofenac potassium 50 mg tablet	1	QL (120 PER 30 DAYS)
diclofenac sodium 1% gel	1	
diclofenac sodium dr 25 mg tab, ec 25 mg tab	1	QL (240 PER 30 DAYS)
diclofenac sodium dr 50 mg tab, ec 50 mg tab	1	QL (120 PER 30 DAYS)
diclofenac sodium dr 75 mg tab, ec 75 mg tab	1	QL (60 PER 30 DAYS)
diclofenac sodium er 100 mg tab	1	QL (60 PER 30 DAYS)
diclofenac sodium-misoprostol -50-0.2 mg	1	QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
diclofenac sodium-misoprostol -75-0.2 mg, -75-0.2 tb	1	QL (90 PER 30 DAYS)
ec-naproxen -dr 375 mg tablet	1	QL (120 PER 30 DAYS)
ec-naproxen -dr 500 mg tablet	1	QL (90 PER 30 DAYS)
etodolac 200 mg capsule	1	QL (150 PER 30 DAYS)
etodolac 300 mg capsule	1	QL (90 PER 30 DAYS)
etodolac 400 mg tablet, 500 mg tablet	1	QL (60 PER 30 DAYS)
etodolac er 600 mg tablet	1	QL (30 PER 30 DAYS)
etodolac er er 400 mg tablet, er 500 mg tablet	1	QL (60 PER 30 DAYS)
FELDENE 10 MG CAPSULE	1	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	1	QL (30 PER 30 DAYS)
flurbiprofen 100 mg tablet	1	QL (90 PER 30 DAYS)
ibu 400 mg tablet	1	QL (240 PER 30 DAYS)
ibu 600 mg tablet	1	QL (150 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ibu 800 mg tablet	1	QL (120 PER 30 DAYS)
ibuprofen 100 mg/5 ml susp	1	
ibuprofen 400 mg tablet	1	QL (240 PER 30 DAYS)
ibuprofen 600 mg tablet	1	QL (150 PER 30 DAYS)
ibuprofen 800 mg tablet	1	QL (120 PER 30 DAYS)
indomethacin 25 mg capsule	1	QL (240 PER 30 DAYS)
indomethacin 50 mg capsule	1	QL (120 PER 30 DAYS)
meloxicam 15 mg tablet	1	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	1	QL (60 PER 30 DAYS)
nabumetone 500 mg tablet	1	QL (120 PER 30 DAYS)
nabumetone 750 mg tablet	1	QL (60 PER 30 DAYS)
naproxen 125 mg/5 ml suspen	1	QL (1800 PER 30 DAYS)
naproxen 250 mg tablet	1	QL (180 PER 30 DAYS)
naproxen 375 mg tablet, dr 375 mg tablet	1	QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
naproxen 500 mg kit, 500 mg tablet, dr 500 mg tablet	1	QL (90 PER 30 DAYS)
naproxen sodium 275 mg tab	1	QL (150 PER 30 DAYS)
naproxen sodium 550 mg tab	1	QL (90 PER 30 DAYS)
oxaprozin 600 mg caplet, 600 mg tablet	1	QL (90 PER 30 DAYS)
piroxicam 10 mg capsule	1	QL (60 PER 30 DAYS)
piroxicam 20 mg capsule	1	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	1	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	1	QL (60 PER 30 DAYS)
sulindac 150 mg tablet, 200 mg tablet	1	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting		
BELBUCA 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	1	PA, QL (60 PER 30 DAYS)
buprenorphine 5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch	1	PA, QL (4 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
BUTRANS 5 MCG/HR PATCH, 7.5 MCG/HR PATCH, 10 MCG/HR PATCH, 15 MCG/HR PATCH, 20 MCG/HR PATCH	1	PA, QL (4 PER 28 DAYS)
fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch	1	PA, QL (15 PER 30 DAYS)
hydrocodone bitartrate er er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule	1	PA, QL (60 PER 30 DAYS)
levorphanol tartrate 2 mg tablet, 3 mg tablet	1	QL (120 PER 30 DAYS)
methadone hcl 10 mg tablet	1	QL (360 PER 30 DAYS)
methadone hcl 5 mg tablet	1	QL (180 PER 30 DAYS)
morphine sulfate er er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
tramadol hcl er er 100 mg tablet, er 200 mg tablet, er 300 mg tablet	1	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting		
acetaminophen-codeine -#2 tablet, -#3 tablet	1	QL (360 PER 30 DAYS)
acetaminophen-codeine -#4 tablet	1	QL (180 PER 30 DAYS)
acetaminophen-codeine acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5	1	QL (2700 PER 30 DAYS)
butorphanol tartrate 1 mg/ml vial, 2 mg/ml vial, 4 mg/2 ml vial	1	
butorphanol tartrate 10 mg/ml spray	1	QL (48 PER 30 DAYS)
codeine sulfate 15 mg tablet, 30 mg tablet, 60 mg tablet	1	QL (180 PER 30 DAYS)
DURAMORPH 5 MG/10 ML AMPUL, 10 MG/10 ML AMPUL	1	Part D vs Part B
endocet 10-325 mg tablet	1	QL (180 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
endocet 2.5-325 mg tablet, 5-325 mg tablet	1	QL (360 PER 30 DAYS)
endocet 7.5-325 mg tablet	1	QL (240 PER 30 DAYS)
fentanyl citrate cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg	1	PA, QL (120 PER 30 DAYS)
hydrocodone-acetaminophen -10-300 mg, -10-325 mg, -7.5-300, -7.5-325	1	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen -5-300 mg, -5-325 mg	1	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen -acetamin 2.5-108/5, -acetamin 5-217/10, -acetamn 7.5-325/15	1	QL (2700 PER 30 DAYS)
hydrocodone-ibuprofen -5-200 mg, -10-200, -7.5-200	1	QL (150 PER 30 DAYS)
hydromorphone hcl 1 mg/ml solution, 5 mg/5 ml soln	1	QL (1440 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
hydromorphone hcl 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl	1	PA
hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet	1	QL (180 PER 30 DAYS)
hydromorphone hcl 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp	1	Part D vs Part B
morphine sulfate 10 mg/5 ml cup, 10 mg/5 ml soln	1	QL (2700 PER 30 DAYS)
morphine sulfate 100 mg/5 ml conc	1	QL (270 PER 30 DAYS)
morphine sulfate 20 mg/5 ml soln	1	QL (1350 PER 30 DAYS)
morphine sulfate 5 mg/10 ml vial, 10 mg/10 ml vial	1	Part D vs Part B
morphine sulfate ir 15 mg tab	1	QL (360 PER 30 DAYS)
morphine sulfate ir 30 mg tab	1	QL (180 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
oxycodone hcl (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab	1	QL (180 PER 30 DAYS)
oxycodone hcl (ir) 5 mg tablet	1	QL (360 PER 30 DAYS)
oxycodone-acetaminophen -10-325	1	QL (180 PER 30 DAYS)
oxycodone-acetaminophen -acetaminophen 5-325, -acetaminophn 2.5-325	1	QL (360 PER 30 DAYS)
oxycodone-acetaminophen -acetaminophn 7.5-325	1	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET, 30 MG TABLET	1	QL (180 PER 30 DAYS)
tramadol hcl 50 mg tablet	1	QL (240 PER 30 DAYS)
tramadol hcl-acetaminophen -acetaminophn 37.5-325	1	QL (240 PER 30 DAYS)
Anesthetics		
Local Anesthetics		
dermacinrx lidocan 5% patch	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
glydo 2% jelly syringe	1	PA, QL (150 PER 30 DAYS)
lidocaine 5% ointment	1	PA, QL (100 PER 30 DAYS)
lidocaine 5% patch	1	PA, QL (90 PER 30 DAYS)
lidocaine hcl 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 200 mg/20 ml, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% 500 mg/50 ml, 1% ampul, 1% vial	1	
lidocaine hcl 2% jel urojet ac, 2% jelly uro-jet, 4% solution	1	PA, QL (150 PER 30 DAYS)
lidocaine hcl laryngotracheal 4% solution	1	
lidocaine hcl viscous 2% 15 ml cup, 2% soln	1	
lidocaine-prilocaine -cream	1	PA, QL (60 PER 30 DAYS)
lidocan iii 5% patch	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LIDODERM 5% PATCH	1	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	1	
XYLOCAINE-MPF -1% 20 MG/2 ML VL, -1% AMPUL, -1% VIAL	1	
ZTLIDO 1.8% TOPICAL SYSTEM	1	PA, QL (90 PER 30 DAYS)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-craving		
acamprosate calcium dr 333 mg tab	1	
disulfiram 250 mg tablet, 500 mg tablet	1	
Opioid Dependence		
buprenorphine hcl 2 mg tablet, 8 mg tablet	1	QL (90 PER 30 DAYS)
buprenorphine-naloxone -2-fm, -2-tb	1	QL (120 PER 30 DAYS)
buprenorphine-naloxone -4-1mg film, -8-2mg film, -12-3mg flm	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
buprenorphine-naloxone -8-2 mg tab	1	QL (90 PER 30 DAYS)
naltrexone hcl 50 mg tablet	1	
SUBLOCADE 100 MG/0.5 ML SYRING, 300 MG/1.5 ML SYRING	1	
SUBOXONE 2 MG-0.5 MG SL FILM	1	QL (120 PER 30 DAYS)
SUBOXONE 4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM	1	QL (60 PER 30 DAYS)
VIVITROL 380 MG VIAL, 380 MG VIAL-DILUENT	1	
Opioid Reversal Agents		
KLOXXADO 8 MG NASAL SPRAY	1	
naloxone hcl 0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray	1	
NARCAN 4 MG NASAL SPRAY	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Smoking Cessation Agents		
bupropion hcl sr 150 mg tablet	1	
NICOTROL CARTRIDGE INHALER	1	
NICOTROL NS 10 MG/ML SPRAY	1	
varenicline tartrate 0.5 mg tablet, apo-0.5 mg tablet, 1 mg cont month bx, 1 mg tablet, apo-1 mg tablet, starting month box	1	
Antibacterials		
Aminoglycosides		
amikacin sulfate 1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vl	1	
gentamicin sulfate in ns iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
gentamicin sulfate ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial	1	
HUMATIN 250 MG CAPSULE	1	
neomycin sulfate 500 mg tablet	1	
paromomycin sulfate 250 mg capsule	1	
streptomycin sulfate 1 gm vial	1	
tobramycin sulfate 1.2 gm vial, 1.2 gram/30 ml vial, 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial	1	
Antibacterials, Other		
AZACTAM 1 GM VIAL, 2 GM VIAL	1	
aztreonam 1 gm vial, 2 gm vial	1	
chloramphenicol sod succinate 1 gm vl	1	
CLEOCIN 2% VAGINAL CREAM	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CLEOCIN HCL 75 MG CAPSULE, 150 MG CAPSULE, 300 MG CAPSULE	1	
CLEOCIN PHOSPHATE 9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN	1	
CLEOCIN T 1% LOION	1	
clindacin etz 1% pledget	1	
clindacin p 1% ledgets	1	
clindamycin (pediatric) (pedi) 75 mg/5 ml	1	
clindamycin hcl 75 mg capsule, 150 mg capsule, 300 mg capsule	1	
clindamycin phosphate ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, phosphate 1% gel	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
clindamycin phosphate-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	
clindamycin-0.9% nacl 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	
colistimethate 150 mg vial	1	
CUBICIN 500 MG VIAL	1	
CUBICIN RF 500 MG VIAL	1	
DALVANCE 500 MG VIAL	1	
daptomycin 500 mg vial	1	
FLAGYL 375 CAPSULE	1	
IMPAVIDO 50 MG CAPSULE	1	
linezolid 100 mg/5 ml susp, 600 mg tablet	1	PA
linezolid-0.9% nacl 600mg/300ml-0.9%nacl	1	
linezolid-d5w 600 mg/300 ml	1	
methenamine hippurate 1 gm tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
METRO IV 500 MG/100 ML	1	
metronidazole vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml	1	
neomycin-polymyxin b -40 mg/ml amp, -40 mg/ml vl	1	
nitrofurantoin 50 mg cap, 100 mg cap	1	
nitrofurantoin mono-macro -mcr 100 mg	1	
SIVEXTRO 200 MG TABLET	1	PA
SIVEXTRO 200 MG VIAL	1	
tigecycline 50 mg vial	1	
trimethoprim 100 mg tablet	1	
TYGACIL 50 MG VIAL	1	
vancomycin 750 mg/150 ml bag	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
vancomycin hcl 1 gm add-van vial, 1 gm vial, 1 gram/200 ml bag, hcl 1g/200 ml bag, 1.25 gm/250 ml bag, hcl 1.25 gram vial, 1.5 gram/300 ml bag, hcl 1.5 gram vial, 1.75 gm/350 ml bag, 2 gram/400 ml bag, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 500 mg/100 ml bag, 750 mg add-van vial, 750 mg/150 ml bag, hcl 750 mg vial	1	
vancomycin hcl 125 mg capsule	1	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	1	QL (240 PER 30 DAYS)
vancomycin hcl-0.9% nacl vanco 500 mg/100 ml, vanco 750 mg/150 ml, vancomycin 1 g/200ml	1	
vancomycin hcl-d5w 1.25 gram/250ml, 1.5 gram/300 ml, -500 mg/100 ml	1	
VANDAZOLE VAGINAL 0.75% GEL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ZYVOX 100 MG/5 ML SUSPENSION, 600 MG TABLET	1	PA
ZYVOX 200 MG/100 ML, 600 MG/300 ML	1	
Beta-lactam, Cephalosporins		
cefaclor 250 mg capsule, 500 mg capsule	1	
cefadroxil 1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp	1	
cefazolin sodium 1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial	1	
cefazolin sodium-dextrose 1 g/50 ml, 2 g/50 ml	1	
cefdinir 125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule	1	
cefepime 1 gm, 2 gm	1	
cefepime hcl 1 gm vial, 2 gram vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
cefepime-dextrose -1 gm/50 ml, -2 gm/50 ml	1	
cefixime 400 mg capsule	1	
cefoxitin 1 gm vial, 2 gm vial, 10 gm vial	1	
cefoxitin sodium 1 gm, 2 gm	1	
cefpodoxime proxetil 50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet	1	
cefprozil 125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet	1	
ceftazidime 1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial	1	
ceftriaxone 1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
cefuroxime 250 mg tab, 500 mg tab	1	
cefuroxime sodium 1.5 gm vial, 750 mg vial	1	
cephalexin 125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule	1	
SUPRAX 400 MG CAPSULE	1	
tazicef 1 gm add-vantage vial, 1 gram vial, 2 gm add-vantage vial, 2 gram vial, 6 gram vial	1	
TEFLARO 400 MG VIAL, 600 MG VIAL	1	
Beta-lactam, Penicillins		
amoxicillin 125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
amoxicillin-clavulanate pot er -1,000-62.5 mg tab	1	
amoxicillin-clavulanate potass -200-28.5 mg tab chew, -200-28.5 mg/5 ml sus, -250-125 mg tablet, -250-62.5 mg/5 ml sus, -400-57 mg tab chew, -400-57 mg/5 ml susp, -500-125 mg tablet, -600-42.9 mg/5 ml sus, -875-125 mg tablet	1	
ampicillin sodium 1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial	1	
ampicillin trihydrate 500 mg capsule	1	
ampicillin-sulbactam -sulb 3 gm add vial, -sulbactam 3 gm vial	1	
AUGMENTIN 500-125 TABLET	1	
BICILLIN L-A L-600,000 UNIT/ML, L-1,200,000 UNITS, L-2,400,000 UNITS	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
dicloxacillin sodium 250 mg capsule, 500 mg capsule	1	
EXTENCILLINE 1,200,000 UNIT VL, 2,400,000 UNIT VL	1	
lentocilin s 1,200,000 unit	1	
nafcillin 1 gm/ 50 ml, 2 gm/ 100 ml	1	
nafcillin sodium 1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bottle, 10 gm bulk vial	1	
penicillin g potassium 5 million, 20 million	1	
penicillin g sodium na 5 million unit	1	
penicillin gk-iso-osm dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	1	
penicillin v potassium 125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet	1	
pfizerpen 5 million vial, 20 million vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
piperacillin-tazobactam -tazo 2.25 gm add vl, -tazo 3.375 gm add vl, -tazo 4.5 gm add vial, -tazobact 2.25 gm vl, -tazobact 3.375 gm vl, -tazobact 4.5 gm vial	1	
ZOSYN 2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG	1	
Carbapenems		
ertapenem 1 gram vial	1	
imipenem-cilastatin sodium -250 mg, -500 mg	1	
INVANZ 1 GM VIAL	1	
meropenem 1 gm vial, 500 mg vial	1	
meropenem-0.9% nacl -0.9% 1 gram/50, -0.9% 500 mg/50	1	
Macrolides		
azithromycin 1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
clarithromycin 125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet	1	
clarithromycin er 500 mg tab	1	
DIFICID 200 MG TABLET	1	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	1	QL (136 PER 10 OVER TIME)
E.E.S. 200 MG/5 ML SUSPENSION	1	
ery 2% pads	1	
ERY-TAB -TAB DR 250 MG TABLET, -TAB DR 333 MG TABLET, -TAB DR 500 MG TABLET	1	
ERYPED 200 MG/5 ML SUSPENSION	1	
ERYPED 400 MG/5 ML SUSPENSION	1	
ERYTHROCIN LACTOBIONATE 500 MG ADDVAN VIAL, LACT 500 MG VIAL	1	
ERYTHROCIN STEARATE 250 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
erythromycin 2% solution, 250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet	1	
erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin lactobionate 500 mg vial	1	
ZITHROMAX 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL	1	
ZITHROMAX TRI-PAK -500 MG TAB	1	
Quinolones		
CIPRO 5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml	1	
ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	
ciprofloxacin-d5w 200 mg/100ml, 400 mg/200ml	1	
levofloxacin 25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial	1	
levofloxacin-d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	
moxifloxacin 400 mg/250 ml bag	1	
moxifloxacin hcl 400 mg tablet	1	
ofloxacin 400 mg tablet	1	
Sulfonamides		
BACTRIM 400-80 MG TABLET	1	
BACTRIM DS 800-160 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
sulfadiazine 500 mg tablet	1	
sulfamethoxazole-trimethoprim -20 ml cup, -ds tablet, -iv vial, -ss tablet, -susp	1	
Tetracyclines		
avidoxy 100 mg tablet	1	
demeclocycline hcl 150 mg tablet, 300 mg tablet	1	
doxy 100 mg vial	1	
doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl	1	
doxycycline monohydrate 50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet	1	
minocycline hcl 50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet	1	
mondoxyne nl 100 mg capsule	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
NUZYRA 100 MG VIAL, 150 MG TABLET	1	
tetracycline hcl 250 mg capsule, 500 mg capsule	1	
VIBRAMYCIN 100 MG CAPSULE	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT 10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 50 MG/5 ML VIAL, 75 MG TABLET, 100 MG TABLET	1	
DEPAKOTE DR 125 MG TABLET, DR 250 MG TABLET, DR 500 MG TABLET	1	
DEPAKOTE ER ER 250 MG TABLET, ER 500 MG TABLET	1	
DEPAKOTE SPRINKLE DR 125 MG CP	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
DIACOMIT 250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET	1	
divalproex sodium dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab	1	
divalproex sodium er er 250 mg tab, er 500 mg tab	1	
EPIDIOLEX 100 MG/ML SOLN PACK, 100 MG/ML SOLUTION	1	PA
EPRONTIA 25 MG/ML SOLUTION	1	
felbamate 400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup	1	
FINTEPLA 2.2 MG/ML SOLUTION	1	PA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET	1	
LAMICTAL (BLUE) TAB START KIT	1	
LAMICTAL 5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	1	
lamotrigine (blue) tab start kit	1	
lamotrigine 5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet	1	
lamotrigine er er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
levetiracetam 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup	1	
levetiracetam er er 500 mg tablet, er 750 mg tablet	1	
levetiracetam-nacl -500 mg/100, -1,000mg/100, -1,500mg/100	1	
roweepra 500 mg tablet	1	
SPRITAM 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET	1	
subvenite (blue) tab start kit	1	
subvenite 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet	1	
topiramate 15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
valproate sodium 500 mg/5 ml vl	1	
valproic acid 250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol	1	
XCOPRI 12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK	1	
Calcium Channel Modifying Agents		
CELONTIN 300 MG CAPSULE	1	
ethosuximide 250 mg capsule, 250 mg/5 ml soln	1	
LYRICA 20 MG/ML ORAL SOLUTION	1	QL (900 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LYRICA 225 MG CAPSULE, 300 MG CAPSULE	1	QL (60 PER 30 DAYS)
LYRICA 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	1	QL (90 PER 30 DAYS)
methsuximide 300 mg capsule	1	
pregabalin 20 mg/ml solution	1	QL (900 PER 30 DAYS)
pregabalin 225 mg capsule, 300 mg capsule	1	QL (60 PER 30 DAYS)
pregabalin 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule	1	QL (90 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	1	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

clobazam 10 mg tablet, 20 mg tablet	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
clobazam 2.5 mg/ml suspension	1	PA, QL (480 PER 30 DAYS)
diazepam 2.5mg gel(2pk), 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk)	1	QL (5 PER 30 DAYS)
gabapentin 100 mg capsule	1	QL (1080 PER 30 DAYS)
gabapentin 250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup	1	QL (2160 PER 30 DAYS)
gabapentin 300 mg capsule	1	QL (360 PER 30 DAYS)
gabapentin 400 mg capsule	1	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	1	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	1	QL (135 PER 30 DAYS)
GABITRIL 2 MG TABLET, 4 MG TABLET, 12 MG TABLET, 16 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LIBERVANT 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	1	QL (10 PER 30 DAYS)
MYSOLINE 50 MG TABLET, 250 MG TABLET	1	
NAYZILAM 5 MG NASAL SPRAY	1	QL (10 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	1	QL (1080 PER 30 DAYS)
NEURONTIN 250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION	1	QL (2160 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	1	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	1	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	1	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	1	QL (135 PER 30 DAYS)
ONFI 10 MG TABLET, 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	1	PA, QL (480 PER 30 DAYS)

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas de esta tabla en las páginas 16

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
phenobarbital 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet	1	
phenobarbital sodium 65 mg/ml vial, 130 mg/ml vial	1	
primidone 50 mg tablet, 125 mg tablet, 250 mg tablet	1	
SABRIL 500 MG POWDER PACKET, 500 MG TABLET	1	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM, 20 MG FILM	1	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	1	PA, QL (240 PER 30 DAYS)
tiagabine hcl 2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet	1	
VALTOCO 5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY	1	QL (10 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
vigabatrin 500 mg powder packt, 500 mg tablet	1	QL (180 PER 30 DAYS)
vigadrone 500 mg powder packet, 500 mg tablet	1	QL (180 PER 30 DAYS)
VIGAFYDE 100 MG/ML ORAL SOLN	1	QL (750 PER 30 DAYS)
vigpoder 500 mg powder packet	1	QL (180 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	1	
Sodium Channel Agents		
APTIOM 200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET	1	
BANZEL 40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET	1	
carbamazepine 100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
carbamazepine er er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet	1	
CARBATROL ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE	1	
DILANTIN DILANTIN 30 MG CAPSULE, DILANTIN 100 MG CAPSULE, DILANTIN 100 MG CAPSULE, DILANTIN 50 MG INFATAB	1	
DILANTIN-125 MG/5 ML SUSP	1	
epitol 200 mg tablet	1	
fosphenytoin sodium 100 mg pe/2 ml vl, 500 mg pe/10 ml	1	
lacosamide 10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup, 200 mg/20 ml vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
oxcarbazepine 150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet	1	
PHENYTEK 200 MG CAPSULE, 300 MG CAPSULE	1	
phenytoin 50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp	1	
phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap	1	
rufinamide 40 mg/ml suspension, 200 mg tablet, 400 mg tablet	1	
TEGRETOL 100 MG/5 ML SUSP, 200 MG TABLET	1	
TEGRETOL XR 100 MG TABLET, 200 MG TABLET, 400 MG TABLET	1	
TRILEPTAL 150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
VIMPAT 10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 200 MG/20 ML VIAL	1	
ZONEGRAN 25 MG CAPSULE, 100 MG CAPSULE	1	
ZONISADE 100 MG/5 ML ORAL SUSP	1	
zonisamide 25 mg capsule, 50 mg capsule, 100 mg capsule	1	
Antidementia Agents		
Cholinesterase Inhibitors		
ADLARITY 5 MG/DAY PATCH, 10MG/DAY PATCH	1	
ARICEPT 5 MG TABLET, 10 MG TABLET	1	
donepezil hcl 5 mg tablet, 10 mg tablet, 23 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
donepezil hcl odt odt 5 mg tablet, odt 10 mg tablet	1	
EXELON 4.6 MG/24HR PATCH, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH	1	
galantamine er er 8 mg capsule, er 16 mg capsule, er 24 mg capsule	1	
galantamine hbr 4 mg tablet, 8 mg tablet, 12 mg tablet	1	
galantamine hydrobromide 4 mg/ml oral soln	1	
rivastigmine 1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er er 7 mg capsule, er 14 mg capsule, er 21 mg capsule, er 28 mg capsule	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
memantine hcl hcl 2 mg/ml solution, 5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet, hcl 10 mg/5 ml cup	1	PA
NAMENDA 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET	1	PA
Antidepressants		
Antidepressants, Other		
AUVELITY ER 45-105 MG TABLET	1	QL (60 PER 30 DAYS)
bupropion hcl 100 mg tablet	1	QL (120 PER 30 DAYS)
bupropion hcl 75 mg tablet	1	QL (60 PER 30 DAYS)
bupropion hcl sr 100 mg tablet	1	QL (90 PER 30 DAYS)
bupropion hcl sr 150 mg tablet, 200 mg tablet	1	QL (60 PER 30 DAYS)
bupropion hcl sr 150mg tablet	1	QL (60 PER 30 DAYS)
bupropion xl hcl 150 mg tablet	1	QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
bupropion xl hcl 300 mg tablet	1	QL (30 PER 30 DAYS)
mirtazapine 15 mg tablet	1	QL (45 PER 30 DAYS)
mirtazapine 7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet	1	QL (30 PER 30 DAYS)
REMERON 15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB	1	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	1	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	1	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	1	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR 100 MG TABLET	1	QL (90 PER 30 DAYS)
WELLBUTRIN SR SR 150 MG TABLET, SR 200 MG TABLET	1	QL (60 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	1	QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
WELLBUTRIN XL 300 MG TABLET	1	QL (30 PER 30 DAYS)
ZURZUVAE 20 MG CAPSULE, 25 MG CAPSULE	1	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	1	QL (14 PER 365 OVER TIME)
Monoamine Oxidase Inhibitors		
EMSAM 6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH	1	PA, QL (30 PER 30 DAYS)
MARPLAN 10 MG TABLET	1	
NARDIL 15 MG TABLET	1	
PARNATE 10 MG TABLET	1	
phenelzine sulfate 15 mg tab	1	
tranylcypromine sulfate 10 mg tab	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		
CELEXA 10 MG TABLET, 20 MG TABLET	1	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	1	QL (30 PER 30 DAYS)
citalopram hbr 10 mg tablet, 20 mg tablet	1	QL (45 PER 30 DAYS)
citalopram hbr 10 mg/5 ml soln, 20 mg/10 ml cup	1	QL (600 PER 30 DAYS)
citalopram hbr 40 mg tablet	1	QL (30 PER 30 DAYS)
CYMBALTA 20 MG CAPSULE, 60 MG CAPSULE	1	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	1	QL (90 PER 30 DAYS)
desvenlafaxine succinate er er 25 mg, er 50 mg, er 100mg	1	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE 30 MG CAP	1	QL (90 PER 30 DAYS)
DRIZALMA SPRINKLE DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
duloxetine hcl dr 20 mg cap, dr 60 mg cap	1	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg cap	1	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	1	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	1	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	1	QL (90 PER 30 DAYS)
escitalopram oxalate 20 mg tablet	1	QL (30 PER 30 DAYS)
escitalopram oxalate 5 mg tablet, 10 mg tablet	1	QL (45 PER 30 DAYS)
escitalopram oxalate 5 mg/5 ml	1	QL (600 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	1	QL (28 PER 28 DAYS)
FETZIMA ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE	1	QL (30 PER 30 DAYS)
fluoxetine dr 90 mg capsule	1	QL (4 PER 28 DAYS)
fluoxetine hcl 10 mg capsule, 10 mg tablet	1	QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
fluoxetine hcl 20 mg capsule, 20 mg tablet	1	QL (120 PER 30 DAYS)
fluoxetine hcl 20 mg/5 ml soln cup, 20 mg/5 ml solution	1	QL (600 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	1	QL (60 PER 30 DAYS)
fluvoxamine maleate 100 mg tab	1	QL (90 PER 30 DAYS)
fluvoxamine maleate 25 mg tab, 50 mg tab	1	QL (30 PER 30 DAYS)
LEXAPRO 20 MG TABLET	1	QL (30 PER 30 DAYS)
LEXAPRO 5 MG TABLET, 10 MG TABLET	1	QL (45 PER 30 DAYS)
nefazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet	1	
paroxetine cr 12.5 mg tablet	1	QL (30 PER 30 DAYS)
paroxetine cr 25 mg tablet, 37.5 mg tablet	1	QL (60 PER 30 DAYS)
paroxetine er 12.5 mg tablet	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
paroxetine er er 25 mg tablet, er 37.5 mg tablet	1	QL (60 PER 30 DAYS)
paroxetine hcl 10 mg tablet, 40 mg tablet	1	QL (45 PER 30 DAYS)
paroxetine hcl 10 mg/5 ml susp	1	QL (900 PER 30 DAYS)
paroxetine hcl 20 mg tablet	1	QL (30 PER 30 DAYS)
paroxetine hcl 30 mg tablet	1	QL (60 PER 30 DAYS)
PAXIL 10 MG TABLET, 40 MG TABLET	1	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	1	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	1	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	1	QL (60 PER 30 DAYS)
PRISTIQ ER 25 MG TABLET, ER 50 MG TABLET, ER 100 MG TABLET	1	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	1	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	1	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
sertraline hcl 100 mg tablet	1	QL (60 PER 30 DAYS)
sertraline hcl 20 mg/ml oral conc	1	QL (300 PER 30 DAYS)
sertraline hcl 25 mg tablet, 50 mg tablet	1	QL (45 PER 30 DAYS)
trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet	1	
TRINTELLIX 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	QL (30 PER 30 DAYS)
venlafaxine besylate er 112.5 mg tb	1	QL (60 PER 30 DAYS)
venlafaxine hcl 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet	1	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap	1	QL (30 PER 30 DAYS)
venlafaxine hcl er 37.5 mg cap	1	QL (60 PER 30 DAYS)
venlafaxine hcl er 75 mg cap	1	QL (90 PER 30 DAYS)
VIIBRYD 10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG	1	QL (30 PER 30 DAYS)

TABLET

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
vilazodone hcl 10 mg tablet, 20 mg tablet, 40 mg tablet	1	QL (30 PER 30 DAYS)
ZOLOFT 100 MG TABLET	1	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	1	QL (300 PER 30 DAYS)
ZOLOFT 25 MG TABLET, 50 MG TABLET	1	QL (45 PER 30 DAYS)
Tricyclics		
amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab	1	
amoxapine 25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet	1	
clomipramine hcl 25 mg capsule, 50 mg capsule, 75 mg capsule	1	
desipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
doxepin hcl 10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule	1	
imipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet	1	
NORPRAMIN 10 MG TABLET, 25 MG TABLET	1	
nortriptyline hcl 10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap	1	
protriptyline hcl 5 mg tablet, 10 mg tablet	1	
trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cp	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Antiemetics		
Antiemetics, Other		
chlorpromazine hcl 10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial, 100 mg tablet, 100 mg/ml conc, 200 mg tablet	1	PA
compro 25 mg suppository	1	
meclizine hcl 12.5 mg tablet, 25 mg tablet	1	
perphenazine 2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet	1	PA
prochlorperazine 25 mg supp	1	
prochlorperazine edisylate 10 mg/2 ml vl	1	
prochlorperazine maleate 5 mg tablet, 10 mg tab	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
promethazine hcl 6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 12.5 mg/10 ml cup, 25 mg suppository, 25 mg tablet, 50 mg tablet	1	PA
promethegan 12.5 mg suppos, 25 mg suppository	1	PA
scopolamine 1 mg/3 day patch	1	PA
Emetogenic Therapy Adjuncts		
aprepitant 40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack	1	PA
dronabinol 2.5 mg capsule, 5 mg capsule, 10 mg capsule	1	PA
EMEND 80 MG CAPSULE, TRIPACK	1	PA
fosaprepitant dimeglumine 150 mg vial	1	
granisetron hcl 1 mg tablet	1	PA
granisetron hcl 1 mg/ml vial, 4 mg/4 ml vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ondansetron hcl 4 mg/2 ml isecure, 4 mg/5 ml soln cup, 4 mg/5 ml solution, hcl 4 mg tablet, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, hcl 8 mg tablet, hcl 24 mg tablet, 40 mg/20 ml vial	1	
ondansetron odt odt 4 mg tablet, odt 8 mg tablet	1	
palonosetron hcl 0.25 mg/2 ml vial, 0.25 mg/5 ml vial, hcl 0.25 mg/5 ml	1	
Antifungals		
AMBISOME 50 MG VIAL	1	PA
amphotericin b 50 mg vial	1	PA
amphotericin b liposome 50 mg	1	Part D vs Part B
CANCIDAS IV 50 MG VIAL, IV 70 MG VIAL	1	
caspofungin acetate 50 mg vial, 70 mg vial	1	
ciclodan 8% solution	1	QL (6.6 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ciclopirox 0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo	1	
ciclopirox 8% solution	1	QL (6.6 PER 30 DAYS)
clotrimazole 1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche	1	
CRESEMBA 74.5 MG CAPSULE, 186 MG CAPSULE, 372 MG VIAL	1	PA
DIFLUCAN 10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	1	
econazole nitrate 1% cream	1	
fluconazole 10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet	1	
fluconazole-nacl -200 mg/100 ml, -400 mg/200 ml	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
flucytosine 250 mg capsule, 500 mg capsule	1	
griseofulvin 125 mg/5 ml susp, micro 500 mg tab	1	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	1	
itraconazole 100 mg capsule	1	QL (120 PER 30 DAYS)
ketoconazole 2% cream, 2% shampoo, 200 mg tablet	1	
klayesta 100,000 unit/gm powd	1	
LOPROX 1% SHAMPOO	1	
micafungin 50 mg vial, 100 mg vial	1	
micafungin-0.9% nacl 50 mg/50ml-0.9%nacl	1	
NOXAFIL 40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL	1	PA
nyamyc 100,000 unit/gm powder	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
nystatin 100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus	1	
nystop 100,000 unit/gm powder	1	
posaconazole dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl	1	PA
SPORANOX 100 MG CAPSULE	1	QL (120 PER 30 DAYS)
terbinafine hcl 250 mg tablet	1	QL (30 PER 30 DAYS)
terconazole 0.4% cream, 0.8% cream, 80 mg suppository	1	
VFEND IV 200 MG VIAL	1	PA
voriconazole 40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Antigout Agents		
allopurinol 100 mg tablet, 300 mg tablet	1	
allopurinol sodium 500 mg vial	1	
ALOPRIM 500 MG VIAL	1	
colchicine 0.6 mg tablet	1	
COLCRYS 0.6 MG TABLET	1	
probenecid 500 mg tablet	1	
probenecid-colchicine - tablet	1	
ZYLOPRIM 100 MG TABLET, 300 MG TABLET	1	
Antimigraine Agents		
AIMOVIG AUTOINJECTOR 140 MG/ML	1	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	1	PA, QL (2 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
dihydroergotamine mesylate 4 mg/ml spry	1	PA, QL (8 PER 28 DAYS)
EMGALITY PEN 120 MG/ML	1	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)	1	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	1	PA, QL (2 PER 30 DAYS)
ergotamine-caffeine -1-100mg tb	1	
MIGRANAL NASAL SPRAY	1	PA, QL (8 PER 28 DAYS)
NURTEC ODT 75 MG TABLET	1	PA, QL (16 PER 30 DAYS)
UBRELVY 50 MG TABLET, 100 MG TABLET	1	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	ST, QL (18 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
IMITREX 4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT	1	ST, QL (6 PER 30 DAYS)
IMITREX 5 MG SPRAY, 20 MG SPRAY	1	ST, QL (12 PER 30 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT	1	QL (6 PER 30 DAYS)
MAXALT 10 MG TABLET	1	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	1	ST, QL (18 PER 30 DAYS)
naratriptan hcl 1 mg tablet, 2.5 mg tablet	1	QL (18 PER 30 DAYS)
rizatriptan 5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet	1	QL (18 PER 30 DAYS)
sumatriptan 5 mg, 20 mg	1	QL (12 PER 30 DAYS)
sumatriptan succinate 25 mg tablet, 50 mg tablet, 100 mg tablet	1	QL (18 PER 30 DAYS)
sumatriptan succinate 4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj	1	QL (6 PER 30 DAYS)

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas de esta tabla en las páginas 16

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
sumatriptan succinate 6 mg/0.5 ml vial	1	QL (5 PER 30 DAYS)
zolmitriptan odt 2.5 mg odt, 5 mg odt	1	QL (12 PER 30 DAYS)
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON 60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN	1	
pyridostigmine bromide 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet	1	
pyridostigmine bromide er 180 mg tab	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone 25 mg tablet, 100 mg tablet	1	
MYCOBUTIN 150 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
rifabutin 150 mg capsule	1	
Antituberculars		
cycloserine 250 mg capsule	1	
ethambutol hcl 100 mg tablet, 400 mg tablet	1	
isoniazid 50 mg/5 ml solution, 100 mg tablet, 100 mg/ml vial, 300 mg tablet	1	
PRIFTIN 150 MG TABLET	1	
pyrazinamide 500 mg tablet	1	
RIFADIN IV 600 MG VIAL	1	
rifampin 150 mg capsule, 300 mg capsule, iv 600 mg vial	1	
SIRTURO 20 MG TABLET, 100 MG TABLET	1	
TRECATOR 250 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Antineoplastics		
Alkylating Agents		
busulfan 60 mg/10 ml vial	1	
cyclophosphamide 25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet	1	PA
cyclophosphamide cyclophosphamide 1 gm vial, cyclophosphamide 1 gm/5 ml vl, cyclophosphamide 2 gm vial, cyclophosphamide 2 gm/10 ml vl, cyclophosphamide 500 mg vial, cyclophosphamide 1 gm/5 ml vl, cyclophosphamide 500 mg/2.5 ml, cyclophosphamide 500 mg/2.5 ml	1	
EVOMELA 50 MG VIAL	1	
GLEOSTINE 10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LEUKERAN 2 MG TABLET	1	
MATULANE 50 MG CAPSULE	1	PA
melphalan hcl 50 mg vial w-diluent, hcl 50 mg vial	1	
TEMODAR 100 MG VIAL	1	
VALCHLOR 0.016% GEL	1	
YONDELIS 1 MG VIAL	1	PA
ZEPZELCA 4 MG VIAL	1	PA
Antiandrogens		
abiraterone acetate 250 mg tab	1	PA, QL (120 PER 30 DAYS)
bicalutamide 50 mg tablet	1	
CASODEX 50 MG TABLET	1	
ERLEADA 240 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	1	PA, QL (120 PER 30 DAYS)
EULEXIN 125 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
NILANDRON 150 MG TABLET	1	
nilutamide 150 mg tablet	1	
NUBEQA 300 MG TABLET	1	PA, QL (120 PER 30 DAYS)
XTANDI 40 MG CAPSULE, 40 MG TABLET	1	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
YONSA 125 MG TABLET	1	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
lenalidomide 15 mg capsule, 20 mg capsule, 25 mg capsule	1	PA, QL (21 PER 28 DAYS)
lenalidomide 2.5 mg capsule, 5 mg capsule, 10 mg capsule	1	PA, QL (30 PER 30 DAYS)
POMALYST 1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
REVLIMID 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)
REVLIMID 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
ZALTRAP 100 MG/4 ML VIAL, 200 MG/8 ML VIAL	1	PA
Antiestrogens/Modifiers		
EMCYT 140 MG CAPSULE	1	
FARESTON 60 MG TABLET	1	
FASLODEX 250 MG/5 ML SYRINGE	1	PA
fulvestrant 250 mg/5 ml syring	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ORSERDU 345 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	1	PA, QL (90 PER 30 DAYS)
SOLTAMOX 20 MG/10 ML SOLN	1	
tamoxifen citrate 10 mg tablet, 20 mg tablet	1	
toremifene citrate 60 mg tab	1	
Antimetabolites		
fluorouracil 1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial	1	Part D vs Part B
FOLOTYN 20 MG/ML VIAL, 40 MG/2 ML VIAL	1	PA
HYDREA 500 MG CAPSULE	1	
hydroxyurea 500 mg capsule	1	
mercaptopurine 50 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PURIXAN 20 MG/ML ORAL SUSP	1	
TABLOID 40 MG TABLET	1	
Antineoplastics, Other		
ABRAXANE 100 MG VIAL	1	PA
adriamycin adriamycin 20 mg/10 ml vial, adriamycin 50 mg vial, adriamycin 10 mg vial, adriamycin 10 mg/5 ml vial, adriamycin 50 mg/25 ml vial, adriamycin 200 mg/100 ml vial	1	Part D vs Part B
ALIMTA 100 MG VIAL, 500 MG VIAL	1	PA
ARRANON 250 MG/50 ML VIAL	1	PA
arsenic trioxide 10 mg/10ml, 12 mg/6 ml	1	
ASPARLAS 3,750 UNIT/5 ML VIAL	1	
azacitidine 100 mg vial	1	
bendamustine hcl 25 mg vial, 100 mg vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
BENDEKA 100 MG/4 ML VIAL	1	
BICNU 100 MG VIAL	1	
bleomycin sulfate 15 vial, 30 vial	1	Part D vs Part B
BLINCYTO 35MCG VL W-STABILIZER	1	PA
carboplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial	1	
carmustine 100 mg vial	1	
cisplatin 50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial	1	
cladribine 10 mg/10 ml vial	1	Part D vs Part B
clofarabine 20 mg/20 ml vial	1	
CLOLAR 20 MG/20 ML VIAL	1	
COSMEGEN 500 MCG VIAL	1	
cytarabine 2 g/20 ml vial, 20 mg/ml vial, 100 mg/5 ml vial	1	Part D vs Part B

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
dacarbazine 100 mg vial, 200 mg vial	1	
dactinomycin 500 mcg vial	1	
daunorubicin hcl 20 mg/4 ml vial, 50 mg/10 ml vial	1	
decitabine 50 mg vial	1	
docetaxel 20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial	1	
doxorubicin hcl 10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial	1	Part D vs Part B
doxorubicin hcl liposome 20mg/10ml, 50mg/25ml	1	PA
eribulin mesylate 1 mg/2 ml vl	1	PA
fludarabine phosphate 50 mg vial, 50 mg/2 ml vial	1	
gemcitabine hcl 1 gram/26.3 ml vl, hcl 1 gram vial, 2 gram/52.6 ml vl, hcl 2 gram vial, 200 mg/5.26 ml vl, hcl 200 mg vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
HALAVEN 1 MG/2 ML VIAL	1	PA
idarubicin hcl 5 mg/5 ml vial, 10 mg/10 ml vl, 20 mg/20 ml vl	1	
IFEX 3 GM VIAL	1	
ifosfamide 1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial	1	
IMLYGIC 1 MILLION PFU/ML VIAL, 100 MILLION PFU/ML VL	1	
INQOVI 35 MG-100 MG TABLET	1	PA, QL (5 PER 28 DAYS)
ISTODAX 10 MG KIT, 10 MG VIAL	1	PA
IXEMPRA 15 MG KIT, 15 MG VIAL, 45 MG KIT, 45 MG VIAL	1	
kemoplat 50 mg/50 ml vial	1	
KISQALI FEMARA CO-PACK 200 MG	1	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	1	PA, QL (70 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
KISQALI FEMARA CO-PACK 600 MG	1	PA, QL (91 PER 28 DAYS)
leucovorin calcium cal 100 mg/10 ml vl, cal 500 mg/50 ml vl, calcium 5 mg tab, calcium 10 mg tab, calcium 15 mg tab, calcium 25 mg tab, calcium 50 mg vial, calcium 100 mg vial, calcium 200 mg vial, calcium 350 mg vial, calcium 500 mg vial	1	
LONSURF 15 MG-6.14 MG TABLET	1	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	1	PA, QL (80 PER 28 DAYS)
mitomycin 5 mg vial, 20 mg vial, 40 mg vial	1	
mitoxantrone hcl 20 mg/10 ml vial, 25 mg/12.5 ml vl, 30 mg/15 ml vial	1	
MUTAMYCIN 5 MG VIAL, 20 MG VIAL, 40 MG VIAL	1	
nelarabine 250 mg/50 ml vial	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
NINLARO 2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	1	PA, QL (3 PER 28 DAYS)
NIPENT 10 MG VIAL	1	
ONCASPAR 3,750 UNIT/5 ML VIAL	1	
ONUREG 200 MG TABLET, 300 MG TABLET	1	PA, QL (14 PER 28 DAYS)
oxaliplatin 50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial	1	
paclitaxel 30 mg/5 ml vial, 100 mg/16.7 ml vial, 150 mg/25 ml vial, 300 mg/50 ml vial	1	
paraplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial, 1,000 mg/100 ml vl	1	
pemetrexed 100 mg vial, 500 mg vial	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
pemetrexed disodium 1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl	1	PA
ROMIDEPSIN ROMIDEPSIN 10 MG KIT, ROMIDEPSIN 10 MG VIAL, ROMIDEPSIN 27.5 MG/5.5 ML VIAL	1	PA
RYLAZE 10 MG/0.5 ML VIAL	1	
SYNRIBO 3.5 MG/ML VIAL	1	PA
thiotepa 15 mg vial, 100 mg vial	1	
TREANDA 25 MG VIAL, 100 MG VIAL	1	
TRISENOX 12 MG/6 ML VIAL	1	
vinblastine sulfate 1 mg/ml vial	1	Part D vs Part B
vincasar pfs 1 mg/ml vial, 2 mg/2 ml vial	1	Part D vs Part B
vincristine sulfate 1 mg/ml vial, 2 mg/2 ml vial	1	Part D vs Part B

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
vinorelbine tartrate 10 mg/ml vial, 50 mg/5 ml vial	1	
VYXEOS 44 MG-100 MG VIAL	1	PA
WELIREG 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	1	PA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	1	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	1	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	1	PA, QL (32 PER 28 DAYS)
ZANOSAR 1 GM POWDER VIAL	1	
ZOLINZA 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

anastrozole 1 mg tablet	1	
ARIMIDEX 1 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
AROMASIN 25 MG TABLET	1	
exemestane 25 mg tablet	1	
FEMARA 2.5 MG TABLET	1	
letrozole 2.5 mg tablet	1	
Enzyme Inhibitors		
ETOPOPHOS 100 MG VIAL	1	
etoposide 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial	1	
irinotecan hcl 40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl	1	
IWILFIN 192 MG TABLET	1	PA, QL (240 PER 30 DAYS)
ONIVYDE 43 MG/10 ML VIAL	1	PA
toposar 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial	1	
topotecan hcl 4 mg vial, 4 mg/4 ml vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Molecular Target Inhibitors		
AFINITOR 2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 2 MG TABLET, 5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	1	PA, QL (90 PER 30 DAYS)
AKEEGA 50-500 MG TABLET, 100-500 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
ALIQOPA 60 MG VIAL	1	PA
ALUNBRIG 30 MG TABLET	1	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
AUGTYRO 40 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
AYVAKIT 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	1	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	1	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	1	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	1	PA, QL (30 PER 30 DAYS)
BELEODAQ 500 MG VIAL	1	PA
bortezomib 1 mg vial, 2.5 mg vial, 3.5 mg iv vial, 3.5 mg vial	1	PA
BOSULIF 100 MG CAPSULE, 100 MG TABLET	1	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
BOSULIF 50 MG CAPSULE	1	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
CABOMETYX 20 MG TABLET, 40 MG TABLET, 60 MG TABLET	1	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAPSULE, 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	1	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	1	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	1	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	1	PA, QL (84 PER 28 DAYS)
COPIKTRA 15 MG CAPSULE, 25 MG CAPSULE	1	PA, QL (56 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
COTELLIC 20 MG TABLET	1	PA, QL (63 PER 28 DAYS)
CYRAMZA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
dasatinib 20 mg tablet	1	PA, QL (90 PER 30 DAYS)
dasatinib 50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet	1	PA, QL (30 PER 30 DAYS)
DAURISMO 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ERIVEDGE 150 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
erlotinib hcl 100 mg tablet, 150 mg tablet	1	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tablet	1	PA, QL (60 PER 30 DAYS)
everolimus 2 mg tab for susp, 5 mg tab for susp, 5 mg tablet	1	PA, QL (60 PER 30 DAYS)
everolimus 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet	1	PA, QL (30 PER 30 DAYS)

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas de esta tabla en las páginas 16

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
everolimus 3 mg tab for susp	1	PA, QL (90 PER 30 DAYS)
EXKIVITY 40 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
FARYDAK 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE	1	PA, QL (6 PER 21 DAYS)
FOTIVDA 0.89 MG CAPSULE, 1.34 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	1	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
gefitinib 250 mg tablet	1	PA, QL (30 PER 30 DAYS)
GILOTRIF 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	1	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
GLEEVEC 400 MG TABLET	1	PA, QL (60 PER 30 DAYS)
IBRANCE 75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET	1	PA, QL (21 PER 28 DAYS)
ICLUSIG 10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	1	PA, QL (30 PER 30 DAYS)
IDHIFA 50 MG TABLET, 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	1	PA, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	1	PA, QL (60 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE, 420 MG TABLET	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
IMBRUVICA 70 MG/ML SUSPENSION	1	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	1	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	1	PA, QL (120 PER 30 DAYS)
INREBIC 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
IRESSA 250 MG TABLET	1	PA, QL (30 PER 30 DAYS)
JAKAFI 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
JEVTANA 60 MG/1.5 ML KIT, 60 MG/1.5 ML VIAL	1	PA
KISQALI 200 MG DAILY DOSE	1	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	1	PA, QL (42 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
KISQALI 600 MG DAILY DOSE	1	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
KRAZATI 200 MG TABLET	1	PA, QL (180 PER 30 DAYS)
KYPROLIS 10 MG VIAL, 30 MG VIAL, 60 MG VIAL	1	PA
lapatinib 250 mg tablet	1	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	1	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
LENVIMA 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	1	PA, QL (90 PER 30 DAYS)
LENVIMA 4 MG CAPSULE, 10 MG DAILY DOSE	1	PA, QL (30 PER 30 DAYS)
LENVIMA 8 MG DAILY, 14 MG DAILY, 20 MG DAILY	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LORBRENA 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	1	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	1	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	1	PA, QL (90 PER 30 DAYS)
LYNPARZA 100 MG TABLET, 150 MG TABLET	1	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	1	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	1	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	1	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	1	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	1	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	1	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TABLET	1	PA, QL (180 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
NERLYNX 40 MG TABLET	1	PA, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TABLET, 150 MG TABLET	1	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	1	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)	1	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	1	PA, QL (96 PER 28 DAYS)
OJJAARA 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	1	PA, QL (30 PER 30 DAYS)
pazopanib hcl 200 mg tablet	1	PA, QL (120 PER 30 DAYS)
PEMAZYRE 4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET	1	PA, QL (14 PER 21 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PIQRAY 200 MG DAILY DOSE PACK	1	PA, QL (30 PER 30 DAYS)
PIQRAY 250 MG DAILY PACK, 300 MG DAILY PACK	1	PA, QL (60 PER 30 DAYS)
QINLOCK 50 MG TABLET	1	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
RETEVMO 80 MG TABLET, 120 MG TABLET, 160 MG TABLET	1	PA, QL (60 PER 30 DAYS)
REZLIDHIA 150 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	1	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	1	PA, QL (336 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
RUBRACA 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	1	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	1	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	1	PA, QL (300 PER 30 DAYS)
sorafenib 200 mg tablet	1	PA, QL (120 PER 30 DAYS)
SPRYCEL 20 MG TABLET	1	PA, QL (90 PER 30 DAYS)
SPRYCEL 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET	1	PA, QL (30 PER 30 DAYS)
STIVARGA 40 MG TABLET	1	PA, QL (84 PER 28 DAYS)
sunitinib malate 12.5 mg cap	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
sunitinib malate 25 mg capsule, 37.5 mg cap, 50 mg capsule	1	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
SUTENT 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
TABRECTA 150 MG TABLET, 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	1	PA, QL (840 PER 28 DAYS)
TAFINLAR 50 MG CAPSULE, 75 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
TAGRISSO 40 MG TABLET, 80 MG TABLET	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TALZENNA 0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL	1	PA, QL (30 PER 30 DAYS)
TARCEVA 100 MG TABLET, 150 MG TABLET	1	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
TASIGNA 50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
TAZVERIK 200 MG TABLET	1	PA, QL (240 PER 30 DAYS)
temsirolimus 25 mg vial	1	
TEPMETKO 225 MG TABLET	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TIBSOVO 250 MG TABLET	1	PA, QL (60 PER 30 DAYS)
TORISEL 25 MG KIT, 25 MG VIAL	1	
torpenz 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet	1	PA, QL (30 PER 30 DAYS)
torpenz 5 mg tablet	1	PA, QL (60 PER 30 DAYS)
TRUQAP 160 MG TABLET, 200 MG TABLET	1	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	1	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	1	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
TYKERB 250 MG TABLET	1	PA, QL (180 PER 30 DAYS)
VANFLYTA 17.7 MG TABLET, 26.5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
VELCADE 3.5 MG VIAL	1	PA
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
VENCLEXTA 100 MG TABLET	1	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	1	PA, QL (42 PER 28 DAYS)
VERZENIO 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	1	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	1	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
VIZIMPRO 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
VORANIGO 40 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLET	1	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG PELLET, 50 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
XOSPATA 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TABLET	1	PA, QL (240 PER 30 DAYS)
ZYDELIG 100 MG TABLET, 150 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS 50 MG VIAL	1	PA
ALYMSYS 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
ARZERRA 100 MG/5 ML VIAL, 1,000 MG/50 ML VIAL	1	PA
AVASTIN 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
BAVENCIO 200 MG/10 ML VIAL	1	PA
BESPONSA 0.9 MG VIAL	1	PA
BLENREP 100 MG VIAL	1	PA
DANYELZA 40 MG/10 ML VIAL	1	PA
DARZALEX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	1	PA
DARZALEX FASPRO 1,800MG-30,000	1	PA
EMPLICITI 300 MG VIAL, 400 MG VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ENHERTU 100 MG VIAL	1	PA
ERBITUX 100 MG/50 ML VIAL, 200 MG/100 ML VIAL	1	PA
GAZYVA 1,000 MG/40 ML VIAL	1	PA
HERCEPTIN 150 MG VIAL	1	PA
HERCEPTIN HYLECTA 600MG-10,000	1	PA
HERZUMA 150 MG VIAL, 420 MG VIAL	1	PA
IMFINZI 120 MG/2.4 ML VIAL, 500 MG/10 ML VIAL	1	PA
JEMPERLI 500 MG/10 ML VIAL	1	PA
KADCYLA 100 MG VIAL, 160 MG VIAL	1	PA
KANJINTI 150 MG VIAL, 420 MG VIAL, 420 MG VIAL W-DILUENT	1	PA
KEYTRUDA 100 MG/4 ML VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LIBTAYO 350 MG/7 ML VIAL	1	PA
LUMOXITI 1 MG VIAL	1	PA
MARGENZA 250 MG/10 ML VIAL	1	PA
MONJUVI 200 MG VIAL	1	PA
MVASI 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
MYLOTARG 4.5 MG VIAL	1	PA
OGIVRI 150 MG VIAL, 420 MG VIAL	1	PA
ONTRUZANT 150 MG VIAL, 420 MG VIAL	1	PA
OPDIVO 40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 120 MG/12 ML VIAL, 240 MG/24 ML VIAL	1	PA
PADCEV 20 MG VIAL, 30 MG VIAL	1	PA
PERJETA 420 MG/14 ML VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PHESGO 600-600 MG-20,000 UNIT, 1,200-600MG-30,000 UNIT	1	PA
POLIVY 30 MG VIAL, 140 MG VIAL	1	PA
PORTRAZZA 800 MG/50 ML VIAL	1	PA
POTELIGEO 20 MG/5 ML VIAL	1	PA
RIABNI 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
RITUXAN 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
RITUXAN HYCELA 1,400 MG-23,400, 1,600 MG-26,800	1	PA
RUXIENCE 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
RYBREVANT 350 MG/7 ML VIAL	1	PA
SARCLISA 100 MG/5 ML VIAL, 500 MG/25 ML VIAL	1	PA

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas de esta tabla en las páginas 16

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TECENTRIQ 840 MG/14 ML VIAL, 1,200 MG/20 ML VIAL	1	PA
TRAZIMERA 150 MG VIAL, 420 MG VIAL	1	PA
TRODELVY 180 MG VIAL	1	PA
TRUXIMA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
UNITUXIN 17.5 MG/ 5 ML VIAL	1	PA
VECTIBIX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	1	PA
VEGZELMA 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
YERVOY 50 MG/10 ML VIAL, 200 MG/40 ML VIAL	1	PA
ZIRABEV 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
ZYNLONTA 10 MG VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Retinoids		
bexarotene 1% gel, 75 mg capsule	1	PA
PANRETIN 0.1% GEL	1	PA
TARGRETIN 1% GEL, 75 MG CAPSULE	1	PA
tretinoin 10 mg capsule	1	PA
Treatment Adjuncts		
COSELA 300 MG VIAL	1	
dexrazoxane 250 mg vial, 500 mg vial	1	
ELITEK 1.5 MG VIAL, 7.5 MG VIAL	1	
mesna 1 gram/10 ml vial	1	
MESNEX 400 MG TABLET	1	
Antiparasitics		
Anthelmintics		
albendazole 200 mg tablet	1	
benznidazole 12.5 mg tablet, 100 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
BILTRICIDE 600 MG TABLET	1	
ivermectin 3 mg tablet	1	PA
praziquantel 600 mg tablet	1	
STROMECTOL 3 MG TABLET	1	PA
Antiprotozoals		
atovaquone 750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup	1	PA, QL (600 PER 30 DAYS)
atovaquone-proguanil hcl - 62.5-25, -250-100	1	
chloroquine phosphate 250 mg tablet, 500 mg tablet	1	
COARTEM TABLETS	1	
DARAPRIM 25 MG TABLET	1	PA
hydroxychloroquine sulfate 200 mg tab	1	
MALARONE 62.5-25 MG PED TAB, 250-100 MG TABLET	1	
mefloquine hcl 250 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
NEBUPENT 300 MG INHAL POWDER	1	PA
nitazoxanide 500 mg tablet	1	QL (20 PER 30 OVER TIME)
PENTAM 300 MG VIAL	1	
pentamidine isethionate 300 mg inhal powdr	1	PA
pentamidine isethionate 300 mg inject vial	1	
PLAQUENIL 200 MG TABLET	1	
primaquine 26.3 mg tablet	1	
pyrimethamine 25 mg tablet	1	PA
quinine sulfate 324 mg capsule	1	PA
Antiparkinson Agents		
Antiparkinson Agents, Other		
amantadine 50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
benztropine mesylate 0.5 mg tab, 1 mg tablet, 2 mg tablet	1	PA
carbidopa-levodopa-entacapone -50 mg-, -75 mg-, -100 mg-, -125 mg-, -150 mg-, -200 mg-	1	
COMTAN 200 MG TABLET	1	
entacapone 200 mg tablet	1	
TASMAR 100 MG TABLET	1	
tolcapone 100 mg tablet	1	
Dopamine Agonists		
APOKYN 30 MG/3 ML CARTRIDGE	1	PA, QL (60 PER 30 DAYS)
apomorphine hcl 30 mg/3 ml cartrdg	1	PA, QL (60 PER 30 DAYS)
bromocriptine mesylate 2.5 mg tablet, 5 mg capsule	1	
NEUPRO 1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
pramipexole dihydrochloride 0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet	1	
ropinirole er er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet	1	
ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa 25 mg tablet	1	
carbidopa-levodopa -levo 10-100 mg odt, -levo 25-100 mg odt, -levo 25-250 mg odt, -levodopa 10-100 tab, -levodopa 25-100 tab, -levodopa 25-250 tab	1	
carbidopa-levodopa er -er 25-100 tab, -er 50-200 tab	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
INBRIJA 42 MG INHALATION CAP	1	PA, QL (300 PER 30 DAYS)
RYTARY ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP	1	
SINEMET 10-100 -MG TABLET	1	
SINEMET 10-100 MG TABLET, 25-100 MG TABLET	1	
SINEMET 25-100 -MG TABLET	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT 0.5 MG TABLET, 1 MG TABLET	1	
rasagiline mesylate 0.5 mg tab, 1 mg tab	1	
selegiline hcl 5 mg capsule, 5 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Antipsychotics		
1st Generation/Typical		
fluphenazine decanoate 125 mg/5 ml	1	PA
fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet	1	PA
HALDOL DECANOATE 100 AMPUL	1	PA
HALDOL DECANOATE 50 AMPUL	1	PA
haloperidol 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet	1	PA
haloperidol decanoate 100 mg/ml amp	1	PA
haloperidol decanoate 50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
haloperidol lactate 2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl	1	PA
loxapine 5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule	1	PA
molindone hcl 5 mg tablet, 10 mg tablet, 25 mg tablet	1	PA
pimozide 1 mg tablet, 2 mg tablet	1	PA
thioridazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet	1	PA
thiothixene 1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule	1	PA
trifluoperazine hcl 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet	1	PA
2nd Generation/Atypical		
ABILIFY 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ABILIFY 2 MG TABLET, 5 MG TABLET	1	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	1	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	1	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL	1	QL (1 PER 28 DAYS)
aripiprazole 1 mg/ml solution	1	PA, QL (750 PER 30 DAYS)
aripiprazole 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet	1	PA, QL (30 PER 30 DAYS)
aripiprazole 2 mg tablet, 5 mg tablet	1	PA, QL (45 PER 30 DAYS)
aripiprazole odt odt 10 mg tablet, odt 15 mg tablet	1	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	1	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	1	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	1	QL (2.4 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ARISTADA ER 882 MG/3.2 ML SYRN	1	QL (3.2 PER 28 DAYS)
ARISTADA INITIO ER 675 MG/2.4	1	QL (2.4 PER 42 OVER TIME)
asenapine maleate 2.5 mg tablet, 5 mg tablet, 10 mg tablet	1	PA, QL (60 PER 30 DAYS)
CAPLYTA 10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE	1	QL (30 PER 30 DAYS)
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	1	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	1	PA, QL (56 PER 28 DAYS)
GEODON 20 MG CAPSULE, 40 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	1	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	1	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	1	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	1	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	1	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	1	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	1	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	1	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	1	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	1	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	1	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	1	QL (1.75 PER 84 OVER TIME)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
INVEGA TRINZA 819 MG/2.63 ML	1	QL (2.63 PER 84 OVER TIME)
LATUDA 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET	1	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
lurasidone hcl 20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet	1	PA, QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tablet	1	PA, QL (60 PER 30 DAYS)
LYBALVI 5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET, 34 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
olanzapine 10 mg vial	1	PA, QL (90 PER 30 DAYS)
olanzapine 15 mg tablet, 20 mg tablet	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
olanzapine 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet	1	PA, QL (45 PER 30 DAYS)
olanzapine odt odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet	1	PA, QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	1	PA, QL (60 PER 30 DAYS)
paliperidone er er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet	1	PA, QL (30 PER 30 DAYS)
PERSERIS ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT	1	QL (1 PER 28 DAYS)
quetiapine fumarate 150 mg tablet	1	PA, QL (150 PER 30 DAYS)
quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab	1	PA, QL (120 PER 30 DAYS)
quetiapine fumarate 300 mg tab, 400 mg tab	1	PA, QL (60 PER 30 DAYS)
quetiapine fumarate er er 150 mg tablet, er 200 mg tablet	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
quetiapine fumarate er er 50 mg tablet, er 300 mg tablet, er 400 mg tablet	1	PA, QL (60 PER 30 DAYS)
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	1	PA, QL (30 PER 30 DAYS)
RISPERDAL 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET	1	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	1	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	1	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA 12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL, 50 MG VIAL	1	QL (2 PER 28 DAYS)
risperidone 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
risperidone 1 mg/ml solution	1	PA, QL (480 PER 30 DAYS)
risperidone 4 mg tablet	1	PA, QL (120 PER 30 DAYS)
risperidone er er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial	1	QL (2 PER 28 DAYS)
risperidone odt 0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt	1	PA, QL (60 PER 30 DAYS)
risperidone odt 4 mg	1	PA, QL (120 PER 30 DAYS)
SAPHRIS 2.5 MG TAB, 5 MG TAB, 10 MG TAB	1	PA, QL (60 PER 30 DAYS)
SECUADO 3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH	1	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
SEROQUEL 300 MG TABLET, 400 MG TABLET	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	1	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	1	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	1	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	1	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	1	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	1	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	1	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	1	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	1	QL (0.21 PER 28 DAYS)
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
VRAYLAR 1.5 MG-3 MG PACK	1	QL (28 PER 28 DAYS)
ziprasidone hcl 20 mg capsule, 40 mg capsule	1	QL (90 PER 30 DAYS)
ziprasidone hcl 60 mg capsule, 80 mg capsule	1	QL (60 PER 30 DAYS)
ziprasidone mesylate 20 mg/ml vial	1	PA, QL (60 PER 30 DAYS)
ZYPREXA 10 MG VIAL	1	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET, 20 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ZYPREXA 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	1	PA, QL (45 PER 30 DAYS)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT	1	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG VIAL, 405 MG VL KIT	1	PA, QL (1 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ZYPREXA ZYDIS 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	1	PA, QL (30 PER 30 DAYS)
Treatment-Resistant		
clozapine 100 mg tablet	1	PA, QL (270 PER 30 DAYS)
clozapine 200 mg tablet	1	PA, QL (120 PER 30 DAYS)
clozapine 25 mg tablet, 50 mg tablet	1	PA, QL (90 PER 30 DAYS)
clozapine odt 12.5 mg tablet	1	PA, QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	1	PA, QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	1	PA, QL (120 PER 30 DAYS)
clozapine odt odt 25 mg tablet, odt 100 mg tablet	1	PA, QL (270 PER 30 DAYS)
CLOZARIL 100 MG TABLET	1	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CLOZARIL 25 MG TABLET, 50 MG TABLET	1	PA, QL (90 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	1	PA, QL (540 PER 30 DAYS)
Antispasticity Agents		
baclofen 5 mg tablet, 10 mg tablet, 20 mg tablet	1	
DANTRIUM 25 MG CAPSULE	1	
dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap	1	
tizanidine hcl 2 mg capsule, 2 mg tablet, 4 mg capsule, 4 mg tablet, 6 mg capsule	1	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY 30-120-15 MG TABLET, 50-200-25 MG TABLET	1	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	1	QL (4 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CABENUVA ER 600 MG-900 MG SUSP	1	QL (6 PER 28 DAYS)
DOVATO 50-300 MG TABLET	1	QL (30 PER 30 DAYS)
GENVOYA TABLET	1	QL (30 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET, 400 MG TABLET	1	QL (60 PER 30 DAYS)
ISENTRESS 25 MG TABLET CHEW, 100 MG TABLET CHEW	1	QL (180 PER 30 DAYS)
ISENTRESS HD 600 MG TABLET	1	QL (60 PER 30 DAYS)
JULUCA 50-25 MG TABLET	1	QL (30 PER 30 DAYS)
STRIBILD TABLET	1	QL (30 PER 30 DAYS)
TIVICAY 10 MG TABLET	1	QL (240 PER 30 DAYS)
TIVICAY 25 MG TABLET, 50 MG TABLET	1	QL (60 PER 30 DAYS)
TIVICAY PD 5 MG TAB FOR SUSP	1	QL (360 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	1	QL (30 PER 30 DAYS)
EDURANT 25 MG TABLET	1	QL (30 PER 30 DAYS)
efavirenz 200 mg capsule	1	QL (120 PER 30 DAYS)
efavirenz 50 mg capsule	1	QL (90 PER 30 DAYS)
efavirenz 600 mg tablet	1	QL (30 PER 30 DAYS)
efavirenz-emtric-tenofov disop --600-200-300	1	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop --400-300-300, --600-300-300	1	QL (30 PER 30 DAYS)
etravirine 100 mg tablet, 200 mg tablet	1	QL (60 PER 30 DAYS)
INTELENCE 100 MG TABLET, 200 MG TABLET	1	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	1	QL (120 PER 30 DAYS)
nevirapine 200 mg tablet	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
nevirapine 50 mg/5 ml susp	1	QL (1200 PER 30 DAYS)
nevirapine er 100 mg tablet	1	QL (90 PER 30 DAYS)
nevirapine er 400 mg tablet	1	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TABLET	1	QL (30 PER 30 DAYS)
SYMFI 600-300-300 MG TABLET	1	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	1	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir 20 mg/ml solution	1	QL (960 PER 30 DAYS)
abacavir 300 mg tablet	1	QL (60 PER 30 DAYS)
abacavir-lamivudine -600-300 mg	1	QL (30 PER 30 DAYS)
CIMDUO 300-300 MG TABLET	1	QL (30 PER 30 DAYS)
COMPLERA TABLET	1	QL (30 PER 30 DAYS)
DESCOVY 120-15 MG TABLET, 200-25 MG TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
emtricitabine 200 mg capsule	1	QL (30 PER 30 DAYS)
emtricitabine-tenofovir disop -100-150mg, -133-200mg, -167-250mg, -200-300mg	1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	1	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	1	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	1	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	1	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	1	QL (30 PER 30 DAYS)
EPZICOM TABLET	1	QL (30 PER 30 DAYS)
lamivudine 10 mg/ml oral soln	1	QL (960 PER 30 DAYS)
lamivudine 150 mg tablet	1	QL (60 PER 30 DAYS)
lamivudine 300 mg tablet	1	QL (30 PER 30 DAYS)
lamivudine-zidovudine - tablet	1	QL (60 PER 30 DAYS)
ODEFSEY TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
RETROVIR 10 MG/ML SYRUP	1	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	1	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	1	
stavudine 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule	1	QL (60 PER 30 DAYS)
tenofovir disoproxil fumarate 300 mg tb	1	QL (30 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TABLET	1	QL (30 PER 30 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SUSP	1	QL (180 PER 30 DAYS)
TRIZIVIR TABLET	1	QL (60 PER 30 DAYS)
TRUVADA 100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET	1	QL (30 PER 30 DAYS)
VIREAD 150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
VIREAD POWDER	1	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	1	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	1	QL (60 PER 30 DAYS)
zidovudine 100 mg capsule	1	QL (180 PER 30 DAYS)
zidovudine 300 mg tablet	1	QL (60 PER 30 DAYS)
zidovudine 50 mg/5 ml syrup	1	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON 90 MG VIAL	1	QL (60 PER 30 DAYS)
maraviroc 150 mg tablet	1	QL (60 PER 30 DAYS)
maraviroc 300 mg tablet	1	QL (120 PER 30 DAYS)
RUKOBIA ER 600 MG TABLET	1	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	1	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	1	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	1	QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
SELZENTRY 75 MG TABLET, 150 MG TABLET	1	QL (60 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	1	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	1	QL (5 PER 28 OVER TIME)
TROGARZO 200 MG/1.33 ML VIAL	1	QL (18.62 PER 28 DAYS)
TYBOST 150 MG TABLET	1	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	1	QL (120 PER 30 DAYS)
atazanavir sulfate 150 mg cap, 300 mg cap	1	QL (30 PER 30 DAYS)
atazanavir sulfate 200 mg cap	1	QL (60 PER 30 DAYS)
darunavir 600 mg tablet	1	QL (60 PER 30 DAYS)
darunavir 800 mg tablet	1	QL (30 PER 30 DAYS)
EVOTAZ 300 MG-150 MG TABLET	1	QL (30 PER 30 DAYS)
fosamprenavir calcium 700 mg tablet	1	QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
KALETRA 100-25 MG TABLET	1	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	1	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	1	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	1	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	1	QL (120 PER 30 DAYS)
lopinavir-ritonavir -80-20mg/ml	1	QL (480 PER 30 DAYS)
lopinavir-ritonavir -ritonavr 100-25mg tb	1	QL (300 PER 30 DAYS)
lopinavir-ritonavir -ritonavr 200-50mg tb	1	QL (120 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET, 100 MG TABLET	1	QL (360 PER 30 DAYS)
PREZCOBIX 800 MG-150 MG TABLET	1	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	1	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	1	QL (180 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PREZISTA 600 MG TABLET	1	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	1	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	1	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	1	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	1	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	1	QL (240 PER 30 DAYS)
ritonavir 100 mg tablet	1	QL (360 PER 30 DAYS)
SYMTUZA 800-150-200-10 MG TAB	1	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	1	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	1	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents		
cidofovir 375 mg/5 ml vial	1	
ganciclovir sodium 500 mg vial	1	Part D vs Part B

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PREVYMIS 240 MG TABLET, 480 MG TABLET	1	QL (30 PER 30 DAYS)
VALCYTE 50 MG/ML SOLUTION, 450 MG TABLET	1	
valganciclovir hcl hcl 50 mg/ml, 450 mg tablet	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil 10 mg tab	1	
BARACLUDE 0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET	1	
entecavir 0.5 mg tablet, 1 mg tablet	1	
lamivudine 100 mg tablet	1	
lamivudine hbv 100 mg tablet	1	
Anti-hepatitis C (HCV) Agents		
EPCLUSA 150-37.5 MG PELLET PKT, 200 MG-50 MG TABLET, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
HARVONI 33.75-150 MG PELLET PK, 45-200 MG PELLET PACKT, 45-200 MG TABLET, 90-400 MG TABLET	1	PA
ledipasvir-sofosbuvir -90-400mg	1	PA
ribavirin 200 mg capsule, 200 mg tablet	1	
sofosbuvir-velpatasvir -400-100	1	PA
SOVALDI 150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET	1	PA
VOSEVI 400-100-100 MG TABLET	1	PA
ZEPATIER 50-100 MG TABLET	1	PA
Anti-influenza Agents		
oseltamivir phosphate 30 mg capsule	1	QL (168 PER 365 OVER TIME)
oseltamivir phosphate 45 mg capsule, 75 mg capsule	1	QL (84 PER 365 OVER TIME)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
oseltamivir phosphate 6 mg/ml suspension	1	QL (1080 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	1	QL (120 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	1	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE, 75 MG CAPSULE	1	QL (84 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	1	QL (1080 PER 365 OVER TIME)
XOFLUZA 40 MG TAB (80 MG DOSE), 40 MG TABLET	1	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	1	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
acyclovir 200 mg capsule, 200 mg/5 ml susp, 200 mg/5 ml susp cup, 400 mg tablet, 800 mg tablet, 800 mg/20ml susp cup	1	
acyclovir 5% ointment	1	PA
acyclovir sodium 500 mg/10 ml vial, 1,000 mg/20 ml vial	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
famciclovir 125 mg tablet, 250 mg tablet, 500 mg tablet	1	
valacyclovir 1 gram tablet, 500 mg tablet	1	
VALTREX 1 GM, 500 MG	1	
ZOVIRAX 5% OINTMENT	1	PA

Anxiolytics

alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet	1	QL (120 PER 30 DAYS)
alprazolam 2 mg tablet	1	QL (150 PER 30 DAYS)
buspirone hcl 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet	1	
clonazepam 0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt	1	QL (90 PER 30 DAYS)
clonazepam 0.5 mg tablet, 1 mg tablet	1	QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
clonazepam 2 mg odt, 2 mg tablet	1	QL (300 PER 30 DAYS)
clorazepate dipotassium 15 mg tablet	1	PA, QL (180 PER 30 DAYS)
clorazepate dipotassium 3.75 mg tablet	1	PA, QL (120 PER 30 DAYS)
clorazepate dipotassium 7.5 mg tablet	1	PA, QL (360 PER 30 DAYS)
diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet	1	PA, QL (120 PER 30 DAYS)
diazepam 5 mg/5 ml oral cup, 5 mg/5 ml solution	1	PA, QL (1200 PER 30 DAYS)
diazepam 5 mg/ml, 25 mg/5 ml	1	PA, QL (240 PER 30 DAYS)
hydroxyzine hcl 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet	1	PA
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	PA
lorazepam 0.5 mg tablet, 1 mg tablet	1	PA, QL (120 PER 30 DAYS)
lorazepam 2 mg tablet, 2 mg/ml oral concent	1	PA, QL (150 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
lorazepam intensol 2 mg/ml	1	PA, QL (150 PER 30 DAYS)
oxazepam 10 mg capsule, 15 mg capsule, 30 mg capsule	1	PA, QL (120 PER 30 DAYS)
Bipolar Agents		
lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap	1	
lithium carbonate er er 300 mg, er 450 mg	1	
lithium citrate 8 meq/5 ml soln cup, 8 meq/5 ml solution	1	
LITHOBID ER 300 MG TABLET	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose 100 mg tablet	1	QL (90 PER 30 DAYS)
acarbose 25 mg tablet	1	QL (360 PER 30 DAYS)
acarbose 50 mg tablet	1	QL (180 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ACTOS 15 MG TABLET	1	QL (90 PER 30 DAYS)
ACTOS 30 MG TABLET, 45 MG TABLET	1	QL (30 PER 30 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	1	PA, QL (3.4 PER 28 DAYS)
BYETTA 5 MCG PEN INJ, 10 MCG PEN INJ	1	PA, QL (2.4 PER 30 DAYS)
CYCLOSET 0.8 MG TABLET	1	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	1	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	1	QL (60 PER 30 DAYS)
gauze pads & dressings - pads 2 x 2	1	
glimepiride 1 mg tablet	1	QL (240 PER 30 DAYS)
glimepiride 2 mg tablet	1	QL (120 PER 30 DAYS)
glimepiride 4 mg tablet	1	QL (60 PER 30 DAYS)
glipizide 10 mg tablet	1	QL (120 PER 30 DAYS)
glipizide 2.5 mg tablet	1	QL (480 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
glipizide 5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide xl 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide xl 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide-metformin -2.5-250 mg	1	QL (240 PER 30 DAYS)
glipizide-metformin -2.5-500 mg, -5-500 mg	1	QL (120 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	1	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	1	QL (120 PER 30 DAYS)
glyburide 1.25 mg tablet	1	QL (480 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
glyburide 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glyburide 5 mg tablet	1	QL (120 PER 30 DAYS)
glyburide micronized 1.5 mg tab	1	QL (240 PER 30 DAYS)
glyburide micronized 3 mg tablet	1	QL (120 PER 30 DAYS)
glyburide micronized 6 mg tablet	1	QL (60 PER 30 DAYS)
glyburide-metformin hcl - 1.25-250 mg	1	QL (240 PER 30 DAYS)
glyburide-metformin hcl - 2.5-500 mg, -5-500 mg	1	QL (120 PER 30 DAYS)
GLYXAMBI 10 MG-5 MG TABLET, 25 MG-5 MG TABLET	1	QL (30 PER 30 DAYS)
isopropyl alcohol 0.7 ml/ml medicated pad	1	
JANUMET 50-1,000 MG TABLET, 50-500 MG TABLET	1	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
JANUMET XR 50-1,000 MG TABLET, 50-500 MG TABLET	1	QL (60 PER 30 DAYS)
JANUVIA 100 MG TABLET	1	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	1	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	1	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	1	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	1	QL (30 PER 30 DAYS)
JENTADUETO 2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB	1	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	1	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	1	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	1	QL (60 PER 30 DAYS)
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
metformin hcl 1,000 mg tablet	1	QL (75 PER 30 DAYS)
metformin hcl 500 mg tablet	1	QL (150 PER 30 DAYS)
metformin hcl 850 mg tablet	1	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	1	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tablet	1	QL (60 PER 30 DAYS)
MOUNJARO 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN	1	PA, QL (2 PER 28 DAYS)
nateglinide 120 mg tablet	1	QL (90 PER 30 DAYS)
nateglinide 60 mg tablet	1	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	1	QL (30 PER 30 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML),	1	PA, QL (3 PER 28 DAYS)

2 MG/DOSE (8 MG/3 ML)		
NOMBRE DEL MEDICAMENTO	**NIVEL DE MEDICAMENTO**	**REQUISITOS/ LÍMITES**
pioglitazone hcl 15 mg tablet	1	QL (90 PER 30 DAYS)
pioglitazone hcl 30 mg tablet, 45 mg tablet	1	QL (30 PER 30 DAYS)
pioglitazone-glimepiride -30-2, -30-4	1	QL (30 PER 30 DAYS)
pioglitazone-metformin -15-500, -15-850	1	QL (90 PER 30 DAYS)
repaglinide 0.5 mg tablet	1	QL (960 PER 30 DAYS)
repaglinide 1 mg tablet	1	QL (480 PER 30 DAYS)
repaglinide 2 mg tablet	1	QL (240 PER 30 DAYS)
RYBELSUS 3 MG TABLET, 7 MG TABLET, 14 MG TABLET	1	PA, QL (30 PER 30 DAYS)
saxagliptin hcl 2.5 mg tablet	1	QL (60 PER 30 DAYS)
saxagliptin hcl 5 mg tablet	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er -metformin er 5-500, -metformn er 5-1000	1	QL (30 PER 30 DAYS)

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas de esta tabla en las páginas 16

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
saxagliptin-metformin er saxagliptn-2.5-1000	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNIT-MCG/ML PEN	1	QL (18 PER 30 DAYS)
SYMLINPEN 120 SYMLININJECTOR	1	
SYMLINPEN 60 SYMLININJECTOR	1	
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	1	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	1	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	1	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	1	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	1	QL (30 PER 30 DAYS)
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	1	PA, QL (2 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
VICTOZA 2-PAK -18 MG/3 ML PEN	1	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK -18 MG/ML PEN	1	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	1	QL (30 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	1	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI 3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK	1	QL (4 PER 30 DAYS)
diazoxide 50 mg/ml oral susp	1	
GLUCAGEN 1 MG HYPOKIT	1	QL (4 PER 30 DAYS)
glucagon emergency kit glucagon 1 mg emergency kit, glucagon 1 mg vial, glucagon 1 mg emergency kit, glucagon 1 mg vial	1	QL (4 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
GVOKE 1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK -PK 1 MG/0.ML	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE 1PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE -PK 1 MG/0.ML	1	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE 2PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
PROGLYCEM 50 MG/ML ORAL SUSP	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Insulins		
HUMALOG 100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN JR 100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 - VIAL	1	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 - VIAL	1	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMULIN 70-30 -VIAL	1	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
HUMULIN N 100 UIT/ML VIAL	1	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN 100 UIT/ML	1	QL (60 PER 30 DAYS)
HUMULIN R 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
HUMULIN R U-500 KWIKPEN UNIT/ML	1	QL (60 PER 30 DAYS)
HUMULIN R U-500 UNIT/ML VIAL	1	PA
inpen (for humalog) blue, grey, pink	1	
inpen (for novolog or fiasp) blue, grey, pink	1	
insulin pen needle	1	
insulin syringe (disp) u-100 0.3 ml	1	
insulin syringe (disp) u-100 1 ml	1	
insulin syringe (disp) u-100 1/2 ml	1	
insulin syringe u-500 bd - 1/2ml 6mmx31g	1	
LANTUS 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LANTUS SOLOSTAR 100 UNIT/ML	1	QL (60 PER 30 DAYS)
LYUMJEV 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200 UNIT/ML	1	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
needles, insulin disp., safety	1	
novopen echo insulin device	1	
omnipod 5 (g6/libre 2 plus)	1	
omnipod 5 dexg7g6 intro(gen 5)	1	
omnipod 5 dexg7g6 pods (gen 5)	1	
omnipod 5 g6-g7 intro kt(gen5)	1	
omnipod 5 g6-g7 pods (gen 5)	1	
omnipod 5 intro(g6/libre2plus)	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
omnipod classic pods (gen 3) pods(gen3) 5pk	1	
omnipod dash intro kit (gen 4)	1	
omnipod dash pdm kit (gen 4)	1	
omnipod dash pods (gen 4) 5pk	1	
omnipod go pods 10 unit/day, 15 unit/day, 20 unit/day, 25 unit/day, 30 unit/day, 35 unit/day, 40 unit/day	1	
TOUJEO MAX SOLOSTAR SOLOSTR 300 UNIT/ML	1	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML	1	QL (60 PER 30 DAYS)
v-go 20 -disposable deice	1	
v-go 30 -disposable deice	1	
v-go 40 -disposable deice	1	
vgo 20 disposable device	1	
vgo 30 disposable device	1	
vgo 40 disposable device	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate 110 mg cp	1	QL (120 PER 30 DAYS)
dabigatran etexilate 75 mg cap, 150 mg cp	1	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET, DVT-PE TREAT START 5MG	1	QL (74 PER 30 DAYS)
enoxaparin sodium 100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial	1	QL (30 PER 90 OVER TIME)
enoxaparin sodium 30 mg/0.3 ml syr	1	QL (9 PER 90 OVER TIME)
enoxaparin sodium 40 mg/0.4 ml syr	1	QL (12 PER 90 OVER TIME)
enoxaparin sodium 60 mg/0.6 ml syr	1	QL (18 PER 90 OVER TIME)
enoxaparin sodium 80 mg/0.8 ml, 120 mg/0.8 ml	1	QL (24 PER 90 OVER TIME)
fondaparinux sodium 10 mg/0.8 ml syr	1	QL (24 PER 90 OVER TIME)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
fondaparinux sodium 2.5 mg/0.5 ml syr	1	QL (15 PER 90 OVER TIME)
fondaparinux sodium 5 mg/0.4 ml syr	1	QL (12 PER 90 OVER TIME)
fondaparinux sodium 7.5 mg/0.6 ml syr	1	QL (18 PER 90 OVER TIME)
heparin sodium sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial	1	
heparin sodium-d5w 20,000 unit/500 ml	1	
jantoven 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet	1	
LOVENOX 100 MG/ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL	1	QL (30 PER 90 OVER TIME)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LOVENOX 30 MG/0.3 ML SYRINGE	1	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	1	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	1	QL (18 PER 90 OVER TIME)
LOVENOX 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE	1	QL (24 PER 90 OVER TIME)
PRADAXA 110 MG CAPSULE	1	QL (120 PER 30 DAYS)
PRADAXA 75 MG CAPSULE, 150 MG CAPSULE	1	QL (60 PER 30 DAYS)
warfarin sodium 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet	1	
XARELTO 1 MG/ML SUSPENSION	1	QL (620 PER 30 DAYS)
XARELTO 10 MG TABLET, 20 MG TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
XARELTO 2.5 MG TABLET, 15 MG TABLET	1	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	1	QL (51 PER 30 DAYS)
ZONTIVITY 2.08 MG TABLET	1	
Blood Products and Modifiers, Other		
AGRYLIN 0.5 MG CAPSULE	1	
anagrelide hcl 0.5 mg capsule, 1 mg capsule	1	
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
FULPHILA 6 MG/0.6 ML SYRINGE	1	PA
GRANIX 300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL	1	PA
LEUKINE 250 MCG VIAL	1	PA
MOZOBIL 24 MG/1.2 ML VIAL	1	
NIVESTYM 300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL	1	PA
plerixafor 24 mg/1.2 ml vial	1	
PROCRIT 2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PROMACTA 12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET	1	PA
RETACRIT 2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL	1	PA
UDENYCA 6 MG/0.6 ML SYRINGE	1	PA
UDENYCA AUTOINJECTOR 6 MG/0.6 ML	1	PA
UDENYCA ONBODY 6 MG/0.6 ML	1	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE	1	PA
Hemostasis Agents		
CYKLOKAPRON MG/10 ML AMP, MG/10 ML VL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
tranexamic acid 650 mg tablet, 1,000 mg/10 ml	1	
Platelet Modifying Agents		
aspirin-dipyridamole er - 25-200 mg	1	
BRILINTA 60 MG TABLET, 90 MG TABLET	1	
CABLIVI 11 MG KIT, 11 MG VIAL	1	
cilostazol 50 mg tablet, 100 mg tablet	1	
clopidogrel 75 mg tablet	1	
dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet	1	
PLAVIX 75 MG TABLET	1	
prasugrel hcl 5 mg tablet, 10 mg tablet	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine 0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
clonidine hcl 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet	1	
droxidopa 100 mg capsule, 200 mg capsule, 300 mg capsule	1	PA
guanfacine hcl 1 mg tablet, 2 mg tablet	1	
midodrine hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet	1	
NORTHERA 100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE	1	PA
Alpha-adrenergic Blocking Agents		
CARDURA 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 8 MG TABLET	1	QL (60 PER 30 DAYS)
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	QL (60 PER 30 DAYS)
MINIPRESS 1 MG CAPSULE, 2 MG CAPSULE, 5 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
phenoxybenzamine hcl 10 mg cap	1	
prazosin hcl 1 mg capsule, 2 mg capsule, 5 mg capsule	1	
terazosin hcl 1 mg capsule	1	QL (90 PER 30 DAYS)
terazosin hcl 2 mg capsule, 5 mg capsule, 10 mg capsule	1	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND 32 MG TABLET	1	QL (30 PER 30 DAYS)
ATACAND 4 MG TABLET, 8 MG TABLET, 16 MG TABLET	1	QL (60 PER 30 DAYS)
AVAPRO 75 MG TABLET, 150 MG TABLET, 300 MG TABLET	1	QL (30 PER 30 DAYS)
BENICAR 20 MG TABLET, 40 MG TABLET	1	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
candesartan cilexetil 32 mg tb	1	QL (30 PER 30 DAYS)
candesartan cilexetil 4 mg tab, 8 mg tab, 16 mg tb	1	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	1	QL (30 PER 30 DAYS)
COZAAR 25 MG TABLET, 50 MG TABLET	1	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	1	QL (30 PER 30 DAYS)
DIOVAN 40 MG TABLET, 80 MG TABLET, 160 MG TABLET	1	QL (60 PER 30 DAYS)
EDARBI 40 MG TABLET, 80 MG TABLET	1	QL (30 PER 30 DAYS)
irbesartan 75 mg tablet, 150 mg tablet, 300 mg tablet	1	QL (30 PER 30 DAYS)
losartan potassium 100 mg tab	1	QL (30 PER 30 DAYS)
losartan potassium 25 mg tab, 50 mg tab	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
MICARDIS 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	1	QL (30 PER 30 DAYS)
olmesartan medoxomil 20 mg tab, 40 mg tab	1	QL (30 PER 30 DAYS)
olmesartan medoxomil 5 mg tab	1	QL (60 PER 30 DAYS)
telmisartan 20 mg tablet, 40 mg tablet, 80 mg tablet	1	QL (30 PER 30 DAYS)
valsartan 320 mg tablet	1	QL (30 PER 30 DAYS)
valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet	1	QL (60 PER 30 DAYS)
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	1	
ALTACE 1.25 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	1	
benazepril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
captopril 12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet	1	
enalapril maleate 2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab	1	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	1	
lisinopril 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet	1	
LOTENSIN 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	1	
moexipril hcl 7.5 mg tablet, 15 mg tablet	1	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	1	
quinapril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet	1	
ramipril 1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
trandolapril 1 mg tablet, 2 mg tablet, 4 mg tablet	1	
VASOTEC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	
ZESTRIL 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	1	
Antiarrhythmics		
amiodarone hcl 100 mg tablet, 200 mg tablet, 400 mg tablet	1	
dofetilide 125 mcg capsule, 250 mcg capsule, 500 mcg capsule	1	
flecainide acetate 50 mg tab, 100 mg tab, 150 mg tab	1	
lidocaine hcl 1% abboject, 1% syringe	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
mexiletine hcl 150 mg capsule, 200 mg capsule, 250 mg capsule	1	
MULTAQ 400 MG TABLET	1	
PACERONE PACERONE 100 MG TABLET, PACERONE 400 MG TABLET, PACERONE 200 MG TABLET	1	
propafenone hcl 150 mg tablet, 225 mg tab, 300 mg tab	1	
propafenone hcl er er 225 mg cap, er 325 mg cap, er 425 mg cap	1	
quinidine gluconate er 324 mg tab	1	
quinidine sulfate 200 mg tab, 300 mg tab	1	
RYTHMOL SR SR 225 MG CAPSULE, SR 325 MG CAPSULE, SR 425 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
sorine 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet	1	
sotalol 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet	1	
sotalol af 80 mg tablet, 120 mg tablet, 160 mg tablet	1	
TIKOSYN 125 MCG CAPSULE, 250 MCG CAPSULE, 500 MCG CAPSULE	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl 200 mg capsule, 400 mg capsule	1	
atenolol 25 mg tablet, 50 mg tablet, 100 mg tablet	1	
betaxolol hcl 10 mg tablet, 20 mg tablet	1	
bisoprolol fumarate 5 mg tab, 10 mg tab	1	
BYSTOLIC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
carvedilol 3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet	1	
carvedilol er er 10 mg capsule, er 20 mg capsule, er 40 mg capsule, er 80 mg capsule	1	
COREG CR CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE, CR 80 MG CAPSULE	1	
CORGARD 20 MG TABLET, 40 MG TABLET	1	
INDERAL LA 60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE	1	
INDERAL XL 80 MG CAPSULE, 120 MG CAPSULE	1	
INNOPRAN XL 80 MG CAPSULE, 120 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet	1	
LOPRESSOR 50 MG TABLET, 100 MG TABLET	1	
metoprolol succinate er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab	1	
metoprolol tartrate 25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab	1	
nadolol 20 mg tablet, 40 mg tablet, 80 mg tablet	1	
nebivolol hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet	1	
pindolol 5 mg tablet, 10 mg tablet	1	
propranolol hcl 1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet	1	
propranolol hcl er er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule	1	

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas de esta tabla en las páginas 16

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TENORMIN 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	
timolol maleate 5 mg tablet, 10 mg tablet, 20 mg tablet	1	
TOPROL XL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab	1	
felodipine er er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet	1	
isradipine 2.5 mg capsule, 5 mg capsule	1	
nicardipine hcl 20 mg capsule, 30 mg capsule	1	
nifedipine er er 30 mg tablet, er 60 mg tablet, er 90 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
nimodipine 30 mg capsule	1	
nisoldipine er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet	1	
NORVASC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	1	
PROCARDIA XL 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	1	
SULAR ER 8.5 MG TABLET, ER 17 MG TABLET, ER 34 MG TABLET	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM 30 MG TABLET, 60 MG TABLET, 120 MG TABLET	1	
CARDIZEM CD 120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CARDIZEM LA 120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 360 MG TABLET, 420 MG TABLET	1	
cartia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule	1	
dilt-xr 120 mg capsule, 180 mg capsule, 240 mg capsule	1	
diltiazem 12hr er er 60 mg cap, er 90 mg cap, er 120 mg cap	1	
diltiazem 24hr er (cd) er(cd) 120 mg, er(cd) 180 mg, er(cd) 240 mg, er(cd) 300 mg, er(cd) 360 mg	1	
diltiazem 24hr er (la) er(la) 120 mg, er(la) 180 mg, er(la) 240 mg, er(la) 300 mg, er(la) 360 mg, er(la) 420 mg	1	
diltiazem 24hr er (xr) er(xr) 120 mg, er(xr) 180 mg, er(xr) 240 mg	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
diltiazem 24hr er er 120 mg cap, er 180 mg cap, er 240 mg cap, er 300 mg cap, er 360 mg cap, er 420 mg cap	1	
diltiazem hcl 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet	1	
matzim la 180 mg tablet, 240 mg tablet, 300 mg tablet, 360 mg tablet, 420 mg tablet	1	
taztia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule, 360 mg capsule	1	
tiadylt er er 120 mg capsule, er 180 mg capsule, er 240 mg capsule, er 300 mg capsule, er 360 mg capsule, er 420 mg capsule	1	
TIAZAC ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
verapamil er er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet	1	
verapamil er pm er 100 mg capsule, er 200 mg capsule, er 300 mg capsule	1	
verapamil hcl 40 mg tablet, 80 mg tablet, 120 mg tablet	1	
verapamil sr 120 mg capsule, 180 mg capsule, 240 mg capsule, 360 mg capsule	1	
VERELAN 120 MG CAP PELLET, 180 MG CAP PELLET, 240 MG CAP PELLET, 360 MG CAP PELLET	1	
VERELAN PM 100 MG CAP PELLET, 200 MG CAP PELLET, 300 MG CAP PELLET	1	
Cardiovascular Agents, Other		
ACCURETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
acetazolamide 125 mg tablet, 250 mg tablet	1	
acetazolamide er 500 mg cap	1	
ALDACTAZIDE 25-25 TABLET	1	
aliskiren 150 mg tablet, 300 mg tablet	1	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide hcl-hctz 5-50 mg tab	1	
amlodipine besylate-benazepril -2.5-10, -5-10 mg, -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg	1	
amlodipine-atorvastatin -2.5-40 mg, -5-10 mg, -5-20 mg, -5-40 mg, -5-80 mg, -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg, -2.5-10 mg, -2.5-20 mg	1	
amlodipine-olmesartan -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg	1	QL (30 PER 30 DAYS)
amlodipine-valsartan -5-160 mg, -5-320 mg, -10-160 mg, -10-320 mg	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
amlodipine-valsartan-hctz --5-160-12.5 mg, --5-160-25 mg, --10-160-12.5mg, --10-160-25 mg, --10-320-25 mg	1	QL (30 PER 30 DAYS)
ATACAND HCT 16-12.5 MG TAB, 32-12.5 MG TAB, 32-25 MG TABLET	1	QL (30 PER 30 DAYS)
atenolol-chlorthalidone -50-25, -100-25	1	
AVALIDE 150-12.5 MG TABLET, 300-12.5 MG TABLET	1	QL (30 PER 30 DAYS)
AZOR 5-20 MG TABLET, 5-40 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET	1	QL (30 PER 30 DAYS)
benazepril-hydrochlorothiazide -5-6.25 mg tab, -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab	1	
BENICAR HCT 20-12.5 MG TABLET, 40-12.5 MG TABLET, 40-25 MG TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
bisoprolol-hydrochlorothiazide -10-6.25 mg tab, -2.5-6.25 mg tb, -5-6.25 mg tab	1	
candesartan-hydrochlorothiazid -16-12.5 mg tb, -32-12.5 mg tb, -32-25 mg tab	1	QL (30 PER 30 DAYS)
CORLANOR 5 MG TABLET, 7.5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	1	PA, QL (600 PER 30 DAYS)
DEMSER 250 MG CAPSULE	1	
digitek 125 mcg tablet, 250 mcg tablet	1	QL (30 PER 30 DAYS)
digox 125 mcg tablet, 250 mcg tablet	1	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	1	QL (150 PER 30 DAYS)
digoxin 0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
DIOVAN HCT 80-12.5 MG TABLET, 160-12.5 MG TAB, 160-25 MG TABLET, 320-12.5 MG TAB, 320-25 MG TABLET	1	QL (30 PER 30 DAYS)
EDARBYCLOR 40-12.5 MG TABLET, 40-25 MG TABLET	1	QL (30 PER 30 DAYS)
enalapril-hydrochlorothiazide -5-12.5 mg tab, -10-25 mg tablet	1	
ENTRESTO 24 MG-26 MG TABLET	1	QL (180 PER 30 DAYS)
ENTRESTO 49 MG-51 MG TABLET, 97 MG-103 MG TABLET	1	QL (60 PER 30 DAYS)
ENTRESTO SPRINKLE 6-6MG PELLET, 15-16 MG PLT	1	QL (240 PER 30 DAYS)
EXFORGE 5-160 MG TABLET, 5-320 MG TABLET, 10-160 MG TABLET, 10-320 MG TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
EXFORGE HCT 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	1	QL (30 PER 30 DAYS)
fosinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab	1	
HYZAAR 50-12.5 TABLET, 100-12.5 TABLET, 100-25 TABLET	1	QL (30 PER 30 DAYS)
irbesartan-hydrochlorothiazide -150-12.5 mg, -300-12.5 mg	1	QL (30 PER 30 DAYS)
ivabradine hcl 5 mg tablet, 7.5 mg tablet	1	PA, QL (60 PER 30 DAYS)
LANOXIN 62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET	1	QL (30 PER 30 DAYS)
lisinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
losartan-hydrochlorothiazide -50-12.5 mg tab, -100-12.5 mg tab, -100-25 mg tab	1	QL (30 PER 30 DAYS)
LOTENSIN HCT 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	1	
MAXZIDE 75 MG-50 MG TABLET	1	
MAXZIDE-25 MG 37.5 - TABLET	1	
methazolamide 25 mg tablet, 50 mg tablet	1	
metoprolol-hydrochlorothiazide -50-25 mg tab, -100-25 mg tab, -100-50 mg tab	1	
metyrosine 250 mg capsule	1	
MICARDIS HCT 40-12.5 MG TABLET, 80-25 MG TABLET	1	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	1	QL (60 PER 30 DAYS)
olmesartan-amlodipine-hctz --20-5-12.5, --40-10-12.5, --40-10-25mg, --40-5-12.5, --40-5-25 mg	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
olmesartan-hydrochlorothiazide -20-12.5 mg tab, -40-12.5 mg tab, -40-25 mg tab	1	QL (30 PER 30 DAYS)
pentoxifylline er 400 mg tab	1	
quinapril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab	1	
ranolazine er er 500 mg tablet, er 1,000 mg tablet	1	QL (60 PER 30 DAYS)
spironolactone-hctz -25-25 tab	1	
TEKTURNA 150 MG TABLET, 300 MG TABLET	1	QL (30 PER 30 DAYS)
telmisartan-amlodipine -40-10, -40-5 mg, -80-10, -80-5 mg	1	QL (30 PER 30 DAYS)
telmisartan-hydrochlorothiazid -40-12.5 mg tb, -80-25 mg tab	1	QL (30 PER 30 DAYS)
telmisartan-hydrochlorothiazid -hctz 80-12.5 mg tb	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TENORETIC 100 TABLET	1	
TENORETIC 50 TABLET	1	
trandolapril-verapamil er -er 1-240 mg, -er 2-180 mg, -er 2-240 mg, -er 4-240 mg	1	
triamterene-hydrochlorothiazid -37.5-25 mg cp, -37.5-25 mg tb, -75-50 mg tab	1	
TRIBENZOR 20-5-12.5 MG TABLET, 40-10-12.5 MG TABLET, 40-10-25 MG TABLET, 40-5-12.5 MG TABLET, 40-5-25 MG TABLET	1	QL (30 PER 30 DAYS)
valsartan-hydrochlorothiazide -80-12.5 mg tab, -160-12.5 mg tab, -160-25 mg tab, -320-12.5 mg tab, -320-25 mg tab	1	QL (30 PER 30 DAYS)
VASERETIC 10-25 MG TABLET	1	
VERQUVO 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ZESTORETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	1	
ZIAC 2.5-6.25 MG TABLET, 5-6.25 MG TABLET, 10-6.25 MG TABLET	1	
Diuretics, Loop		
bumetanide 0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial	1	
furosemide 10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syring, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl	1	
LASIX 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	1	
torsemide 5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Diuretics, Potassium-sparing		
ALDACTONE 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	
amiloride hcl 5 mg tablet	1	
eplerenone 25 mg tablet, 50 mg tablet	1	
INSPRA 25 MG TABLET, 50 MG TABLET	1	
KERENDIA 10 MG TABLET, 20 MG TABLET	1	PA, QL (30 PER 30 DAYS)
spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet	1	
Diuretics, Thiazide		
chlorthalidone 25 mg tablet, 50 mg tablet	1	
hydrochlorothiazide 12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab	1	
indapamide 1.25 mg tablet, 2.5 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
metolazone 2.5 mg tablet, 5 mg tablet, 10 mg tablet	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate 43 mg capsule, 48 mg tablet, 54 mg tablet	1	QL (60 PER 30 DAYS)
fenofibrate 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule	1	QL (30 PER 30 DAYS)
fenofibric acid dr 135 mg cap	1	QL (30 PER 30 DAYS)
fenofibric acid dr 45 mg cap	1	QL (60 PER 30 DAYS)
gemfibrozil 600 mg tablet	1	QL (60 PER 30 DAYS)
LOPID 600 MG TABLET	1	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium 10 mg tablet, 20 mg tablet, 40 mg tablet	1	QL (45 PER 30 DAYS)
atorvastatin calcium 80 mg tablet	1	QL (30 PER 30 DAYS)
CRESTOR 40 MG TABLET	1	ST, QL (30 PER 30 DAYS)
CRESTOR 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	ST, QL (45 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
fluvastatin sodium 20 mg cap, 40 mg cap	1	QL (60 PER 30 DAYS)
LIPITOR 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	1	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	1	ST, QL (30 PER 30 DAYS)
lovastatin 10 mg tablet, 20 mg tablet, 40 mg tablet	1	QL (60 PER 30 DAYS)
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab	1	QL (45 PER 30 DAYS)
pravastatin sodium 80 mg tab	1	QL (30 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	1	QL (30 PER 30 DAYS)
rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab	1	QL (45 PER 30 DAYS)
simvastatin 20 mg tablet	1	QL (60 PER 30 DAYS)
simvastatin 5 mg tablet, 10 mg tablet, 40 mg tablet	1	QL (45 PER 30 DAYS)
simvastatin 80 mg tablet	1	QL (30 PER 30 DAYS)
ZOCOR 10 MG TABLET, 40 MG TABLET	1	ST, QL (45 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ZOCOR 20 MG TABLET	1	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other		
cholestyramine light packet, powder	1	
cholestyramine packet, powder	1	
COLESTID 1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET	1	
colestipol hcl 1 gm tablet, granules, granules packet	1	
ezetimibe 10 mg tablet	1	QL (30 PER 30 DAYS)
ezetimibe-simvastatin -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg	1	QL (30 PER 30 DAYS)
icosapent ethyl 0.5 gm capsule, 500 mg capsule	1	QL (240 PER 30 DAYS)
icosapent ethyl 1 gram capsule	1	QL (120 PER 30 DAYS)
JUXTAPID 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LOVAZA 1 GM CAPSULE	1	
niacin er 500 mg tablet	1	QL (30 PER 30 DAYS)
niacin er er 750 mg tablet, er 1,000 mg tablet	1	QL (60 PER 30 DAYS)
omega-3 acid ethyl esters -1 gm cap	1	
prevalite packet, powder	1	
REPATHA PUSHTRONEX 420 MG/3.5ML PUSHTRONX	1	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML	1	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE 140 MG/ML	1	PA, QL (2 PER 28 DAYS)
triklo 1 gm capsule	1	
VASCEPA 0.5 GM CAPSULE	1	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	1	QL (120 PER 30 DAYS)
VYTORIN 10-10 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET, 10-80 MG TABLET	1	ST, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ZETIA 10 MG TABLET	1	QL (30 PER 30 DAYS)
Vasodilators, Direct-acting Arterial		
hydralazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet	1	
minoxidil 2.5 mg tablet, 10 mg tablet	1	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE 5 MG TAB	1	
isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab	1	
isosorbide mononitrate 10 mg tab, 20 mg tab	1	
isosorbide mononitrate er er 30 mg tb, er 60 mg tb, er 120 mg	1	
NITRO-BID -2% OINTMENT	1	
nitroglycerin 0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
nitroglycerin patch 0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch	1	
NITROLINGUAL 400 MCG SPRAY	1	
NITROSTAT 0.3 MG TABLET, 0.4 MG TABLET, 0.6 MG TABLET	1	
RECTIV 0.4% OINTMENT	1	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE	1	QL (30 PER 30 DAYS)
DEXEDRINE 10 MG, 15 MG	1	QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
DEXEDRINE SPANSULE 5 MG	1	QL (90 PER 30 DAYS)
dextroamphetamine sulfate 10 mg tab	1	QL (180 PER 30 DAYS)
dextroamphetamine sulfate 5 mg tab	1	QL (90 PER 30 DAYS)
dextroamphetamine sulfate er 5 mg cap	1	QL (90 PER 30 DAYS)
dextroamphetamine sulfate er er 10 mg cap, er 15 mg cap	1	QL (120 PER 30 DAYS)
dextroamphetamine-amphet er -er 5 mg cap, -er 10 mg cap, -er 15 mg cap, -er 20 mg cap, -er 25 mg cap, -er 30 mg cap	1	QL (30 PER 30 DAYS)
dextroamphetamine-amphetamine -20 mg tab	1	QL (90 PER 30 DAYS)
dextroamphetamine-amphetamine -amphetam 7.5 mg tab, -amphetam 12.5 mg tab, -amphetamin 10 mg tab, -amphetamin 15 mg tab, -amphetamin 30 mg tab, -amphetamine 5 mg tab	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
lisdexamfetamine dimesylate 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule	1	QL (30 PER 30 DAYS)
VYVANSE 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	1	QL (30 PER 30 DAYS)
zenzedi 10 mg tablet	1	QL (180 PER 30 DAYS)
zenzedi 5 mg tablet	1	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl 10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule	1	QL (60 PER 30 DAYS)
atomoxetine hcl 60 mg capsule, 80 mg capsule, 100 mg capsule	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
clonidine hcl er 0.1 mg tablet	1	QL (120 PER 30 DAYS)
dexmethylphenidate hcl 2.5 mg tab, 5 mg tab, 10 mg tab	1	PA, QL (60 PER 30 DAYS)
FOCALIN 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	1	PA, QL (60 PER 30 DAYS)
guanfacine hcl er er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet	1	QL (30 PER 30 DAYS)
methylphenidate er 20 mg tab	1	PA, QL (90 PER 30 DAYS)
methylphenidate hcl 10 mg/5 ml sol	1	PA, QL (900 PER 30 DAYS)
methylphenidate hcl 5 mg tablet, 10 mg tablet, 20 mg tablet	1	PA, QL (90 PER 30 DAYS)
methylphenidate hcl 5 mg/5 ml soln	1	PA, QL (450 PER 30 DAYS)
RITALIN 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
STRATTERA 10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE	1	QL (60 PER 30 DAYS)
STRATTERA 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE	1	QL (30 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO 6 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AUSTEDO 9 MG TABLET, 12 MG TABLET	1	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET	1	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	1	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	1	PA, QL (28 PER 28 DAYS)
NUEDEXTA 20-10 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
riluzole 50 mg tablet	1	
tetrabenazine 12.5 mg tablet	1	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tablet	1	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	1	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA ER 10 MG TABLET	1	PA
AVONEX (4 PACK) 30 MCG/0.5 ML SYR (4PK)	1	PA, QL (1 PER 28 DAYS)
AVONEX 30 MCG/0.5 ML SYRINGE	1	PA, QL (1 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
AVONEX PEN (4 PACK) 30 MCG/0.5 ML (4PK)	1	PA, QL (1 PER 28 DAYS)
BETASERON 0.3 MG KIT, 0.3 MG VIAL	1	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	1	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	1	PA, QL (12 PER 28 DAYS)
dalfampridine er 10 mg tablet	1	PA
dimethyl fumarate 30d start pk, dr 120 mg cp, dr 240 mg cp	1	PA, QL (60 PER 30 DAYS)
fingolimod 0.5 mg capsule	1	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml syringe	1	PA, QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml syringe	1	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml syringe	1	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml syringe	1	PA, QL (12 PER 28 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
KESIMPTA PEN 20 MG/0.4 ML	1	PA, QL (1.6 PER 28 DAYS)
MAYZENT 0.25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	1	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	1	PA, QL (12 PER 28 DAYS)
MAYZENT 1 MG TABLET, 2 MG TABLET	1	PA, QL (30 PER 30 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING, SYRINGE STARTER PACK	1	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN 125 MCG/0.5 ML PEN, PEN INJ STARTER PACK	1	PA, QL (1 PER 28 DAYS)
TECFIDERA DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK	1	PA, QL (60 PER 30 DAYS)
TYSABRI 300 MG/15 ML VIAL	1	PA
VUMERITY DR 231 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Dental and Oral Agents		
cevimeline hcl 30 mg capsule	1	
chlorhexidine gluconate 0.12% 15 ml cup, 0.12% rinse	1	
KEPIVANCE 5.16 MG VIAL, 6.25 MG VIAL	1	
kourzeq 0.1% dental paste	1	
oralone 0.1% paste	1	
periogard 0.12% oral rinse	1	
pilocarpine hcl 5 mg tablet, 7.5 mg tablet	1	
SALAGEN 5 MG TABLET, 7.5 MG TABLET	1	
triamcinolone acetonide 0.1% paste	1	
Dermatological Agents		
Acne and Rosacea Agents		
accutane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
acitretin 10 mg capsule, 17.5 mg capsule, 25 mg capsule	1	
amnesteem 10 mg capsule, 20 mg capsule, 40 mg capsule	1	
AVITA 0.025% CREAM, 0.025% GEL	1	PA
azelaic acid 15% gel	1	
AZELEX 20% CREAM	1	
BENZAMYCIN GEL	1	
claravis 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule	1	
clindamycin-benzoyl peroxide -benzoyl 1-5%, -bnz 1-5% pmp	1	
doxycycline ir-dr -40 mg cap	1	
erythromycin-benzoyl peroxide -gel	1	
FINACEA 15% FOAM, 15% GEL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
isotretinoin 10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule	1	
KLARON 10% LOTION	1	
myorisan 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule	1	
ORACEA 40 MG CAPSULE	1	
RETIN-A -0.01% GEL, -0.025% CREM, -0.025% GEL, -0.05% CREM, -0.1% CREM	1	PA
sulfacetamide sodium sod 10% top susp, sodium 10% lotn	1	
tazarotene 0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel	1	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	1	PA
tretinoin 0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
zenatane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule	1	
Dermatitis and Pruitus Agents		
ALA-CORT -1% CREAM	1	
ala-cort -2.5% cream	1	QL (454 PER 30 DAYS)
alclometasone dipropionate dipr 0.05% oint, dipro 0.05% crm	1	QL (120 PER 30 DAYS)
ammonium lactate 12% cream, 12% lotion	1	
betamethasone diprop augmented 0.05% crm, 0.05% gel, 0.05% oin	1	QL (200 PER 28 DAYS)
betamethasone diprop augmented dp 0.05% lot	1	QL (210 PER 30 DAYS)
betamethasone dipropionate 0.05% crm, 0.05% oint	1	QL (135 PER 30 DAYS)
betamethasone dipropionate dp 0.05% lot	1	QL (120 PER 30 DAYS)
betamethasone valerate 0.1% lotion	1	QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
betamethasone valerate va 0.1% cream, valer 0.1% ointm	1	QL (135 PER 30 DAYS)
clobetasol emollient 0.05% crm	1	QL (210 PER 28 DAYS)
clobetasol propionate 0.05% cream, 0.05% gel, 0.05% ointment	1	QL (210 PER 28 DAYS)
clobetasol propionate 0.05% shampoo	1	QL (236 PER 30 DAYS)
clobetasol propionate 0.05% solution, prop 0.05% foam	1	QL (200 PER 28 DAYS)
clodan 0.05% shampoo	1	QL (236 PER 30 DAYS)
desonide 0.05% cream, 0.05% ointment	1	QL (120 PER 30 DAYS)
desonide 0.05% lotion	1	QL (118 PER 30 DAYS)
desoximetasone 0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment	1	QL (120 PER 30 DAYS)
DIPROLENE 0.05% OINTMENT	1	QL (200 PER 28 DAYS)
doxepin hcl 5% cream	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ELIDEL 1% CREAM	1	PA
fluocinolone acetonide 0.01% body, 0.01% scalp	1	QL (118.28 PER 30 DAYS)
fluocinolone acetonide 0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment	1	QL (120 PER 30 DAYS)
fluocinonide 0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution	1	QL (120 PER 30 DAYS)
fluocinonide-e -0.05% cram	1	QL (120 PER 30 DAYS)
fluticasone propionate 0.005% oint, 0.05% cream	1	QL (120 PER 30 DAYS)
halobetasol propionate 0.05% cream, 0.05% ointmnt	1	QL (200 PER 28 DAYS)
hydrocortisone 1% cream, 1% ointment	1	
hydrocortisone 2.5% lotion	1	QL (118 PER 30 DAYS)
hydrocortisone 2.5% ointment	1	QL (454 PER 30 DAYS)
hydrocortisone butyrate 0.1% soln	1	QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
hydrocortisone butyrate hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint	1	QL (135 PER 30 DAYS)
hydrocortisone valerate 0.2% cream, 0.2% ointmt	1	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM 0.1%	1	QL (135 PER 30 DAYS)
mometasone furoate 0.1% cream, 0.1% oint	1	QL (135 PER 30 DAYS)
mometasone furoate 0.1% soln	1	QL (120 PER 30 DAYS)
pimecrolimus 1% cream	1	PA
prednicarbate 0.1% ointment	1	QL (120 PER 30 DAYS)
PRUDOXIN 5% CREAM	1	PA
selenium sulfide 2.5% lotion	1	
tacrolimus 0.03%, 0.1%	1	PA
triamcinolone acetonide 0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream	1	QL (454 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
triamcinolone acetonide 0.025% lotion, 0.1% lotion, 0.5% ointment	1	QL (120 PER 30 DAYS)
triderm 0.1%, 0.5%	1	QL (454 PER 30 DAYS)
ZONALON 5% CREAM	1	PA
Dermatological Agents, Other		
calcipotriene 0.005% cream, 0.005% ointment, 0.005% solution	1	QL (120 PER 30 DAYS)
calcitrene 0.005% ointment	1	QL (120 PER 30 DAYS)
clotrimazole-betamethasone -crm, -lot	1	
diclofenac sodium 3% gel	1	PA
EFUDEX 5% CREAM	1	
fluorouracil 0.5% cream, 2% topical soln, 5% cream, 5% topical soln	1	
imiquimod 5% cream packet	1	PA
methoxsalen 10 mg capsule, 10 mg softgel	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
nystatin-triamcinolone - cream, -ointm	1	
OTEZLA 10-20 MG STARTER 28 DAY, 20 MG TABLET	1	Otezla PA
OTEZLA 10-20-30MG START 28 DAY, 30 MG TABLET	1	PA
podofilox 0.5% topical soln	1	
REGRANEX 0.01% GEL	1	PA, QL (15 PER 30 DAYS)
SANTYL OINTMENT	1	QL (180 PER 30 DAYS)
SILVADENE 1% CREAM	1	
silver sulfadiazine 1% cream	1	
SSD 1% CREAM	1	
Pediculicides/Scabicides		
ivermectin 1% cream	1	PA
lindane 1% shampoo	1	
malathion 0.5% lotion	1	
OVIDE 0.5% LOTION	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
permethrin 5% cream	1	
SOOLANTRA 1% CREAM	1	PA
Topical Anti-infectives		
gentamicin sulfate 0.1% cream, 0.1% ointment	1	
METROCREAM METRO0.75%	1	
METROGEL 1% GEL, 1% PUMP	1	
METROLOTION TOPICAL 0.75%	1	
metronidazole 0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel	1	
mupirocin 2% cream, 2% ointment	1	QL (30 PER 30 OVER TIME)
rosadan 0.75% cream, 0.75% gel	1	
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
aqua care sodium chloride 0.9% nacl irrigation	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CARBAGLU 200 MG TAB FOR SUSP	1	PA
carglumic acid 200 mg tab susp	1	PA
dextrose 2.5%-0.45% nacl -iv	1	
dextrose 5%-0.2% nacl -iv soln	1	
dextrose 5%-0.225% nacl -0.22iv sol	1	
dextrose 5%-0.3% nacl -iv soln	1	
dextrose 5%-0.33% nacl -iv soln	1	
dextrose 5%-0.45% nacl -0.4iv soln	1	
dextrose 5%-0.9% nacl -iv soln	1	
dextrose in lactated ringers 5%-lr iv solution	1	
glucose 5%-0.9% nacl -1000 ml	1	
kcl-d5w-0.2% nacl 10 meq/500 ml--0.2%nacl, 20 meq/l--0.2% nacl	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
kcl-d5w-0.225% nacl 10meq/500ml--0.225%nacl, 20 meq/l--0.225% nacl	1	
kcl-d5w-0.45% nacl 10 meq/500ml--0.45%nacl, 10 meq/l--0.45% nacl, 20 meq/l--0.45% nacl, 30 meq/l--0.45% nacl, 40 meq/l--0.45% nacl	1	
KLOR-CON 10 -MEQ TABLET	1	
KLOR-CON 8 -MEQ TABLET	1	
klor-con m10 -tablet	1	
KLOR-CON M15 -TABLET	1	
klor-con m20 -tablet	1	
lactated ringers 1,000 ml, injection	1	
magnesium sulfate 50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
potassium chloride cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet	1	
potassium chloride in d5lr kcl 20 meqd5w-lact ringer	1	
potassium chloride proamp cl 20 meq/10 ml conc	1	
potassium chloride-0.45% nacl 20 meq-na	1	
potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution	1	
potassium citrate er er 5 tab, er 10 tb, er 15 tb	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
sodium chloride saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial	1	
sodium chloride-water 0.9%	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET 100 MG CAPSULE	1	
deferasirox 90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
EXJADE 125 MG TABLET, 250 MG TABLET, 500 MG TABLET	1	PA
JADENU 90 MG TABLET, 180 MG TABLET, 360 MG TABLET	1	PA
JADENU SPRINKLE 90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE	1	PA
SAMSCA 15 MG TABLET, 30 MG TABLET	1	PA
SYPRINE 250 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
tolvaptan 15 mg tablet, 30 mg tablet	1	PA
trientine hcl 250 mg capsule	1	PA, QL (240 PER 30 DAYS)
dextrose in water 5%-100 ml, 5%-1,000 ml, 5%-250 ml, 5%-50 ml, 5%-iv soln, 10%-iv solution	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
fomepizole 1.5 gm/1.5 ml vial	1	
glucose in water 5%-100 ml, 5%-50 ml	1	
INTRALIPID 20% IV FAT EMUL	1	PA
NUTRILIPID 20% IV FAT EMULSION	1	PA
TRAVASOL 10% SOLN VIAFLEX	1	PA
TROPHAMINE 10% IV SOLUTION	1	PA
water sterile for irrigation	1	
Phosphate Binders		
AURYXIA 210 MG TABLET	1	PA, QL (360 PER 30 DAYS)
calcium acetate 667 mg capsule, 667 mg gelcap, 667 mg tablet	1	
FOSRENOL 500 MG TABLET CHEW	1	QL (90 PER 30 DAYS)
FOSRENOL 750 MG POWDER PACKET, 750 MG TABLET CHEW	1	QL (180 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
FOSRENOL MG POWDER PACK, MG TABLET CHEW	1	QL (120 PER 30 DAYS)
lanthanum carbonate 1,000 mg tb chw	1	QL (120 PER 30 DAYS)
lanthanum carbonate 500 mg tab chew	1	QL (90 PER 30 DAYS)
lanthanum carbonate 750 mg tab chew	1	QL (180 PER 30 DAYS)
RENVELA 0.8 GM POWDER PACKET	1	QL (270 PER 30 DAYS)
RENVELA 2.4 GM POWDER PACKET	1	QL (90 PER 30 DAYS)
RENVELA 800 MG TABLET	1	
sevelamer carbonate 0.8 gm powder packet	1	QL (270 PER 30 DAYS)
sevelamer carbonate 2.4 gm powder packet	1	QL (90 PER 30 DAYS)
sevelamer carbonate 800 mg tab	1	
VELPHORO 500 MG CHEWABLE TAB	1	QL (180 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Potassium Binders		
kionex 15 gm/60 ml suspension	1	
sodium polystyrene sulfonate powder	1	
SPS 15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP	1	
VELTASSA 8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose 10 gm/15 ml soln	1	
enulose 10 gm/15 ml solution	1	
generlac 10 gm/15 ml solution	1	
lactulose 10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LINZESS 72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE	1	QL (30 PER 30 DAYS)
lubiprostone 24 mcg capsule	1	QL (60 PER 30 DAYS)
lubiprostone 8 mcg capsule	1	QL (120 PER 30 DAYS)
MOVANTIK 12.5 MG TABLET, 25 MG TABLET	1	
RELISTOR 8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET	1	PA
Anti-Diarrheal Agents		
alosetron hcl 0.5 mg tablet, 1 mg tablet	1	PA, QL (60 PER 30 DAYS)
diphenoxylate-atropine - 2.5-0.025	1	PA
loperamide 2 mg capsule	1	
LOTRONEX 0.5 MG TABLET, 1 MG TABLET	1	PA, QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
VIBERZI 75 MG TABLET, 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
XERMELO 250 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
dicyclomine hcl 10 mg capsule, 10 mg/5 ml soln, 20 mg tablet	1	PA
glycopyrrolate 1 mg tablet, 2 mg tablet	1	
methscopolamine bromide 2.5 mg tb, 5 mg tab	1	PA
Gastrointestinal Agents, Other		
bismuth-metronidazole-tetracyc --140-125-125	1	
chenodal 250 mg tablet	1	PA
GATTEX 5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL	1	PA
gavilyte-c -solution	1	
gavilyte-g -solution	1	
gavilyte-n -solutio	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
GOLYTELY SOLUTION	1	
metoclopramide hcl 5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial	1	
MOVIPREP POWDER PACKET	1	
MYALEPT 11.3 MG (5 MG/ML) VIAL	1	PA
NULYTELY SOLUTION	1	
OCALIVA 5 MG TABLET, 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
peg 3350-electrolyte - solution	1	
peg-3350 and electrolytes - soln	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691-1.01-5.9	1	
PYLERA CAPSULE	1	
REGLAN 5 MG TABLET, 10 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
sod sulf-potass sulf-mag sulf --sol	1	
SUPREP SUBOWEL KIT	1	
SUTAB SU1.479-0.225-0.188 GM	1	
ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet	1	
XIFAXAN 550 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
cimetidine 200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet	1	
famotidine 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial	1	
nizatidine 150 mg capsule, 300 mg capsule	1	
Protectants		
CARAFATE 1 GM TABLET, 1 GM/10 ML SUSP	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CYTOTEC 100 MCG TABLET, 200 MCG TABLET	1	
misoprostol 100 mcg tablet, 200 mcg tablet	1	
sucralfate 1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup	1	
Proton Pump Inhibitors		
esomeprazole magnesium dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap	1	QL (30 PER 30 DAYS)
esomeprazole sodium 40 mg vial	1	
lansoprazole dr 15 mg capsule, dr 30 mg capsule	1	QL (30 PER 30 DAYS)
NEXIUM DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET	1	ST, QL (30 PER 30 DAYS)
NEXIUM DR 2.5 MG PACKET, DR 5 MG PACKET	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
NEXIUM I.V. 40 MG VIAL	1	
omeprazole dr 10 mg capsule	1	QL (30 PER 30 DAYS)
omeprazole dr 20 mg capsule, dr 40 mg capsule	1	QL (60 PER 30 DAYS)
pantoprazole sodium 40 mg vial	1	
pantoprazole sodium dr 20 mg tab	1	QL (30 PER 30 DAYS)
pantoprazole sodium dr 40 mg tab	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	1	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	1	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	1	ST, QL (60 PER 30 DAYS)
rabeprazole sodium dr 20 mg tab	1	QL (30 PER 30 DAYS)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME 2.9 MG/5 ML VIAL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
betaine anhydrous 1 gram/scoop powder	1	
BUPHENYL 500 MG TABLET	1	PA
CARNITOR 1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET	1	
CARNITOR SF 100 MG/ML ORAL SOL	1	
CEREZYME 400 UNIT VIAL	1	PA
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE	1	
cromolyn sodium 100 mg/5 ml oral conc	1	
CRYSVITA 10 MG/ML VIAL, 20 MG/ML VIAL, 30 MG/ML VIAL	1	PA
CYSTADANE 1 GRAM/SCOOP POWDER	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CYSTAGON 50 MG CAPSULE, 150 MG CAPSULE	1	PA
ELAPRASE 6 MG/3 ML VIAL	1	
ELELYSO 200 UNITS VIAL	1	PA
ENDARI 5 GRAM POWDER PACKET	1	PA
FABRAZYME 5 MG VIAL, 35 MG VIAL	1	
javygtor 100 mg powder packet, 100 mg tablet, 500 mg powder packet	1	PA
KUVAN 100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET	1	PA
l-glutamine -gutamine 5 gram powder pkt	1	PA
levocarnitine 1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup	1	
levocarnitine sf 1 g/10 ml sol	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LUMIZYME 50 MG VIAL	1	
miglustat 100 mg capsule	1	PA, QL (90 PER 30 DAYS)
NAGLAZYME 5 MG/5 ML VIAL	1	
nitisinone 2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule	1	
ORFADIN 2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE	1	
PALYNZIQ 2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE	1	PA
PROLASTIN C MG VIAL, MG/20 ML VL	1	PA
REVCOVI 2.4 MG/1.5 ML VIAL	1	
sapropterin dihydrochloride 100 mg powder pkt, 100 mg tablet, 500 mg powder pkt	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
sodium phenylbutyrate 500mg tb, powder	1	PA
STRENSIQ 18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL	1	PA
VPRIV 400 UNITS VIAL	1	PA
VYNDAMAX 61 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
yargesa 100 mg capsule	1	PA, QL (90 PER 30 DAYS)
ZENPEP DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE	1	
ZOKINVY 50 MG CAPSULE, 75 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin er er 7.5 mg tablet, er 15 mg tablet	1	QL (30 PER 30 DAYS)
DETROL 1 MG TABLET, 2 MG TABLET	1	ST, QL (60 PER 30 DAYS)
DETROL LA 2 MG CAPSULE, 4 MG CAPSULE	1	ST, QL (30 PER 30 DAYS)
fesoterodine fumarate er er 4 mg tablet, er 8 mg tablet	1	QL (30 PER 30 DAYS)
GEMTESA 75 MG TABLET	1	QL (30 PER 30 DAYS)
MYRBETRIQ ER 25 MG TABLET, ER 50 MG TABLET	1	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	1	QL (300 PER 28 DAYS)
oxybutynin chloride 5 mg tablet	1	QL (120 PER 30 DAYS)
oxybutynin chloride 5 mg/5 ml solution, 5 mg/5 ml syrup	1	QL (600 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
oxybutynin chloride er cl 10 mg tablet	1	QL (90 PER 30 DAYS)
oxybutynin chloride er cl 15 mg tablet	1	QL (60 PER 30 DAYS)
oxybutynin chloride er cl 5 mg tablet	1	QL (30 PER 30 DAYS)
solifenacin succinate 5 mg tablet, 10 mg tablet	1	QL (30 PER 30 DAYS)
tolterodine tartrate 1 mg tab, 2 mg tab	1	QL (60 PER 30 DAYS)
tolterodine tartrate er er 2 mg cap, er 4 mg cap	1	QL (30 PER 30 DAYS)
TOVIAZ ER 4 MG TABLET, ER 8 MG TABLET	1	ST, QL (30 PER 30 DAYS)
trospium chloride 20 mg tablet	1	QL (60 PER 30 DAYS)
trospium chloride er 60 mg cap	1	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er 10 mg tablet	1	QL (30 PER 30 DAYS)
AVODART 0.5 MG SOFTGEL	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
dutasteride 0.5 mg capsule	1	QL (30 PER 30 DAYS)
dutasteride-tamsulosin -0.5-0.4	1	QL (30 PER 30 DAYS)
finasteride 5 mg tablet	1	QL (30 PER 30 DAYS)
FLOMAX 0.4 MG CAPSULE	1	QL (60 PER 30 DAYS)
PROSCAR 5 MG TABLET	1	QL (30 PER 30 DAYS)
RAPAFLO 4 MG CAPSULE, 8 MG CAPSULE	1	QL (30 PER 30 DAYS)
silodosin 4 mg capsule, 8 mg capsule	1	QL (30 PER 30 DAYS)
tamsulosin hcl 0.4 mg capsule	1	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA 52 MG SYSTEM	1	
SKYLA 13.5 MG SYSTEM	1	
Genitourinary Agents, Other		
bethanechol chloride 5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
DEPEN 250 MG TITRATAB	1	
methylergonovine maleate 0.2 mg tablet	1	
penicillamine 250 mg tablet	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR GEL 400 UNIT/5 ML VIAL	1	PA
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML	1	PA
CORTEF 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	
decadron 0.5 mg tablet, 0.75 mg tablet, 4 mg tablet, 6 mg tablet	1	
dexamethasone 0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
dexamethasone sodium phosphate 4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl	1	
fludrocortisone acetate 0.1 mg tablet	1	
HEMADY 20 MG TABLET	1	
hidex 6 day 1.5 mg tablet	1	
hydrocortisone 5 mg tablet, 10 mg tablet, 20 mg tablet	1	
MEDROL 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET	1	
methylprednisolone 4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab	1	
methylprednisolone sodium succ 1 gm vl, 40 mg vl, 125 mg, 500 mg	1	
prednisolone 15 mg/5 ml soln, 15mg/5ml soln cup	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
prednisolone sodium phosphate 5 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml	1	
prednisone 1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet	1	
SOLU-MEDROL -1 GRAM VIAL, -40 MG VIAL, -125 MG VIAL, -500 MG VIAL, -1,000 MG VIAL	1	
taperdex 6 day 1.5 mg tablet	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
CHORIONIC GONADOTROPIN 10,000 UNIT VL	1	PA
DDAVP 0.1 MG TABLET, 0.2 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
desmopressin acetate 0.01% solution, 0.01% spray, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial	1	
INCRELEX 40 MG/4 ML VIAL	1	
OMNITROPE 5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG	1	PA
PREGNYL 10,000 UNIT VIAL	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
ANDROGEL 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT	1	PA, QL (150 PER 30 DAYS)
danazol 50 mg capsule, 100 mg capsule, 200 mg capsule	1	PA
DEPO-TESTOSTERONE -200 MG/ML, -200 MG/ML VL, -1,000MG/10ML	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
methyltestosterone 10 mg cap	1	PA
testosterone 1% (25mg/2.5g) pk	1	PA, QL (225 PER 30 DAYS)
testosterone 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt	1	PA, QL (300 PER 30 DAYS)
testosterone 1.62% (2.5 g) pkt, 1.62% gel pump	1	PA, QL (150 PER 30 DAYS)
testosterone 1.62%(1.25 g) pkt	1	PA, QL (37.5 PER 30 DAYS)
testosterone 30 mg/1.5 ml pump	1	PA, QL (180 PER 30 DAYS)
testosterone cypionate 100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml	1	PA
testosterone enanthate testosteron 1,000 mg/5 ml, testosterone 200 mg/ml	1	PA

Estrogens

DEPO-ESTRADIOL -5 MG/ML VIAL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
DIVIGEL 0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET	1	
dotti 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch	1	
ESTRACE 0.01% CREAM	1	
estradiol (once weekly) 0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk)	1	
estradiol (twice weekly) 0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk)	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
estradiol 0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt	1	
estradiol valerate 50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml	1	
ESTRING 2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING	1	
lyllana 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch	1	
MENEST 0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET	1	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
VAGIFEM 10 MCG VAGINAL TAB	1	
yuvafem 10 mcg insert, 10 mcg tablet	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
afirmelle -28 tablet	1	
altavera -28 tablet	1	
alyacen 1-35 28 tablet, 7-7-7-28 tablet	1	
amabelz 0.5 mg-0.1 mg tablet, 1 mg-0.5 mg tablet	1	
amethia 0.15-0.03-0.01 mg tab	1	
amethyst 90-20 mcg tablet	1	
apri 28 day tablet	1	
aranelle 28 tablet	1	
ashlyna 0.15-0.03-0.01 mg tab	1	
aubra -28 tablet	1	
aubra eq -28 tablet	1	
aurovela 1 mg-20 mcg tablet, 21 1.5-30 tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
aurovela 24 fe 1 mg-20 mcg tab	1	
aurovela fe 1-20 tablet, 1.5 mg-30 mcg tab	1	
aviane -28 tablet	1	
ayuna -28 tablet	1	
balziva 28 tablet	1	
blisovi 24 fe tablet	1	
blisovi fe 1-20 tablet, 1.5-30 tablet	1	
briellyn tablet	1	
camrese 0.15-0.03-0.01 mg tab	1	
camrese lo tablet	1	
chateal -28 tablet	1	
chateal eq -28 tablet	1	
COMBIPATCH 0.05-0.14 MG, 0.05-0.25 MG	1	
cryselle -28 tablet	1	
cyred 28 day tablet	1	
cyred eq 28 day tablet	1	
dasetta 1-35-28 tablet, 7/7/7-28 tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
daysee 0.15-0.03-0.01 mg tab	1	
desogestr-eth estrad eth estra	1	
desogestrel-ethinyl estradiol -ee 0.15-0.03 mg tb	1	
dolishale 90-20 mcg tablet	1	
drospirenone-eth estra-levomef --3-0.02-0.451, --3-0.03-0.451	1	
drospirenone-ethinyl estradiol -3-0.02 mg tab, -3-0.03 mg tab	1	
elinest -28 tablet	1	
eluryng vaginal ring	1	
emoquette 28 day tablet	1	
enpresse -28 tablet	1	
enskyce 28 tablet	1	
estarylla 0.25-0.035 mg tablet	1	
estradiol-norethindrone acetat -0.5-0.1 mg tb, -1-0.5 mg tab	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ethynodiol-ethinyl estradiol ynodiol--35mcg, ynodiol--50mcg	1	
etonogestrel-ethinyl estradiol -ee vaginal ring	1	
falmina -28 tablet	1	
femynor 28 tablet	1	
gemmily 1 mg-20 mcg capsule	1	
hailey 21 1.5 mg-30 mcg tab	1	
hailey 24 fe 1 mg-20 mcg tab	1	
hailey fe 1-20 tablet, 1.5-30 tablet	1	
haloette vaginal ring	1	
iclevia 0.15 mg-0.03 mg tablet	1	
introvale 0.15-0.03 mg tablet	1	
isibloom 28 day tablet	1	
jaimiess 0.15-0.03-0.01 mg tab	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
jasmiel 3 mg-0.02 mg tablet	1	
jolessa 0.15 mg-0.03 mg tablet	1	
juleber 28 day tablet	1	
junel 1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet	1	
junel fe 1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet	1	
junel fe 24 tablet	1	
kaitlib fe 0.8-0.025mg chew tb	1	
kalliga 28 day tablet	1	
kariva 28 day tablet	1	
kelnor 1-35 -28 tablet	1	
kelnor 1-50 -tablet	1	
kurvelo -28 tablet	1	
larin 1.5 mg-30 mcg tablet, 21 1-20 tablet	1	
larin 24 fe 1 mg-20 mcg tablet	1	
larin fe 1-20 tablet, 1.5-30 tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
larissia -28 tablet	1	
LAYOLIS FE CHEWABLE TABLET	1	
leena 28 tablet	1	
lessina -28 tablet	1	
levonest -28 tablet	1	
levonorg-eth estrad eth estrad lvono-strad 0.15-0.03-0.01, lvonor-strad 0.1-0.02-0.01	1	
levonorgestrel-eth estradiol -estra 0.09-0.02 mg, -estrad 0.1-0.02 mg, -estrad 0.15-0.03, -estrad triphasic	1	
levora-28 -tablet	1	
lillow -28 tablet	1	
lo-zumandimine -3 mg-0.02 mg tb	1	
LOESTRIN 21 1-20 TABLET, 21 1.5-30 TABLET	1	
LOESTRIN FE 1-20 TABLET, 1.5-30 TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
lojaimiess 0.1-0.02-0.01 tab	1	
loryna 3 mg-0.02 mg tablet	1	
LOSEASONIQUE TABLET	1	
low-ogestrel --28 tablet	1	
lutera -28 tablet	1	
marlissa -28 tablet	1	
merzee 1 mg-20 mcg capsule	1	
microgestin 21 1-20 tablet, 21 1.5-30 tab	1	
microgestin 24 fe 1 mg-20 mcg	1	
microgestin fe 1-20 tablet, 1.5-30 tab	1	
mili 0.25-0.035 mg tablet	1	
mimvey 1-0.5 mg tablet	1	
MIRCETTE 28 DAY TABLET	1	
mono-linyah -28 tablet	1	
necon 0.5-35-28 tablet	1	
nikki 3 mg-0.02 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
norethin-eth estra-ferrous fum noret-estr-0.4-0.035(21)-75, norethin-estra-0.8-0.025 mg	1	
norethindron-ethinyl estradiol norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg	1	
norethindrone-e.estradiol-iron --1 mg/20-30-35 mcg, --1-0.02(21)-75 tab, --1-0.02(24)-75 cap, --1.5-0.03mg(21)-75	1	
norgestimate-ethinyl estradiol norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg	1	
nortrel 0.5-35-28 tablet, 1-35 21 tablet, 1-35 28 tablet, 7-7-7-28 tablet	1	
NUVARING NUVAVAGINAL	1	
nylia 1-35 28 tablet, 7-7-7-28 tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
nymyo 0.25-0.035 mg (28) tab	1	
ocella 3 mg-0.03 mg tablet	1	
orsythia -28 tablet	1	
philith 0.4-0.035 mg tablet	1	
pimtrea 28 day tablet	1	
pirmella 1-35 28 tablet, 1-35-28 tablet, 7-7-7-28 tablet	1	
portia -28 tablet	1	
PREMPHASE 0.625-5 MG TABLET	1	
PREMPRO 0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET	1	
previfem tablet	1	
reclipsen 28 day tablet	1	
SEASONIQUE 0.15-0.03-0.01 TAB	1	
setlakin 0.15 mg-0.03 mg tab	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
simliya 28 day tablet	1	
simpesse 0.15-0.03-0.01 mg tab	1	
sprintec 28 day tablet	1	
sronyx 0.10-0.02 mg tablet	1	
syeda 28 tablet	1	
tarina 24 fe 1 mg-20 mcg tab	1	
tarina fe 1-20 eq -tablet	1	
tarina fe 1-20 tablet	1	
tilia fe 28 tablet	1	
tri femynor 28 tablet	1	
tri-estarylla -tablet	1	
tri-legest fe --28 day tablet	1	
tri-linyah -tablet	1	
tri-lo-estarylla --tablet	1	
tri-lo-marzia --tablet	1	
tri-lo-mili --tablet	1	
tri-lo-sprintec --tablet	1	
tri-mili -28 tablet	1	
tri-nymyo -28 tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
tri-previfem -tablet	1	
tri-sprintec -tablet	1	
tri-vylibra -28 tablet	1	
tri-vylibra lo -tablet	1	
trivora-28 -tablet	1	
TYBLUME 0.1-0.02 MG CHEW TAB	1	
tydemy 3-0.03-0.451 mg tablet	1	
velivet 28 day tablet	1	
vestura 3 mg-0.02 mg tablet	1	
vienva -28 tablet	1	
viorele 28 day tablet	1	
volnea 0.15-0.02-0.01 mg tab	1	
vyfemla 0.4 mg-0.035 mg tablet	1	
vylibra 28 tablet	1	
wera 0.5/0.035 mg 28 tablet	1	
wymzya fe 0.4-0.035 mg chew tb	1	
YASMIN 28 TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
YAZ 28 TABLET	1	
zarah tablet	1	
zovia 1-35 -tablet	1	
zumandimine 3 mg-0.03 mg tab	1	
azurette 28 day tablet	1	
enilloring vaginal	1	
taysofy 1 mg-20 mcg capsule	1	
turqoz -28 tablet	1	
Progestins		
AYGESTIN 5 MG TABLET	1	
camila 0.35 mg tablet	1	
deblitane 0.35 mg tablet	1	
DEPO-PROVERA -150 MG/ML SYRINGE, -150 MG/ML VIAL	1	
DEPO-SUBQ PROVERA 104 -SYRINGE	1	
emzahh 0.35 mg tablet	1	
errin 0.35 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
heather 0.35 mg tablet	1	
hydroxyprogesterone caproate 1.25 g/5ml	1	
incassia 0.35 mg tablet	1	
jencycla 0.35 mg tablet	1	
lyleq 0.35 mg tablet	1	
lyza 0.35 mg tablet	1	
medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml	1	
megestrol acetate 20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml	1	
nora-be -tablet	1	
norethindrone 0.35 mg tablet	1	
norethindrone ac (lupaneta) norethindrn 5 mg tb	1	
norethindrone acetate 5 mg tablet	1	
norlyda 0.35 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
progesterone 100 mg capsule, 200 mg capsule	1	
PROVERA 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	1	
sharobel 0.35 mg tablet	1	
tulana 0.35 mg tablet	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE 0.45-20 MG TABLET	1	
EVISTA 60 MG TABLET	1	
raloxifene hcl 60 mg tablet	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL 5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
EUTHYROX 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	1	
LEVO-T -25 MCG ABLE, -50 MCG ABLE, -75 MCG ABLE, -88 MCG ABLE, -100 MCG ABLE, -112 MCG ABLE, -125 MCG ABLE, -137 MCG ABLE, -150 MCG ABLE, -175 MCG ABLE, -200 MCG ABLE, -300 MCG ABLE	1	
levothyroxine sodium 25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LEVOXYL 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	1	
liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab	1	
SYNTHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TIROSINT 13 MCG CAPSULE, 25 MCG CAPSULE, 37.5 MCG CAPSULE, 44 MCG CAPSULE, 50 MCG CAPSULE, 62.5 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TIROSINT-SOL -SOL 13 MCG/ML SOLN, -SOL 25 MCG/ML SOLN, -SOL 37.5 MCG/ML SOLN, -SOL 44 MCG/ML SOLN, -SOL 50 MCG/ML SOLN, -SOL 62.5 MCG/ML SOLN, -SOL 75 MCG/ML SOLN, -SOL 88 MCG/ML SOLN, -SOL 100 MCG/ML SOLN, -SOL 112 MCG/ML SOLN, -SOL 125 MCG/ML SOLN, -SOL 137 MCG/ML SOLN, -SOL 150 MCG/ML SOLN, -SOL 175 MCG/ML SOLN, -SOL 200 MCG/ML SOLN	1	
UNITHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG	1	

TABLET

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Hormonal Agents, Suppressant (Adrenal)		
KORLYM 300 MG TABLET	1	PA, QL (120 PER 30 DAYS)
LYSODREN 500 MG TABLET	1	
mifepristone 300 mg tablet	1	PA, QL (120 PER 30 DAYS)
Hormonal Agents, Suppressant (Pituitary)		
cabergoline 0.5 mg tablet	1	
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT	1	PA
FIRMAGON 2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL	1	
leuprolide acetate 14 mg/2.8 ml kt, 14 mg/2.8 ml vl	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
leuprolide depot 22.5 mg vial	1	PA
LUPRON DEPOT (LUPANETA) DEPO 11.25MG, DEPOT 3.75MG	1	PA
LUPRON DEPOT 3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT, 11.25 MG 3MO KIT, 22.5 MG 3MO KIT, 45 MG 6MO KIT	1	PA
LUPRON DEPOT-PED - 11.25 MG 3MO, -11.25 MG KIT, -15 MG KIT, -30 MG 3MO KIT, -45 MG 6MO KIT, -7.5 MG KIT	1	PA
octreotide acetate acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
octreotide acetate er er 20 mg, er 30 mg	1	PA
ORGOVYX 120 MG TABLET	1	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT 10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL	1	PA
SIGNIFOR 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA
SIGNIFOR LAR 10 MG KIT, 10 MG VIAL, 20 MG KIT, 20 MG VIAL, 30 MG KIT, 30 MG VIAL, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL	1	PA
SOMATULINE DEPOT 60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML	1	PA
SOMAVERT 10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
SYNAREL 2 MG/ML NASAL SPRAY	1	
TRELSTAR 3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL	1	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole 5 mg tablet, 10 mg tablet	1	
propylthiouracil 50 mg tablet	1	
Immunological Agents		
Angioedema Agents		
CINRYZE 500 UNIT VIAL, 500 UNIT VIAL-DILUENT	1	PA, QL (20 PER 30 DAYS)
FIRAZYR 30 MG/3 ML SYRINGE	1	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	1	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	1	PA, QL (18 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
icatibant 30 mg/3 ml syringe	1	PA, QL (18 PER 30 DAYS)
sajazir 30 mg/3 ml syringe	1	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM 50 MG/ML AMPUL	1	Part D vs Part B
GAMMAGARD LIQUID 10% VIAL	1	PA
GAMMAGARD S-D -5 G (IGA<1) OLN, -10 G (IGA<1) OL	1	PA
GAMMAPLEX 5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL	1	PA
GAMUNEX-C -1 GRAM/10 ML VIAL, -5 GRAM/50 ML VIAL, -10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL, -40 GRAM/400 ML VIAL, -2.5 GRAM/25 ML VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
SYNAGIS 50 MG/0.5 ML VIAL, 100 MG/ML VIAL	1	
THYMOGLOBULIN 25 MG VIAL	1	Part D vs Part B
Immunological Agents, Other		
ARCALYST 220 MG VIAL	1	PA
BENLYSTA 120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL	1	PA
COSENTYX (2 SYRINGES) 300 MG DOSE	1	PA
COSENTYX SENSOREADY (2 PENS) SNRDY 300MG DOSE-2PEN	1	PA
COSENTYX SENSOREADY PEN 150 MG	1	PA
COSENTYX SYRINGE 75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
COSENTYX UNOREADY PEN 300 MG	1	Biologic Immunomodulators PA - Cosentyx
DUPIXENT PEN 200 MG/1.14 ML PEN, 300 MG/2 ML PEN	1	PA
DUPIXENT SYRINGE 100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE	1	PA
ILARIS 150 MG/ML VIAL	1	PA
KINERET 100 MG/0.67 ML SYRINGE	1	PA
NULOJIX 250 MG VIAL	1	Part D vs Part B
ORENCIA 50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL	1	PA
ORENCIA CLICKJECT 125 MG/ML	1	PA
RIDAURA 3 MG CAPSULE	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
RINVOQ ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET	1	PA
RINVOQ LQ 1 MG/ML SOLUTION	1	PA
SKYRIZI 150 MG/ML SYRINGE, 600 MG/10 ML VIAL	1	PA
SKYRIZI ON-BODY 180 MG/1.2 ML, 360 MG/2.4 ML	1	PA
SKYRIZI PEN 150 MG/ML	1	PA
STELARA 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL	1	PA
TREMFYA 100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE, 200 MG/20 ML VIAL	1	PA
TREMFYA PEN 200 MG/2 ML	1	PA

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas de esta tabla en las páginas 16

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
XELJANZ 1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET	1	PA
XELJANZ XR 11 MG TABLET, 22 MG TABLET	1	PA
XOLAIR 75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE	1	PA
Immunostimulants		
ACTIMMUNE 100 MCG/0.5 ML VIAL	1	PA
BESREMI 500 MCG/ML SYRINGE	1	PA, QL (2 PER 28 DAYS)
PEGASYS 180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Immunosuppressants		
ASTAGRAF XL 0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE	1	PA
AZASAN 75 MG TABLET, 100 MG TABLET	1	PA
azathioprine 50 mg tablet, 75 mg tablet, 100 mg tablet	1	PA
azathioprine sodium 100 mg vial	1	Part D vs Part B
CELLCEPT 200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET	1	PA
CELLCEPT 500 MG VIAL	1	Part D vs Part B
cyclosporine 25 mg capsule, 100 mg capsule	1	PA
cyclosporine 250 mg/5 ml ampul	1	Part D vs Part B
cyclosporine modified 25 mg, 50 mg, 100 mg, 100mg/ml	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS CRH--40MG	1	PA
CYLTEZO(CF) PEN PEN 40 MG/0.4 ML, PEN 40 MG/0.8 ML	1	PA
CYLTEZO(CF) PEN PSORIASIS-UV -40MG	1	PA
ENBREL 25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	1	PA
ENBREL MINI 50 MG/ML CARTRIDGE	1	PA
ENBREL SURECLICK 50 MG/ML	1	PA
everolimus 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet	1	PA
gengraf 25 mg capsule, 100 mg capsule, 100 mg/ml solution	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
HADLIMA 40 MG/0.8 ML SYRINGE	1	PA
HADLIMA PUSHTOUCH 40 MG/0.8 ML	1	PA
HADLIMA(CF) 40 MG/0.4 ML SYRNG	1	PA
HADLIMA(CF) PUSHTOUCH 40MG/0.4	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	1	PA
HUMIRA PEN 40 MG/0.8 ML	1	PA
HUMIRA PEN CROHN'S-UC-HS --40 MG	1	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS --40 MG	1	PA
HUMIRA(CF) 10 MG/0.1 ML SYRING, CDV 10 MG/0.1ML SYR, 20 MG/0.2 ML SYRING, CDV 20 MG/0.2ML SYR, 40 MG/0.4 ML SYRING, CDV 40 MG/0.4ML SYR	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG, 80MG/0.8	1	PA
HUMIRA(CF) PEN CDV PEN 40 MG/0.4ML, CDV PEN 80 MG/0.8ML, PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML	1	PA
HUMIRA(CF) PEN CROHN'S-UC-HS CRHN--80MG	1	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS -- AHS 80-40	1	PA
IMURAN 50 MG TABLET	1	PA
leflunomide 10 mg tablet, 20 mg tablet	1	
methotrexate 1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial	1	
methotrexate sodium 1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
mycophenolate mofetil 200 mg/ml susp, 250 mg capsule, 500 mg tablet	1	PA
mycophenolate mofetil 500 mg vial	1	Part D vs Part B
mycophenolic acid dr 180 mg, dr 360 mg	1	PA
MYFORTIC 180 MG TABLET	1	PA
MYHIBBIN 200 MG/ML SUSPENSION	1	Part D vs Part B
NEORAL 25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION	1	PA
PROGRAF 0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE	1	PA
PROGRAF 5 MG/ML AMPULE	1	Part D vs Part B
RAPAMUNE 1 MG/ML ORAL SOLN	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
RENFLEXIS 100 MG VIAL	1	PA
SANDIMMUNE 25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN	1	PA
SANDIMMUNE 50 MG/ML AMPUL	1	Part D vs Part B
SIMULECT 10 MG VIAL, 20 MG VIAL	1	Part D vs Part B
sirolimus 0.5 mg tablet, 1 mg tablet, 1 mg/ml oral soln, 1 mg/ml solution, 2 mg tablet	1	PA
tacrolimus 0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir)	1	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	1	PA
ZORTRESS 0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Vaccines		
ABRYSVO ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG	1	
ACTHIB VIAL, WITH DILUENT	1	
ADACEL TDAP SYRINGE, VIAL	1	
AREXVY VIAL KIT	1	
BCG VACCINE (TICE STRAIN) VIAL	1	
BEXSERO PREFILLED SYRINGE	1	
BOOSTRIX TDAP SYRINGE, VIAL	1	
DAPTACEL DTAP VACCINE	1	
DENGVAXIA VIAL, VIAL WITH DILUENT	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT -20 MCG/ML SYRN, -20 MCG/ML VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
ENGERIX-B PEDIATRIC-ADOLESCENT -10 MCG/0.5 SYRN	1	PA
ERVEBO (NATIONAL STOCKPILE) 1 ML VIAL (STOCKPILE)	1	
GARDASIL 9 9 SYRINGE, 9 VIAL	1	
HAVRIX 720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL, 1,440 UNIT/ML SYRINGE	1	
HEPLISAV-B -20 MCG/0.5 ML SYRNG	1	PA
HIBERIX VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL	1	
IMOVAX RABIES VACCINE VIAL	1	PA
INFANRIX DTAP SYRINGE	1	
IPOL VIAL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
IXCHIQ VIAL	1	
IXIARO 6 UNIT(6 MCG)/0.5ML SYR	1	
JYNNEOS (NATIONAL STOCKPILE) 0.5 ML VIAL(STOCKPILE)	1	PA
JYNNEOS 0.5 ML VIAL	1	PA
KINRIX TIP-LOK SYRINGE	1	
M-M-R II VACCINE -- VIAL	1	
MENACTRA VIAL	1	
MENQUADFI VIAL	1	
MENVEO A-C-Y-W-135-DIP 1 VIL-----135-DIP, --- KIT (2 VILS)	1	
MRESVIA 50 MCG/0.5 ML SYRINGE	1	
PEDIARIX 0.5 ML SYRINGE	1	
PEDVAXHIB VACCINE VIAL	1	
PENBRAYA KIT	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PENTACEL VIAL KIT	1	
PREHEVBRIO 10 MCG/ML VIAL	1	PA
PRIORIX VIAL	1	
PROQUAD VIAL	1	
QUADRACEL DTAP-IPV -SYRINGE, -VIAL	1	
RABAVERT VACC W-DILUENT, VACCINE VIAL	1	PA
RECOMBIVAX HB 5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL	1	PA
ROTARIX ORAL SYRINGE, SUSPENSION	1	
ROTATEQ VACCINE	1	
SHINGRIX VIAL KIT	1	QL (2 PER 999 OVER TIME)
STAMARIL VIAL	1	
TDVAX VIAL	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TENIVAC SYRINGE, VIAL	1	PA
TICOVAC 1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE	1	
TRUMENBA 120 MCG/0.5 ML VACCIN	1	
TWINRIX VACCINE SYRINGE	1	
TYPHIM VI 25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG	1	
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	1	
VARIVAX VACCINE VIAL, WITH DILUENT	1	
VAXCHORA VACCINE	1	
YF-VAX -1 VIAL, -5 VIAL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ER 0.375 GRAM CAPSULE	1	QL (120 PER 30 DAYS)
ASACOL HD DR 800 MG TABLET	1	QL (180 PER 30 DAYS)
AZULFIDINE 500 MG TABLET, ENTAB 500 MG	1	
balsalazide disodium 750 mg cp	1	
CANASA 1,000 MG SUPPOSITORY	1	
COLAZAL 750 MG CAPSULE	1	
DELZICOL DR 400 MG CAPSULE	1	QL (180 PER 30 DAYS)
DIPENTUM 250 MG CAPSULE	1	
LIALDA DR 1.2 GM TABLET	1	QL (120 PER 30 DAYS)
mesalamine 4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
mesalamine 800 mg dr tablet	1	QL (180 PER 30 DAYS)
mesalamine dr 1.2 gm tablet	1	QL (120 PER 30 DAYS)
mesalamine dr 400 mg capsule	1	QL (180 PER 30 DAYS)
mesalamine er 0.375 gram cap	1	QL (120 PER 30 DAYS)
mesalamine er 500 mg capsule	1	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	1	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	1	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	1	
SFROWASA 4 GM/60 ML ENEMA	1	
sulfasalazine 500 mg tablet	1	
sulfasalazine dr 500 mg tab	1	
Glucocorticoids		
budesonide dr 3 mg capsule	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
budesonide ec 3 mg capsule	1	PA, QL (90 PER 30 DAYS)
budesonide er 9 mg tablet	1	PA, QL (30 PER 30 DAYS)
hydrocortisone 100 mg/60 ml	1	
hydrocortisone 2.5% cream	1	QL (454 PER 30 DAYS)
procto-med hc -2.5% cream	1	QL (454 PER 30 DAYS)
procto-pak -1% cream	1	
proctosol-hc -2.5% cream	1	QL (454 PER 30 DAYS)
proctozone-hc -2.5% cream	1	QL (454 PER 30 DAYS)

Metabolic Bone Disease Agents

alendronate sodium 10 mg tab	1	QL (120 PER 30 DAYS)
alendronate sodium 35 mg tab, 70 mg tab	1	QL (4 PER 28 DAYS)
ATELVIA DR 35 MG TABLET	1	QL (4 PER 28 DAYS)
calcitonin-salmon -200 unit spr, -400 unit/2ml	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution, 1 mcg/ml vial	1	
cinacalcet hcl 30 mg tablet, 60 mg tablet, 90 mg tablet	1	PA
FORTEO 560 MCG/2.24 ML PEN INJ	1	PA
FOSAMAX 70 MG TABLET	1	QL (4 PER 28 DAYS)
ibandronate sodium 150 mg tab	1	QL (1 PER 28 DAYS)
ibandronate sodium 3 mg/3 ml syringe, 3 mg/3 ml vial	1	
MIACALCIN 400 UNIT/2 ML VIAL	1	
NATPARA 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	1	PA, QL (2 PER 28 DAYS)
paricalcitol 1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PROLIA 60 MG/ML SYRINGE	1	PA
risedronate sodium 150 mg tab	1	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	1	QL (4 PER 28 DAYS)
risedronate sodium 5 mg tablet, 30 mg tab	1	QL (30 PER 30 DAYS)
risedronate sodium dr 35 mg tab	1	QL (4 PER 28 DAYS)
ROCALTROL 0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN	1	
SENSIPAR 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	1	PA
TERIPARATIDE TERIPARATIDE 560MCG/2.24ML PEN, TERIPARATIDE 620 MCG/2.48 ML	1	PA
TYMLOS 80 MCG DOSE PEN INJECTR	1	PA

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
XGEVA 120 MG/1.7 ML VIAL	1	PA
ZEMPLAR 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL	1	
zoledronic acid 4 mg/5 ml vial, 5 mg/100 ml	1	

Ophthalmic Agents

Ophthalmic Agents, Other

atropine sulfate 1% eye drops	1	
brimonidine tartrate-timolol -0.2%-0.5%	1	
COMBIGAN 0.2%-0.5% EYE DROPS	1	
COSOPT EYE DROPS	1	
CYSTADROPS CYSTA0.37% EYE	1	PA
CYSTARAN 0.44% EYE DROPS	1	PA
dorzolamide-timolol -eye drops	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
MAXITROL EYE OINTMENT	1	
neo-polycin hc -eye ointment	1	
neomycin-bacitracin-poly-hc ---eye ointment	1	
neomycin-polymyxin-dexameth --dexamet ointm, --dexameth drop	1	
RESTASIS 0.05% EYE EMULSION	1	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05% EYE	1	QL (11 PER 30 DAYS)
sulfacetamide-prednisolone -10-0.23% eye drops	1	
TOBRADEX DROPS, OINTMENT	1	
tobramycin-dexamethasone -ophth susp	1	
Ophthalmic Anti-Infectives		
bacitracin 500 unit/gm ophth	1	
bacitracin-polymyxin -eye oint	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
BESIVANCE 0.6% SUSP	1	
ciprofloxacin hcl 0.3% eye drop	1	
erythromycin 0.5% eye ointment	1	
gentamicin sulfate 0.3% eye drop	1	
LACRISERT 5 MG EYE INSERT	1	
MOXEZA 0.5% EYE DROPS	1	
moxifloxacin 0.5% drops, 0.5% drp-visc	1	
NATACYN 5% EYE DROPS	1	
neo-polycin -eye ointment	1	
neomycin-bacitracin-polymyxin --polymix eye oint	1	
neomycin-polymyxin-gramicidin --eye drop	1	
OCUFLOX 0.3% EYE DROPS	1	
ofloxacin 0.3% eye drops	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
polycin eye ointment	1	
polymyxin b sul-trimethoprim -tmp eye drops	1	
sulfacetamide sodium 10% drops, 10% ointment	1	
tobramycin 0.3% eye drop	1	
trifluridine 1% eye drops	1	
VIGAMOX 0.5% EYE DROPS	1	
Ophthalmic Anti-allergy Agents		
azelastine hcl 0.05% drops	1	
cromolyn sodium 4% eye drops	1	
epinastine hcl 0.05% eye drops	1	
olopatadine hcl 0.1% drops, 0.2% drop	1	
Ophthalmic Anti-inflammatories		
ACULAR 0.5% EYE DROPS	1	
ACULAR LS 0.4% OPHTH SOL	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
bromfenac sodium 0.07%, 0.09%	1	
dexamethasone sodium phosphate 0.1% eye drop	1	
diclofenac sodium 0.1% eye drops	1	
difluprednate 0.05% eye drop	1	
DUREZOL 0.05% EYE DROPS	1	
EYSUVIS 0.25% EYE DROPS	1	PA
fluorometholone 0.1% eye drop	1	
flurbiprofen sodium 0.03% eye drop	1	
FML LIQUIFILM 0.1% EYE DROP	1	
ILEVRO 0.3% OPHTH DROPS	1	
INVELTYS 1% EYE DROP	1	
ketorolac tromethamine 0.4%, 0.5%	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PRED FORTE 1% EYE DROPS	1	
PRED MILD 0.12% EYE DROPS	1	
prednisolone acetate 1% eye drop	1	
prednisolone sodium phosphate 1% eye drop	1	
PROLENSA 0.07% EYE DROPS	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl 0.5% eye drop	1	
BETOPTIC S 0.25% DROP, 0.25% DROP	1	
carteolol hcl 1% eye drops	1	
ISTALOL 0.5% EYE DROPS	1	
levobunolol hcl 0.5% eye drops	1	
timolol maleate 0.25% gel-solution, maleate 0.25% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop, maleate 0.5% eye drops	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TIMOPTIC 0.25% DROP, 0.5% DROP	1	
TIMOPTIC OCUDOSE 0.25% DROP, 0.5% DROP	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P ALHAGAN 0.1% DROS, ALHAGAN 0.15% EYE DROS	1	
AZOPT 1% EYE DROPS	1	
brimonidine tartrate tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop	1	
brinzolamide 1% eye drops	1	
dorzolamide hcl 2% eye drops	1	
pilocarpine hcl 1% drops, 2% drops, 4% drops	1	
RHOPRESSA 0.02% OPHTH SOLUTION	1	QL (15 PER 75 OVER TIME)
ROCKLATAN 0.02%-0.005% EYE DRP	1	QL (15 PER 75 OVER TIME)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
SIMBRINZA 1%-0.2% DROP, 1%-0.2% DROPS	1	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost 0.03% eye drops	1	QL (15 PER 75 OVER TIME)
latanoprost 0.005% eye drops	1	QL (15 PER 75 OVER TIME)
LUMIGAN 0.01% EYE DROPS	1	QL (15 PER 75 OVER TIME)
TRAVATAN Z 0.004% EYE DROP	1	QL (15 PER 75 OVER TIME)
travoprost 0.004% eye drop	1	QL (15 PER 75 OVER TIME)
Otic Agents		
acetic acid 2% ear solution	1	
CIPRODEX OTIC SUSPENSION	1	
ciprofloxacin-dexamethasone -otic susp	1	
flac otic oil 0.01% ear drop	1	
fluocinolone acetonide oil 0.01% ear drp	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
hydrocortisone-acetic acid hydrocortison-acid soln, hydrocortisone-ear drop	1	
neomycin-polymyxin-hc -- ear susp	1	
neomycin-polymyxin-hydrocort --hc ear soln	1	
ofloxacin 0.3% ear drops	1	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA 50 MCG, 100 MCG, 200 MCG	1	QL (30 PER 30 DAYS)
ASMANEX HFA HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER	1	QL (13 PER 30 DAYS)
ASMANEX TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120	1	QL (1 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh	1	PA
flunisolide 0.025% spray	1	QL (75 PER 30 DAYS)
fluticasone propionate 50 mcg spray	1	QL (16 PER 30 DAYS)
fluticasone propionate hfa 110 mcg	1	QL (12 PER 30 DAYS)
fluticasone propionate hfa 220 mcg	1	QL (24 PER 30 DAYS)
fluticasone propionate hfa 44 mcg	1	QL (10.6 PER 30 DAYS)
mometasone furoate 50 mcg spry	1	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	1	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	1	QL (21.2 PER 30 DAYS)
XHANCE 93 MCG NASAL SPRAY	1	QL (32 PER 30 DAYS)
Antihistamines		
azelastine hcl 0.1% (137 mcg) spry, 0.15% nasal spray	1	QL (60 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
clemastine fumarate 2.68 mg tablet	1	PA
cyproheptadine hcl 2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp	1	PA
desloratadine 5 mg tablet	1	
diphenhydramine hcl 50 mg/ml syrng, 50 mg/ml vial	1	
levocetirizine dihydrochloride 5 mg tablet	1	
olopatadine hcl 665 mcg nasal spry	1	QL (30.5 PER 30 DAYS)
Antileukotrienes		
ACCOLATE 10 MG TABLET, 20 MG TABLET	1	
montelukast sodium 4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet	1	
SINGULAIR 4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
zafirlukast 10 mg tablet, 20 mg tablet	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA 17 MCG INHALER	1	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG INH	1	QL (30 PER 30 DAYS)
ipratropium bromide 0.02% soln	1	PA
ipratropium bromide 0.03% spray	1	QL (60 PER 30 DAYS)
ipratropium bromide 0.06% spray	1	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER 18 MCG CAP	1	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG, 2.5 MCG	1	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
albuterol hfa 90 mcg inhaler (generic proair hfa)	1	QL (36 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	1	QL (36 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
albuterol sulfate sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln	1	PA
albuterol sulfate sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab	1	
epinephrine 0.15 mg -injct, 0.3 mg -inject	1	
PROAIR HFA 90 MCG INHALER	1	QL (36 PER 30 DAYS)
PROAIR RESPICLICK 90 MCG INHLR	1	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	1	QL (60 PER 30 DAYS)
terbutaline sulfate 2.5 mg tab, 5 mg tab	1	
VENTOLIN HFA 90 MCG INHALER	1	QL (36 PER 30 DAYS)
XOPENEX HFA 45 MCG INHALER	1	QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Cystic Fibrosis Agents		
KALYDECO 5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	1	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	1	PA, QL (60 PER 30 DAYS)
PULMOZYME 1 MG/ML AMPUL	1	PA
tobramycin 300 mg/5 ml ampule	1	PA
TRIKAFTA 50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
TRIKAFTA 80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT	1	Trikafta PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
cromolyn sodium 20 mg/2 ml neb soln	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
caffeine citrate 60 mg/3 ml oral	1	
DALIRESP 250 MCG TABLET, 500 MCG TABLET	1	PA, QL (30 PER 30 DAYS)
roflumilast 250 mcg tablet, 500 mcg tablet	1	PA, QL (30 PER 30 DAYS)
THEO-24 -24 ER 100 MG CAPSULE, -24 ER 200 MG CAPSULE, -24 ER 300 MG CAPSULE, -24 ER 400 MG CAPSULE	1	
theophylline anhydrous er 300 mg tab, er 450 mg tab	1	
theophylline er er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet	1	

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
Pulmonary Antihypertensives		
ADCIRCA 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ADEMPAS 0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET	1	PA, QL (90 PER 30 DAYS)
alyq 20 mg tablet	1	PA, QL (60 PER 30 DAYS)
ambrisentan 5 mg tablet, 10 mg tablet	1	PA, QL (30 PER 30 DAYS)
bosentan 62.5 mg tablet, 125 mg tablet	1	PA, QL (60 PER 30 DAYS)
LETAIRIS 5 MG TABLET, 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
OPSUMIT 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
REMODULIN 1 MG/ML VIAL, 2.5 MG/ML VIAL, 5 MG/ML VIAL, 10 MG/ML VIAL	1	Part D vs Part B
sildenafil citrate 20 mg tablet	1	PA, QL (90 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
tadalafil 20 mg tablet	1	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	1	PA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	1	PA, QL (60 PER 30 DAYS)
treprostinil 20 mg/20 ml vial, 50 mg/20 ml vial, 100 mg/20 ml vial, 200 mg/20 ml vial	1	Part D vs Part B
VENTAVIS 10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION	1	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET 267 MG CAPSULE, 267 MG TABLET	1	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	1	PA, QL (90 PER 30 DAYS)
OFEV 100 MG CAPSULE, 150 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
pirfenidone 267 mg capsule, 267 mg tablet	1	PA, QL (270 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
pirfenidone 801 mg tablet	1	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
acetylcysteine 10% vial, 20% vial	1	PA
ADVAIR HFA HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER	1	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG INH	1	QL (60 PER 30 DAYS)
BREO ELLIPTA 50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR	1	QL (60 PER 30 DAYS)
breyna 80-4.5 mcg, 160-4.5 mcg	1	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	1	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate -80-4.5, -160-4.5	1	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	1	QL (8 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
DULERA 50 MCG-5 MCG INHALER, 100 MCG-5 MCG INHALER, 200 MCG-5 MCG INHALER	1	QL (39 PER 30 DAYS)
FASENRA 10 MG/0.5 ML SYRINGE	1	Fasenra PA
FASENRA 30 MG/ML SYRINGE	1	PA
FASENRA PEN 30 MG/ML	1	PA
fluticasone-salmeterol -100-50, -250-50, -500-50	1	QL (60 PER 30 DAYS)
fluticasone-salmeterol -55-14, -113-14, -232-14	1	QL (1 PER 30 DAYS)
ipratropium-albuterol -0.5-3(2.5) mg/3 ml	1	PA
LAGEVRIO (COMMERCIAL)	1	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	1	
ORALAIR 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
PAXLOVID 150-100 MG DOSE PACK	1	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	1	QL (30 PER 30 OVER TIME)
ribavirin 6 gm inhalation vial	1	
STIOLTO RESPIMAT INHAL SPRAY, INHALER (10), INHALER (60)	1	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25, 200-62.5-25	1	QL (60 PER 30 DAYS)
wixela inhub 100, 250, 500	1	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
cyclobenzaprine hcl 5 mg tablet, 10 mg tablet	1	
methocarbamol 500 mg tablet, 750 mg tablet	1	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
DAYVIGO 5 MG TABLET, 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
doxepin hcl 3 mg tablet, 6 mg tablet	1	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
ramelteon 8 mg tablet	1	QL (30 PER 30 DAYS)
ROZEREM 8 MG TABLET	1	QL (30 PER 30 DAYS)
SILENOR 3 MG TABLET, 6 MG TABLET	1	QL (30 PER 30 DAYS)
tasimelteon 20 mg capsule	1	PA, QL (30 PER 30 DAYS)
temazepam 15 mg capsule, 30 mg capsule	1	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	1	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	1	QL (30 PER 30 DAYS)
zolpidem tartrate 5 mg tablet, 10 mg tablet	1	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
armodafinil 50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet	1	PA, QL (30 PER 30 DAYS)

NOMBRE DEL MEDICAMENTO	NIVEL DE MEDICAMENTO	REQUISITOS/ LÍMITES
LUMRYZ ER 4.5 GM PACKET, ER 6 GM PACKET, ER 7.5 GM PACKET, ER 9 GM PACKET	1	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK 4.5-6-7.5 GM PK	1	PA, QL (28 PER 28 DAYS)
modafinil 100 mg tablet, 200 mg tablet	1	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 250 MG TABLET	1	PA, QL (30 PER 30 DAYS)
sodium oxybate 0.5 g/ml soln	1	PA, QL (540 PER 30 DAYS)

Uncategorized

Unclassified

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lidocaine hcl 2% jelly	1	PA, QL (150 PER 30 DAYS)
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Hamaspik Medicare Select and Hamaspik Medicare Choice

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-426-2774. (TTY, call 711.) Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-426-2774. (TTY 711.) Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-888-426-2774。(TTY 711) 我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-888-426-2774。 (TTY 711) 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-426-2774. (TTY 711) Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-426-2774. (TTY 711) Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-888-426-2774 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí . (TTY 711)

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-426-2774. (TTY 711) Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-426-2774 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다. (TTY 711)

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-426-2774. (TTY 711) Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 888-426-2774-1. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية (TTY 711) .

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-426-2774 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है. **(TTY 711)**

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-426-2774. (TTY 711) Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-426-2774. (TTY 711) Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-426-2774. (TTY 711) Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-426-2774. (TTY 711) Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、[1-888-426-2774] にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。 (TTY 711)

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(Expires 12/31/25)

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Hamaspik Medicare Select (HMO DSNP) y

Hamaspik Medicare Choice (HMO DSNP)

Formulario para 2024

(Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 24401, Version 18

Este Formulario resumido se actualizó el 01/12/2024. No hemos realizado cambios en este Formulario resumido desde 01/12/2024.

Para consultar un Listado completo o si tiene otras preguntas, comuníquese con nosotros, Hamaspik Medicare Select and Hamaspik Medicare Choice al 888-426-2774. (Los usuarios de TTY deben llamar al 711.) Estamos abiertos los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., del 1 de octubre de 2023 al 31 de marzo de 2024; y de lunes a viernes, de 8:00 am a 8:00 pm, desde el 1 de abril de 2024 hasta el 30 de septiembre de 2024. O visite www.hamaspik.com.